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# **Fiscal Reference Manual Volume 2**

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## **Forms and Instructions**



# Summary of Changes

Chapter # Page #	Explanation of Revisions
<b>Table of Contents</b> <a href="#">Pages i - viii</a>	The Table of Contents is updated to reflect entry changes for each chapter.
<b>Chapter 3</b> <a href="#">Pages 1 - 168</a> <a href="#">Pages 1 - 2</a> <a href="#">Pages 3</a> and <a href="#">144</a> <a href="#">Pages 59 - 62</a> , <a href="#">69 - 74</a> , <a href="#">81 - 93</a> , <a href="#">112 - 115</a> , <a href="#">117</a> and <a href="#">125 - 126</a>  <a href="#">Pages 61</a> and <a href="#">65</a>  <a href="#">Pages 90</a> and <a href="#">92</a>  <a href="#">Pages 96 - 97</a>  <a href="#">Pages 111 - 117</a>  <a href="#">Pages 118 - 123</a>  <a href="#">Page 129</a>	<p>The chapter is reissued.</p> <p>The Local Table of Contents is reissued to reflect entry changes in this chapter.</p> <p>The chapter is updated to fix the formatting of addresses.</p> <p>The chapter is updated due to changes to the RF-2, LDSS-1372 "Schedule G Title XX Services for Recipients" (RF-2, Schedule G); RF-2, LDSS-4283 "Schedule H Non-Title XX Services for Recipients" (RF-2, Schedule H); and RF-2, LDSS-1272 "Monthly Statement of Assistance Expenditures and Claims for Federal and State Aid (RF-2)" (RF-2, RF-2) for the removal of Close to Home.</p> <p>The following changes are made to the RF-2, Schedule G section:</p> <ul style="list-style-type: none"> <li>updates are made due to 23-OCFS-LCM-11-R1 which removed Title XX allocations for All Other.</li> <li>updates are made due to 20-OCFS-ADM-16-R2 which increased the maximum monthly amount for purchase of service type 27 (Housing Support) effective January 1, 2024.</li> </ul> <p>The RF-2, Schedule H section is updated to add clarifying information about where amounts not entered as federal share will go towards.</p> <p>The Columnar Instructions subsection in the RF-2, Schedule K section is updated to add clarifying information about claiming Title IV-E child support collections; to simplify and standardize what is written in the claiming instructions; and to add information about what the Automated Claiming System (ACS) completes.</p> <p>The RF-2, RF-2 section is updated to simplify and standardize what is written in the claiming instructions, and to add information about what ACS completes.</p> <p>The chapter is updated to add a new section for the RF-2P claiming package.</p> <p>The RF-3, RF-3 section is updated due to changes to the RF-2A, LDSS-2347-B "Schedule D-2, Allocation for Claiming General Services Administration Expenditures" (RF-2A, Schedule D-2) for the addition of new lines to the schedule.</p>

Chapter # Page #	Explanation of Revisions
<b>Chapter 4</b> <a href="#">Pages 19 - 20</a>	The Special Act School District Dormitory Authority Billing - Property Component of Tuition Rates subsection in the Child Care Rates for Foster Care and Committee on Special Education section is updated to correct the mailing address for submitting the Dormitory Authority Waiver and to revise the Waiver.
<b>Chapter 7</b> <a href="#">Page 2</a>  <a href="#">Page 3</a>	<p>The Assigned Asset Record Card (LDSS-723) section is updated due to Social Services Law §106 being repealed. See <a href="#">22-ADM-11</a> and <a href="#">22 TA/DC037</a> for additional information.</p> <p>Page reissued due to above changes.</p>
<b>Acronyms</b> <a href="#">Pages 1 - 17</a>	The Acronyms section is updated to reflect entry changes for each chapter.
<b>Glossary</b> <a href="#">Pages 1 - 44</a>	The Glossary is updated to reflect entry changes for each chapter.
<b>Index</b> <a href="#">Pages 1 - 24</a>	The Index is updated to reflect entry changes for each chapter.

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# Chapter 1: Authorizations

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Non-Services Authorization (LDSS-3209) ..... 1-2

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## **Authorizations**

The Non-Services Authorization forms (LDSS-3517 for New York City and LDSS-3209 for the remaining social services districts (districts) are produced by the Welfare Management System (WMS) based on information obtained from Income Maintenance workers (Income Service workers in New York City). The LDSS-2970 Services Authorization is also produced by WMS based on information obtained from Service Workers.

This chapter provides an explanation of the contents of each section of the LDSS-3209 non-services authorization and the LDSS-2970 services authorization. Examples of some typical payment lines found in Section 6/9 of the LDSS-3209 authorization and typical purchase of service lines found in the POS portion of the LDSS-2970 are also explained in this chapter.

The documents are composed of information that is either manually entered or system generated. Most of the information is presented in coded fields.

The purpose, uses and flow of the authorization are explained in detail in Volume 1, Chapter Three of the Fiscal Reference Manual.

## **Non-Services Authorization (LDSS-3209)**

The LDSS-3209 non-services authorization is a four-part document with nine numbered sections. Non-Services authorizations are used to authorize Public Assistance (PA), Medical Assistance (MA) and Supplemental Nutrition Assistance Program (SNAP). The following is a brief description of the elements of the LDSS-3209 non-services authorization that is used by districts other than New York City.

### **Section 1 LDSS-3209**

#### **CASE NUMBER**

The district assigned number to identify the case

#### **REUSE IND**

This field is no longer used, it previously identified case numbers being reused on WMS

#### **AUTHORIZATION NO**

WMS system generated authorization number

#### **CASE STATUS**

Current status of case when the authorization is generated

#### **DIST**

District

#### **APP DATE**

Application date

#### **TRANS DATE**

Transaction date

#### **TRANS TYPE**

Transaction type

**CYCLE NO**

Indicates one or more of the same authorization has been printed

- 1 indicates document is first authorization printed
- 2 indicates document is second of same authorization printed

**CASE NAME**

The name by which the case will be known

**TRANS TYPE**

Transaction type codes

**CASE REAS CODE**

Is a manually entered code identifying the reason for a case level transaction

**PA/FS REAS CODE**

Is a manually entered code identifying the reason for a particular PA/SNAP transaction

**PA/MA REAS CODE**

Is a manually entered code identifying the individual reason for a PA/MA transaction

**SAFETY NET**

Safety Net (SN) indicator, a one-digit field

**CLIENT NOTICES**

- NOTICE IND - notice indicator (A - adequate, N - no notice, T - timely)
- NOTICE NUMBER - number assigned to notice
- LAN CODE - language code indicates whether the recipient speaks English or Spanish

**AUTH PERIOD**

The period of time the case has been authorized for PA and/or MA benefits

**RECERT DATE**

Recertification date

**FS IN**

SNAP interview code

**FS AUTH PERIOD**

SNAP authorization period

**FS CODE**

SNAP code

**HII**

Health insurance indicator

**OFFICE CODE**

Code assigned to office

**UNIT ID**

Unit identification

**WORKER ID**

Worker identification

- Trans - transportation
- Resp For Case - responsibility for case

**CASE TYPE**

The code for the program of assistance the case is authorized to receive

**EMER IND**

Emergency indicator

**FISC DIST**

Fiscal district

**APP SRC**

Indicates the source of the application, E – Auto App, E – SNAP electronic application, B – electronic Auto App and blank – standard WMS application registration

**REP CODE**

Quarterly reporting code

**IV-D IND**

IV-D indicator (PA)

**SP CD**

Special program code

**HEAP INC**

Home Energy Assistance Program (HEAP) income level code

**PARENT IND**

Parent indicator displays data calculated by WMS for federal reporting

**TRACKING**

Tracking counts from the tracking subsystem

- 60 CT - State (name in LDF record) - represents the combined number of months the client received TANF and SN as of the date of the authorization
- 24 CT - Safety Net Assistance (name in LDF record) - represents the total number of months the client received SN as of the date of the authorization
- ABAWD - Able Bodied Adult Without Dependents, total month non-participating

**TI**

Trust indicator must be Y or N, and the default value is N

**LF LN**

Lifeline indicator TA/FS field

**CO-OP CASE NUMBERS**

If an individual(s) in another PA case is living in the same household as the applicant and items of need such as fuel, shelter, food, are shared, then this field is used to enter the case number of that individual's case

**RVI**

The resource verification indicator is a WMS driver whereby applicants and recipients will be given the choice of either documenting the value of the Medicaid household's resources, or simply attesting to the amounts, thereby receiving one of five new limited benefit packages, which are

identified by new coverage codes. DOH refers to this change as “attestation of resources.” The following are the valid RVI values:

- Resources verified for 36 months
- Resources verified (only) for current month
- Resources not verified
- Transfer of resources
- Exempt from resource verification

**RESIDENT ADDRESS**

Address of case members

**CITY/TOWN****ST**

State

**ZP CD**

Zip Code

**PHONE**

Resident phone

**CARE OF**

The name of a person other than the case name (i.e. other than the Grantee (OTG) or a protective payee). The name of the IN- CARE of individual.

**MAILING ADDRESS****CITY/TOWN****ST**

State

**ZP CD**

Zip Code

**LOCAL DATA**

For district use (15 - 18)

**MA EXTENSION DATA**

- FS = SNAP case number
- MA - MA case number
- OFFICE CODE – refers to districts
- UNIT ID - unit identification
- WKR ID - worker identification
- SUPPRESS SEP DET - separate determination FTV suppression code (previously labeled REAS CODE)

## **Section 2 LDSS-3209**

**LINE NO**

Line number

**PRGPAR**

Pregnancy parenting indicator

**FIRST NAME**

First name of each case member

**MI**

Middle initial of each case member

**LAST NAME**

Last name of each case member

**SSN CD**

Social Security Number code

**SSN**

Social Security Number

**MS**

Current marital status

**CLIENT NO**

The system assigned Client Identification Number (CIN) which uniquely identifies each individual known to WMS

**SEX**

Male/Female

**DATE OF BIRTH**

- MO - month
- DAY
- YEAR

**SSI STAT**

Supplemental security income status

**OTHER NAMES**

- LINE NO - line number
- CD - other name code
- FIRST NAME
- MI - middle initial
- LAST NAME

## **Section 3 LDSS-3209**

REL

Relationship code

DEGR

Highest degree earned

CAT CODE

The individual categorical code indicates categorical status of each individual in the case

EMPL CODE

Employability code represents the most recent employability status of the individual

PA/MA INDIV

PA/MA individual reason code

FS INDIV

SNAP individual reason code

MA INS RC

MA insert reason code

ST/FED

State and Federal Charge Codes indicate that the state or federal government assumes fiscal responsibility for an individual and the reason why

LMT EXM

Time limit exemption code

MOM LN

Mother's line number

VET STAT

Veteran status

RACE

H, I, A, B, P, W

ED STAT

Educational status

CIT

Citizen

Waivers - domestic violence waiver indicators

- D/A - drug/alcohol
- IV-D - child support
- LMT - time limit exemption
- OTH - other

## **Section 4 of the LDSS-3209**

LN

Individual's line number

DATE ENT COUNTRY

Date of Entry into U.S.

ALIEN NO

Alien number

DATE OF STATUS

Date of qualified status

SP

Special population indicator

TPH

Third Party Health Insurance indicator

## **Section 5 of the LDSS-3209**

IND STAT

Individual status

PA/MA INDIVIDUAL EFFECTIVE DATE

Effective date of eligibility for PA and MA.

FS INDIVIDUAL EFFECTIVE DATE

SNAP effective date of eligibility.

COV CODE

MA coverage code

MA COVERAGE DATES

MA coverage dates (FROM/TO)

PRIN PROV

Principal provider code

CARD CODE

Indicates the kind of MA card you will receive.

EBIC

Electronic benefits issuance

AFIS

The Automated Finger Imaging System code indicates whether the client has been finger imaged, is temporarily unavailable for finger imaging, or is exempted from finger imaging. Social Services Law §131(9) was amended to remove the AFIS requirement effective July 1, 2020.

CONTINUOUS COVERAGE DATE

Provides information on MA coverage. No entry is allowed.

## **Sections 6/9 of the LDSS-3209**

Sections six and nine of the LDSS-3209 share the same fields. Section six contains payment line information for PA, MA, and SNAP payments. Recurring and single-issue payments/benefits to clients and vendors are entered in this section. Section 9 contains non-services payment line information for child care. Sections six and nine consist of several data elements of particular interest to accounting. The data elements are as follows:

### **ACT**

The local action code indicates action to be taken in relation to a payment. Examples are code 2 for prepare and issue a check/benefit, or code 3 for Hold a check/benefit.

### **PAY TYPE**

Payment type codes indicate a purpose for a payment to be made. Examples include pay type 11, fuel, and pay type 05, cash recurring grant.

### **METH**

The method of payment (MOP) code, first conveys whether the payment is direct or indirect. Then the MOP indicates if a payment is restricted or unrestricted, and if restricted the method of payment (i.e. type of restriction).

### **AMOUNT**

The dollar amount of the payment may be indicated on the pay line

### **ISSU**

The issuance code indicates whether a payment is recurring or once only

### **PAY SCH**

The payment schedule indicates once only, semi-monthly, or monthly payments

### **PK UP**

The pick-up code indicates how the payment is channeled to its proper destination. For example, agency pick-up code 3, instructs that the check is picked up at the district office.

### **PERIOD DATE**

The FROM/TO period of time covered by this payment is reported on a pay line

### **IND LN**

Individual line is used to identify individual recipient

### **SPC CLM**

Special claiming category is provided for unique claiming purposes

### **VENDOR ID**

The agency assigned number is used to identify vendor to which payment is being made in situations of indirect payments

### **CHECK/FSB/VOUCHER NUMBER**

district assigned check, ATP or Voucher number for manual issues

### **Recoupment**

Recoupment of PA/FS grants provided is reported for recipient

- Pay Ln - Pay line is the line number of the single issue benefit from which recoupment is taken
- Amount - Amount represents the amount of the recoupment taken from a single issue benefit

**ENERGY RESTRICTION**

Amount by which regular cash grant is reduced due to restricted energy payments. The WMS system determines the portion of the regular recurring cash grant to pay fuel and energy payments. The energy restriction on single-issue payments to clients is manually determined.

- PAY LN - the pay line written for the energy restriction
- AMOUNT - the amount of the energy restriction
- HEAP VENDOR ID – HEAP vendor identification
- CUSTOMER ACCOUNT NO - the energy vendor's customer account number for the recipient
- VENDOR ID – vendor Identification
- CUSTOMER ACCOUNT NO - The energy vendor's customer account number for the recipient

**Replacement information**

- REPLACE LINE NO. - the previously written pay line that is being replaced
- CK/FS NUMBER - check number/PA benefit number/SNAP benefit number for previously issued payment

**Section 7 of the LDSS-3209**

The box displays codes for associated names and addresses, and appears between Sections 1 and 2 and on the reverse side of the LDSS-3209. The ASSOCIATED NMES AND ADDRESSES fields are used for several purposes including:

- To change direct check payee and/or address to which the direct check is mailed
- To have the Common Benefit Issuance Card (CBIC) delivered to an address different from the case address
- To send a client notice to someone in addition to the applicant/payee
- To identify a case member at a different address
- To identify a child under 21 who is not a case member and who lives outside the case household
- To identify certain employers

**Section 8 of the LDSS-3209**

The districts complete this section however they want to complete it, or may leave it blank. The State does no editing of this section.

**Special Claiming Codes**

A special claiming code may be entered on the pay line when it is necessary to indicate special claiming instructions for a payment. It is not used for SNAP. A complete listing of special claiming category codes appears in the Benefit Issuance and Control System (BICS) Payment Issuance and Control Subsystem Manual (PICS) in Appendix C. The following codes are commonly used.

**Code A - Emergency Assistance for Adults (EAA)**

Replacement of a lost, stolen or un-received SSI check for a SSI eligible recipient for emergency needs which cannot be met by the basic SSI monthly benefit is authorized with the special claiming code of A. This indicates that the replaced amount is to be claimed as an EAA expenditure on the

RF-2, LDSS-4744 "Schedule B Claiming for Adult Care, EAA, and Guide/Service Dogs" (RF-2, Schedule B).

**Code D - Federally Participating (FP)**

A payment in behalf of a Federally Non-Participating (FNP) recipient for which Federal reimbursement is available, is authorized with the special claiming code of D.

**Code F - Emergency Assistance to Families (EAF)**

Emergency Assistance to Families (EAF) is all aid, care and services granted to eligible families with children (including migrant workers) to deal with crises threatening the family is authorized with a special claiming code of F.

**Code H - Home Energy Assistance Program (HEAP)**

When a HEAP benefit for fuel is authorized, a special claiming code of H is used to distinguish the payment authorization from that of a regular authorized fuel payment.

**Code N - Non Reimbursable (NR)**

Payments authorized on a case which are not reimbursable with a special claiming code of N, by either the federal or state governments. The district pays the total amount.

**Code P - Federally Non-Participating (FNP)**

A payment for which there is only state reimbursement is authorized with the special claiming code of P.

**Code J- Disaster Related Emergency (PA and FS)**

An emergency payment is authorized that identifies a specific disaster related costs with a special claiming code of J.

**COPY 1**

[illegible]

## LOCAL DISTRICT INFORMATION

[illegible]

LJN NO.		CODE	NTG, GPX	ASSOCIATED NAME									
NAME/PROVIDER ID.													
RESIDENCE ADDRESS													
CITY/TOWN				STATE			ZIP CODE						

JUN NO.		CODE	NTG, CPM	ASSOCIATED NAME											
NAME/PROVIDER ID.															
RESIDENCE ADDRESS															
CITY/TOWN								STATE		ZIP CODE					



copies

The following two ASSOCIATED NAMES AND ADDRESSES may be used ONLY for additional Notice copies

C		ASSOCIATED NAME	
LN NO.	CODE	NTC, CM	
NAME/PROVIDER ID:			
RESIDENCE ADDRESS			
CITY/TOWN	STATE	ZIP CODE	CANADIAN POST CD

LN NO.	CODE	NTC, CPH	ASSOCIATED NAME
NAME/PROVIDER ID:			
RESIDENCE ADDRESS			
CITY/TOWN	STATE	ZIP CODE	CANADIAN POST CD

DEO  
INITIALS

## NEW AUTHORIZATION NUMBER

DSS-3517 (REV. 4/15)

The following pages contain illustrations of the LDSS-3209 including some typical payment lines found in Section six of the non-service authorization

**Authorization of Recurring Cash Grant - Monthly**

ACT	PAY	METH	PAY	ISSU	SCH	PK	PERIOD	DATE	SPC	VENDOR	CHECK/FSB/
	TYPE		AMOUNT			UP	FROM	TO	CLM	ID	VOUCHER #
2	05	01	300.00	1	M	1	010112	063012			

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue check / SNAP benefit
05	PAY TYPE	Payment type code - cash recurring grant
01	METH	Method of payment - unrestricted
300.00	PAY AMOUNT	The dollar amount of the benefit is \$300
1	ISSU	Issuance code - recurring same
M	SCH	Payment schedule - monthly
1	PK UP	Pick-up code - mailed directly to client
010112-063012	PERIOD DATE	The period of the grant is from January 1, 2012 to June 30, 2012

**Recurring Cash Grant - Semi-Monthly**

ACT	PAY	METH	PAY	ISSU	SCH	PK	PERIOD	DATE	SPC	VENDOR	CHECK/FSB/
	TYPE		AMOUNT			UP	FROM	TO	CLM	ID	VOUCHER #
2	05	01	75.00	1	S	1	010112	063012			

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue check / SNAP benefit
05	PAY TYPE	Payment type code - cash recurring grant
01	METH	Method of payment - unrestricted
75.00	PAY AMOUNT	The dollar amount of benefit is 75.00
1	ISSU	Issuance code - recurring first half of month
S	SCH	Payment schedule - semi-monthly
1	PK UP	Pick-up code – mailed directly to client
010112-063012	PERIOD DATE	The period of the grant is from January 1, 2012 to June 30, 2012

**Authorization of Recurring Cash Grant - Agency Pick-Up**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
2	05	01	75.00	1	S	3	010112	063012			

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue check/SNAP benefit
05	PAY TYPE	Payment type code - cash recurring grant
01	METH	Method of payment - unrestricted
75.00	PAY AMOUNT	The dollar amount of benefit is \$75.00
1	ISSU	Issuance code - recurring same
S	SCH	Payment schedule - semi-monthly
3	PK UP	Pick-up code – agency picked up
010112-063012	PERIOD DATE	The period of the grant is from January 1, 2012 to June 30, 2012.

**Authorization of Interim or “Once Only” Cash Grant**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
2	06	01	50.00	2		3	010112	013112			

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue check/SNAP benefits
06	PAY TYPE	Payment type - partial allowance
01	METH	Method of payment - unrestricted
50.00	PAY AMOUNT	The dollar amount of the benefit is \$50.00
2	ISSU	Issuance code - once only
3	PK UP	Pick-up code - agency pick-up
010112-013112	PERIOD DATE	The period of the grant is from January 1, 2012 to January 31, 2012

**Authorization of Recurring SNAP Benefit**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
2	96	01	0.00	1	M	1	010112	013112			

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue
96	PAY TYPE	Payment type code - SNAP ongoing benefits
01	METH	Method of payment - unrestricted
0.00	PAY AMOUNT	The dollar amount of the SNAP benefit is \$0
1	ISSU	Issuance code - recurring first half of month
M	SCH	Payment schedule - monthly
1	PK UP	Pick-up code - mailed directly to client
010112-013112	PERIOD DATE	The period of the grant is from January 1, 2012 to January 31, 2012

**Authorization of Interim of “Once Only” SNAP Benefit**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
2	93	01	0.00	2		1	010112	013112			

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue cash / SNAP benefit
93	PAY TYPE	Payment type code - SNAP once only
01	METH	Method of payment - unrestricted
0.00	PAY AMOUNT	The amount of the SNAP benefit is \$0
2	ISSU	Issuance code - once only
1	PK UP	Pick-up code - mailed
010112-013112	PERIOD DATE	The period of grant is from January 1, 2012 to January 31, 2012

**EAF Payments**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
2	42	01	200.00	2		3	010112	013112	F		

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue cash / SNAP benefit
42	PAY TYPE	Payment type code - replacement of lost/stolen cash grant
01	METH	Method of payment - unrestricted
200.00	PAY AMOUNT	The dollar amount of the benefit authorized is 200.00
2	ISSU	Issuance code - once only
3	PK UP	Pick-up code - agency pick-up
010112-013112	PERIOD DATE	The period of the grant is from January 1, 2012 to January 31, 2012
F	SPC CLM	Special claiming category code - EAF

**HEAP Payments**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
2	H1	02	300.00	2		1	110111	103112	H	37243	

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue
H1	PAY TYPE	Payment type code - HEAP regular benefit heater
02	METH	Method of payment - vendor as authorized
300.00	PAY AMOUNT	The dollar amount of authorized HEAP benefit is \$300.00
2	ISSU	Issuance code - once only
1	PK UP	Pick-up code - mailed directly to vendor
110111-103112	PERIOD DATE	The period of the grant is from November 1, 2011 to October 31, 2012
H	SPC CLM	Special claiming category code - HEAP
37243	VENDOR ID	Vendor ID and/or the voucher number must be present for all vouchered payments

**IV-D Pass-Through Disregard Check**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
2	D1	01	50.00	2		1	010112	013112	N		

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue check/SNAP benefit
D1	PAY TYPE	Payment type code - IV-D payment
01	METH	Method of payment - unrestricted
50.00	PAY AMOUNT	The dollar amount of the authorized issuance is \$50.00
2	ISSU	Issuance code - once only
1	PK UP	Pick-up code - mailed directly to client
010112-013112	PERIOD DATE	The period of grant is from January 1, 2012 to January 31, 2012
N	SPC CLM	Special claiming category code - non reimbursable

**Manual Check**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
1	06	01	50.00	2		3	010112	013112			00001234

Example Data	Mnemonics	Explanation
1	ACT	Local action code - check/SNAP benefit issued
06	PAY TYPE	Payment type code - partial allowance
01	METH	Method of payment - unrestricted
50.00	PAY AMOUNT	The dollar amount of manual check authorized is \$50.00
2	ISSU	Issuance code - once only
3	PK UP	Pick-up code - agency pick-up (check to be picked up at the district)
010112-013112	PERIOD DATE	The period of the grant is from January 1, 2012 to January 31, 2012
00001234	CHECK/FSB/ VOUCHER NUMBER	The check number must be entered for all manual checks produced

For emergency & electronic benefits issuances the same conventions apply as for manual check issuance except the benefit number, which is composed of 12 digits. A group of benefit numbers is set aside specifically for emergency issuance only.

**Manual Voucher**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
1	10	02	125.00	2		1	010112	013112			M1230001

Example Data	Mnemonics	Explanation
1	ACT	Local action code - check/SNAP issued
10	PAY TYPE	Payment type code - shelter
02	METH	Method of payment - vendor as authorized
125.00	PAY AMOUNT	The dollar amount of the manual voucher authorized is \$125.00
2	ISSU	Issuance code - once only
1	PK UP	Pick-up code – mailed to vendor
010112-013112	PERIOD DATE	The period of the grant is from January 1, 2012 to January 31, 2012
M1230001	CHECK/FSB/ VOUCHER NUMBER	To pass both WMS & BICS edits the vendor ID and/or voucher number must be entered

**Manual SNAP Benefit**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	SPC CLM	VENDOR ID	CHECK/FSB/ VOUCHER #
1	91	01	50.00	2		3	010112	013112			1234567890

Example Data	Mnemonics	Explanation
1	ACT	Local action code - check/SNAP issued
91	PAY TYPE	Payment type - expedited SNAP benefit
01	METH	Method of payment - unrestricted
50.00	PAY AMOUNT	The dollar amount of SNAP benefit is \$50.00
2	ISSU	Issuance code - once only
3	PK UP	Pick-up code - agency pick-up
010112-013112	PERIOD DATE	The period of the grant is from January 1, 2012 to January 31, 2012
1234567890	CHECK/FSB/ VOUCHER NUMBER	The SNAP number must be entered for all manual SNAP benefits.

**Authorization of Recurring Vendor Payment Shelter - Voucher Produced**

ACT	PAY	METH	PAY	ISSU	SCH	PK	PERIOD	DATE	SPC	VENDOR	CHECK/FSB/
	TYPE		AMOUNT			UP	FROM	TO	CLM	ID	VOUCHER #
2	10	02	250.00	1	M	1	010112	063012		86503	

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue
10	PAY TYPE	Payment type code - shelter
02	METH	Method of payment - vendor as authorized
250.00	PAY AMOUNT	The dollar amount of voucher authorized is \$250.00
1	ISSU	Issuance code - recurring same
M	SCH	Payment schedule - monthly
1	PK UP	Pick-up code - mailed
010112-063012	PERIOD DATE	The period of the grant is from January 1, 2012 to June 30, 2012
86503	VENDOR ID	Vendor ID must be entered on all vendor payments authorized

**"Once Only" Vendor Payment - Home Repairs**

ACT	PAY	METH	PAY	ISSU	SCH	PK	PERIOD	DATE	SPC	VENDOR	CHECK/FSB/
	TYPE		AMOUNT			UP	FROM	TO	CLM	ID	VOUCHER #
2	51	09	250.00	2		6	010112	013112	D	86503	

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue
51	PAY TYPE	Payment type code - cost of repairs to recipient owned home
09	METH	Method of payment - restricted
250.00	PAY AMOUNT	The dollar amount of the repair is \$250.00
2	ISSU	Issuance code - once only
6	PK UP	Pick-up code – Other (creates a two party check)
010112-013112	PERIOD DATE	The period of grant is from January 1, 2012 to January 31, 2012
D	SPC CLM	Special Claiming Code-Federally Participating Payment
86503	VENDOR ID	Vendor ID number and/or voucher number must be entered on all vendor payment authorizations

**To Cancel a Payment Authorization**

ACT	PAY	METH	PAY	ISSU	SCH	PK	PERIOD	DATE	SPC	VENDOR	CHECK/FSB/
	TYPE		AMOUNT			UP	FROM	TO	CLM	ID	VOUCHER #
5	05	01	75.00	1	S	1	010112	063012			
2	05	01	0.00	1	S	1	010112	063012			

The local action code of 5 cancels an authorized payment line before the check/SNAP or voucher is produced by BICS.

Payment line number 1 cancels the original recurring grant (for \$75.00) which exists in BICS. The recurring grant is to be changed prior to the check writing cut-off date.

Payment line number 2 is the new recurring grant for \$0.

Example Data	Mnemonics	Explanation
Line 1:		
5	ACT	Local action code - cancel
05	PAY TYPE	Payment type code - cash recurring grant
01	METH	Method of payment - unrestricted
75.00	PAY AMOUNT	The \$75.00 amount of benefit that has been canceled
1	ISSU	Issuance code - recurring
S	SCH	Payment schedule - semi-monthly
1	PK UP	Pick-up code - mailed
010112-063012	PERIOD DATE	The period of the grant is from January 1, 2012 to June 30, 2012
Line 2:		
2	ACT	Local action code - prepare and issue
05	PAY TYPE	Payment type code - cash recurring grant
01	METH	Method of payment - unrestricted
.00	PAY AMOUNT	The dollar amount of revised benefits is 0.00
1	ISSU	Issuance code - recurring
S	SCH	Payment schedule - semi-monthly
1	PK UP	Pick-up code - mailed
010112-063012	PERIOD DATE	The period of the grant is from January 1, 2012 to June 30, 2012

**Void a System Generated Check/FSB**

ACT	PAY	METH	PAY	ISSU	SCH	PK	PERIOD	DATE	SPC	VENDOR	CHECK/FSB/
	TYPE		AMOUNT			UP	FROM	TO	CLM	ID	VOUCHER #
9	05	01	50.00	1	S	1	010112				

The Local Action code of 9 is used to void a check/benefit after the check/benefit has been system generated. The original check/benefit number should be entered on location 04-05 of screen 8 of the LDSS-3209.

Example Data	Mnemonics	Explanation
9	ACT	Local action code - void
05	PAY TYPE	Payment type code - cash recurring grant
01	METH	Method of payment - unrestricted
50.00	PAY AMOUNT	The dollar amount authorized is \$50.00
1	ISSU	Issuance code - case recurring first half of month
S	SCH	Payment schedule - semi-monthly
1	PK UP	Pick-up code – mailed to client
010112	FROM DATE	Date of check that should be voided. Notify accounting to cancel/void the check. Leave the “to” date blank.

**Authorize a Single Issue Non-Services Day Care Voucher on Screen 9**

ACT	PAY	METH	PAY	ISSU	SCH	PK	PERIOD	DATE	IND	VENDOR	CHECK/FSB/
	TYPE		AMOUNT			UP	FROM	TO	LN	ID	VOUCHER #
2	30	02	14.00	2		1	012512	012612	2	01	

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue
30	PAY TYPE	Payment type code - day care in-home non-relative (full time)
02	METH	Method of payment - vendor as authorized
14.00	PAY AMOUNT	The dollar amount of day care is \$14.00
2	ISSU	Issuance code - once only
1	PK UP	Pick-up code – mailed
012512-012612	PERIOD DATE	Day care is authorized from January 25, 2012 to January 26, 2012
2	IND LN	Individual line of recipient on authorization
01	VENDOR ID	Vendor ID must be entered on all vendor payment authorizations

**Authorize a Recurring Non-Services Day Care Voucher on Screen 9**

ACT	PAY TYPE	METH	PAY AMOUNT	ISSU	SCH	PK UP	PERIOD FROM	DATE TO	IND LN	VENDOR ID	CHECK/FSB/ VOUCHER #
2	30	02	14.00	1	M	1	010112	063012	2	01	

Example Data	Mnemonics	Explanation
2	ACT	Local action code - prepare and issue check / SNAP benefit
30	PAY TYPE	Payment type code - day care in-home non-relative (full time)
02	METH	Method of payment - vendor as authorized
14.00	PAY AMOUNT	The dollar amount of day care is 14.00
1	ISSU	Issuance code - recurring monthly
M	SCH	Payment schedule - monthly
1	PK UP	Pick-up code – mailed
010112-063012	PERIOD DATE	Day care is authorized from January 1, 2012 to June 30, 2012
2	IND LN	Individual line of recipient on authorization
01	VENDOR ID	Vendor ID must be entered on all vendor payment authorizations

## Services Authorization (LDSS-2970)

The Services Authorization LDSS-2970 is a three-part document divided into four sections. The purpose, use, and flow of the LDSS-2970 are discussed in detail in Volume 1, Chapter 3 of the Fiscal Reference Manual.

The following is an explanation of the contents of the authorization. The number preceding the data element corresponds to the number identifying the location of the element on the Authorization example shown later in this chapter.

### Workbook 1 Individual Case Data

**Case Number**

The district assigned number to identify the case

**Case Type**

Type of services case

**Authorization Number**

The WMS system assigned number of the authorization

**Tran District**

Transaction District

**Ctr/Off**

Center/Office

**CONX**

Connections Case Indicator Code

**Unit ID**

Unit number

**Worker ID**

Worker number

**Case Name**

The name by which the case will be known

**Telephone Number**

The home telephone number of the case

**Residence Address**

Where the recipient resides

**Mailing Address**

Where the recipient mail is sent

**Individual Data Demographic**

Name, address, social security number, and client ID for each individual assigned to the case

## **Workbook 2 Eligibility Data**

Eligibility Information - Codes assigned to: relationship, social security number indicator, marital status, student indicator, living arrangement, emancipated minor, citizenship indicator, and eligibility. Definitions of some above noted codes are as follows:

**SI**

Student Indicator - Used for persons 18 to 21 years old

**LA**

Location Code - Living arrangement. The type of domicile of the case member (i.e. In household, foster care, institutional care)

**EM**

Emancipated Minor - Person over 16 or 17 years old who has completed compulsory education, living separate and is not in receipt of or in need of foster care

**EL CD**

Eligibility Code - The category under which the recipient of Services is eligible

**Retroactive Eligibility Data**

This section includes the client ID number, eligibility code, state/federal charge code, and from and to date of retroactive eligibility

**Income Data**

Identifies the source (by code,) amount, and period of income for the particular individual entered in the Services process

**Services Eligibility Process Code**

Process as financially ineligible - Used in protective cases and child preventive cases when income information cannot be secured

**SFU (Services Family Unit)**

This indicator code identifies the number of services for members of the family unit or sub family unit

**SFED/T Required**

At recertification, the Services Financial Eligibility Display/Turnaround document (SFED/T) is available at the request of the worker. During the deletion or addition of an individual to the case, a SFED/T is generated automatically

## **Direct Services Data**

Direct service coding information is needed before a Purchase of Service line is written for the client. The code is the type of service authorized for the client:

**GL STAT**

Goal Achievement Status - The code used to close or transfer a primary recipient's current goal and indicate the method of closure or transfer.

**GOAL**

Services Goal - The objectives toward which services must be provided under Title XX Services (Self-support, self-care, Prevention/Protection).

**AP LN - (Associated Primary Line Number)**

The two digit line number of the Primary recipient with whom the non-Primary recipient is associated.

**S/F - (State / Federal Charge Code)**

The two digit code to indicate the reason why either the State or Federal government assumes fiscal responsibility for the individual.

**JD/PINS - (Juvenile Delinquent / Persons in Need of Supervision)**

Indicates that a child in foster care has been adjudicated a Juvenile Delinquent or Person In Need of Supervision.

**Service Type Codes**

The Services (adoption, day care, education, family planning) available to eligible individuals. Direct Service Codes are entered to support the Purchase of Services.

## **Purchase of Services (POS)**

The LDSS-2970 Services Authorization is a three-part document divided into four sections. Accounting staff primarily work with the LDSS-2970 Services Authorization area identified as POS. Accounting staff uses the POS section to determine the type of service authorized, the period for which it is authorized and the amount authorized to be spent on the services.

The POS Area contains:

**Purchase of Services Status (PSS)**

Description of the activity that has taken place during a transaction on a specific POS. (i.e. 01- to add new line of POS, 02 - to change existing POS, 03- delete - POS provided in the past, 04 - POS deleted – service not provided)

**Line number (LNNO)**

The identifier that links information pertinent to authorized purchased services to the individual for whom the services are to be purchased

**Service type**

A list of Services available to eligible individuals displaying a need

**From and To Dates**

The period (FROM-TO) for which this POS Service has been authorized.

**Amount**

The gross dollar amount, including recipient fee portion, if any, charged by the service provider/vendor for a specific interval of time. "C" may also designate this amount in the first position of the Rate Amount Field. The "C" means a contract has been signed for the services.

**Rate Period**

The specific interval upon which the provider bases his charges for POS Services.

**Maximum Authorization POS Time Units**

The maximum number of time units of Purchase Of Services (POS) authorized for a specific recurring time interval. The frequency interval is expressed as units of time per a longer period of time. The numerator in the frequency interval must be the same unit of time used in the Rate Period.

**MOP**

The Method of Payment (MOP) identifies if services provided are 1 (Direct), 2 (Public) or 3 (Private).

**Provider/Vendor ID**

All Foster Care providers (Foster Family and Agency) are assigned an eight-digit number from the State. The Day Care Vendor ID is a five-digit number assigned by either the State or district. The district provides all other numbers.

**Provider/Vendor Name**

The name under which the services provider does business and under which POS Service Charges are billed. This shows the name/address from the CCRS Facility file.

**Check/Voucher Number**

Information entered to identify a manually prepared check or voucher.

**ANI**

The Associated Name Indicator instructs BICS to write a direct check to a name other than the case name and address.

**LOD**

This field is no longer used but will populate with a 1 for Adoption Subsidy POS lines.

**Service Provider/Vendor Address**

The business address of a provider of purchased services. Illustrations of completed authorizations for typical service cases are included in the following pages.

**DC Fee**

Day care fees are paid by those day care recipients whose income exceeds the appropriate percentage of median income. These fees are usually set at a sliding scale based on family income and size.

**LDF**

Redirect Payment Indicator

## **Associated Name and Address Data**

This section of the service authorization contains associated name and address information. For direct payments, the use of the associated name values instructs the Benefits Issuance Control System (BICS) to produce a check and to use the name and / or address resident on WMS screen 7 as the payee.

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## Analysis of POS Line Data Elements

### Preventive Services

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S					UNITS			P		NUMBER	I	D
01 04	57W	010112	070112		C			3	332765			

Example Data	Mnemonics	Explanation
01	PSS	POS services added to active case
04	LN NO	The case member for whom the POS line is written
57W	SERVICE TYPE	Parent aide/parent training without regard to income
010112-070112	FROM TO	The service period is from January 1, 2012 to July 1, 2012
C	AMT	Indicates the amount has been set by a contract with the provider
3	MOP	The method of purchase is from a private vendor
332765	VENDOR ID	Provider/Vendor ID assigned by the district to the service provider

### Protective Services

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S					UNITS			P		NUMBER	I	D
01 02	11P	051412	111412	C				3	332765			

Example Data	Mnemonics	Explanation
01	PSS	POS services added to active case
02	LN NO	The case member for whom the POS line is written
11P	SERVICE TYPE	Homemaker services for a protective case
051412-111412	FROM TO	The service period is from May 14, 2012 to November 14, 2012
C	AMT	Indicates the amount has been set by a contract with the provider
3	MOP	The method of purchase is from a private vendor
332765	VENDOR ID	Provider/Vendor ID assigned by the district to the service provider

**Other Service Payments - Homemaking**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S					UNITS			P		NUMBER	I	D
03 01	11	012212	072212	70.00	H	0050	HD	3	005678			

Example Data	Mnemonics	Explanation
03	PSS	POS service deleted, POS authorization period in the past
01	LN NO	The case member for whom the POS line is written
11	SERVICE TYPE	Homemaker services
012212-072212	FROM TO	The service period is from January 22, 2012 to July 22, 2012
70.00	AMT	The rate amount is \$70.00
H	RATE PERIOD	Hourly
0050 HD	POS TIME UNITS/ MAX AUTH	The maximum number of time units is 5 hours per day
3	MOP	The method of purchase is from a private vendor
005678	VENDOR ID	Provider/Vendor ID assigned by the district to the service provider

**Day Care - Daily Rate**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S					UNITS			P		NUMBER	I	D
02 03	36	071412	071412	25.00	D	0050	DW	3	00A0187			

Example Data	Mnemonics	Explanation
02	PSS	Existing POS service changed
03	LN NO	The case member for whom the POS line is written
36	SERVICE TYPE	Day care center full time
071412-071412	FROM TO	The service period is July 14, 2012
25.00	AMT	The rate amount is \$25.00
D	RATE PERIOD	Daily
0050 DW	POS TIME UNITS/ MAX AUTH	The maximum number of time units is 5 days per week
3	MOP	The method of purchase is from a private vendor
00A0187	VENDOR ID	Provider/Vendor ID assigned by the state to the service provider

**Family Foster Care - Monthly Room and Board at Daily Rate**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S						UNITS		P		NUMBER	I	D
02 02	61	010112	070112	7.00	D	0310	DM	3	00A00123			

Example Data	Mnemonics	Explanation
02	PSS	Existing POS service changed
02 LN NO		The case member for whom the POS line is written
61	SERVICE TYPE	Regular foster care service and maintenance
010112-070112	FROM TO	The service period is from January 1, 2012 to July 1, 2012
7.00	AMT	The rate amount is \$7.00
D	RATE PERIOD	Daily
0310 DM	POS TIME UNITS/ MAX AUTH	The maximum number of time units is 31 days per month
3	MOP	The method of purchase is from a private vendor
00A00123	Vend ID	Provider/Vendor ID assigned by the state to the service provider

**Family Foster Care - Monthly Room and Board at Monthly Rate**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S						UNITS		P		NUMBER	I	D
01 02	61	010112	070112	217.00	M	0060	MA	3	00A00123			

Example Data	Mnemonics	Explanation
01	PSS	POS services added to active case
02 LN NO		The case member for whom the POS line is written
61	SERVICE TYPE	Regular foster care service and maintenance
010112-070112	FROM TO	The service period is from January 1, 2012 to July 1, 2012
217.00	AMT	The rate amount is \$217.00
M	RATE PERIOD	Monthly
0060 MA	POS TIME UNITS/ MAX AUTH	The maximum number of time units is 6 months
3	MOP	The method of purchase is from a private vendor
00A00132	Vend ID	Provider/Vendor ID assigned by the state to the service provider

**Single Issue for Clothing**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L	
S NO	TYPE					PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S						UNITS		P		NUMBER	I	D	
01 01	67	010112	070112	125.00	D	0010	DA	3	00031761				

Example Data	Mnemonics	Explanation
01	PSS	POS services added to active case
01	LN NO	The case member for whom the POS line is written
67	SERVICE TYPE	Initial clothing
010112-070112	FROM TO	The service period is from January 1, 2012 to July 1, 2012
125.00	AMT	The rate amount is \$125.00
D	RATE PERIOD	Daily
0010 DA	POS TIME UNITS/	The maximum number of time units is one day per authorization
	MAX AUTH	period. This is the same as a single issue (rate period code S).
3	MOP	The method of purchase is from a private vendor
00031761	VENDOR ID	Provider/Vendor ID assigned by the district to the service provider

**Single Issue for Gifts**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L	
S NO	TYPE					PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S						UNITS		P		NUMBER	I	D	
01 02	71	010112	070112	125.00	S			3	00089765				

Example Data	Mnemonics	Explanation
01	PSS	POS services added to active case
02	LN NO	The case member for whom the POS line is written
71	SERVICE TYPE	Gifts
010112-070112	FROM TO	The service period is from January 1, 2012 to July 1, 2012
125.00	AMT	The rate amount is \$125.00
S	RATE PERIOD	Single issue
3	MOP	The method of purchase is from a private vendor
00089765	VENDOR ID	Provider/Vendor ID assigned by the district to the service provider

**Foster Care - Clothing Authorized at Monthly Rate, Issued Monthly**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S						UNITS		P		NUMBER	I	D
01 02	68	011512	071512	35.00	M	0060	MA	3	00A00567			

Example Data	Mnemonics	Explanation
01	PSS	POS services added to active case
02	LN NO	The case member for whom the POS line is written
68	SERVICE TYPE	Replacement clothing is the service type
011512-071512	FROM TO	The service period is from January 15, 2012 to July 15, 2012
35.00	AMT	The rate amount is \$35.00
M	RATE PERIOD	Monthly
0060 MA	POS TIME UNITS/	The maximum number of time units is six months per
	MAX AUTH	authorization period
03	MOP	The method of purchase is from a private vendor
00A00567	VENDOR ID	Provider/Vendor ID assigned by the state to the service provider

**Institutional Foster Care Educational Expenses**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S						UNITS		P		NUMBER	I	D
01 03	64	011112	071112	C				3	00A0187			

Example Data	Mnemonics	Explanation
01	PSS	POS services added to active case
03	LN NO	The case member for whom the POS line is written
64	SERVICE TYPE	Education rate
011112-071112	FROM TO	The service period is from January 11, 2012 to July 11, 2012
C	AMT	Indicates the amount has been set by a contract with the provider
3	MOP	The method of purchase is from a private vendor
00A0187	VENDOR ID	Provider/Vendor ID assigned by the district to the service provider

**Subsidized Adoptions - Monthly Room and Board at Monthly Rate**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S						UNITS		P		NUMBER	I	D
02 02	54	012212	072212	217.00	M	0060	MA	3	0031761			

Example Data	Mnemonics	Explanation
02	PSS	Existing POS service changed
02 LN NO		The case member for whom the POS line is written
54	SERVICE TYPE	Adoption Subsidy is the service type
012212-072212	FROM TO	The service period is from January 22, 2012 to July 22, 2012
217.00	AMT	The rate amount is \$217.00
M	RATE PERIOD	Monthly
0060 MA	POS TIME UNITS/	The maximum number of time units of purchase of services
	MAX AUTH	authorized is one unit per month for 6 months
3	MOP	The method of purchase is from a private vendor
0031761	VENDOR ID	Provider/Vendor ID assigned by the state to the service provider

**Subsidized Adoptions - Medical Subsidy, Blanket Authorization**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L
S NO	TYPE				PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S						UNITS		P		NUMBER	I	D
01 03	77	012212	062212	C				3	00012346			

Example Data	Mnemonics	Explanation
01	PSS	POS services added to active case
03 LN NO		The case member for whom the POS line is written
77	SERVICE TYPE	Adoption Subsidy (medical only)
012212-062212	FROM TO	The service period is from January 22, 2012 to June 22, 2012
C	AMT	Indicates the amount has been set by a contract with the provider
3	MOP	The method of purchase is from a private vendor
00012346	VENDOR ID	Provider/Vendor ID assigned by the district to the service provider

**Single Issue for Adoption Subsidy (Medical Only)**

P LN	SERVICE	FROM	TO	AMT	RATE	POS	MAX	M	VENDOR	CHECK/	A	L	
S NO	TYPE					PERIOD	TIME	AUTH	O	ID	VOUCHER	N	O
S						UNITS		P		NUMBER	I	D	
01 03	77	010112	070112	525.00	S			3	00057682				

Example Data	Mnemonics	Explanation
01	PSS	POS services added to active case
03	LN NO	The case member for whom the POS line is written
77	SERVICE TYPE	Adoption Subsidy (medical only) is the service type
010112-070112	FROM TO	The service period is from January 22, 2012 to June 22, 2012
525.00	AMT	The rate amount is \$525.00
S	RATE PERIOD	Single issue
3	MOP	The method of purchase is from a private vendor
00057682	VENDOR ID	Provider/Vendor ID assigned by the district to the service provider

## Chapter 2: Payments and Rolls

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## **Payment and Roll Forms**

This chapter contains, in the Benefit Issuance and Control Subsystem (BICS) format, the indirect payment forms as well as the payment rolls and corresponding instructions for their use by the social services districts (districts) in making payments, recording expenditures, and documenting reimbursement claimed for the assistance and care granted. (The payment and claiming processes are discussed in detail in Fiscal Reference Manual Volume 1, Chapters 4 and 5). Detailed descriptions of the BICS processing of payments and the related reports and forms can be found in the Payment Issuance and Control Subsystem Manual (PICS), the Indirect Payment Processing System Manual (IPPS), and the BICS Services Payment Processing Manual (BSPP).

### **LDSS-3546 Order/Voucher for Supplies/Services for Benefit Issuance and Control Subsystem Districts**

The LDSS-3546 Order/Voucher for Supplies/Services for BICS districts is a state supplied pre-numbered four-part carbon form for ordering or reordering supplies or services delivered to a public assistance client. This Order/Voucher is used by BICS districts and is system-generated from information contained on the LDSS-3209 Authorization. The LDSS- 3209 form may also be prepared manually, (with ink, indelible pencil or other), but it must be entered on the BICS System to be properly recorded.

The LDSS-3546 form must be used by BICS for all non-medical items of assistance and care except:

- Board and care of children in foster or day care
- Burials
- Premiums on life insurance policies assigned to the district
- Carrying charges and mortgage payments on client-owned property or on property on which the district official takes a deed
- Utility services (i.e. metered gas, electricity, water and telephone services)
- Rent
- Moving costs
- Purchase of Services (POS) under the "Consolidated Services Plan"
- Adoption subsidies

While the districts are not mandated to use the LDSS-3546 voucher form for the above services, the districts may require them from their vendors. Note: the districts have had problems with Health Insurance Providers refusing to sign vouchers. It is not necessary to have signed vouchers to process these health insurance premium payments.

#### **Format**

##### **Signature of Client, If Required**

The client should sign the form at delivery to indicate that the supplies or services were received. For heating fuel deliveries, the client's signature is not required. Also, if the BICS voucher form is used for services or supplies not normally required as needing a voucher, the client's signature is not necessary. For clients who sign with an "X," the client's signature must be witnessed and the name and address of the witness indicated under the "X."

**Authorized By**

The employee responsible for issuing the order/voucher for supplies/services may sign this block

**Date**

Enter the date that the form is signed by the district employee authorized to issue the order

**Date of Issue**

Enter the date the form is generated

**Service/Payment Type**

Enter the type of service or supplies being ordered (such as fuel, shelter, etc.)

**Vendor ID**

Enter the vendor's identification number on the BICS vendor file

**Vendor Name and Address**

Enter the name and address of the vendor authorized to provide services or supplies. Note: at the district option, the person designated as the voucher supervisor may be given the responsibility of reviewing and signing the voucher prior to mailing or upon the voucher's return before voucher processing is initiated. If the vouchers are signed after they are returned, only one signature is needed in the "Authorized by" box.

**Case Number**

Enter the district number of the case receiving the services or supplies

**Authorization Number**

Enter the number of the LDSS-3209 Authorization which authorizes the services or supplies

**Description Block**

Enter in this area such information as the client's name, CIN number, address with a description of supplies or services and the period authorized

**Amount Authorized**

Enter an actual amount, an amount beyond which payment cannot exceed the amount, or as billed by the vendor

**Amount Claimed**

Enter the actual amount claimed for payment by the vendor, which cannot exceed amount authorized

**Certification at the Bottom**

The vendor must sign the order/voucher for supplies/services and return the form to the district with attached bills before the district can make payment

**Distribution of Copies**

The LDSS-3546 Order/Voucher for Supplies/Services for BICS districts is a four-part form. The original and one copy should be given to the vendor, the third part should be attached to the authorization and retained on file in accounting for vouchers payable processing. The fourth part may be kept in the case file, at the district option.

When the vendor submits the voucher for payment, they should sign the voucher and send the first copy along with the invoice or other billing documentation. The vendor should retain the second part.

**Special Instructions**

The signature of a relative or a foster parent signing on behalf of a client is acceptable if the relationship is shown on the voucher form.

For emergency situations where the goods or services are delivered before the form is issued, the vendor needs to have the client sign a sales slip, cash register tape or other billing document to acknowledge receipt. The first two parts of the LDSS-3546 form is to be sent directly to the vendor. The vendor returns the first part with invoice or other billing documentation signed by the client to the district to obtain payment.

For a complete description of BICS voucher processing, please refer to the Indirect Payment Processing Sub-System Manual.

LDSS-3546 (5/03)		<b>Order for Supplies/Services (Voucher)</b>		Vendor-Return to district	
		County Department of Social Services Foster Care		NO. Services	
Non-Services					
Signature of Recipient, if Required		Authorized By		Date	
Date of Issue		Service/Payment Type		<b>COUNTY USE ONLY</b>	
Vendor ID				I HEREBY CERTIFY, that the merchandise, materials, or articles enumerated in the above account have been received, and the services specified performed; that they were necessary for and have been, or will be to the use of the above department or its recipient(s).	
Vendor Name and Address					
		Signature		Title	
		Audited By		Check Number	
				Check Date	
Case Number	Authorization Number	Description of Supplies or Services and/or Recipient Name, Address, Account Number, CIN and Service Period/Date of Delivery		Amount	
				Authorized	Claimed
TOTAL AMOUNT CLAIMED CANNOT EXCEED AMOUNT AUTHORIZED					
<div style="display: flex; justify-content: space-between;"> <span>Number of Payments</span> <span>Due Date</span> </div> <p>Pursuant to the provisions of Section 369 of the County Law of the State of New York, I do hereby certify that the labor or services, merchandise, materials or articles charged in the within account or claim, amounting to \$_____ have been actually performed, made or delivered for the COUNTY OF _____ or for the County on behalf of a recipient(s); that the items and specifications therein are correct; that the prices charged therefor are reasonable and just; that no perquisites, commissions or allowances of any kind, other than as stated in said account, have been or will be paid directly or indirectly, in consideration of the procurement of said articles or services; and that the said item or items contained in this bill or claim have not been, either in whole or any part, paid or satisfied and that the full amount is now justly due and that no part thereof has heretofore been presented for audit or payment.</p> <div style="display: flex; justify-content: space-between;"> <span>Claimant Signature _____</span> <span>Date _____</span> </div> <p style="text-align: center; margin-top: 10px;">Vendor, see other side for instructions for completion of this form.</p>					

## Disregard Special Payment Roll From the Benefit Issuance and Control Subsystem

This printout is a listing of cases receiving a disregard payment during that particular month. A summary of all issuances is written at the end of the report.

## **Format**

The headings across the report are:

### **Case Number**

Case number is the district assigned numbers used to identify the case

### **Case Name/Payee**

Case Name / Payee is the name used to identify the case. If someone, other than the case name is designated as payee, the name will appear below the case name.

### **Authorization Number (AUTH NUMBER)**

Authorization number is the number of the authorization that initiated a payment

### **Case Type**

Case type is the type of case (that is, Family Assistance (FA), Safety Net (SN) Federally Participating (FP), SN Federally Non Participating (FNP), etc.)

### **Check Number**

Check Number is the number of the check issued during this run

### **Check Amount (\$ Amount)**

Check amount is the dollar amount of the issuance

### **Pick-Up**

The pick up code indicates how the issuance is channeled to its destination (for example, Agency Pick-Up - the check is to be picked up at the district, or Mailed - the check is mailed to the payee)

### **Pay Type**

A pay type code defines the type of assistance authorized

### **Local Action**

The local action code is taken from section 6 of the issuing authorization

### **Special Claiming Category (SCC)**

SCC specifies a reimbursement category that is different from the case type and applies to the specific payment amount

### **SSI**

The Supplemental Security Income (SSI) code that indicates if anyone in the case is awaiting SSI determination

### **Active Individuals**

The number of active individuals in the case is reported here

### **State/Federal Charge Code & Number**

The state / federal (S/F) code number indicates that the state or federal government assumes fiscal responsibility for an individual and the reason why (for example, 06 - Needy Person Without State Residency (PA only), 03 - American Repatriate, 30 - Refugees (RAP), and 90 - Raise the Age (RTA)).

This part of the report allows up to three different charge codes, and shows both the code and number of people in the case designated for that category.

## **Direct Payment Roll for Benefit Issuance and Control Subsystem Districts**

This printout is a listing of cases receiving benefits during a particular direct payment run. Summary totals of the category are provided at the end of each section. A summary of all issuances is written at the end of the report.

The Direct Payment Roll produced by BICS is equivalent to the state prescribed direct payment roll (LDSS-9) for non-BICS districts. The report run type identifies if the run is for single or recurring benefits. The report should be retained for six years.

### **Format**

The headings across the report are:

#### **Case Number/CIN (services)**

The district assigned numbers used to identify the case. For services payments the CIN of the individual receiving payment is identified.

#### **Case Name/Payee**

The name used to identify the case. If someone, other than the case name is designated as payee, the name will appear below the case name.

#### **Authorization Number (AUTH NUMBER)**

Authorization number is the number of the authorization that initiated a payment

#### **Case Type**

Case type is the type of case (FA, SNFP, SNFNP, etc.)

#### **MOP**

The Method of Payment Code indicates if the benefit is restricted or unrestricted

#### **Check Number/Benefit Number**

The number of the check / benefit issued during this run is reported here

#### **\$Recoup**

The amount of monies identified as a recoupment from the ABEL budget is reported here

#### **\$Restr**

The sum of the PA adjustment fuel amount and the PA all amount from ABEL is reported here

#### **Check Amount (\$ Amount)**

The dollar amount of the issuance is reported here

#### **Vendor ID**

The vendor for two-party checks is identified here

#### **Cust Acct No.**

The customer account number from the utility company is identified here

#### **Pay Type**

The type of benefit received is reported here (for example, recur G - a recurring grant)

### Local Action

This code is the local action code taken from section 6 of the issuing authorization

### Special Claiming Category

The SCC (if any) is taken from section 6 of the issuing authorization

### SSI

A code that indicates if anyone in the case is awaiting SSI determination

### Pick-Up

The pick up code indicates how the issuance is channeled to its destination

### JP

Identifies if the benefit is for a Juvenile Delinquent (JD) or a Person in Need of Supervision (PINS)

### HEAP/SCAT

HEAP/Special Category (HEAP/SCAT) – The HEAP type displayed for HEAP payments is one of the following PA-HEAP, NPA-HEAP, and EMG-HEAP. These codes identify the HEAP funding source.

### Active Individuals

This field identifies the number of active individuals in the case

### State/Federal Charge Code & Number (CD&NO)

The code number indicates the state or federal charge code. The number indicates the persons in the case with that classification.

REPORT DATE 10/01/02 BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES										PAGE 1		
CHECKS DATED: 10/01/02										PRINT FILE: DP-ROLL		
LOCAL OFFICE: 345												
CATEGORY: FA												
CASE NUMBER										RUN TYPE - PAPER - 1		
CIN(SVC)												
P3278478												
MENDEZ, JOANNE												
01029839												
1234												
216.00												
01												
FA												
P5858178												
MENDEZ, JIMMY												
89484839												
1254												
316.00												
01												
FA												
										TOTAL NUMBER OF CHECKS FOR CATEGORY:		
										FA: 321		
										SN: 123		
										TOTAL \$ AMOUNT OF CHECKS FOR CATEGORY:		
										FA \$1,123		
										SN \$1,111		
										TOTAL NUMBER OF ALL CHECKS FOR LOCAL OFFICE 444		
										TOTAL \$ AMOUNT OF ALL CHECKS FOR LOCAL OFFICE \$2,234		
										TOTAL NUMBER OF ALL CHECKS ON ROLL: 444		
										TOTAL \$ AMOUNT OF ALL CHECKS ON ROLL: \$2,234		

REPORT DATE 02/01/03 BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES										PAGE 1		
CHECKS DATED: 02/01/03										PRINT FILE: DP-EROLL		
CATEGORY: FA												
LOCAL OFFICE: 345										RUN TYPE - ELECT-IST		
CASE NUMBER												
CIN(SVC)												
P3278478												
MENDEZ, JOANNE												
01029839												
1234												
216.00												
01												
FA												
P5858178												
MENDEZ, JIMMY												
89484839												
1254												
316.00												
01												
FA												
										TOTAL NUMBER OF BENEFITS FOR:		
										FA: 321		
										SN: 123		
										TOTAL \$ AMOUNT OF BENEFITS FOR:		
										FA \$1,123		
										SN \$1,111		
										TOTAL NUMBER OF ALL BENEFITS FOR LOCAL OFFICE 444		
										TOTAL \$ AMOUNT OF ALL BENEFITS FOR LOCAL OFFICE \$2,234		
										TOTAL NUMBER OF ALL BENEFITS ON ROLL: 444		
										TOTAL \$ AMOUNT OF ALL BENEFITS ON ROLL: \$2,234		

## Direct Payment Abstract

The abstract, the last page of the Direct Payment Roll, displays the amounts that should be applied to each appropriation account. This report must be signed, dated and sent to the district fiscal officer.

In non-chartered districts, the commissioner must sign the abstract according to Social Services Law Section 83, Part Two. This can be done mechanically through a signature plate or stamp. The responsibility for use of that signature stamp, however, still lies with the commissioner.

In chartered districts, the signature function can be delegated to another district official through passage of a local law that designates the official as having this responsibility.

The report also contains the starting and ending benefit numbers and the total numbers of benefits produced during this run. The report should be retained for six years.

REPORT DATE 02/19/03 CHECKS DATED: 03/01/03	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES DIRECT PAYMENT ABSTRACT PICS REPORT DPPI1005	PAGE 1 OF 1 PRINT FILE::DP-ROLL
CHECKS NUMBER ISSUED IN RUN STARTING                      ENDING 28000                          280010		RUN TYPE -PAPER- 1ST
TOTAL NUMBER OF CHECKS PRODUCED: 11		
APPROPRIATION ACCOUNT NUMBER		AMOUNT
A6109.0 FAMILY ASSISTANCE		\$3,205.49
A6140.0 SAFETY NET		\$1,210.00
TOTAL		\$4,415.49
THE FOLLOWING ORDERS, REPRESENTING DULY AUDITED OR AUTHORIZED CLAIMS, THAT THIS DAY BEEN DRAWN ON YOUR OFFICE. PLEASE HONOR AND CHARGE TO THE FUND STATED.		
SIGNED	TITLE	
DATED / /		

REPORT DATE 02/19/03 BENEFITS DATED: 02/19/03	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES DIRECT PAYMENT ABSTRACT PICS REPORT PABS4003	PAGE 1 OF 1 PRINT FILE::DP-EABST
PABS NUMBERS ISSUED IN RUN STARTING                      ENDING 2800000000000              2800000003333		RUN TYPE -ELEC 1ST
TOTAL NUMBER OF PABS PRODUCED: 3334		
APPROPRIATION ACCOUNT NUMBER		AMOUNT
A6109.0 FAMILY ASSISTANCE		\$3,205.49
A6140.0 SAFETY NET		\$1,210.00
TOTAL		\$4,415.49
THE FOLLOWING ORDERS, REPRESENTING DULY AUDITED OR AUTHORIZED CLAIMS, THAT THIS DAY BEEN DRAWN ON YOUR OFFICE. PLEASE HONOR AND CHARGE TO THE FUND STATED.		
SIGNED	TITLE	
DATED / /		

## Direct Payment Check Register

This printout is a listing of all checks produced, in check number order. This report serves as a cash disbursement journal which must be retained by the treasurer as a permanent record of check issuance.

The total number of checks and total dollar amounts should be compared to the total checks printed prior to distribution. If any discrepancy is noted, each check should be verified to the register. The report should be retained for six years.

### **Format**

Explanations of the headings across the report are:

#### **Local Action**

The local action code used by the worker to initiate payment is reported here

#### **Pickup Code**

The pick up code indicates how the issuance is channeled to its destination

#### **Check/Benefit Number/Check Amount**

The number and dollar amount of the issuance printed on the check is reported here

#### **Case Name/Payee**

This field identifies the WMS assigned case name that is receiving benefits. In most instances the payee is the case name. If an associated name is to receive the check, or the check is a two-party check, then the payee is different than the case name.

#### **Check Address Street/City, State, Zip**

The address printed on the check based on the case, mailing, or associated address

#### **Vendor ID**

If the method of payment is 09 restricted, then the Vendor receiving the two-party check is displayed

#### **Case Number**

The district assigned Case Number to uniquely identify the payment is reported here

#### **Auth Number**

The issuing authorization number from which the payment is originally authorized is reported here

#### **Category/Case Type**

The BICS generated category, based on the WMS case type, payment type, and SCC

#### **Pay Type**

A pay type code defines the type of assistance authorized. The pay type is reported here

#### **CIN(SVC)**

The client identification number of the individual for whom the service payment is generated

DIRECT PAYMENT CHECK REGISTER

BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES										PAGE 1
DIRECT PAYMENT CHECK REGISTER -										
PICS REPORT DPPI1003										
REPORT DATE 06/01/02	CHECKS DATED 06/01/02	CASE NAME	CHECK ADDRESS STREET	CITY, STATE ZIP	VEND ID	PRINT FILE DP-PCREG		RUN TYPE : PAPER - 1ST		
CHECK NUMBER	LOC ACT	PAYEE				CASE NUMBER	CATEGORY	CASE TYPE	PAY TYPE	
CHECK AMOUNT	PUCIN					AUTH NUMBER				
280301	AUTH	JAMISON, HAROLD	55 WASHINGTON ST.	SMITHTOWN, NY 10293		P2398409	FA		RECUR-G	
\$105.00	SES	JAMISON, HAROLD				02938475	FA			
280302	AUTH	JAMISON, JOE	12 WASHINGTON ST.	MINEOLA, NY 10293		P2398409	FA		RECUR-G	
\$102.00	MAILED	JAMISON, HAROLD				2345678	FA			
280303	AUTH	SYMTH JOE	34 WASHINGTON ST.	SMITHTOWN, NY 10293		P2398409	FA		RECUR-G	
\$234.00	MAILED	SYMTH HAROLD				02938475	FA			
280304	AUTH	SYMTH, JOE	43 HOPEWELL ST.	MINEOLA, NY 10293		P2398409	FA		RECUR-G	
\$654.00	MAILED	SYMTH, JOE				03294894	SN			
280305	AUTH	SYMTH, HAROLD	64 HOPEWELL ST.	MINEOLA, NY 10293		P2398409	SN		RECUR-G	
\$112.33	MAILED					10283744				
280306	AUTH	SYMTH, JOE	34 HOPEWELL ST.	SMITHTOWN, NY 10293		P2398409	SN		RECUR-G	
\$12.34	MAILED	SYMTH, JOE				20394855				
280307	AUTH	SYMTH, JOE	23 HOPEWELL ST.	SMITHTOWN, NY 10293		P2398409	SN		RECUR-G	
\$105.00	MAILED	SYMTH, JOE				11223344				
280308	AUTH	JONES, HAROLD	22 HOPEWELL ST.	SMITHTOWN, NY 10293		P2398409	SN		RECUR-G	
\$123.45	MAILED	JONES, HAROLD				22334455				
280309	MAILED	JONES, JOE	77 STREETER ST.	MINEOLA, NY 10293		P2398409	SN			
\$105.00	MAILED	JONES, JOE				05968273	SN			
280309	AUTH	JONES, PETER	99 STREETER ST.	SMITHTOWN, NY 10293		P2398409	SN		RECUR-G	
\$105.00	MAILED	JONES, PETER				10293847				

## **Non-Services Direct Check Cancellation Roll**

The Non-Services Direct Check Cancellation Roll identifies benefits that were cancelled within the selection dates specified through BICS Production Request #41. The roll should be forwarded to the County Fiscal Officer along with the benefits.

This report should be produced at least once a month and must be retained for six years.

### **Format**

#### **Case Number/Case Name**

Case number is the district assigned numbers used to identify the case. Case Name / Payee is the name used to identify the case. If someone, other than the case name is designated as payee, the name will appear below the case name.

#### **Office**

The district office of the worker assigned to the case is reported here

#### **Vendor I.D.**

For two-party checks, it is the district number used to identify the vendor

#### **Check/Benefit Number**

The benefit number of the issuance that is cancelled or voided is reported here

#### **Amount**

The dollar amount of the cancelled benefit is reported here

#### **Check Date**

The date the cancelled payment is reported here

#### **C/V**

The cancel/void indicator identifies if a payment is entered into Accounts as a cancel (C) or void (V)

#### **PY**

The prior year indicator identifies benefits issued and cancelled in different fiscal years.

#### **Cancel/Void Date**

The date entered into Accounts as the cancellation/void date is reported here

#### **Special Claiming Category**

This field specifies a reimbursement category that is different from the case type. It applies to the specific payment amount with which it is identified (for example, N-Non Reimbursable, P-FNP).

#### **Category**

The category of assistance for the benefit is reported here

#### **Recon Code**

The reconciliation code indicates the disposition of the benefit

#### **State Federal/Charge**

This field reports the state/federal charge code and the number of active individuals in the case at the time the benefit is issued. The appropriation account is undetermined if there are more than three State/Federal Charge types for a cancellation/void benefit.

DIRECT CHECK CANCELLATION ROLL

REPORT DATE 10/10/02		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES				PAGE 1	
		DIRECT CHECK CANCELLATION ROLL					
		BICS REPORT LACR0002				PRINTFILE: NSDIRCAN	
REPORT PERIOD: THROUGH 10/10/02							
CASE NO	CASE NAME	CHECK NUMBER	AMOUNT	CHK DATE	C/V	PY	CAN/VOID DATE
OFFICE	VENDOR ID						
P92367	JAMISON, JIMMY	239487	105.00	10/01/02	C	05	10/01/02
							FA
							REC
							S/C CATEGORY COD
							ST/FED CHARGE DATA
							CD NO AMOUNT
							02
*****APPROPRIATION UNDETERMINED*****							
MORE S/F CHGS							
NON-EBICS							
TOTAL NUMBER OF CHECKS FOR FA: 1							
TOTAL \$ AMOUNT OF CHECKS FOR FA: 105.00							
NON-EBICS							
TOTAL NUMBER OF ALL CHECKS ON ROLL: 1							
TOTAL \$ AMOUNT OF ALL CHECKS ON ROLL: 105.00							

## **Non-Services Direct Check Cancellation Abstract**

The second part of the Non-Services Direct Check Cancellation Roll is the Cancellation Abstract. This report identifies the Appropriation Account to be credited by the county fiscal officer. This report must be signed, dated and sent to the fiscal officer. A copy of the roll must be retained for six years.

### **Format**

#### **Check/Benefit Number**

The number of the benefit cancelled is reported here

#### **Amount**

The dollar amount of the cancelled benefit is reported here

#### **Void**

This field indicates whether the benefit is entered into Accounts as a Void (V) or Cancellation (blank)

#### **Appropriation/Revenue Account Name/Number**

The standard Uniform Chart of Accounts numbers and name to which the money is to be applied

#### **Amount**

The amount of money to be credited to the appropriation account is reported here

REPORT DATE 02/19/03		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES		PAGE 1	
DIRECT CHECK CANCELLATION ABSTRACT					
BICS REPORT LACR0004				PRINTFILE: DPCANROL	
CHECK NUMBER	AMOUNT	VOID	APPROPRIATION/REVENUE NAME	ACCOUNT NUMBER	AMOUNT
280301	105.00		MEDICAL ASSISTANCE	A6101.0	\$ 0.00
			FA	A6109.0	\$105.00
			SN	A6140.0	\$ 0.00
			EAA	A6142.0	\$ 0.00
			PRIOR YEAR REFUND	A2701.0	\$ 0.00
			AMERICAN REPATRIATE	A6140.A	\$ 0.00
			HEAP	A6141.4	\$ 0.00
			IV-D PAYMENTS	A649	\$ 0.00
			ADMIN	A6010.0	\$ 0.00
			TOTAL		\$ 105.00

THE FOLLOWING CANCELLED AND VOIDED CHECKS REPRESENT FUNDS TO  
BE CREDITED TO THE APPROPRIATION/REVENUE ACCOUNTS STATED.

TOTAL 105.00

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

TITLE \_\_\_\_\_

## Non-Services Indirect Payment Roll

This is a permanent record of the indirect payments made to vendors for the related cases for which services were provided. The Non-Services Indirect Payment Roll is equivalent to the Indirect Payment Roll (LDSS-827) prescribed by the state.

### Format

The roll contains both vendor and case information. Vendor information on the roll includes:

#### Check Number

Check Number is the number of the checks issued during this run

#### Amount

The dollar amount of the issuance is reported here

#### Vendor I.D.

The number assigned by the district to identify the vendor is reported here

**Payee**

The name under which the vendor does business is reported here

**Voucher Number**

The voucher number supporting the check, individual voucher amounts, and voucher due date

**Case Information**

Case information on the rolls includes:

- Case number for which each voucher is being paid
- Case Name(s) for each voucher
- Category of each case (FA, SN etc.)
- Service period Paid/Each case
- Claiming Authorization Number
- CS/TP - Case Type code

**Payment Type**

The payment type (fuel, shelter, home repairs) is reported here

**SP/CL**

The SCC indicator is reported here

**Dollar Amount for each individual case**

The dollar amount spent for each case is reported here

**Act/Ind**

The number of active individuals in the case is reported here

**ST/FED-CHRG/IND/CD**

The state / federal (S/F) code number indicates that the state or federal government assumes fiscal responsibility for an individual and the reason why. For example, State / Federal charge codes include but are not limited to 06 - Needy Person Without State Residency (PA only), 03 - American Repatriate, 30 - Refugees (RAP), and 90 - RTA.

This part of the report allows up to three different charge codes, and shows both the code and number of people in the case designated for that category.

INDIRECT PAYMENT ROLL

REPORT DATE	11/30/02	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICE										PAGE	2
NON-SERVICES INDIRECT PAYMENT ROLL - CHECKS DATED 11/20/02													
BICS REPORT LIVC2010													
PAYMENT FILE IPROLL01													
CHECK NO	09112001	AMOUNT	449.00	AUTH VENDOR ID	09001	PAYEE CLINTON CO. ELECTRIC CO	NUMBER VOUCHERS PAID	4					
VOUCHER NO	V0911512	AMOUNT	132.00	DUE DATE	11/20/02								
VOUCHER NO	V0911513	AMOUNT	125.00	DUE DATE	11/20/02	CLAIMING							
CASE NO				CATEGORY	SERVICES PERIOD	AUTH NO							
BICS090051	MEEHAN, ROBERT			SN	10/01/02-10/31/02	01000071	16	UTILITY	132.00	2	06	2	
VOUCHER NO	V0911513	AMOUNT	125.00	DUE DATE	11/20/02								
BICS090042	MENDEZ, JOANNE			FA	10/01/02-10/31/02	01000070	11	UTILITY	125.00	2	05	2	
VOUCHER NO	V0911514	AMOUNT	87.00	DUE DATE	11/20/02								
BICS090085	PATTERSON, MARY			FA	10/01/02-10/31/02	01000072	11	UTILITY	87.00	3	16	16	
VOUCHER NO	V0911515	AMOUNT	105.00	DUE DATE	11/20/02								
BICS090107	SVENSON, JANIK			FA	10/01/02-10/31/02	01000074	11	UTILITY	105.00	3	16	16	

## Non-Services Indirect Payment Abstract

The Indirect Payment Abstract identifies the monies spent in each appropriation account for the check run. The abstract must be signed, dated, and sent to the district fiscal officer along with the checks. A copy must be retained in the accounting unit for six years for audit purposes.

### Format

#### Check Numbers Issued in the Run

The starting and ending check numbers used during this BICS run is reported here

#### Appropriation Account Number

The name of the standard appropriation account is reported here

#### Amount

The total monies paid and to be funded through each account are reported here

REPORT DATE 11/20/02 BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES PAGE 1			
CHECKS DATED 11/20/02		NON-SERVICES INDIRECT PAYMENT ABSTRACT	
		PICS REPORT LIVC2060	PRINT FILE SVCATSU
CHECK NUMBERS ISSUED IN RUN			
STARTING		ENDING	
589698	-	589706	
TOTAL NUMBER OF CHECKS PRODUCED		9	
APPROPRIATION ACCOUNT			
	A6101.0	MEDICAL ASSISTANCE	\$165.00
	A6109.0	FAMILY ASSISTANCE	\$722.00
	A6140.0	SAFETY NET	\$252.00
TOTAL			\$1,139.40
THE FOLLOWING ORDERS, REPRESENTING DULY AUDITED OR AUTHORIZED CLAIMS HAVE THIS DAY BEEN DRAWN ON YOUR OFFICE. PLEASE HONOR AND CHARGED TO THE FUND STATED.			
SIGNED		TITLE	
DATED / /			

## **Indirect Payment Check Register**

The Indirect Payment Check Register is a permanent accounting record for the district of the checks issued to vendors for that BICS run. It must be retained by the treasurer for audit purposes and should be stored to allow access for future retrieval.

### **Format**

The items included on the indirect check register are:

Beginning/ending check number of the run

The beginning and ending check number are listed on the run

Check Amount

The dollar amount of the issuance printed on the check

Check Type

The check type includes the following:

- N - Non Services
- S - Services

Authorized Vendor I.D. - Non Services

The number assigned by the district to identify the vendor services is reported here. For all Foster Care (Foster family & Agency) providers, the eight-digit number is assigned by the State. The district assigns all other numbers.

Payee Name and Address

The name under which the vendor does business and the business address of the provider is reported here

INDIRECT PAYMENT CHECK REGISTER

REPORT DATE	11/20/02	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES	PAGE 1
CHECK NUMBER STARTING	ISSUED IN RUN ENDING	INDIRECT PAYMENT CHECK REGISTER - CHECKS DATED 11/20/02	PRINT FILE IPCKREGSI
09112001	09112004	NON-SERVICES SERVICES	PICS REPORT LIVC1020
CHECK NO ISSUED	CHECK AMOUNT	CHECK TYPE	AUTHORIZED VENDOR ID
09112001	499.00	N	09001
			PAYEE
			ADDRESS
			CLINTON FUEL
			32 FULLER ROAD PLATTSBURGH, NY 12901
09112002	284.00	N	09005
			SKYLINE HOTEL
			2665 SUNSET HIGHWAY PLATTSBURGH, NY 12901
09112003	160.00	N	09006
			NEWCUMB, JAY
			455 HELEN STREET PLATTSBURGH, NY 12901
09112004	246.00	N	09007
			STEELE, REM
			8347 LOOKOUT LANE PLATTSBURGH, NY 12901
*NON-SERVICES TOTALS		*SERVICES TOTALS	
NUMBER OF CHECKS:	4	NUMBER OF CHECKS:	0
\$ AMOUNT:	\$1,189.00	\$ AMOUNT:	0.00
\$ AMOUNT:	\$1,189.00	\$ AMOUNT:	0.00
*REGISTER TOTALS		*REGISTER TOTALS	
NUMBER OF CHECKS:	4	NUMBER OF CHECKS:	4
\$ AMOUNT:	\$1,189.00	\$ AMOUNT:	\$1,189.00
\$ AMOUNT:	\$1,189.00	\$ AMOUNT:	\$1,189.00

## **Non-Services Indirect Check Cancellation Roll**

The Non-Services Indirect Check Cancellation Roll is a report that identifies indirect checks that are cancelled within the selection dates specified through BICS Production Request #41. The roll should be forwarded to the county fiscal officer along with the cancelled checks. Case related information is displayed after check and vendor data. A copy of this report should be retained in accounting six years for audit purposes.

### **Format**

#### **Check Number**

The pre-printed number of the check that is cancelled or voided is reported here

#### **Check Date**

The issuance date printed on the check that is cancelled or voided is reported here

#### **Amount**

The dollar amount of the check that is issued is reported here

#### **Cancel/Void Date**

The date entered into accounts as the cancellation/void date is reported here

#### **PY Ind**

The Prior Year Indicator represents checks that were issued and cancelled in different fiscal years

#### **C/V**

Identifies if a payment is entered into accounts as a Cancel (C) or a Void (V)

#### **Vendor ID/Payee**

The district name and number used to identify the vendor authorized to provide goods or services

#### **Case Number/Case Name**

The district assigned name and number of the case receiving benefits is reported here

#### **Amount**

The dollar amount applicable to one case is reported here

#### **PT**

The payment type from the issuing payment line is reported here

#### **S/C**

A SCC specifies a reimbursement category that is different from the case type and applies to the specific payment amount

#### **Category**

This item identifies the claiming category of the benefit being cancelled

#### **Active Individuals**

The number of active people in the case at the time when the check is issued is reported here

#### **State/Federal Charge**

The state/federal charge code and number of active individuals in the case at the time the check is issued. If there are more than three codes, the appropriation account is undetermined.

INDIRECT CHECK CANCELLATION ROLL

REPORT DATE	05/07/02	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES	PAGE 1
REPORT PERIOD:	THROUGH 05/07/02	INDIRECT CHECK CANCELLATION ROLL	
		BICS REPORT LACR0003	
CHECK NUMBER	CHK DATE	AMOUNT	PY
12050701	05/07/02	890.00	C
	05/07/02		DELHI MOTEL
		AMOUNT	PT
	CASE NUMBER	CASE NAME	ACT
	BICS120014	JONES, DENISE	123003
	BICS120022	MALCOLM, JOHN	
	BICS120057	MEEHAND, ROBERT	
	BICS120081	PATTERSON, MARY	
	BICS120090	LAMM, JANIS	
	BICS120103	SVENSON, JANIK	
		AMOUNT	S/C
		148.00	03
		173.00	01
		138.00	02
		146.00	03
		139.00	01
		146.00	03
		ST/FED CHARGE INFO	
		FA	03
		SN	02, 06
		SN	02, 06
		FA	03
		FA	02, 05
		FA	03
ROLL TOTALS BY CATEGORY:			
CATEGORY	AMOUNT	CATEGORY	AMOUNT
FA	\$579.00	SN	\$311.00
TOTAL NUMBER OF CANCELLED/VOIDED CHECKS ON ROLL: 1			
TOTAL \$ AMOUNT OF CANCELLED/VOIDED CHECKS ON ROLL: 890.00			

## **Non-Services Indirect Check Cancellation Abstract**

The second part of the Non-Services Indirect Check Cancellation Roll is the Cancellation Abstract. This report identifies the Appropriation Account to be credited by the county fiscal officer. This report must be signed, dated and retained for six years for audit purposes.

### **Format**

#### **Check Number**

The pre-printed number of the cancelled check is reported here

#### **Amount**

The dollar amount of the cancelled check is reported here

#### **Void / Cancel**

The void item indicates whether the check is entered into accounts as a Void (V) or as a Cancellation (the field will be blank)

#### **Appropriation/Revenue Account Name/Number**

The standard Uniform Chart of Accounts number and name to which the money is to be applied is reported here

#### **Amount**

The amount of money to be credited to the appropriation account is reported here

INDIRECT CHECK CANCELLATION ABSTRACT

REPORT DATE	12/01/02	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES	PAGE	1	
NON-SERVICE INDIRECT CHECK CANCELLATION ABSTRACT					
BICS REPORT LACR0008 PRINTFILE: IPCANROL					
CHECK NUMBER	AMOUNT	VOID	APPROPRIATION/REVENUE ACCOUNT NAME	NUMBER	AMOUNT
09112001	449.00		PRIOR YEAR REFUND	A2701.0	\$0.00
09113001	284.00	V	ADULT CARE - PUBLIC	A6030.0	\$0.00
			MEDICAL ASSISTANCE	A6101.0	\$100.00
			FAMILY ASSISTANCE	A6109.0	\$601.00
			CHILD CARE	A6119.0	\$0.00
			ADULT CARE - PRIVATE	A6131.0	\$0.00
			SN	A6140.0	\$32.00
			AMERICAN REPATRIATE	A6140.0	\$0.00
			HEAP	A6141.0	\$0.00
			EAA	A6142.0	\$0.00
			ADMIN	A6010.0	\$0.00
			APPROPRIATION UNDETERMINED OTHER		\$0.00
TOTAL					\$733.00

THE FOLLOWING CANCELLED AND VOIDED CHECKS REPRESENT FUNDS TO  
BE CREDITED TO THE APPROPRIATION/REVENUE ACCOUNTS STATED

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

TITLE \_\_\_\_\_

TOTAL 733.00

## **Services Indirect Payment Roll**

The Services Roll provides accounting with detail information for all clients associated with that check production run. This report should be retained by the district and kept available for audit purposes. The Services Indirect Payment Roll is equivalent to the state prescribed Services Payment Roll (LDSS-1373). The Services Indirect Payment Roll is available from BICS in four different sort options:

- Vendor I.D./Voucher Number/Case Number
- Vendor I.D./Voucher Number/Case Name
- Vendor Name/Voucher Number/Case Number
- Vendor Name/Voucher Number/Case Name

### **Format**

The following information is available on all the options:

#### **Check Number**

The check number is assigned by BICS

#### **Amount**

The total dollar amount of all vouchers paid to the authorized vendor is reported here

#### **Authorized Vendor I.D.**

The number assigned to identify the vendor is reported here

#### **Payee**

The business name of the authorized vendor is reported here

#### **Number Voucher Paid**

The total number of vouchers paid, associated with the check number, is reported here

#### **Voucher Number**

The applicable voucher number is entered here

#### **Amount**

The dollar amount of the voucher is entered here

#### **Due Date**

The date of the check is entered here

#### **Case Number**

The applicable case number is entered here

#### **CIN**

The applicable client identification number is entered here

#### **Client Name**

The name of the client for whom payment is made is entered here

#### **Category**

The category under which the payment is being made is entered here

**Service Period**

The period of time covered by this payment is entered here

**Claiming Authorization No.**

The number of the authorization that first established the claim is entered here

**Service Type(s)**

Type of service rendered (for example, Day Care, Homemaker) is entered here

**Amount**

The dollar amount for each type of service provided is entered here

**Claiming Category**

The area in which the payment is being claimed is entered here

**Method of Payment**

The Method of Payment indicates if a payment is to a private or public provider, and is taken from the POS section of the LDSS-2970

**State/Federal Charge Code**

The State/Federal Charge Code indicates that the state or federal government assumes responsibility for an individual and the reason why. For example, state / federal charge codes include but are not limited to 06 - Needy Person Without State Residency (PA only), 03 - American Repatriate, 30 - Refugees (RAP), and 90 - RTA.

**J/P - JD PINS**

The J/P indicator indicates that the person for whom the payment is being made is adjudicated as either a JD (J) or PINS (P)

SERVICES PAYMENT ROLL

REPORT DATE: 12/31/02		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICE				PAGE 2
		SERVICES INDIRECT PAYMENT ROLL - CHECKS DATED 12/02/02				PAYMENT FILE SVROLL01
		BICS REPORT LIVC6010				
CHECK NO 572356	AMOUNT 31.00	AUTH VENDOR ID 82356D	PAYEE ALBANY EXCHANGE	NUMBER VOUCHERS PAID 1		
VOUCHER NO F000077	AMOUNT 31.00	DUE DATE 12/02/02				
CASE NO	CIN	CLIENT SURNAME			CLM MET ST	
S289009	AB21679G	SMYTH	FIRST NAME 1	CATEGORY SERVICE PERIOD AUTH NO	CAT PAY FD J/P	
			AGATHA	CHILD-CR 01/01/03-01/31/03	ADP-S-MT 31.00	02 PRV
CHECK NO 572357	AMOUNT 45.00	AUTH VENDOR ID HARRY	PAYEE MARRIES	NUMBER VOUCHERS PAID 1		
VOUCHER NO F000078	AMOUNT 45.00	DUE DATE 12/02/02				
S623566	AB21753Y	SLIM	JIM	TITLE-XX 01/01/03-01/31/03	01000154	HMK-SER 45.00 03 PR
CHECK NO 572358	AMOUNT 45.00	AUTH VENDOR ID HOMESERV	PAYEE HOMEMAKER CORP	NUMBER VOUCHERS PAID 1		
VOUCHER NO F000079	AMOUNT 45.00	DUE DATE 12/02/02				
S19378	AB73777T	SMALL	TALL	TITLE-XX 01/01/03-01/31/03	01736342	HMK-SER 45.00 03 PR

## Services Indirect Payment Abstract

The Services Indirect Payment Abstract defines for the county fiscal officer the amount funded through each appropriation account from each check run. This report must be signed by an authorized representative of district Administrative Services and forwarded along with Check Register and possibly Checks and or Roll to the fiscal officer. A copy should be retained in accounting for six years for audit purposes.

### Format

Check Numbers Issued in the Run

The starting and ending check numbers used during this BICS run is reported here

Appropriation Account Number

The number used in the Uniform System of Accounts that identifies the fund is reported here

Appropriation Account

The name of the standard appropriation account is reported here

Amount

The total paid monies to be funded through each account is reported here

REPORT DATE: 10/10/05	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES	PAGE 1
CHECKS DATE: 10/10/05	SERVICES INDIRECT PAYMENT ABSTRACT	
	PICS REPORT LIVC2060	PRINT FILE SVCATSUM
*** SERVICES ***		
CHECK NUMBERS ISSUED IN RUN		
STARTING	ENDING	
589698	-	589787
TOTAL NUMBER OF SERVICES CHECKS PRODUCED 90		
APPROPRIATION ACCOUNT		
A6070.0	TITLE-XX - SERVICES	\$10,431.24
A6119.0	CHILD CARE	\$453.00
	TOTAL	\$10,884.24
THE FOLLOWING ORDERS, REPRESENTING DULY AUDITED OR		
AUTHORIZED CLAIMS, HAVE THIS DAY BEEN DRAWN ON YOUR		
OFFICE, PLEASE HONOR AND CHARGE TO THE FUND STATED.		
SIGNED	TITLE	
DATE / /		

## Services Indirect Check Cancellation Roll

The Services Indirect Check Cancellation Roll identifies checks that were cancelled within the selection dates specified through BICS Production Request #41. The roll should be forwarded to the county fiscal officer along with the checks.

The roll should be produced at least once a month and should be retained for six years for audit purposes.

**Format**

**Check Number**

Check Number is the number of the check issued during this run

**Check Date**

The issuance date printed on the cancelled check is reported here

**Amount**

The dollar amount of the issued check is reported here

**Cancel/Void Date**

The date entered into accounts as the cancellation/void date is reported here

**PY Ind**

Prior Year Indicator represents checks that were issued and cancelled in different fiscal years

**C/V**

Cancel/Void Indicator identifies if a payment is entered into Accounts as a Cancel (C) or Void (V)

**Vendor ID/Payee**

The district name and number used to identify the vendor authorized to provide goods or services is reported here

**Case Number**

The district assigned number of the case receiving benefits is reported here

**CIN**

The Client Identification Number is reported here

**Client/Surname/First Name/I**

The client's full name is reported here

**Category**

This item identifies the claiming category of the reported benefit

**ST/S**

The service type and suffix code from the authorization is reported here

**Amount**

The dollar amount applicable to one case is reported here

**Met Pay**

The Method of Payment being authorized, Public or Private, as taken from the authorization, is reported here

**State/Federal Charge**

The state/federal charge code at the time the check is issued is reported here. If there are more than three state/federal charge types for a cancellation/void check, the appropriation accounts is reported as undetermined.

**J/P - JD PINS**

This code identifies if the individual is a JD or PINS

SERVICES INDIRECT CHECK CANCELLATION ROLL

BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES										PAGE 1
SERVICES INDIRECT CHECK CANCELLATION ROLL										PRINTFILE: SVCANROL
BICS REPORT LACR00070										
CHECK NUMBER	CHK DATE	AMOUNT	CAN/VOID DATE	PY IND	VENDOR ID	PAYEE				
589704	12/02/02	45.00	12/02/02		NONSERVI	HAPPY HOMEMAKER SERV				
CASE NUMBER	CIN	CLIENT SURNAME	FIRST NAME	I	CATEGORY	ST/S	AMOUNT	PAY	NET ST	
SBIC289795	AB217512	DUPRE	PETER	L	TITLE-XX	11/	45.00	3		
589705	12/02/02	9999.99	12/02/02		MEALSCO	DOORBELL DELIVERY SERVICES				
SBIC280194	AB21610C	SYMTH	WALLY		TITLE-XX	11/	9999.99	3		
ROLL TOTALS BY CATEGORY:										
CATEGORY	AMOUNT	CATEGORY	AMOUNT	CATEGORY	AMOUNT	CATEGORY	AMOUNT	CATEGORY	AMOUNT	
TITLE-XX	10,044.99									

SERVICES DIRECT CHECK CANCELLATION ROLL

REPORT DATE	12/10/02	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES	PAGE 1
REPORT PERIOD	12/01/02 - 12/10/02	BICS REPORT LACR00072	PRINTFILE: SVCANROL
SERVICES DIRECT CHECK CANCELLATION ROLL			
CHECK NUMBER	CHK DATE	CAN/VOID AMOUNT	PY DATE IND
58933	12/02/02	142.11	12/02/02
CASE NUMBER	CIN	CLIENT SURNAME	FIRST NAME I CATEGORY ST/S AMOUNT PAY FD J/P
S277895	AB217512	FINCH	PETER L TITLE-XX 11/ 142.11
ROLL TOTALS BY CATEGORY:			
CATEGORY	AMOUNT	CATEGORY	AMOUNT CATEGORY CATEGORY AMOUNT
TITLE-XX	142.11		
TOTAL NUMBER OF CANCELLED/VOIDED CHECKS ON ROLL: 1			
TOTAL \$ AMOUNT OF CANCELLED/VOIDED CHECKS ON ROLL: 142.11			

SERVICES DIRECT CHECK CANCELLATION ABSTRACT

REPORT DATE 10/10/03

BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES

PAGE 1

BICS REPORT LACR00073

PRINTFILE: SVCANROL

SERVICES DIRECT CHECK CANCELLATION ABSTRACT

CHECK NUMBER	AMOUNT	VOID	NAME	APPROPRIATION/REVENUE ACCOUNT	NUMBER	AMOUNT
58933	142.11		TITLE XX - SERVICES	A6070.0		\$142.11
TOTAL		142.11				

TOTAL \$ 142.11

THE FOLLOWING CANCELLED AND VOIDED CHECKS REPRESENT FUNDS  
TO BE CREDITED TO THE APPROPRIATION/REVENUE ACCOUNT STATED.

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

DATED \_\_\_\_\_

## **Services Indirect Check Cancellation Abstract**

The Services Indirect Check Cancellation Abstract is the second half of the Services Indirect Check Cancellation Roll. The Services Indirect Check Cancellation Roll identifies checks that were cancelled within the selection dates specified through BICS Production Request #41. The roll should be forwarded to the county fiscal officer along with the checks.

The roll should be produced at least once a month and should be retained for six years for audit purposes.

### **Format**

#### **Check Number**

The pre-printed number of the cancelled check is reported here.

#### **Amount**

#### **Void**

This field indicates whether the check is entered into Accounts as a Void (V) or as a cancellation (the field will be blank).

#### **Appropriation/Revenue/Account Name/Number**

The standard Uniform of Account numbers and names that the money is applied to is reported here.

#### **Amount**

The amount of money to be credited to the appropriation account is reported here.

SERVICES INDIRECT CHECK CANCELLATION ABSTRACT

REPORT DATE 12/02/02	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES			PAGE 1
SERVICES INDIRECT CHECK CANCELLATION ABSTRACT				
BICS REPORT LACR00071				
PRINTFILE: SVCANROL				
CHECK NUMBER	AMOUNT	VOID	APPROPRIATION/REVENUE ACCOUNT NUMBER	AMOUNT
589704	45.01			
589705	9999.99		TITLE XX-SERVICES A6070.0	\$ 10,045.00
TOTAL		\$10,045.00		
THE FOLLOWING CANCELLED AND VOIDED CHECKS REPRESENT FUNDS TO BE CREDITED TO THE APPROPRIATION/REVENUE ACCOUNT STATED.				
SIGNED		DATED		
TITLE				

## **BICS Day Care Rosters**

Rosters are reports produced by BICS. They identify Purchase of Services (POS) lines listed on the services authorization (LDSS-2970) used to initiate payments to vendors for services provided. The rosters generated are the basis for input into BICS for voucher processing. BICS voucher processing allows the production of BICS Services Indirect checks and thereby the BICS Indirect Payment Rolls. Rosters are available for Day Care, Family Foster Care, Institutional Foster Care and Adoption Subsidies Services Types. All rosters should be retained for six years for audit purposes.

The Day Care Rosters may be either Recurring Day Care or Single Issue Day Care Rosters.

The Recurring Day Care Roster is produced in Vendor I.D./Client Name order for children in day care on an ongoing basis. The heading on each roster displays the County's name and address, the system assigned Roster Number, the Vendors Name, Address, and their Vendor I.D. The Roster will identify all cases authorized for Day Care for the period selected, for each vendor.

The Roster contains the case number as assigned by the district, the child's name, the child's CIN number, and the authorization number authorizing the day care services. Also reported on the Roster are the types of services rendered the child as follows:

- 30 - Day Care-In Home Full Time
- 31 - Day Care-In Home Part Time
- 32 - Day Care-Family Full Time
- 33 - Day Care - Family Part Time
- 34 - Day Care - Family Group Full Time
- 35 - Day Care - Family Group-Part Time
- 36 - Day Care Center -Full Time
- 37 - Day Care-Center Part Time
- 3A - School Age Children
- 3B - Informal Child Care Full Time
- 3C - Informal Child Care Part Time
- 3D - Informal Child Care Relative Full Time
- 3E - Informal Child Care Relative Part Time
- 3F - Day Care In Home Relative Full Time
- 3G - Day Care In Home Relative Part Time
- 3H - Legally Operated Center Full Time
- 3I - Legally Operated Center Part Time

The amounts authorized for the services and the time period covered by the roster are also included on the roster.

BICS Production Request (BPR) 29 is expanded to allow the entry of a FROM and TO date in the same month. This change allows districts to request day care rosters more than once a month. A roster generated for a particular period includes only the requested portion of standing recurring Purchase of Service lines. Rosters may continue to be produced for any unused portions of these lines that are outside of "FROM" and "TO" date parameters.

When reviewing the vouchers, the amount should be obtained from one of the following sources:

- Day Care Attendance Form
- Day Care Bills
- BICS Vouchers (submitted by the vendors) (LDSS-3546)

## **Day Care Attendance Form**

A Day Care Attendance Form is used to record day care attendance in the Day Care Center. A copy of the Day Care Attendance Form is submitted to accounting by the day care center. When these forms are received by accounting, the number of days for which the vendor is to be paid should be determined and multiplied by the daily-authorized amount from the authorized POS lines. This identifies the monthly amount that should be manually written on the roster and entered into voucher processing.

Districts should develop an attendance form to meet the requirement of 18 NYCRR part 415, the specific hours of care (start time and end time) provided on each day must be recorded and submitted to the district. These specific hours are necessary so that the district can meet regulatory requirements.

## **Day Care Bills**

When a bill is received from the provider, accounting should review the billed rate against the rate authorized as displayed on the roster, then multiplied, extended and manually noted on the roster for entry into BICS voucher processing. If the authorized rate and billed rate does not match, the program unit should be contacted for a determination.

## **BICS Voucher**

If the districts choose to use the BICS vouchers, they may be used in two ways:

### **Blank Vouchers Supplied to the Vendor**

The vendor may be supplied blank BICS vouchers and subsequently forward the signed voucher along with bills or an itemized listing to the accounting unit.

### **Voucher and Roster Forwarded to the Vendor**

A voucher may also be used as a cover sheet for the actual roster produced. The voucher is prepared manually identifying the vendor I.D., Name, and Address with a reference to the attached roster. Both documents are then forwarded to the vendor who enters the billed amount on the roster. The vendor then signs the voucher and forwards both the voucher and roster to the accounting unit. If a BICS voucher is used in conjunction with a roster, the payments must be processed using the BICS generated roster number.

## **Other Recurring Rosters**

BICS uses the recurring roster system for Foster Care Home, Institutional Foster Care, and Adoption Subsidy Services.

The recurring foster home rosters display all recurring Foster Home POS lines where:

- The POS period is within the selection month
- The vendor I.D. identified on the POS line is coded in the BICS vendor file as a foster home

Recurring foster home care is identified on a POS line with a Service Type of 25-26, 56-59, 61-75, a Commodity Code of 02 (foster home), a rate period of any code but S (single), and a frequency interval that is not coded as D00100DA (daily-one full frequency interval for one day through the authorization period). Rosters may be produced for one or any combination of foster care service types.

For recurring foster home payments the monthly amount is determined by State Standards (see FRM Volume 2, [Chapter 4](#) - Institutional Rates), and the amount should be identified on the POS line. Unless notified by the worker of any changes, the accounting unit should process and pay the amount as authorized. Vouchers or bills also may be received by the accounting unit, but are not required.

The Recurring Foster Home Roster is produced in Vendor I.D./Client name order. Header information on each page identifies only the parameter dates and the services types selected. The roster number and the vendor's I.D. number, name and address are displayed on the left side of the roster. The right side of the roster identifies authorization data pertinent to voucher processing and possibly the BICS computed monthly amount. After each roster, the number of payments and, if an amount is computed for all clients, the total roster amount is indicated.

Recurring Institutional Foster Care Rosters identify all recurring Foster Care POS lines with POS authorization dates within the selected month, authorized to a Foster Care POS line, with a Service Type of 25-26, 56-59, 61-75, where the Rate Period Code is not S, and not the Frequency Interval D00100DA. The vendor's commodity code must be 11 (Agency), 15 (Shelter), or 16 (Residential Treatment Facility).

Most recurring Institutional Foster Care is coded in the amount field as "C" meaning contracted (See FRM Volume 2 [Chapter 4](#) - for Maximum State Aid Rates). Accounting should receive the actual amount payable from either a listing or bills supplied by the vendor. The charges identified on the bills or listings should be manually entered on the roster and become the basis for the input into BICS voucher processing.

If a monthly amount or a daily amount per month is authorized, BICS determines the payable amount (unless a monthly authorized POS authorization period does not cover the entire month). These amounts are returned during voucher processing.

The recurring Institutional Foster Care Roster is produced in Vendor I.D./Client Name Order, with page breaks between each roster. Heading information identifies the Roster Number, Selection Date, Service Type(s) selected, as well as the Vendor's I.D. Number, Name and Address. Each authorized client and pertinent authorization data will be displayed below the roster heading information.

The worker usually authorizes recurring Adoption Subsidy Rosters for a specific monthly amount. The accounting unit should process and pay the amount authorized unless notified of a change by the program unit. Vouchers or bills may be submitted by the parent but are not required.

The recurring adoption subsidy roster is produced in Vendor I.D./Client Name Order, with no page breaks between rosters. The header information displays the selected month and identifies the Service Type(s) selected. The left side of the report identifies the system assigned Roster Number and Vendor I.D. number, name, and address. The right side identifies pertinent authorization data for each authorized case.

## Single Issue Rosters

The Single Issue Roster is available for Day Care, Foster Care, and Adoption Subsidy Service types. All other single-issue service types that are only available as lists must be processed as manual vouchers.

To be identified as a Single Issue the Purchase of Service (POS) line is analyzed to determine if the Rate Period code is S (single) or the Frequency Interval is D 0010DA (Daily, one full frequency interval for one day through the authorization period). All other combinations of the Rate Period and Frequency Interval Codes are considered as recurring.

Once received by the accounting unit, the roster should be reviewed against the related Services Authorization (LDSS-2970) to ensure a valid, signed authorization is filed in accounting. If bills are received, they should be matched against both amounts, accounting should enter manually the lower amount. If a bill is greater than the authorized amount, and accounting should hold the roster until a determination of the correct amount is made in the Program Unit. Any differences should be manually modified in preparation for voucher processing.

Single Issue Rosters are produced in the following sort order:

- Roster Type
  - ♦ Day Care
  - ♦ Institutional Foster Care
  - ♦ Home Foster Care
  - ♦ Adoption Subsidies
- Vendor I.D.
- Client Name

The heading information on each single issue roster identifies the roster type and selection date. Day Care and Institutional Foster Care display the vendors I.D., name and address in the heading field. Foster Home and Adoption Subsidies display vendor data to the left of the individual case data. This variance is caused by Day Care and Institutional Foster Care having page breaks after each vendor.

Single-issue foster home rosters are produced for all Purchase of Service lines that have a Rate Period Code of S (Single) or the Frequency Interval is D0010A (daily, one-full frequency interval for one day through the authorized period). Single-issue foster home roster procedures are the same as those for the Day Care Rosters.

Single-issue institutional foster care rosters are prepared in the same manner as single-issue day care rosters.

Single-issue adoption subsidy rosters are prepared in the same manner as single-issue day care rosters.

The Roster lists authorization data for each client provided services by the vendor. If an amount is authorized on the POS line, that amount is the displayed amount. At the end of each roster, the number of payments (authorized POS lines associated with vendor) and, if the monthly amount is listed for all clients, the total amount authorized is displayed. More details on roster generation and BICS Voucher Processing will be found in the BICS Services Payment Processing Manual.

### Recurring Day Care Roster

Recurring Day Care Roster - Page 2

**Date of Release: December 31, 2024**

Recurring Foster Home Roster

REPORT DATE 12/02/02		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES BICS REPORT RES00040 ROSTER TYPE REC HOME FC				PRINT FILE: SVMFCRST		PAGE 1	
SELECTION DATE 01/01/03 SERVICE TYPE ALL									
ROSTER NO VENDOR ID	VENDOR PAYEE NAME AND ADDRESS LN		CASE NUMBER	AUTH NO	CLIENT ID	ST	SUF	SERVICE PERIOD	MONTHLY AMT
	CASE NAME	RECIPIENT NAME	OFF UNIT WORKER	RATE AMT/PER MTU/FI					
F0000019 00042655	TULL EDWARD 1568 WATER STREET BRENTWOOD,NY 12365		0001 SBIC289825 COSTEAU	01000153	AB21707H COSTEAU	68	JACQUES	11/06/02-01/31/03	100.00
			0002 SBIC289825 COSTEAU	01000153	AB21707H COSTEAU	69	JACQUES	11/06/02-02/28/03	50.00
			0003 SBIC289825 COSTEAU	01000153	AB21707H COSTEAU	74	JACQUES	11/06/02-02/28/03	4.50
TOTAL NUMBER OF PAYMENTS 0003 TOTAL AMOUNT									154.50

Recurring Adoption Subsidy Roster

REPORT DATE 12/02/02		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES BICS REPORT RST00040 ROSTER TYPE REC ADOPTION				PRINT FILE: SVNFCRST		PAGE 1	
SELECTION DATE 01/03 SERVICE TYPE ALL		VENDOR PAYEE NAME AND ADDRESS LN CASE NAME RECIPIENT OFF UNIT WORKER		CASE NUMBER AUTH NO CLIENT ID ST		SUF SERVICE PERIOD		MONTHLY AMT	
ROSTER NO VENDOR ID									
F0000026 28011		JOE DEFranco 357 CLINTON AVENUE ALBANY, NY 67545		0001 SBIC289809 GROUCHO JB		AB21679G 77 GROUCHO, AGATHA C / D 0013DA		01/01/03-01/31/03	
						RATE AMT/PER MTU/FI			
				0002 SBIC289809 GROUCHO		AB21679G 77 GROUCHO, AGATHA DG		01/01/03-01/31/03	
				0003 SBIC280194 WILLIAMSON, WALLY SIM		AB21610C 77 WILLIAMSON, WALLY HN C / D 0013DA		01/01/03-01/31/03	
				TOTAL NUMBER OF PAYMENTS		003		TOTAL AMOUNT	
F0000027 EXCHANGE		ALBANY EXCHANGE 348 MILTON AVENUE ALBANY, NY 12309		0001 SBIC289809 GROUCHO DPL		AB21679G 78 GROUCHO, AGATHA 3.00/ M 0033MA		01/01/03-01/31/03	
				TOTAL NUMBER OF PAYMENTS		001		TOTAL AMOUNT	
								3.00	

## **Case Composite Roll/Supplemental Composite Roll**

The Case Composite Roll is a detailed listing of cases that are being claimed for the month in the composite summary. The report is broken down into line items for each claim listed. The listing of direct and indirect payments within each line item corresponds to the payments on the Daily Direct and Indirect Payment Rolls produced during the claim month.

The Supplemental Composite Roll is a detailed listing of cases that reflect retroactive adjustments. These adjustments were made during the claim month, but are further identified on the report in the claim quarter in which the original payment is made. The Supplemental Composite Roll supports the amount being claimed on the Supplemental Composite Summary.

The Composite and Supplemental Roll totals for each line item are the same as the totals on the Composite and Supplemental Summary Report. These line items relate to a line on the claiming schedule sent to NYSOTDA each month. However, for supplemental claiming, each quarterly breakout requires a supplemental claim to be submitted to NYSOTDA.

### **Format**

For each claim, the following information is listed:

#### **Case Number/Recip ID**

This item is the district assigned number used to identify the case. The CIN number is displayed for services cases.

#### **DR/DC**

This field includes the Adult/Child count.

#### **ACI - Active Case Indicator**

This field indicates whether the case, at the time the composite is run, is active or inactive

#### **Check/Benefit Number**

This field provides the benefit numbers for each issuance generated to the case during the month

#### **Check/Benefit/Refund Date**

This field provides the date on the benefit or refund

#### **Check/Benefit Period**

This field provides the period of time covered by the benefit

#### **Case Type**

This field specifies the category of the case (for example, FA, SN). This may be different than claiming category when a SCC code or pay type for a burial is used. These override the case type code.

#### **Payment Type**

This field provides the type of benefit issued

#### **Special Claiming Category**

This field specifies a reimbursement category that is different from the case type. It applies to the specific payment amount with which it is identified (for example, N-Non Reimbursable, P-FNP).

**CAT**

This field provides the BICS generated category of the benefit

**ACT**

This field provides the action indicator such as PAY-I for payment issued

**DIRECT/INDIRECT/CANCEL/REFUND**

This field reports the amount that falls into each type of payment classification

**Total Item**

This field reports the gross and net total dollar amount for each item

**Total Schedule**

This field reports the gross and net total dollar amount for each schedule

CASE COMPOSITE ROLL

REPORT DATE 02/10/03		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES				COMPOSITE ROLL REPORT				PAGE 1				PRINT FILE: CS-COMPA3400			
PERIOD 01/03	CLAIM RF-2	SCHED A	ITEM FA-PP	CHK DT	PERIOD	CT	PT	SCC	CAT	ACT	DIRECT	INDIRECT	CANCEL	REFUND	<<REVERSAL>>		
CASE NO RECEIP ID CLM	DR/DC ACI	CAT	REFDT	013103	010103-013103	11	05	1	PAY-I	100.00							
P9238749	13843		013103	010103-013103	11	05											
01/02 A																	
P9232211	13836		013103	010103-013103	11	05		11	PAY-I	100.00							
01/02 A																	
P9784844	13837		013103	010103-013103	11	05		11	PAY-I	100.00							
01/02 A																	
P1182222	13838		013103	010103-013103	11	05		11	PAY-I	100.00							
01/02 A																	
TOTAL ITEM FA-PP						DIRECT		INDIRECT		CANCEL		REFUND			<REVERSAL>		
						400.00		0.00		0.00					0.00		
NET TOTAL				400.00													
GROSS EXP				400.00													

## Supplemental Case Composite Roll

BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES										PAGE 1
SUPPLEMENTAL COMPOSITE ROLL REPORT										PRINT FILE: C-SUPPRA3400
SUPPLEMENTAL PERIOD 10/02 - 12/02										
CLAIM MONTH 01/03										
CLAIM RF-2										
SCHED A										
ITEM FA-FP										
CASE NO RECEIPT ID	CLM CAT	CHECK NO	CHK DT	PERIOD	CT PT	SCC CAT	ACT	RETRO ADJ	RETRO REF	
DR/DC ACI		REFDT						<NEGATION>	<REVERSAL>	
P9238749	A	13843	111102	100102-103102	11 05	1	ISSU	<100.00>		
P9232211	A	13836	111102	100102-103102	11 05	11	ISSU	<100.00>		
P9784844	A	13837	111102	100102-103102	11 05	11	ISSU	<100.00>		
P1182222	A	13838	111102	100102-103102	11 05	11	ISSU	<100.00>		
TOTAL ITEM FA-FP										
NET TOTAL				RETRO ADJ		RETRO REF				
GROSS EXP				<NEGATION>		<REVERSAL>				
				0.00		0.00				
				<400.00>		< 0.00>				
TOTAL SCHEDULE A										
NET TOTAL				0.00		0.00				
GROSS EXP				<400.00>		< 0.00>				

## **Composite Summary/Supplemental Composite Summary**

The Composite/Supplemental Roll Summaries are generated for each claiming schedule (for example, Schedules A, B, C, G) for which there are expenditures or adjustments made during the month.

The rolls display the totals at key intersections between line and column items of a schedule. The key intersection totals on the rolls, and any off line BICS adjustments, are transferred to a defined area on the appropriate claiming schedule. The completed claiming schedules are sent to the New York State Office of Temporary and Disability Assistance (OTDA) each month. For example, on the RF-2, LDSS-187 "Schedule A Expenditures for Family Assistance" (RF-2, Schedule A), the FP total for Other Assistance amounts needs to be reported. This information is transferred from the roll summary to the claim.

### **Format**

For each line item, the following information can be found

#### **Net Total**

The Net Total figure is net of cancellations and refunds. This total should not be used where a gross total is required.

#### **Gross Expenditures**

The Gross Expenditures figure is the gross amount of benefits issued within each claiming item

#### **Direct**

The Direct figure is the Total direct payments issued

#### **Indirects**

The Indirect figure is the Total indirect payments issued

#### **Net Retro**

The Net Retro figure is the money issued to the case that is modified as a retroactive adjustment

#### **Net Refunds**

The Net Refund figure is available when the Case Management Cash Receipts Subsystem is fully implemented. Districts need to manually prepare refund rolls based on cash receipts and adjustment memorandum received during the month.

#### **Cancellations**

The Cancellations figure is the total dollar amount of checks with cancelled dates within the month requested

#### **Records Read**

The Records Read Line indicates the total number of records read

The BICS Composite Roll is run at the end of each month and contains all the expenditures made during that month through BICS. All payments not made through BICS must be added manually to this total.

**Composite Summary**

REPORT DATE 02/10/05		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES				PAGE 1	
CLAIM PERIOD 01/05		COMPOSITE SUMMARY REPORT (LCSR0020)				PRINT FILE: CS-SUMP0000	
CLAIM	RF-2	SCHEDULE A					
ITEM		NET TOTAL	GROSS EXPEND	DIRECT	INDIRECT	CANCEL	NET REFUND
FA-FP		.00	.00		.00		
FA-FNP		.00	.00		.00		
TOTAL		200.00	200.00		200.00		
(RECORD COUNT)		2	2		2		

**Supplemental Composite Summary**

REPORT DATE 02.10.05		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES			PAGE 1
SUPPLEMENTAL PERIOD 10/04-12/04					
CLAIM MONTH 01/05		SUPPLEMENTAL COMPOSITE SUMMARY REPORT		PRINT FILE: CS-SUPSUMP0000	
CLAIM	RF-2	SCHEDULE A			
ITEM		NET TOTAL	GROSS EXPEND	NET RETRO	NET REFUND
FA-FP		-.00	-.00	-.00	
FA-FNP		-.00	-.00	-.00	
TOTAL		-200.00	-200.00	-200.00	0.00
(RECORD COUNT)		( 2)	( 2)	( 2)	( 0)

## Check Control Report

The Check Control Report identifies the range of check numbers used within the BPR month. The purpose of this report is to prevent overlapping of check numbers between different checking accounts.

### Format

#### Report Date

The Report date is the date the report is produced

#### Report Period

The Report Period is the specified month of the run

#### Date

The Date is the issue date printed on the check

#### Sequence

The Sequence is the check numbers used that are associated with that date

#### No. of Checks

The No. of Checks is the total number of checks associated with that sequence

### Check Type

The check type is the manner of issuance (i.e. direct, indirect or services)

REPORT DATE 02/19/05		BLOOM COUNTY		PAGE 1	
DEPARTMENT OF SOCIAL SERVICES					
PERIOD 02/05		CHECK CONTROL REPORT		PRINT FILE: CS-COMPR0000	
DATE	SEQUENCE	NO CHECKS	MUT/DES INDICATOR	CHECK TYPE	
01/14/05	479274-479373			DIRECT	
TOTAL NUMBER OF DAILY CHECKS					
TOTAL NUMBER OF CHECKS					

## Automatically Produced Reports

The following three reports are automatically produced within each check production request: Direct Payment Advisory Report, Indirect Payment Category Summary, Services Indirect Payment Category Summary. Each of these reports defines beginning and ending check numbers and one report should be used by the district or the Treasurer's Office to maintain numerical integrity. The beginning and ending check numbers are also found on the abstracts for the same periods.

## Direct Payment Advisory Report

The Direct Payment Advisory Report lists those cases that have the required data for check generation, but have insufficient or inappropriate data for the normal BICS processing. A warning appears on the report beneath the case information. The explanation of the report is divided into heading and case related information. This report may be requested through BICS Production Request (BPR) 11.

### Format

#### Run Type

The Run Type identifies the type of check produced, such as recurring or single issues

#### Run Option

The Run Option identifies the run as a pre-list or as an actual production

#### Sort Option

The Sort option is the order option that is selected by the BICS operator. Sort options available are found at the BICS Operations Manual instructions for BPR 11.

#### Check Date

The Check date is the date printed on the check.

#### Total Payments/Total \$ Amount

The Total Payments/Total \$ Amount is the Total number of checks produced and the dollar amount of those checks

**Starting and Ending Check No.**

The Starting and ending Check No. identifies the range of check numbers used

**Case Related Information**

If a message exists, the following will be listed:

- Check No. – The Check No. identifies the check that caused the advisory condition
- Case No. – The Case No. is the district assigned number used to identify the case

**Case Name**

The Case Name is the applicant/payee name

**Payment Type**

The Payment Type is the type of benefit being issued with an advisory condition

**Check Amount**

The Check Amount is the amount of issuance

**Check Period**

The Check Period is the time period covered by the benefit

**Case Type**

The Case Type is the category of assistance assigned to the case

**Claiming Authorization**

The Claiming Authorization identifies the authorization BICS uses to determine claiming

**Issuing Authorization**

The Issuing Authorization identifies the authorization on which the pay line is originally authorized

The warnings need to be investigated and appropriate action should be taken. When the advisories are properly resolved, the report can be destroyed.

DIRECT PAYMENT ADVISORY REPORT

REPORT DATE: 06/01/02		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES		PG. 1					
RUN OPTION: CHECK PRODUCTION		DIRECT PAYMENT CONTROL/ADVISORY REPORT		PRINT FILE: DP-PCSUM					
RUN TYPE: PAPER - 1		PICS REPORT DPPC1001							
CHECK DATE: 06/01/02		25	STARTING CHECK NO:	280001	STARTING DESTROYED CHECK				
TOTAL PAYMENTS:									
NO.									
TOTAL \$ AMOUNT:		\$4,345.78	ENDING CHECK NO:	280025	ENDING DESTROYED CHECK NO.				
DEST/REPLACE RUN ADVISORIES: NO AUTH COVERS PAY PERIOD - CLAIMING DATA FROM ISSUING AUTH									
CHECK NO	CASE NUMBER	CASE NAME	PAY TYPE	CHECK AMT	CHECK PERIOD	CS TYPE	CATEGORY	CLM AUTH	ISS AUTH
280001	P432324	SYMTH, JESSICA	05	334.56	05/0102-05/31/02	11	FA	12343234	34543545

## Non-Services Indirect Payment Category Summary

The Non-Services Indirect Payment Category Summary report identifies the total expenditures within each BICS category during the check run. This report should be retained for six years for audit purposes.

### Format

#### Category

The Category consists of the BICS generated category of assistance as derived from the WMS case type, payment type and SCC

#### Amount

The Amount is the total dollar amount for each category

REPORT DATE 11/30/02		BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES		PAGE 2		
CHECK DATE 11/30/02 NON-SERVICES DESTRUCTION/REPLACEMENT PAYMENT CATEGORY SUMMARY						
PICS REPORT LIVC3050				PRINT FILE IPRPCATS		
CHECK STARTING	NUMBERS	ISSUED	IN	RUN ENDING	CHECK NUMBERS REPLACED IN RUN STARTING	ENDING
09113001				- 09113003	09113004 -	09113006
TOTAL NUMBER OF CHECKS PRODUCED				3		
TOTAL VOUCHERS PAID				3		
					CATEGORY	AMOUNT
					FA	\$405.40
					SN	\$120.00
					MA	\$165.00
					TOTAL	\$690.40

## Services Indirect Payment Category Summary

The Services Indirect Payment Category Summary Report identifies the total indirect expenditures within each BICS services category during the check run. The sum of these reports for the month should reconcile to the composite roll at the end of the month. The report should be retained for six years for audit purposes.

### Format

#### Category

The Category consists of the BICS generated category of assistance as derived from the WMS case type, payment type and SCC

### Amount

The Amount field contains the total dollar amount for each category listed

REPORT DATE 04/01/02	BLOOM COUNTY DEPARTMENT OF SOCIAL SERVICES		PAGE 1 OF 1
CHECKS DATED 04/01/02	SERVICES INDIRECT PAYMENT CATEGORY SUMMARY		
PICS REPORT LIVC6050 PRINT FILE SVCATSUM			
***SERVICES***			
CHECK NUMBERS ISSUED IN RUN			
STARTING	ENDING		
10010	10055		
TOTAL NUMBER OF SERVICES CHECKS PRODUCED		46	
TOTAL NUMBER OF SERVICES VOUCHERS PAID		9	
CATEGORY		AMOUNT	
TITLE-XX		\$10,891.67	
TOTAL		\$10,891.67	

## Emergency Public Assistance Benefit Control Report

The Emergency PA Benefit Control Report is a five-part report that lists pre-registered benefits requiring a WMS authorization; pre-registered benefits with no authorization; LDF registered checks not yet on manual check roll; summary of emergency benefits issued; and an outstanding manual inventory.

### Format

#### Part One – Pre-Registered Benefits - Not Yet Authorized in WMS

##### Number

The Number field contains the number assigned to the benefit

##### Iss Type

The Iss Type identifies if the benefit is an electronic or paper issuance

##### Case No

The Case No is the district assigned number used to identify the case

##### Amount

The Amount field contains the dollar amount of the issuance

##### Issue Date

The Issue date field contains the benefit that is issued

**Recon Code**

The Recon Code field identifies the reconciliation that is applied to the benefit

**Wrker**

The Wrker field identifies the worker who authorized the benefit

The total number of pre-registered benefits and total dollar amount for these benefits is also listed.

**Part Two – Pre-Registered Benefits with no Authorization Grouped by Periods Since Issuance**

Total number of benefits listed in part one, grouped in 30day intervals, in which there is no authorization for the pre-registered benefit.

**Part Three - LDF Registered Checks - Not Yet On Manual Check Roll**

Displays the same kind of individual information defined in part one, but related to LDF registered checks that are not on the manual check roll.

**Part Four - Summary of Emergency Benefits Issued During mm/yy**

The Part Four - Summary of Emergency Benefits Issued During mm/yy section reflects all of the emergency benefits issued during the month and displays the same kind of information defined in parts one and two.

**Part Five - Outstanding Manual Inventory**

The Part Five – Outstanding Manual Inventory section displays all the outstanding individual check, SNAP benefit, or voucher numbers.

EMERGENCY PA BENEFITS CONTROL PARTS I - II - III - IV & V

REPORT DATE 06/01/02	BLOOM DEPARTMENT OF SOCIAL SERVICES EMERGENCY PA BENEFITS CONTROL REPORT PICS REPORT PABS4007					PAGE 1 PRINTFILE: EPAB RPT
PART I: PREREGISTERED BENEFITS REQUIRING A WMS AUTHORIZATION:						
NUMBER	ISS TYPE	CASE NUMBER	AMOUNT	ISS DATE	RECON CODE	UNIT WRKR
280556533356	ELECT	P563361	\$100.76	06/01/02	06/01/02	2 DL
280556576956	ELECT	P564861	\$133.34	06/01/02	06/01/02	2 DSS
PREREGISTERED TOTALS COUNT: 2			AMOUNT: \$234.10			
280556533357	ELECT	P563311	\$145.76	06/01/02	06/01/02	2 DL
PREREGISTERED TOTALS COUNT: 1			AMOUNT: \$145.76			
GRAND TOTALS PREREGISTERED COUNT:			AMOUNT			
PART II: PREREGISTERED BENEFITS WITH NO AUTHORIZATION GROUP BY PERIODS SINCE ISSUANCE:						
00 - 30	31 - 60	61 - 90	OVER 90	TOTAL		
2	3	0	0	5		
\$200.05	\$400.12	\$0	\$0	\$600.17		

REPORT DATE: 06/10/02

REPORT MONTH: 06/02

BLOOM DEPARTMENT OF SOCIAL SERVICES

EMERGENCY PA BENEFIT CONTROL REPORT

PICS REPORT PABS4007

REPORT DATE: 06/10/02

REPORT MONTH: 06/02

REPORT DATE: 06/10/02

REPORT MONTH: 06/02

PRINTFILE ID: EPAB - RPT

PAGE 2

PART III: LDF REGISTERED CHECKS - NOT YET ON MANUAL CHECK ROLL:

NUMBER	ISS TYPE	CASE NUMBER	AMOUNT	ISS DATE	RECON CODE
3254654546	PAPER	P3566653	\$123.98	06/01/02	06/01/02
3249879432	PAPER	P3209903	\$123.98	06/01/02	06/01/02
LDF REGISTERED TOTALS - COUNT: 2			AMOUNT:\$247.86		

PART IV: SUMMARY OF EMERGENCY BENEFITS ISSUED DURING 06/02

CASE NUMBER	NUMBER	ISS TYPE	AMOUNT	ISS DATE	RECON CODE
P3566653	3254654546	PAPER	\$123.98	06/01/02	06/01/02
EMERGENCY BENEFITS TOTALS - ELECTRONIC:					
PART V: OUTSTANDING MANUAL INVENTORY:					
			GRAND TOTAL:		

TOTAL COUNT: 1

NUMBER  
3254654546

## **Manual Checks Issued/Summary**

The Manual Checks Issued/Summary is a two-page report. Page one contains a listing of all the manual checks issued. Page two is a summary sheet that breaks down the manual checks into the different categories, total checks for each category and the total dollar amount for each of the categories.

### **Format**

#### **Page One - Manual Checks Issued**

##### **Category**

The claiming category of the payment (this may be a different than the case type)

##### **Case Type**

The Case Type field contains the program area the case falls under

##### **Case Name/Payee**

If someone besides the case name is designated as payee, that name will be below the case name

##### **Case Number**

The Case Number field contains the district assigned number used to identify the case

##### **Auth. Number**

The Auth Number field contains the number of the issuing authorization

##### **Check Number**

The Check Number field contains the number used to identify the check

##### **Check Date**

The Check Date field contains the date the check is issued

##### **Check Amount**

The Check Amount field contains the amount of issuance

##### **Pay type**

The Pay Type field contains the type of benefit received (ex. Part-al, Recur, Single)

##### **SP/CL**

The SP/CL field contains the SCC

##### **SSI**

Indicates if any active individuals on the case have a status of SSI pending

##### **Acct. Ind**

The Acct. Ind. field contains the number of active individuals in the case

#### **Page Two - Summary**

##### **Category**

The Category field contains the claiming category of the payment.

##### **Total Checks**

The Total Checks field contains the total number of checks for each claiming category.

Total \$ Amount

The Total \$ Amount field contains the total dollar amount for each category.

MANUAL CHECK ISSUED LIST

REPORT DATE	03/02/02	MANUAL CHECKS ISSUED	01/01/02 - 03/01/02	PAGE 1					
		BICS REPORT LMAN0020		PRINTFILE ID: DPMANCKS					
CATEGORY	CASE NAME	CASE NUMBER	CHECK NUMBER	CHECK	PAY TYPE	SP/CL	ACT *ST/FD	CRG	CD+NUMBER*
CASE TYPE	PAYEE (IF NOT CASE NAME)	AUTH NUMBER	CHECK DATE	\$AMOUNT	LOC	ACT	SSI	IND	CD NO CD NO CD NO
HEAP	GROVE, ALEXANDER	P432432	344324	75.00	REG-HEAP	HEAP	01		
HEAP		38498345	02/05/88				NO-SSI		

MANUAL CHECK ISSUE SUMMARY

REPORT DATE	03/02/02	MANUAL CHECKS ISSUED	01/01/02 - 03/01/02	PAGE 1
		BICS REPORT LMAN0020		PRINTFILE ID: DPMANCKS
CATEGORY	TOTAL CHECKS	TOTAL \$AMOUNT		
HEAP	1	\$75.00		
TOTAL	1	\$75.00		



## Chapter 3: Claims Forms and Instructions

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## **Claims Forms and Instructions**

This chapter contains a copy of all claim forms and detailed claim form instructions that social services districts (districts) would submit to the State. The forms are organized into the claiming packages most commonly used by the districts.

### **Submission of Claims**

Districts must submit, in the prescribed format, monthly claim forms and supporting schedules for all expenditures which are reimbursable by the federal and state governments under Social Services Law to the New York State Office of Temporary and Disability Assistance (OTDA).

### **Forms Required**

When any of the RF claims are initially accepted, the claim and any supporting schedules will be printed on an assigned district printer.

The entire RF package will be available for review and signature by the district officials charged with that responsibility. The signed package should be kept on file at the district for a six-year period. The certification for claims processed through the Automated Claiming System (ACS) does not have to be submitted to OTDA Finance effective with claims submitted January 2005. Claims processed through ACS include: RF-2, RF-2A, RF-3 State Charges, RF-3 Mental Hygiene, RF-4 Independent Living Program for Foster Children, RF-6 Refugee, RF-8, RF-9, RF-17 and LDSS-2109 "Schedule G-2, Summary of All Payments for Day Care" (Schedule G-2).

The district Administrative Official and Fiscal Officer must sign and date the certification. When the claim is signed, the district submits the claim on ACS, attesting that the claim was signed. The certification must be filed at the district level according to certification instructions appearing in FRM Volume 1, Chapter 5.

If ACS should not be available for an extended period of time, the monthly statement and claim shall be prepared in triplicate, one copy to be retained by the district, one copy for the district fiscal officer, and the original to be submitted to:

New York State Office of Temporary and Disability Assistance  
Bureau of Financial Services  
40 North Pearl Street, Floor 14C  
Albany, New York 12243

One copy of each supporting schedule shall be submitted with the original statement and claim to the department.

Note: If there are no expenditures for a particular program, the district should submit the appropriate schedule to OTDA with a zero in the total amount column for the RF-2 and RF-2A original submission packages only.

## Due Dates

Because of the monthly reconciliation of federal formula computations for individual districts and for the State as a whole, and the deadlines for filing federal expenditure reports, special treatment as to due dates for the supporting schedules to the monthly statement is necessary as follows:

- The RF-2 claim package including the LDSS-187 “Schedule A Expenditures for Family Assistance” (RF-2, Schedule A), LDSS-4744 “Schedule B Claiming for Adult Care, EAA, and Guide/Service Dogs” (RF-2, Schedule B), LDSS-1040 “Schedule C Expenditures for Safety Net Assistance” (RF-2, Schedule C), LDSS-157-A “Schedule E-1 Summary of Refunds and Cancellations Decertified Facility Information and Rate Adjustments” (RF-2, Schedule E-1), LDSS-157 “Schedule E Computation of Federal and State Aid on Medical Assistance” (RF-2, Schedule E), LDSS-1285 “Schedule F Schedule of Costs for Emergency Assistance to Needy Families with Children” (RF-2, Schedule F), LDSS-1372 “Schedule G Title XX Services for Recipients” (RF-2, Schedule G), LDSS-4283 “Schedule H Non-Title XX Services for Recipients” (RF-2, Schedule H), LDSS-3479 “Schedule K Reimbursement for Foster Care and Adoption Expenditures” (RF-2, Schedule K), and LDSS-5045 “Schedule N TANF Funded Services” (RF-2, Schedule N) shall be submitted to the OTDA as soon as completed but not later than the 20<sup>th</sup> of the month following the month in which the expenditures were made.
- The RF-2A claim package including the RF-2A, LDSS-2517 “Schedule A-1 Title IV-D Summary of Collections and Distributions” (RF-2A, Schedule A-1) and the ‘D’ series schedules that pertain to administrative costs also need to be submitted by the 20<sup>th</sup> of the month following the month in which the expenditures were made.

## Retained Documents

Each district shall retain on file for audit purposes, one copy of each of the forms and the supporting schedules:

- RF-2, LDSS-1272 “Monthly Statement of Assistance Expenditures and Claims for Federal and State Aid (RF-2)” (RF-2, RF-2)
- RF-2A, LDSS-1272A “Monthly Statement of Administrative Expenditures Federal and State Aid (RF-2A)” (RF-2A, RF-2A)
- RF-3, LDSS-843 “Adjustment Claim for Additional State Aid on Expenditures 100% Reimbursable” (RF-3, RF-3)
- LDSS-3871 “Independent Living Program for Foster Care Children RF-4” (RF-4)
- RF-6, LDSS-1047 “RF-6 Monthly Claim for Reimbursement Assistance to Resettled Refugees” (RF-6, RF-6)
- LDSS-931 “Expenditures Statement and Claim for Reimbursement (RF-7) Assistance for U.S. Citizens Returned from Foreign Countries” (RF-7)
- LDSS-3551 “Monthly Statement of Expenditures and Claims for the Home Energy Assistance Program (RF-8)” (RF-8)
- LDSS-3580 “Computation and Claim for Additional State Reimbursement for Medical Assistance Under Long Term Care, Presumptive Eligibility (RF-9)” (RF-9)
- RF-17, LDSS-4975A “RF-17 Worksheet Distribution of Allocated Costs to Other reimbursable Programs” (RF-17 Worksheet)

Note: some districts may not have expenditures to report for all of these claim packages.

## **Definition of Terms Most Frequently Used**

### **Expenditures**

Cost of assistance paid to or on the behalf of eligible clients of Public Assistance (PA) and care, services, and Medical Assistance (MA) or cost to administer such program during the month covered by the claim

### **Federal Participation (FP)**

Expenditures made on behalf of clients in receipt of PA, MA and services or administrative costs which are eligible for federal reimbursement

### **Federal Non-Participation (FNP)**

Expenditures made on behalf of clients in receipt of PA, MA and services or administrative costs which are not eligible for federal reimbursement

### **Cancellations**

The amount of any cancelled check, warrant or order written for the purpose of furnishing PA and care, including any checks which have not cleared the bank within 90 days from the date of issue

### **Refunds**

Monies repaid to the district to cancel or reduce specific items of assistance appearing on a previous or current roll. Current contributions received by a district and not reflected in the budget computation of a grant to or for a client shall also be defined as a refund.

### **Recoveries**

Recoveries are monies collected by a district in repayment of PA and care granted and of expenses incurred in protection and/or liquidation of an asset. These monies are received in such forms or manner as to make it impracticable to apply such repayment against specific amounts of assistance, care or expenses.

Districts must report recovery collections (with the exceptions of AABD recoveries and those related to repatriated citizens) with refunds on current claiming schedules. Districts must continue to complete recovery reports and keep them on file, available for audit, in the district to support the disposition of assets.

Because there is not a current claiming schedule the AABD recoveries can be claimed on, recoveries made in this assistance program will continue to be submitted to the State. Also, recoveries related to Assistance to U.S. Citizens from Foreign Countries (also known as the Repatriated Citizens Program) must be submitted to OTDA for forwarding to the Federal government. Recoveries cannot be deducted from the RF-7.

OTDA will continue to deduct the state and federal share of recoveries under AABD or under the repatriated citizens program from settlements of the district claim.

### **Rounding Procedures**

Rounding procedures to be used in preparation of monthly claim schedules are as follows.

For schedules where one item of expenditure is multiplied by only one percentage, the product must be rounded upward if the results are 0.50 or above and must be rounded downward if the results are .49 less.

When a specific expenditure amount is multiplied by various percentages in one line, the individual products calculated for each sub-function must add back to the total.

Where various expenditures in one line are multiplied by one or more percentages (as usually occurs when determining federal, state and local shares), the products are always rounded upward. The products are then added together to arrive at the figure to be listed as the total. The amount found in the total column is determined only through the addition of the other columns of the line and not through any multiplication computation.

## **RF-2A, Schedule A-1**

### **Overview**

The RF-2A, Schedule A-1 is prepared on a monthly basis as part of the RF-2A claim package. The RF-2A, Schedule A-1 must be electronically submitted even if there is no collection and distribution data for a given month.

The collection and distribution data is reported on the RF-2A, Schedule A-1 categorized by the type of collections made. There are seven columns used for reporting information required by the Federal and State government. The “Current IV-A Assistance” column (2) reports collection and distribution data for children currently receiving Temporary Assistance for Needy Families (TANF). The “Current IV-E Assistance” column (3) reports collection and distribution data for children who are currently receiving Title IV-E (Foster Care (FC)) maintenance payments. The “Former IV-A Assistance” column (4) reports collection and distribution data for children who formerly received assistance under Title IV-A [Temporary Assistance for Needy Families (TANF) or Aid to Dependent Children]. The “Former IV-E Assistance” column (5) reports collection and distribution data for children who formerly received assistance under Title IV-E (FC). The “Safety Net FNP Assistance” column (6) reports collection and distribution data for children receiving Safety Net (SN) FNP assistance. The “Medicaid Never Assistance” column (7) reports collections received and distributed on behalf of children who are receiving child support enforcement services under Title IV-D (Child Support), and who are currently receiving Medicaid payments under Title XIX (MA), but who are not currently receiving and have not previously received assistance under either Title IV-A (TANF or Aid to Dependent Children) or Title IV-E (FC). The “Other Never Assistance” column (8) reports collection and distribution data for children receiving Title IV-D child support services, and who are not currently receiving Title XIX MA (including cases where Medicaid payments were formerly received) and who are not currently receiving and have not previously received assistance under either Title IV-A (TANF or Aid to Dependent Children) or Title IV-E (FC).

Section 53117 of the Bipartisan Budget Act of 2018 (P.L. 115-123) amends Section 454(6)(B)(ii) of the Social Security Act to increase the mandatory annual service fee for child support services. Effective October 1, 2019, the annual child support service fee is increasing to \$35. Child Support Services’ (CSS) methodology of collecting from the fee from the custodial parent is unchanged. The \$35 annual service fee is charged to a never assistance custodial parent (CP) in receipt of child support services for whom more than \$550 of child support is collected in a federal fiscal year. Never assistance CPs are those who have never received Federal Title IV-A assistance under the Temporary Assistance to Needy Families (TANF) program (i.e., Family Assistance (FA)).

The instructions for the RF-2A, LDSS-2547 “Schedule D-8 Allocation for Claiming Title IV-D Child Support Activities and Support Collection Unit Expenditures” (RF-2A, Schedule D-8) can be found in [Fiscal Reference Manual \(FRM\) Volume 3](#) The \$35 annual CP Fee Withheld by the State for child support administrative services to cases that have never received assistance under the Federal Title

IV-A program, and have more than \$550 per year collected on their behalf is included in the RF-2A, Schedule D-8 on line 17 (Deductible Collection Costs). Effective January 2009, this amount comes from the RF-2A, Schedule A-1, line 13 total.

Any fees that are owed the Federal government and not available through the intercept of collections will be paid by the State. Districts will be charged the local share through a charge back in the settlement process. These amounts will not be reported on the RF-2A, Schedule A-1 or the RF-2A, Schedule D-8 since districts will not have intercepted these fees from collections.

## **Child Support Due Client - Period of Ineligibility and Excess Support Payments**

Effective July 1, 2009, the Child Support Services (CSS) discontinued the monthly process which results in Excess Current Support payments per the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Retrospective Excess Current Support payments may still be made on select cases (for example, desk review cases). For that reason, Excess Current Support, pay type D3 and code 71P (for New York City (NYC)) will remain active through January 31, 2011, but with an edit that restricts issuances with authorization periods that exceed June 30, 2009. Pay type D4 payments, Excess Arrears Support, are not affected by the above change.

Effective July 1, 2009, pay type N2 (Child Support Due Client - Period of Ineligibility) was created to account for the untimely IV-A case closing. These payments represent collections that would have otherwise been issued to the family by IV-D but since the IV-A case had not been closed were sent to IV-A.

Pay type D3 and code 71P is prohibited with payment period To-Date greater than 06/30/09 and pay type N2 is prohibited with payment period From-Date less than 07/01/09.

## **Claiming Instructions**

To claim pay type N2, Child Support (CS) Due Client - Period of Ineligibility, pay type D3 and code 71P (for NYC), Excess Current Support, and pay type D4 and code 72P (for NYC), Excess Arrears Support, district personnel should identify, from the Benefit Issuance and Control Subsystem (BICS) produced Schedule A-1 composite rolls and CRM 100 report (for NYC), the Child Support Due Client- Period of Ineligibility cases and the Excess Child Support cases paid for FA FP cases, SN FP and SN FNP cases.

The pay type N2 payments made for Case Types 11 (FA) and 12 (SN FP) will appear on the composites as item IV-D-FA-CS-DUE-CLIENT-INEL payments. The pay type N2 payments made for case types 16 (SN Cash Assistance) and 17 (SN FNP) will appear on the composites as item IV-D-SN-CS-DUE-CLIENT-INEL payments.

The pay types D3 and code D4 payments made for Case Types 11 and 12 will appear on the composite rolls as item IV-D-FA-EXCESS-CURRENT or IV-D-FA-EXCESS-ARREARS payments. The pay types D3 and D4 payments made for Case Types 16 and 17 will appear on the composite rolls as IV-D-SN-EXCESS-CURRENT or IV-D-SN-EXCESS-ARREARS payments. For NYC, excess child support payments will be paid to the petitioner using codes 71P, Excess Current Support, and 72P, Excess Arrears Support.

The CS Due Client - Period of Ineligibility and Excess Support payment amounts should be manually reduced from the amounts reported on the Child Support Management System (CSMS) A-1, Title IV-D Summary of Collections and Distributions from line 12, (Dist as Assist Reimb), columns 2 (Current IV-A Assistance), 4 (Former IV-A Assistance) and 6 (SN FNP) and added to the amounts reported on the CSMS A-1, line 14 (Dist Family), columns 2, 4 and 6.

The custodial parent's pass-through (disregard) amount is issued from collected child support using pay type D1 (IV-D Payment) for upstate districts, and codes 54P (Child Support Bonus Payment - Manual Issuance) and 70P (Child Support Bonus Payment - System Generated) for NYC. These amounts are ultimately reported on RF-2A, Schedule A-1, Section 2, line 12, Collections Passed Through (Disregards).

The pass-through collections (disregards) distributed to families should not be included on the RF-2A, Schedule A-1, line 14, Distributed as Assistance Reimbursement, effective October 1, 2008. Districts will also need to manually reduce the amount Distributed as Assistance Reimbursement reported on the CSMS A-1, line 12, column 2 and column 6 by the amount identified as pass-through collections on the BICS composites for districts other than NYC, and the CRM 100 report for NYC.

After adjusting for CS Due Client - Period of Ineligibility payments, excess child support payments and pass-through collections, the net results from the CSMS A-1, lines 12 and 14 will be entered on the RF-2A, Schedule A-1, line 14, (Distributed as Assistance Reimbursement) and line 16 (Distributed to Family), columns 2 (Current IV-A Assistance), 4 (Former IV-A Assistance) and 6 (Safety Net FNP Assistance), respectively.

Example		ACS		
		Current IV-A Assistance Column 2	Former IV-A Assistance Column 4	Safety Net FNP Assistance Column 6
CSMS	Line 12: Dist as Assist Reimb			
	Less: Excess Support			
	Less: CS Due Client-Inelig			
	Less: Passed Through			
Net: Dist as Assist Reimb				
Line 14: Dist Family				
Add: Excess Support				
Add: CS Due Client-Inelig				
Net: Dist Family				
Composites				
Excess Support				
CS Due Client-Inelig				
Passed Through				

Pay type 18, Child Support (Income) Disregard, amounts are not reported on the RF-2A, Schedule A-1. These amounts are claimed for FNP reimbursement, depending on the case type, on either of three schedules:

- RF-2, Schedule A, column 12, Other Expenditures Assistance
- RF-2, Schedule C, column 14, Other Expenditures Other Assistance

- RF-2, Schedule F, column 9, Other Payments

The federal share (net of estimated incentive) of Title IV-A related collections, and the state share of Title IV-A related collections and SN FNP collections are transferred from the RF-2A, Schedule A-1 to the RF-2A, Schedule D-8. The federal and state shares of the collections, when transferred to the RF-2A, Schedule D-8 are offset against reimbursement claimed for the administrative costs of the Child Support Program. Title IV-E (FC) collections are transferred from the RF-2A, Schedule A-1 to the RF-2, Schedule K to refund FC and adoption service expenditures. Medical Support collections are transferred from the RF-2A, Schedule A-1 to the RF-2, Schedule E and the RF-2, Schedule E-1. Medical Support collections are used to refund MA program expenditures.

Please note, the “Total Disbursed to DSS” is listed on the CSMS Balance Sheet page of the Disbursement List for the last day of the reporting period. The “Total Disbursed to DSS” amount does not include the annual CP Fee Withheld by the State. The amount to be wire transferred to the district and/or County Finance Office should be the “Total Disbursed to DSS” plus the annual CP Fee Withheld by the State. The funds should be wire transferred to district and/or the County Finance Office along with instructions concerning the accounts to credit. The amounts being credited must equal the “Total Disbursed to DSS” plus the CP Fee Withheld by the State amount. See FRM Volume 1, Chapter 7 for instructions on crediting the A-1809, A1811, and other accounts when collections are transferred to the county treasurer.

## Columnar Instructions

### Column 1 Total

Enter the total amount for each line. The total amount should equal the sum of columns 2 through 8 for each line.

### Column 2 Collections for Current IV-A Assistance Cases

Report in this column collections distributed on behalf of children who are current clients of Temporary Assistance for Needy Families (TANF). Collections may include both current child support and arrears collected for cases currently receiving temporary assistance from TANF funds. These amounts are transferred from the CSMS A-1, column 2.

### Column 3 Collections for Current IV-E Assistance Cases

Report in this column collections distributed on behalf of children who are currently entitled to FC maintenance payments under Title IV-E (FC). Collections may include both current child support and arrears collected for current Title IV-E (FC) cases. Collection amounts are transferred from the CSMS A-1, column 3.

### Column 4 Collections for Former IV-A Assistance Cases

Report in this column collections distributed on behalf of children who formerly received assistance under Title IV-A (TANF or FA) of the Social Security Act. Former IV-A assistance collection amounts are transferred from the CSMS A-1, column 4.

### Column 5 Collections for Former IV-E Assistance Cases

Report in this column collections distributed on behalf of children who formerly received Title IV-E (FC). Former Title IV-E (FC) collection amounts are transferred from the CSMS A-1, column 5.

**Column 6 Collections for Safety Net FNP Assistance Cases**

Report in this column current and arrears collections distributed on behalf of children who are receiving child support enforcement services under Title IV-D of the Social Security Act, whose family (or an individual) has received assistance. Safety Net FNP collection amounts are transferred from the CSMS A-1, column 6.

**Column 7 Medicaid Never Assistance Cases**

Report in this column collections received and distributed on behalf of children who are receiving Child Support Enforcement services under Title IV-D of the Social Security Act, and who are either currently receiving or who have formerly received Medicaid payments under Title XIX of the Social Security Act, but who are not currently receiving and have never formerly received assistance under either Title IV-A (TANF or FA) or Title IV-E (FC) of the Social Security Act. The Medicaid Never Assistance collection amounts are transferred from the CSMS A-1, column 7.

**Column 8 Other Never Assistance Collections Cases**

Report in this column collections received and distributed on behalf of children who are receiving Child Support Enforcement services under Title IV-D of the Social Security Act, but who are not currently receiving and have never formerly received Medicaid payments under Title XIX and who are not currently receiving and have never formerly received assistance under either Title IV-A (TANF or FA), Title IV-E (FC) of the Social Security Act, SN FNP or SN FNP MOE. This column includes collections for non-IV-E FC cases that are not included in the above columns.

Other Never Assistance collection amounts are transferred from the CSMS A-1, column 8.

## **Line by Line Instructions**

### **Section 1 – Available Collections**

**Line 1 IRS Tax Offset**

Enter in column 1 the total support collected through the IRS Tax Offset process. Line 1 includes IV-D and non-IV-D collections in IV-D Child Support cases.

**Line 2 State Tax Offset**

Enter in column 1 the total support collected through the State Tax Offset process. Line 2 includes IV-D and non-IV-D collections in IV-D Child Support cases.

**Line 3 UIB Offset**

Enter in column 1 the total support collected through the Unemployment Insurance Benefit (UIB) Offset process. Line 3 includes IV-D and non-IV-D collections in IV-D Child Support cases.

**Line 4 Withholding of Wages**

Enter in column 1 the total support collected through withholding of wages by employers. This includes amounts received through either voluntary or involuntary income withholding from Title IV-D (TANF and Non-TANF) cases, and withholding actions initiated prior to the effective date of Section 466(a)(1) of the Social Security Act. Line 4 includes IV-D and non-IV-D collections in IV-D Child Support cases. Line 4 does not include amounts withheld from unemployment compensation, which are reported on line 3.

**Line 5 Other Sources**

Enter in column 1 all other amounts not reported above. This includes, but is not limited to, the total support collected through direct payment by absent parent. Line 7 includes IV-D and non-IV-D collections in IV-D Child Support cases.

**Line 6 Other States**

Enter in column 1 the net support collections forwarded by another state, but retained for cases in your agency. Line 6 may include IV-D and non-IV-D collections in IV-D Child Support cases. Line 6 does not include fees or costs recovered by other states from collections forwarded to the reporting state; these fees are reported in the footnote.

**Line 7 Other Countries**

Enter in column 1 the net support collections forwarded by a foreign country or political sub-division, in accordance with Section 459A of the Social Security Act, and retained by the district. Include any collections received as a result of a reciprocal agreement with foreign countries or political subdivisions. Do not include any collections directly received from a Non Custodial Parent (NCP) living abroad. These collections are reported on lines 1-5 or 8, depending on the source.

Line 7 does not include fees or costs recovered by other countries from collections forwarded to the reporting state; these fees are reported in the footnote.

**Line 8 Total Collections Received For Month**

Sum lines 1 through 7 and enter results in column 1.

**Line 9 Collections Sent to Other States**

Enter in columns 1-5 and 7-8, amounts collected on behalf of a request from another state or an initiating tribe and forwarded during the month to that state or initiating tribe for distribution. These collections are included in amounts reported on lines 1-6.

**Line 10 Collections Sent to Other Countries**

Enter in column 1, amounts collected on behalf of a request from a foreign country or political sub-division, in accordance with Section 459A of the Social Security Act and forwarded during the month to that country for distribution. These collections are included in amounts reported on lines 1-5, and 7.

**Line 11 NET COLLECTIONS AVAILABLE FOR DISTRIBUTION**

Subtract from line 8, column 1 (Total Collections Received For Month), amounts reported on line 9 (Collections Sent to Other States) and line 10 (Collections Sent to Other Countries). This results in collections eligible for distribution by the county during the month.

## **Section 2 – Distributed Collections**

**Line 12 Collections Passed Through (Disregards)**

BICS districts are provided the Passed Through Special Payment Roll, which is produced during the direct payment run. The composite summary report for IV-D is provided monthly. This report summarizes the pass-through data and may be used to identify the pass-through amounts for line 12. The roll contains case type information to identify pass-through for Current IV-A Assistance (case types 11 and 19) and SN cases (case types 12, 16, and 17). SN FP cases are identified by a case type of 12.

SN FNP MOE cases are case types identified by 16 or 17 and further sub-divided by the following state/federal (S/F) charge codes:

- 60 (TANF ineligible alien)
- 63 (TANF individual exceeding five year limit)
- 64 (TANF native Americans on NYS reservation exceeding five year limit)

SN FNP Non-MOE cases do not have the above S/F charge codes.

A pass-through payment is a payment of up to the first \$100 or \$200 per month collected on current amounts due depending on the PA household composition of current child support collections made on TANF and Non-TANF cases which is passed on to the respective TANF or Non-TANF family. The CP's Passed-Through (Disregard) amount is issued from collected child support using for upstate districts, pay type code D1 (IV-D Payment), and for NYC, pay codes 54P (Child Support Bonus Payment - Manual Issuance) and 70P (Child Support Bonus Payment - System Generated).

The pass-through provision is not available to families currently or formerly receiving assistance under Title IV-E (FC).

The provisions under the Deficit Reduction Act (DRA) of 2005 and New York State Law 111-c(2)(d) and 131-a(8)(v) will change the method used to determine whether a family is entitled to a pass-through amount. Effective January 1, 2010, the number of active children on a PA case must be evaluated to determine the maximum appropriate pass-through amount for which a family may be eligible. The maximum pass-through is increased up to \$200 for a family with two or more children who are active PA recipients. Families with one active child in a PA case will continue to receive a maximum of up to \$100 pass-through.

Line 12, column 2 (Current IV-A Assistance) is the pass-through amounts identified for TANF families. This includes pass-through amounts identified for Current IV-A Assistance and SN FNP cases. The amount is automatically transferred to line 12 column 2 from Footnote 1, "Passed Through amount for Family Assistance and Safety Net Federally Participating cases."

Line 12, column 6 (Safety Net FNP Assistance), is the pass-through amounts identified for non-TANF families. This includes pass-through amounts identified for SN FNP Non-MOE cases and SN FNP MOE cases. The amount is automatically transferred to line 12 column 6 from the sum of Footnote 2, "Passed Through amount for Safety Net Federally Non-Participating MOE cases" and Footnote 3, "Passed Through amount for Safety Net Federally Non-Participating Non-MOE cases."

#### Line 13 CP Fee Withheld by State

Never Assistance petitioners are those cases that have never received federal Title IV-A assistance under the TANF program. The fee amount appears on the CSMS A-1, line 18, "CP (Custodial Parent) Fee Withheld By the State."

Effective for January 2009 claiming, Districts must report the CP Fee Withheld by the State amount on the RF-2A, Schedule A-1, line 13. Effective with the April 2012 claiming, amounts reported on line 13, column 1 are transferred to the RF-2A, Schedule D-8, line 17, Deductible Collection Costs, total. The RF-2A, Schedule D-8, line 17 Total will remain prime for the district to change the amount if necessary.

The fees collected during the month should be transmitted from the Support Collection Unit to the accounting/finance area. See the [FRM Volume 1](#), Chapter 14 for further detailed instructions on crediting the A-6010, and any other accounts when collections are transferred to the county treasurer.

**Line 14 Distributed as Assistance Reimbursement**

Enter collections to be shared with federal and/or state governments to repay their respective shares of Title IV-A assistance payments, Title IV-E (FC) maintenance payments, and SN FNP assistance payments. There may be entries in columns 2 through 6. Amounts reported in columns 3 and 5 are should be included on the RF-2, Schedule K and reported as refunds. Amounts reported in columns 2, 4, and 6 are carried down to the RF-2A, Schedule A-1, Section 3, for federal, state, and local share determination. There should be no entry made in columns 7 and 8.

Title IV-E, Title IV-A, and SN FNP retained collections are reported on the Monthly Support Collection Rolls.

District personnel should identify, from the BICS produced Schedule A-1 composite rolls and CRM 100 report (for NYC), the excess child support paid for FA FP cases, SN FP and SN FNP cases. These payment amounts should be manually reduced on the CSMS A-1 from line 12, (Dist as Assist Reimb), columns 2 (Current IV-A Assistance), 4 (Former IV-A Assistance) and 6 (Safety Net Federally Non Participating) and added to CSMS A-1, line 14 (Dist Family), columns 2, 4 and 6.

The pass-through collections (disregards) distributed to families should not be included on the RF-2A, Schedule A-1, line 14, Distributed as Assistance Reimbursement, effective October 1, 2008.

Districts will also need to manually reduce the amount Distributed as Assistance Reimbursement reported on the CSMS A-1, line 12, DIST AS ASSIST REIMB, column 2 (Current IV-A Assistance) and column 6 (Safety NET FNP Assistance) by the amount identified as pass-through collections on the BICS composites for districts other than NYC, and the CRM 100 report for NYC.

After adjusting for CS Due Client - period of Ineligibility payments, excess child support payments and pass-through collections, the net results from the CSMS A-1, lines 12 and lines 14 will be entered on the RF-2A, Schedule A-1, line 14, (Distributed as Assistance Reimbursement) and line 16 (Distributed to IV-D Family), columns 2, 4 and 6, respectively.

**Line 15 Distributed as Medical Support**

Enter the portion of any collection that corresponds to any amount specifically designated in a support order for medical support. Amounts include retained collections, and amounts distributed to families for medical repayments. Retained collection amounts are reported on the RF-2, Schedule E and the RF-2, Schedule E-1.

**Line 16 Distributed to Family**

Enter the total of child support collections distributed to families. This includes payments to families, payments to terminated PA cases, and excess child support payments (manually transferred from the CSMS A-1, line 12) to families on PA. Child support collections for non-Title IV-E Child Welfare cases are also included on this line. Amounts distributed to families as pass-through payments are not included on this line.

**Line 17 Total Collections Distributed**

For each column (columns 1 through 8) add amounts on lines 12 to 16 and enter the result in the respective column on this line.

**Line 17a Adjust Undisbursed - State Use Only**

Enter the amount from line 19 of the CSMS A-1.

## **Section 3 – Shares Computation / Incentive Payments / Other Collection Information**

### **Line 18 Federal Share of Collections**

Multiply line 14, columns 2 and 4 by 50%, and enter results in respective columns on line 18. Enter the total of columns 2 and 4 in column 1.

### **Line 19 Estimated Incentive Payments**

Enter the prorated monthly incentive payment in column 2 "Current IV-A Assistance." Enter column 2 amount in column 1.

An incentive is an amount paid to the reporting county for enforcement and collection of child support payments. Incentives earned must be reinvested in the Child Support Enforcement (CSE) program or other activities that improve the Child Support Enforcement program. This amount is revenue to the district in addition to the local share of the repayment of assistance. The State DCSE provides each district with an estimated monthly incentive payment attributable to Title IV-A cases, Title IV-E cases, SN FNP cases, Medicaid Never Assistance cases, and Never Assistance cases. These estimated incentives are reported on the RF-2A, Schedule A-1 each month of the federal fiscal year (October-September). There is an adjustment of incentives claimed to actual amounts earned for each district. This adjustment is made through a bottom-line adjustment in the district settlement process. Districts should not report this adjusted amount on the RF-2A, Schedule A-1. No entries are made in columns 3 through 8.

Effective with the April 2012 claiming, amounts reported on line 19, column 1 are transferred to the RF-2A, Schedule D-8, line 16, Expenditures Funded with IV-D Incentives, total. The RF-2A, Schedule D-8, line 16 Total will remain prime for the district to change the amount if necessary.

### **Line 20 Net Federal Share of Collections**

Deduct the total amounts on line 19, for columns 1 and 2, from the total amounts on line 18, for columns 1, 2, and 4. Enter the results on line 20, columns 1, 2, and 4 respectively. No entries are made under "Current IV-E Assistance" (Column 3), "Former IV-E Assistance" (Column 5), "Safety Net FNP Assistance" (Column 6), "Medicaid Never Assistance" (Column 7), and "Other Never Assistance" (Column 8) categories. Amounts reported on line 20, column 1 are transferred to the RF-2A, Schedule D-8, line 22, "Less: Federal Share Child Support Collections."

### **Line 21 Balance**

Subtract line 18, columns 2 and 4 from line 14, columns 2 and 4. Enter results in line 21, columns 2 and 4. Carry down the line 14, column 6 amount to line 21, column 6. Column 1 equals the total of columns 2, 4 and 6.

### **Line 22 State Share**

Zero percent (0%) of amounts on line 21, columns 2, 4 and 6 is calculated in line 22, columns 2, 4, and 6 respectively. Column 1 equals the total of columns 2, 4, and 6. Carry the column 1 amount over to the RF-2A, Schedule D-8, line 29, "Less: State Share Child Support Collections."

### **Line 23 Local Share**

Subtract line 22 columns 2, 4, and 6 from line 21, columns 2, 4 and 6 and enter results in line 23, columns 2, 4 and 6. Column 1 equals the total of columns 2, 4 and 6.

**Footnote**

The terminology of disregard is eliminated and replaced with pass-through to be consistent with federal reporting. Footnotes 1, 2 and 3 are completed by deriving data for the pass-through from BICS. BICS provides a Passed Through Special Payment Roll, which is produced during the direct payment run, to identify pass-through amounts. The Special Payment Roll is the PAP040 program which provides the PABS4002, PABS4003 and PABS4004 reports. These rolls contain case type information to identify the pass-through amounts for FA and SN cases.

Footnote 1 - The pass-through amount for FA and SN FP cases is automatically transferred to line 12, column 2 through the ACS interface process. Pass-through amount for Family Assistance and Safety Net federally participating cases” are case types 11, 12 and 19. Enter this amount which is derived from the final monthly Composite Summary Report, IV-D-FA/SN/EAF-FP PASSED THROUGH total.

Footnote 2 - The “Passed Through amount for Safety Net federally non-participating MOE cases” are case types 16 and 17 with S/F charges 60, 63, and 64. Enter this amount which is derived from the final monthly Composite Summary Report, IV-D-SN-FNP MOE PASSED THROUGH total.

Footnote 3 - The “Passed Through amount for Safety Net federally non-participating Non-MOE cases” are case types 16 and 17 with no S/F charges. Enter this amount which is derived from the final monthly Composite Summary Report, IV-D-SN-FNP Non-MOE PASSED THROUGH total. The Sum of Footnotes 2 and 3 is automatically transferred to line 12, column 6 through the ACS process.

Footnote 4 - Enter the amount for “Any fees retained by other states that are not included on line 6 in Section 1.”

LDSS - 2517 (10/16)

SCHEDULE A-1  
TITLE IV-D SUMMARY OF COLLECTIONS AND DISTRIBUTIONS

Section 1 - AVAILABLE COLLECTIONS									
ITEM	TOTAL 1	CURRENT IV-A ASSISTANCE 2	CURRENT IV-E ASSISTANCE 3	FORMER IV-A ASSISTANCE 4	FORMER IV-E ASSISTANCE 5	SAFETY NET FNP ASSISTANCE 6	MEDICAID NEVER ASSISTANCE 7	OTHER NEVER ASSISTANCE 8	
1 IRS Tax Offset									
2 State Tax Offset									
3 UIB Offset									
4 Withholding of Wages									
5 Other Sources									
6 Other States									
7 Other Countries									
8 TOTAL COLLECTIONS RECEIVED FOR MONTH									
9 Collections Sent to Other States									
10 Collections Sent to Other Countries									
11 NET COLLECTIONS AVAILABLE FOR DISTRIBUTION									
Section 2 - DISTRIBUTED COLLECTIONS									
12 Collections Passed Through (Disregards)									
13 CP Fee Withheld by State									
14 Distributed as Assistance Reimbursement									
15 Distributed as Medical Support									
16 Distributed to Family									
17 Total Collections Distributed									
17a Adjust Undisbursed - State Use Only									
Section 3 - SHARES COMPUTATION / INCENTIVE PAYMENTS / OTHER COLLECTION INFORMATION									
18 Federal Share of Collections									
19 Estimated Incentive Payments									
20 Net Federal Share of Collections									
21 Balance									
22 State Share									
23 Local Share									
Footnote									
1.) Passed Through amount for Family Assistance, Safety Net Federally Participating, Emergency Assistance to Family Federally Participating cases									
2.) Passed Through amount for Safety Net Federally Non-Participating MOE cases									
3.) Passed Through amount for Safety Net Federally Non-Participating Non-MOE cases									
4.) Any fees retained by other states that are not included on line 6 in Section 1.									

## **RF-2, Schedule A**

### **Overview**

The RF-2, Schedule A is prepared on a monthly basis as part of the RF-2 claim package. This schedule summarizes the expenditures made during the month for families receiving FA. Those expenditures pertaining to families that are eligible for federal assistance will be applied to the Temporary Assistance For Needy Families Block Grant known as TANF.

This schedule must be completed and electronically submitted each month with the original RF-2 package even if there are no expenditures to report. Expenditures for this schedule are broken out across the schedule into ten (10) major classifications. The classifications are:

- Rent Supplements
- Family Shelter Assistance
- Family Shelter Non-Assistance
- Domestic Violence Shelter
- Security Deposits
- Transitional Services
- Diversion Transportation
- Diversion Payment
- Other Non-Assistance
- Other Assistance

### **Columnar Instructions**

#### **Column 2 Grand Total**

The grand total is the sum of columns 3 through 12.

#### **Column 3 Rent Supplements**

Rent Supplements are payments made to landlords to correct housing code violations so suitable housing for individuals on PA are secured. Districts outside of NYC use pay type E3 (Rent Supplement) to authorize these expenditures.

Prior approval from the Employment and Income Support Programs (EISP) is needed before providing rent supplements according to 18NYCRR 352.3(i)(3).

#### **Column 4 Family Shelter Assistance**

These expenditures include Hotel/Motel, Family Shelter Tier I, Family Shelter Tier II, Transitional Housing payments.

Districts outside of NYC use pay type Q1 to authorize Family Shelter Tier I expenditures, pay type Q2 to authorize Family Shelter Tier II expenditures, pay type Q4 to authorize Family Shelter Transitional Housing expenditures, and pay type 50 to authorize Temporary Residence in Hotels or Motels.

The regulated Family Tier I and II facilities provide shelter generally for limited periods. These facilities have an operational plan and shelter allowance schedule approved by the State. A regulated Tier II Facility should be approved for reimbursement pursuant to 18 NYCRR Part 900.

Note: non-regulated "Room and Board - Family Centers" expenditures are not to be claimed with Family Shelter expenditures. These costs should be included in normal expenditures for claiming at this time. These costs may need to be separately identified at a future date. A mechanism should be in place to track these expenditures for FA Case Types.

#### Column 5 Family Shelter Non-Assistance

These expenditures include pay type E8 Family Shelter Emergency Shelter payments.

#### Column 6 Domestic Violence Shelter

Report shelter expenditures made to clients in which the client is placed in an emergency shelter temporarily at a licensed residential facility due to Domestic Violence. Expenditures are authorized with pay type Q6 (Residential-Domestic Violence.)

#### Column 7 Security Deposits

Report Security Deposits and Brokers Finders Fees.

Security Deposits for situations where a security agreement is made and payment is not made until later, amounts are claimed in column 12 "Other Assistance Expenditures."

The brokers/ finders' fees are authorized with pay type 68 Brokers / Finders' Fees.

To distinguish between these two situations for districts outside NYC, authorize expenditures by using the following payment types:

- Q5 - True Security Deposit held in escrow (No 1099 issued)
- 67 - Security Agreement (1099 issued)
- 68 - Brokers/Finders' Fees

#### Column 8 Transitional Services

Transitional services include employment-related expenditures such as uniform allowances, disability or payroll insurance, tools, license fees, or other items needed to enable the client to maintain employment. Households for whom these payments are made are cases that are no longer in receipt of ongoing TANF because of employment. Payment type D7 (Transitional Services) is used to authorize these payments.

Transportation-related expenditures such as car insurance, auto repairs, or similar transportation costs are not included in this category.

This type of expenditure made to individuals who are in receipt of a recurring TANF grant should be claimed in column 12 as "Other Assistance Expenditures."

#### Column 9 Diversion Transportation

Non-recurring employment-related transportation expenses issued to an employed applicant, who may or may not have previously received PA. Pay type D9-Diversion Transportation Expense is used to report amounts in this column.

Such payments include the cost of public transportation, car insurance, or car repairs. The purpose of the payment may be to:

- Divert the household from needing PA

- Provide transportation for job search activities while PA eligibility is being determined
- Assist a former client who moved off PA through employment to retain the individual's employment and continued self-sufficiency

**Column 10 Diversion Payment**

A non-recurrent, short-term payment made directly in cash or indirectly through voucher or other means to deal with a specific crisis situation or episode of immediate need; the once-only resolution of which is expected to enable the client to avoid the need for ongoing PA. The specific need must not extend more than four months in duration. The payment should be used for such crisis items as shelter costs, relocation costs, storage fees, and household structural or equipment repairs. Pay types F5-Diversion and F6-Diversion Rental are used to report amounts in this column. A diversion payment should not be made for:

- Utility shutoff emergency
- Security deposit
- Brokers'/finders' fees
- Transportation expenses
- Child care expenses
- Costs related to applicant job search
- Payments for work-related items

**Column 11 Other Non-Assistance Expenditures**

This column includes other non-recurrent short-term benefits designed to deal with a specific crisis or episode. The expenditure is not intended to meet recurring needs and is not expected to extend beyond four months. Amounts reported here are not included in columns three through ten or column twelve. The pay types that are reported under column 11 are as follows:

- 13, 14, 41-45, 49, 51-52, 57
- 60, 65, 67, 70, 72-79, 83-86, 88-90, 98
- C2, K3, N1, T1, T2

Burials should be authorized on the LDSS-3209 Authorization with pay type 85. If there are no assets from which a recovery is made, the total amount that can be claimed is no more than \$900. Refer to FRM Volume 1, Chapter 1 for more information on burials.

**Column 12 Other Assistance Expenditures**

This column includes other assistance expenditures for basic needs such as food, clothing, shelter, utilities, household goods, personal items and general incidental items, even when the assistance is conditional based on participation in a work experience or community service activity. Other assistance expenditures cannot be reported in columns three through eleven. The pay types reported under column 12 are the remaining pay types not reported in columns 3-11.

## **Line by Line Instructions**

### **Line 1 Total Expenditures**

Enter the total gross expenditures reported on lines 1.a, 1.b, and 1.c, for each column. This line represents the cost of assistance furnished to eligible clients of PA and care, in accordance with state rules and regulations applicable to expenditures funded under TANF.

### **Line 1.a., Federal Participating (FP) columns 3 through 12**

Enter gross FP expenditures made in behalf of clients under the listed classifications. These amounts are taken and detailed from the summary pages of the composite direct payment roll and/or indirect payment roll.

### **Line 1.a., column 2**

Enter the sum of columns 3 through 12 of line 1.a.

### **Line 1.b., Federal Non-Participating (FNP) columns 3 through 12**

Enter expenditures made in behalf of clients for the classifications which are eligible for state reimbursement, but not federal funding. These amounts are taken from the summary pages of the composite direct payment roll and/or indirect payment roll.

### **Line 1.b., column 2**

Enter the sum of columns 3 through 12 of line 1.b.

### **Line 1.c., Non-Reimbursable (NR) columns 3 through 12**

Enter the non-reimbursable amounts applicable to each of the expenditure items. These amounts are taken from the summary pages of the composite direct payment roll and/or indirect payment roll.

Non-reimbursable expenditures are not eligible for federal or state reimbursement. These expenditures are borne totally by the district.

### **Line 1.c., column 2**

Enter the sum of columns 3 through 12 of line 1.c.

### **Line 2, Cancellations and Refunds**

Cancellations, Refunds, and Recoveries made under each of the respective listed classifications should be included in the amounts reported here. Refer to Volume 1 Chapter 10 and Volume 2 Chapter 8 Recovery Transactions.

Enter the total of lines 2.a, 2.b, and 2.c., for each column. (Please note that you must complete lines 2.a, 2.b, and 2.c. before entering line 2 Data.)

Child support collections are not reported on this schedule. These collections are included on the RF-2A, Schedule A-1, Section 2, line 14 (Distributed as Assistance Reimbursement). federal, state and local share of these collections are determined on the RF-2A, Schedule A-1, section 3, lines 18-23. Federal and state shares are carried forward from the RF-2A, Schedule A-1 to the RF-2A, Schedule D-8.

### **Line 2.a., Federal Participating (FP) columns 3 through 12**

Enter the FP cancellations, refunds, and recoveries applicable to each of the classifications. Amounts are taken from the monthly composite rolls. Manually add any cancellations, refunds and recoveries not found on the monthly composite rolls. Recoveries should be supported by recovery reports.

Line 2.a., column 2

Enter the sum of columns 3 through 12 of line 2.a.

Line 2.b., Federal Non-Participating (FNP) columns 3 through 12

Enter the FNP cancellations, refunds and recoveries applicable to each of the classifications. The amounts are taken from the summary of cancellations and refunds on the composite rolls.

Amounts are taken from the monthly composite rolls. Manually add any cancellations, refunds and recoveries not found on the monthly composite rolls. Recoveries should be supported by recovery reports.

Line 2.b., column 2

Enter the sum of columns 3 through 12 of line 2.b.

Line 2.c., Non-Reimbursable (NR) columns 3 through 12

Enter non-reimbursable cancellations, refunds and recoveries applicable to each classification. Amounts are taken from the monthly composite rolls. Manually add any cancellations, refunds and recoveries not found on the monthly composite rolls. Recoveries should be supported by recovery reports.

Line 2.c., column 2

Enter the sum of columns 3 through 12 of line 2.c.

Line 3, Net Expenditures columns 2 through 12

Enter net expenditures. Net expenditures are determined by subtracting the sum of the cancellations, refunds, and recoveries from the total expenditures. Sum the amounts on line 3, columns 3 through 12 and enter the results on line 3 column 2.

This line is the sum of lines 3.a., 3.b., and 3.c. for each column. (Please note that you must complete lines 3.a., 3.b., and 3.c. before entering line 3 Data.)

Line 3.a., columns 2 through 12

Subtract the amount on line 2.a. from the amount on line 1.a. for each column, and enter the results under the corresponding column on line 3.a. Sum the amounts on line 3a, columns 3 through 12 and enter the results on line 3a column 2.

Line 3.b., columns 2 through 12

Subtract the amount on line 2.b. from the amount on line 1.b. for each column, and enter the results under the corresponding column on line 3.b. Sum the amounts on line 3b, columns 3 through 12 and enter the results on line 3b column 2.

Line 3.c., columns 2 through 12

Subtract the amount on line 2.c. from the amount on line 1.c. for each column, and enter the results under the corresponding column on line 3.c. Sum the amounts on line 3c, columns 3 through 12 and enter the results on line 3c column 2.

Line 4, Federal Share columns 2 through 12

Multiply the amount on line 3.a., columns 3 through 12, by 100%, and enter results in appropriate columns. Sum the amounts on line 4, columns 3 through 12, and enter results on line 4, column 2.

Line 5, Amount Eligible For State Aid columns 2 through 12

Subtract line 4, columns 3 through 12, from the sum of lines 3.a. and 3.b., columns 3 through 12, and enter the results in appropriate columns. Then sum the amounts on line 5, columns 3 through 12, and enter results on line 5, column 2.

Line 6, State Aid columns 2 through 12

Multiply line 5, columns 3 through 12 by 29%, and enter results in the appropriate columns. Sum the amount on line 6, columns 3 through 12, and enter results on line 6 column 2.

Line 7, Local Share columns 2 through 12

Subtract the sum of lines 4 and 6, columns 3 through 12 from line 3, columns 3 through 12, and enter results in appropriate columns. Sum the amounts on line 7, columns 3 through 12, and enter results on line 7, column 2. Note: the sum of lines 4, 6, and 7, column 2 should equal line 3, column 2.

LDS-187 (Rev. 04/13)

NEW YORK STATE											DISTRICT	
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE											MONTH/YEAR	
SCHEDULE A EXPENDITURES FOR FAMILY ASSISTANCE												
ITEM	GRAND TOTAL (2)	FUNDED UNDER TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)							DIVERSION PAYMENT (10)	OTHER EXPENDITURES		
		RENT SUPPLEMENTS (3)	FAMILY SHELTER ASSISTANCE (4)	FAMILY SHELTER NON-ASSISTANCE (5)	DOMESTIC VIOLENCE SHELTER (6)	SECURITY DEPOSITS (7)	TRANSITIONAL SERVICES (8)	DIVERSION TRANSPORTATION (9)		NON-ASSISTANCE (11)	ASSISTANCE (12)	
1. Total Expenditures (Sum of Lines 1a + 1b + 1c)												
a. Federal Participating												
b. Federal Non-Participating												
c. Non-Reimbursable												
2. Cancellations & Refunds (Sum of Lines 2a + 2b + 2c)												
a. Federal Participating												
b. Federal Non-Participating												
c. Non-Reimbursable												
3. Net Expenditures (Sum of Lines 3a + 3b + 3c)												
a. Federal Participating (Line 1a - Line 2a)												
b. Federal Non-Participating (Line 1b - Line 2b)												
c. Non-Reimbursable (Line 1c - Line 2c)												
4. Federal Share (100% of Line 3a, Columns 3 - 12)												
5. Amount Eligible for State Aid [(Lines 3a + 3b) minus Line 4]												
6. State Share (20% of Line 5, Columns 3 - 12)												
7. Local Share [(Line 3 minus (Line 4 + Line 6))]												

## **RF-2, Schedule B**

### **Overview**

The RF-2, Schedule B will be prepared on a monthly basis as part of the RF-2 claim package. This schedule must be completed and electronically submitted each month with the original RF-2 claim package even if there are no expenditures to report. This schedule summarizes the expenditures made during the month for Adult Care. No FP amounts are claimed on this schedule.

Expenditures are broken out across the schedule into six major categories:

- Private Institutions
- Public Homes
- Adult Shelter
- Family Type Home for Adults Special Needs
- EAA
- Guide/Service Dogs

### **Columnar Instructions**

The following are the instructions for the columns going across the form.

#### **Column 2 Total**

The total is the sum of columns 3 through 8.

#### **Column 3 Private Institutions**

Private Adult Care Institutions are those which provide protection and care in a supervised environment for aged, infirmed, or chronically disabled adults who are ambulant and do not require medical or nursing care, but who may require (in addition to lodging and board) the personalized services of attendants to assure their safety and comfort. These facilities are either operated by not-for-profit corporations or are privately owned and operated by either individuals or partnerships, and are businesses engaged in for compensation and profit.

#### **Column 4 Public Homes**

An adult care public home is a county home or a city home maintained by a district except for an infirmary, or part thereof, operated and maintained as an infirmary.

#### **Column 5 Adult Shelter**

An adult shelter is a facility established and operated by a not-for-profit corporation or by a charitable organization otherwise established pursuant to statute or governmental entity (or political sub-division of such a governmental entity). Such facilities provide a program of social rehabilitation and/or information or referral for adults in need of temporary accommodations, guidance and services.

#### **Column 6 Family Type Home for Adults Special Needs**

A family type home for adults is an adult care facility established and operated for the purpose of providing long-term residential care, room, board, housekeeping, personal care and/or supervision to

four or fewer adults who are unrelated to the operator. Certified family type home operators are reimbursed for expenses incurred in meeting certain special needs of their Social Security Income (SSI) and SN residents.

These special needs include:

- up to \$290 a year for clothing, transportation, recreation and cultural activities,
- up to \$500 a year to pay for adequate substitute care, and
- up to \$75 a year to purchase health and safety equipment.

#### Column 7 Emergency Assistance to Adults (EAA)

Includes emergency grants of assistance to aged, blind or disabled individuals and couples who have been determined eligible for or are receiving federal supplemental security income benefits (SSI) or additional state payments. The grants of assistance meet emergency needs that cannot be met by regular monthly benefits of SSI and additional state payments. Also include in this column Emergency Shelter Allowances for Persons with AIDS, faced with homelessness.

There is a reduced state rate for EAA related Security Deposits and Brokers Finders Fees when the payment is sent to the landlord and held in an escrow account. The reduced rate is claimed on the RF-2, Schedule C.

For districts outside NYC, case type 18 (EAA) expenditures authorized with pay types Q5 - True Security Deposit held in escrow (no 1099 issued) and 68 - Brokers/Finders Fees are claimed on the RF-2, Schedule C, column 6.

#### Column 8 Guide/Service Dogs

Represents payments made for assistance to visually handicapped, disabled or hearing impaired individuals to maintain Guide/Service Dogs. Expenditures for this category were formerly claimed on the RF-2, Schedule C.

## Line by Line Instructions

#### Line 1 Total Expenditures

Enter the total gross expenditures reported on lines 1.a and 1.b, for each column.

#### Line 1.a., Federal Non-Participating (FNP) columns 3 through 8

Enter expenditures made in behalf of clients for the classifications, which are eligible for state reimbursement.

#### Line 1a., column 2

Enter the sum of columns 3 through 8 of line 1a.

#### Line 1.b., Non-Reimbursable (NR) columns 3 through 8

Enter the non-reimbursable amounts applicable to each of the expenditure classifications. Non-reimbursable expenditures are not eligible for federal or state reimbursement. These expenditures are borne totally by the district.

#### Line 1.b., - column 2

Enter the sum of line 1.b, columns 3 through 8.

**Line 2 - Cancellations and Refunds**

Cancellations, Refunds and Recoveries made under each of the respective listed classifications should be included in the amounts reported here.

Enter the total of lines 2.a and 2.b, for each column. (Please note that you must complete lines 2.a first.)

**Line 2.a., Federal Non-Participating (FNP) columns 3 through 8**

Enter the FNP cancellations, refunds and recoveries applicable to each of the classifications.

**Line 2.a., column 2**

Enter the sum of line 2.a., columns 3 through 8.

**Line 2.b., Non-Reimbursable (NR) columns 3 through 8**

Enter the non-reimbursable cancellations, refunds and recoveries applicable to each of the classifications.

**Line 2.b., column 2**

Enter the sum of line 2.b., columns 3 through 8.

**Line 3 Net Expenditures columns 2 through 8**

Enter the net expenditures. The net expenditures are determined by subtracting the sum of the cancellations, refunds, and recoveries from the total expenditures.

This line is the sum of lines 3.a. and 3.b for each column. (Please note that you must complete lines 3.a. first.)

**Line 3.a., columns 2 through 8**

Subtract the amount on line 2.a. from the amount on line 1.a. for each column, and enter the results under the corresponding column on line 3.a.

**Line 3.b., columns 2 through 8**

Subtract the amount on line 2.b. from the amount on line 1.b. for each column, and enter the results under the corresponding column on line 3.b.

**Line 4, State Aid columns 2 through 8**

Multiply line 3.a., columns 3 through 5 and column 7 by 50%, and enter the results in the appropriate columns. Multiply line 3.a., columns 6 and 8 by 100% and enter the results in the appropriate columns. Then, sum the amounts on columns 3 through 8 and enter the results in column 2.

**Line 5, Local Share columns 2 through 8**

Subtract line 4, columns 3 through 8 from line 3, columns 3 through 8, and enter the results in the appropriate columns. Sum the amounts on line 5, columns 3 through 8, and enter the results on line 5, column 2.

LDSS-4744 (Rev. 04/13)

New York State Office of Temporary and Disability Assistance

**SCHEDULE B**  
**CLAIMING FOR ADULT CARE, EAA, and GUIDE/SERVICE DOGS**

ITEM (1)	TOTAL (2)	PRIVATE INSTITUTIONS (3)	PUBLIC HOMES (4)	ADULT SHELTER (5)	DISTRICT		
					FAMILY TYPE HOME FOR ADULTS SPECIAL NEEDS (6)	EAA (7)	GUIDE/SERVICE DOGS (8)
MONTH							
1. Total Expenditures							
a. Federal Non-Participating							
b. Non-Reimbursable							
2. Cancellations & Refunds							
a. Federal Non-Participating							
b. Non-Reimbursable							
3. Net Expenditures							
a. Federal Non-Participating							
b. Non-Reimbursable							
4. State Share (50% x Line 3a, Cols. 3-5, and 7 and 100% x line 3a Cols. 6 and 8)							
5. Local Share (Line 3 minus Line 4)							

## **RF-2, Schedule C**

### **Overview**

The RF-2, Schedule C is a part of the RF-2 claim package. This schedule must be completed and electronically submitted each month with the original RF-2 claim package even if there are no expenditures to report. This schedule is used to claim federal and state reimbursement for expenditures made on behalf of clients eligible for assistance funded under the SN Program.

Expenditures are broken out across the schedule into twelve major categories:

- Rent Supplements
- Adult Shelter Assistance
- Adult Shelter Non-Assistance
- Family Shelter Assistance
- Family Shelter Non-Assistance
- Domestic Violence Shelter
- Security Deposits
- Transitional Services
- Diversion Transportation
- Diversion Payment
- Other Non-Assistance
- Other Assistance

Child support pass-through payments are not claimed as expenditures for reimbursement on this schedule. Pass-through payments are netted against the FNP child support collections that are to be reported as refunds. Recoveries made for these programs should be included in amounts reported as cancellations and refunds. Recoveries should be supported by recovery reports. Please refer to FRM Volume 2, [Chapter 8](#) for instructions on completing recovery reports.

06 LCM-09 “Claiming Process for Certain Two-Parent Families” describes the new funding methodology and claiming process for certain two parent households receiving PA. Effective October 1, 2006, for districts outside of NYC, case types 11 (FA) and 12 (SN FP) payments on cases with a parent indicator of “2” are assigned to BICS category 16 (SN Cash). BICS category 16 and 17 (SN Non-Cash) payments on cases with a parent indicator of “2” will be reported as SN FNP non-MOE. The payments will be made out of the A-6140 SN appropriation account.

For districts other than NYC, refer to the Payment Issuance and Control System (PICS) Manual, Appendix D to review the RF-2, Schedule C claiming matrices.

For NYC, expenditures associated with households with a “2” in the parent indicator field will identify SN Non-MOE claims on the CRM100 report.

## **Columnar Instructions**

### **Column 2 Grand Total**

The grand total is the sum of columns 3 through 14.

### **Column 3 Rent Supplements**

Rent Supplements are payments made to landlords to correct housing code violations so suitable housing for individuals on PA is secured. To authorize these expenditures districts outside of NYC use pay type E3 (Rent Supplement).

Prior approval from the Employment and Income Support Programs (EISP) is needed before providing rent supplements according to 18NYCRR 352.3(i)(3).

### **Column 4 Adult Shelter Assistance**

Include expenditures for Hotel/Motel, Family Shelter Tier I, Family Shelter Tier II, and Transitional Housing payments. To authorize Adult Shelter expenditures, districts outside of NYC use the following pay types in conjunction with the parameters shown in the PICS Manual, Appendix D, RF-2, Schedule C claiming matrices.

- Q1 Tier 1
- Q2 Tier 2
- Q4 Transitional Housing
- 50 Temporary Residence in Hotels or Motels

### **Column 5 Adult Shelter Non-Assistance**

Include expenditures for pay type E8 Emergency Shelter payments. To authorize Adult Shelter expenditures, districts outside of NYC use pay type E8 in conjunction with the parameters shown in PICS Manual, Appendix D, RF-2, Schedule C claiming matrices.

### **Column 6 Family Shelter Assistance**

Include expenditures for Hotel/Motel, Family Shelter Tier I, Family Shelter Tier II, and Transitional Housing payments. To authorize Family Shelter expenditures, districts outside of NYC use the following pay types in conjunction with the parameters shown in PICS Manual, Appendix D, RF-2, Schedule C claiming matrices.

- Q1 Tier 1
- Q2 Tier 2
- Q4 Transitional Housing
- 50 Temporary Residence in Hotels or Motels

The regulated Family Tier I and II facilities provide shelter generally for limited periods. These facilities have an operational plan and shelter allowance schedule approved by the State. A regulated Tier II Facility should be approved for reimbursement pursuant to 18 NYCRR Part 900.

Note: non-regulated "Room and Board - Family Centers" expenditures are not to be claimed with Family Shelter expenditures. These costs should be included in normal expenditures for claiming. These costs may need to be separately identified at a future date. A mechanism should be in place to track these expenditures for SN Case Types.

**Column 7 Family Shelter Non-Assistance**

Include expenditures for pay type E8 Emergency Shelter payments. To authorize Family Shelter expenditures, districts outside of NYC use pay type E8 in conjunction with the parameters shown in PICS Manual, Appendix D, RF-2, Schedule C claiming matrices.

**Column 8 Domestic Violence Shelter**

Report shelter expenditures made to clients in which the client is placed in an emergency shelter temporarily at a licensed residential facility due to Domestic Violence. Expenditures are authorized with pay type Q6 (Residential-Domestic Violence.)

**Column 9 Security Deposits**

Report Security Deposits and Brokers Finders Fees.

Security Deposits for situations where a security agreement is made and payment is not made until later, amounts are claimed in column 14 "Other Assistance Expenditures."

The brokers/ finders' fees are authorized with pay type 68 Brokers / Finders' Fees.

To distinguish between these two situations for districts outside NYC, authorize expenditures by using the following payment types:

- Q5 - True Security Deposit held in escrow (No 1099 issued)
- 67 - Security Agreement (1099 issued)
- 68 - Brokers/Finders' Fees

**Column 10 Transitional Services**

Transitional services include employment-related expenditures such as uniform allowances, disability or payroll insurance, tools, license fees, or other items needed to enable the client to maintain employment. Households for whom these payments are made are cases that are no longer in receipt of ongoing TANF because of employment. Payment type D7 (Transitional Services) is used to authorize these payments.

Transportation-related expenditures such as car insurance, auto repairs, or similar transportation costs are not included in this category.

This type of expenditures made to individuals who are in receipt of a recurring TANF grant should be claimed in column 14 as "Other Assistance Expenditures."

**Column 11 Diversion Transportation**

Includes non-recurring employment-related transportation expenses issued to an employed applicant, who may or may not have previously received PA. Pay type D9-Diversion Transportation Expense is used to report amounts in this column.

Such payments include the cost of public transportation, car insurance, or car repairs. The purpose of the payment may be to:

- Divert the household from needing PA
- Provide transportation for job search activities while PA eligibility is being determined
- Assist a former client who moved off PA through employment to retain the individual's employment and continued self-sufficiency

**Column 12 Diversion Payment**

A non-recurrent, short-term payment made directly in cash or indirectly through voucher or other means to deal with a specific crisis situation or episode of immediate need; the once-only resolution of which is expected to enable the client to avoid the need for ongoing PA. The specific need must not extend more than four months in duration. Pay types F5-Diversion and F6-Diversion Rental are used to report amounts in this column. Pay type F5-Diversion Payment is used to report such crisis items as:

- Relation costs
- Storage fees
- Household structural
- Equipment repairs

Pay type F6-Diversion Rental is used to report Diversion Shelter amounts.

A diversion payment should not be made for:

- Brokers' / finders' fees
- Child care expenses
- Costs related to applicant job search
- Payments for work-related items
- Security deposit
- Transportation expenses
- Utility shutoff emergency

**Column 13 Other Non-Assistance Expenditures**

This column includes other non-recurrent short-term benefits designed to deal with a specific crisis or episode. The expenditure is not intended to meet recurring needs and is not expected to extend beyond

four months. Amounts reported here are not included in columns three through twelve or column fourteen. The pay types reported under column 13 are as follows:

- 13, 14, 41-45, 49, 51-52, 57
- 60, 65, 67, 70, 72-79, 83-86, 88-90, 98
- C2, K3, N1, T1, T2

Burials should be authorized on the LDSS-3209 Authorization with pay type 85. If there are no assets from which a recovery is made, the total amount that can be claimed is no more than \$900. Refer to FRM Volume 1, Chapter 1 for more information on burials.

**Column 14 Other Assistance Expenditures**

This column includes other assistance expenditures for basic needs such as food, clothing, shelter, utilities, household goods, personal items and general incidental items, even when the assistance is conditional based on participation in a work experience or community service activity. Other assistance expenditures cannot be reported in columns three through thirteen. The pay types reported under column 14 are the remaining pay types not reported in columns 3-13. To determine remaining pay types, please refer to the list of pay types in the PICS Manual.

## **Line by Line Instructions**

### **Line 1. Total Expenditures**

Enter the total gross expenditures reported on lines 1.a, 1.b, 1.c, and 1.d for each column. In accordance with state rules and regulations applicable to the SN Program this line represents the cost of assistance furnished to eligible clients of PA and care. Note: child support pass-through payments are not claimed as expenditures for reimbursement on this schedule. Pass-through payments are reported on the RF-2A, Schedule A-1, line 12.

#### **Line 1.a., columns 3, 6 through 14 Federal Participating (FP), columns (4) and (5) are closed**

Enter gross FP expenditures made on behalf of clients under listed classifications. These amounts are derived from the summary pages of the composite direct payment roll and/or indirect payment roll.

#### **Line 1.a., column 2**

Enter the sum of columns 3, 6 through 14, columns (4) and (5) are closed of line 1.a.

#### **Line 1.b., columns 3, 6 through 14 Federal Non-Participating (FNP) MOE, columns (4) and (5) are closed**

Enter expenditures eligible for state reimbursement, and not federally funded, but qualify to be counted towards the TANF Maintenance of Effort (MOE). MOE expenditures, as defined in section 409(a)(7) of the Social Security Act, are "qualified state expenditures" made to "eligible families," and are not subject to requirements which apply to the TANF program. MOE expenditures are those payments that are made to Aliens who would have been eligible for TANF had Aliens not been specifically excluded from TANF. MOE expenditures are also payments to persons who are ineligible for TANF because they reached the 5-year limit or are paroled into the country for less than one year. These amounts are taken from the summary pages of the composite direct payment roll and/or indirect payment roll.

#### **Line 1.b., column 2**

Enter the sum of columns 3, 6 through 14, columns (4) and (5) are closed of line 1.b.

#### **Line 1.c., columns 3 through 14 Federal Non-Participating (FNP) Non-MOE**

Enter expenditures made on behalf of clients for classifications which are eligible for state funding, and not federal funding. Expenditures reported on this line do not meet the definition of section 409(a)(7) of the Social Security Act as "qualified state expenditures" These expenditures are categorized as Non-MOE.

Also include expenditures for cases having a WMS parent indicator of "2." See 06 LCM-09 "Claiming Process for Certain Two-Parent Families" for further guidance.

#### **Line 1.c., column 2**

Enter the sum of columns 3 through 14 of line 1.c.

#### **Line 1.d., columns 3, 6 through 14, columns (4) and (5) are closed Non-Reimbursable (NR)**

Enter non-reimbursable amounts applicable to each expenditure item. These amounts are taken from the summary pages of the composite direct payment roll and/or indirect payment roll. Non-reimbursable expenditures are not eligible for federal or state reimbursement. These expenditures are borne totally by the district.

Line 1.d., column 2

Enter the sum of columns 3, 6 through 14, columns (4) and (5) are closed of line 1.d.

Line 2. Cancellations and Refunds

Cancellations, refunds, and recoveries made under each respective listed classification should be included in amounts reported here. Refer to [FRM Volume 1](#), Chapter 10, and FRM Volume 2, [Chapter 8](#) for more information on refunds and recoveries.

Complete lines 2.a, 2.b, 2.c and 2.d first before entering line 2 data. Enter the total of lines 2.a, 2.b, 2.c and 2.d for each column.

Child support collections are not reported. These collections are included on the RF-2A, Schedule A-1, Section 2, line 14 (Distributed as Assistance Reimbursement). federal, state and local share of these collections are determined on the RF-2A, Schedule A-1, Section 3, lines 18-23. Federal and state shares are carried forward from the RF-2A, Schedule A-1 to the RF-2A, Schedule D-8.

Line 2.a., columns 3, 6 through 14, columns (4) and (5) are closed Federal Participating (FP)

Enter the FP cancellations, refunds, and recoveries applicable to each classification. Amounts are taken from the monthly composite rolls. Manually add any cancellations, refunds and recoveries not found on the monthly composite rolls. Recoveries should be supported by recovery reports.

Line 2.a., column 2

Enter sum of columns 3, 6 through 14, columns (4) and (5) are closed of line 2.a.

Line 2.b., columns 3, 6 through 14, columns (4) and (5) are closed Federal Non-Participating (FNP) MOE

Enter FNP MOE cancellations, refunds and recoveries applicable to each classification. Amounts are taken from the monthly composite rolls. Manually add any cancellations, refunds and recoveries not found on the monthly composite rolls. Recoveries should be supported by recovery reports.

Line 2.b., column 2

Enter sum of columns 3, 6 through 14, columns (4) and (5) are closed of line 2.b.

Line 2.c., columns 3 through 14 Federal Non-Participating (FNP) Non-MOE

Enter FNP Non-MOE cancellations, refunds and recoveries applicable to each classification. Amounts are taken from the monthly composite rolls. Manually add any cancellations, refunds and recoveries not found on the monthly composite rolls. Recoveries should be supported by recovery reports.

Line 2.c., column 2

Enter sum of columns 3 through 14 of line 2.c.

Line 2.d., columns 3, 6 through 14, columns (4) and (5) are closed Non-Reimbursable (NR)

Enter non-reimbursable cancellations, refunds and recoveries applicable to each classification. Amounts are taken from the monthly composite rolls. Manually add any cancellations, refunds and recoveries not found on the monthly composite rolls. Recoveries should be supported by recovery reports.

Line 2.d., column 2

Enter sum of columns 3, 6 through 14, columns (4) and (5) are closed of line 2.d.

**Line 3, columns 2 through 14 Net Expenditures**

Enter net expenditures. Net expenditures are determined by subtracting the sum of cancellations, refunds, and recoveries from total expenditures. This line is the sum of lines 3.a, 3.b, 3.c, and 3.d for each column. Note: You must complete lines 3.a, 3.b, 3.c and 3.d first before entering line 3 data.

**Line 3.a., columns 2, 3, 6 through 14, columns (4) and (5) are closed**

Subtract amount on line 2.a. from amount on line 1.a. for each column, and enter results under the corresponding column on line 3.a.

**Line 3.b., columns 2, 3, 6 through 14, columns (4) and (5) are closed**

Subtract amount on line 2.b. from amount on line 1.b. for each column, and enter results under the corresponding column on line 3.b.

**Line 3.c., columns 2 through 14**

Subtract amount on line 2.c. from amount on line 1.c. for each column and enter results under the corresponding column on line 3.c.

**Line 3.d., columns 2, 3, 6 through 14, columns (4) and (5) are closed**

Subtract amount on line 2.d. from amount on line 1.d. for each column, and enter results under the corresponding column on line 3.d.

**Line 4, Federal Share columns 2, 3, 6 through 14, columns (4) and (5) are closed**

Multiply amount on line 3.a., columns 3, 6 through 14, by 100%, and enter results in appropriate columns. Sum amounts on line 4 columns 3, 6 through 14, and enter results on line 4 column 2.

**Line 5, Amount Eligible for State Aid columns 2 through 14**

Subtract line 4, columns 3 through 14, from the sum of lines 3.a., 3.b. and 3.c. Columns 3 through 14 and enter results in appropriate columns. Sum amounts on line 5, columns 3 through 14, and enter results on line 5 column 2.

**Line 6, State Aid columns 2 through 14**

Multiply line 5, columns 3 through 14 by 29%, and enter results in the appropriate columns. Sum the amount on line 6, columns 3 through 14 and enter results on line 6 column 2.

**Line 7, Local Share columns 2 through 14**

Subtract the sum of lines 4 and 6, columns 3 through column 14 from line 3, columns 3 through 14 and enter results in appropriate columns. Sum amounts on line 7, columns 3 through 14, and enter results on line 7, column 2. Note: the sum of lines 4, 6, and 7 in column 2 should be equal to the entry on line 3, column 2.

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**SCHEDULE C**  
**EXPENDITURES FOR SAFETY NET ASSISTANCE**

NEW YORK STATE											DISTRICT		
											MONTH/YEAR		
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE													
FUNDED UNDER THE STATE SAFETY NET PROGRAM													
ITEM	GRAND TOTAL	RENT SUPPLEMENTS	ADULT GUESTER ASSISTANCE	ADULT GUESTER NON-ASSISTANCE	FAMILY GUESTER ASSISTANCE	FAMILY GUESTER NON-ASSISTANCE	DOMESTIC VIOLENCE SHELTER	SECURITY DEPOSITS	TRANSITIONAL SERVICES	DIVISION TRANSPORTATION	DIVISION PAYMENT	OTHER NON-EXPENSES ASSISTANCE	OTHER EXPENSES ASSISTANCE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1. Total Expenditures (Sum of Lines 1a + 1b + 1c + 1d)													
a. Federal Participating													
b. Federal Non-Participating MOE													
c. Federal Non-Participating Non-MOE													
d. Non-Reimbursable													
2. Cancellations & Refunds (Sum of Lines 2a + 2b + 2c + 2d)													
a. Federal Participating													
b. Federal Non-Participating MOE													
c. Federal Non-Participating Non-MOE													
d. Non-Reimbursable													
3. Net Expenditures (Sum of Lines 3a + 3b + 3c + 3d)													
a. Federal Participating													
b. Federal Non-Participating MOE													
c. Federal Non-Participating Non-MOE													
d. Non-Reimbursable													
4. Federal Share (100% of Line 3a, Columns 3 - 14)													
5. Amount Eligible for State Aid [(Line 3a + 3b + 3c) minus Line 4]													
6. State Share (20% of Line 5, Columns 3 - 14)													
7. Local Share [Line 3 minus (Line 4 + Line 6)]													

## **RF-2, Schedule E-1**

### **Overview**

The RF-2, Schedule E-1 is part of the monthly RF-2 claims package and, therefore, must be submitted with each original monthly submission of the RF-2. The first section summarizes the refunds, cancellations, and recoveries made by the district of MA expenditures. The total of this section must be equal to the total of Refund and Cancellation column on the RF-2, Schedule E.

The second section of this schedule lists the details of all payments made to decertified facilities during the period of the report. The districts make very few MA payments, therefore this section usually has no payments listed.

The third section of this schedule contains information concerning any payments the district made or received because of a rate adjustment (which can be either positive or negative changes to the rate).

The Federal Medical Assistance Percentage (FMAP) decreases from 52.95% to 50% beginning July 2004. Please note that claims for MA submitted on the RF-17 claim package should be calculated at the appropriate FP rates according to the expenditure dates.

### **Instructions Across Section I**

For Section I, columns 2-8, enter cancellations and refunds reported on the summary page of the Direct or Indirect payment roll. Also include MA recoveries made during the month as supported by recovery reports.

#### **Column 1 Total**

The total is the sum of columns 2 through 8.

#### **Column 2 FNP**

Enter in column 2 those refunds, cancellations and recoveries identified for all FNP expenditures.

#### **Column 3 65% SCHIP**

Enter in column 3 those refunds, cancellations and recoveries identified for 65%<sup>1</sup> FP State Child Health Insurance Program (SCHIP) expenditures.

#### **Column 4 50% Screening**

Enter in column 4 those refunds, cancellations and recoveries identified for 50% FP Screening expenditures.

#### **Column 5 50% All Other**

Enter in column 5 those refunds, cancellations and recoveries identified for 50% FP All Other expenditures.

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1. The federal and state shares of SCHIP are subject to revisions determined by federal law and the state's enacted budget language.

**Column 6 90% Sterilization**

Enter in column 6 those refunds, cancellations and recoveries identified for 90% FP Sterilization expenditures.

**Column 7 90% All Other**

Enter in column 7 those refunds, cancellations and recoveries identified for 90% FP All Other expenditures.

**Column 8 Non-Reimbursable**

Enter in column 8 those refunds, cancellations and recoveries identified for non-reimbursable expenditures.

## **Instructions Down Section I**

### **Section I - Summary of Refunds and Cancellations**

Report in this section a summary of refunds and cancellations that occurred during the reporting period.

Refunds are monies repaid to the district to cancel or reduce specific items of assistance appearing on a previous or current roll. Current contributions received by a district and not reflected in the budget computation of a grant to or for a client shall also be defined as a refund.

Include under this item any checks which have been reported as expenditures of MA, but which were subsequently voided or canceled. This should include any checks which were issued, but which did not clear the banking system within 90 days for their issuance dates.

Also, include any recoveries made of MA. These are taken from recovery reports. (Please refer to [Chapter 8](#) for details on recovery reporting.)

**Line A Cancellations**

Enter the total amount of cancellations from the composite indirect payment roll or an equivalent report.

**Line B Refunds**

The refunds shall be listed according to the following breakdown:

Medicare - Enter the total amount of any refunds received from the Medicare Program.

Other Third Party Health Insurance - Enter the total refunds received from private or group health insurance {such as Blue Cross/Blue Shield, Mutual of Omaha, Railroad Retirement Act, Champus (Civilian Health and Medical Program of the Uniformed Services), Veterans Administration, etc.} or other prepaid medical plan.

Casualty Insurance - Enter the total refunds from casualty insurers such as General Casualty Insurance Companies, Automobile Medical Insurance, Worker's Compensation judgments and court judgments awarded by the State and local court system.

Relative of MA Recipient - Enter the total amount of any refunds received from responsible relatives to reimburse for expenditures paid on behalf of the eligible family member.

Child Support Collections - Enter the total refunds collected from or through an absent parent for MA of his dependent child or for the confinement costs incurred during the birth of the child. (Continuing child support orders for MA or medical coverage are not to be included as refunds.)

Estate Recoveries Probate - Enter the total refunds from the estate of deceased Title XIX recipients.

Estate Recoveries Non-Probate - Enter the total refunds from the estate of deceased Title XX recipients from assets that would normally bypass the probate estate, but which the Medicaid recipient had a financial interest in at the time of death. Note: districts should not utilize line 7 until further notice. See DOH GIS 11MA028.

Other Refunds - Enter the total refunds that do not fit into any of the above categories. Include in this amount recoveries made on MA expenditures. Please be aware that MA recoveries can be made in only limited situations as described in Section 369 of Social Services Law.

Fraud and Abuse - Enter the total amount of any provider causable action that necessitates a refund or reduction of a paid amount whether through an audit action or a voluntary refund (not an administrative pre-audit review). This includes duplicate payments, overpayments, excessive first visits or a third-party reimbursement tied to a fraud and abuse action. Enter the total amount of the Fraud and Abuse actions on line 9. Enter the detail breakdown of this amount by service type on lines a-e. Note: it is the responsibility of the district to maintain adequate records to substantiate the refunds in the event of a future audit. Recoveries should be supported by recovery reports.

#### Line C Total of Cancellations and Refunds

In the box provided, enter the combined total amount of cancellations and refunds. This amount should be the same as the amount found on line 31, column 2 of the RF-2, Schedule E.

## Section II – Payments to Decertified Facilities

List in this section all payments made to decertified facilities during the period covered by report. Information for each payment should include:

#### Name of Provider

Record the name of medical provider here

#### Provider Number

Record the provider identification number that is supplied by the Medicaid Management Information System (MMIS) when available, otherwise use this county's number

#### Date Decertified (for reimbursement)

Record the final date eligible for federal and state reimbursement, according to OTDA notification.

#### Amount Claimed

Record the amount included in expenditures as reported on the RF-2, Schedule E

#### Period From & To

Record the period of services applicable to amount claimed

#### Amount Claimed Before Date Decertified

Report payments applicable to services rendered before decertification.

**After Date Decertified**

Report payments applicable to services rendered after decertification. FP should be claimed if MA aid continuing is directed by court order or Fair Hearing determinations are pending.

## **Section III - Rate Adjustments**

Record in this section all payments made or received because of a rate adjustment. The list of payments should include:

**Name of Provider**

Record name of medical provider here.

**Provider Number**

Record the provider identification number that is supplied by the Medicaid Management Information System (MMIS) when available; otherwise use the county's number.

**Type of Provider**

List the rate adjustments according to the categories in the RF-2, Schedule E. Subtotal adjustments by type of provider.

**Basis**

State why the adjustment is being made. Write ADM, LCM, INF, audit number, etc.

**Period From & To**

Record period applicable to rate adjustment.

**Daily Rate Variance (+ -)**

Record the difference between approved rate and audited or revised rate. In case of decrease variance, bracket figure (\$14.72).

**Patient Days**

Record total number of patient days to be adjusted.

**Amount (+ -) Daily Rate Variance**

Times patient days.

Note: all rate adjustments, increasing or decreasing, are to be recorded and included in the subtotal. A grand total should summarize all subtotals. Continuation sheets (LDSS-157a) should be used when necessary.

LDSS-157-A (Rev. 10/12)

SCHEDULE E - 1  
SUMMARY OF REFUNDS AND CANCELLATIONS  
DECERTIFIED FACILITY INFORMATION  
AND RATE ADJUSTMENTS

SECTION I: SUMMARY OF REFUNDS AND CANCELLATIONS	TOTAL (1)	FNP (2)	FEDERAL PARTICIPATING					NON REIMBURSABLE (8)
			65% SCHIP (3)	50% SCREENING (4)	50% ALL OTHER (5)	90% STERILIZATION (6)	90% ALL OTHER (7)	
<b>A. CANCELLATIONS</b>								
<b>B. REFUNDS</b>								
(1) Medicare								
(2) Other Third Party Health Insurance								
(3) Casualty Insurance								
(4) Relative or MA Recipient								
(5) Child Support Collection								
(6) Estate Recoveries Probate								
(7) Estate Recoveries Non Probate								
(8) Other Refunds								
(9) Fraud & Abuse (enter total of lines a - e)								
a) Hospital - Inpatient								
b) Hospital - Clinic								
c) Nursing Homes								
d) Physicians								
e) Other								
<b>C. TOTAL CANCELLATIONS AND REFUNDS</b>								

**SECTION II: PAYMENT TO DECERTIFIED FACILITIES**

NAME OF PROVIDER	PROVIDER NO.	Date Decertified for Reimbursement	AMOUNT CLAIMED	PERIOD		AMOUNT CLAIMED	
				FROM	TO	BEFORE Date of Decertification	AFTER Date of Decertification

**SECTION III: RATE ADJUSTMENTS**

NAME OF PROVIDER	PROVIDER NO.	TYPE OF PROVIDER	BASIS	PERIOD		DAILY RATE VARIANCE (+ OR -)	x PATIENT DAYS	= AMOUNT (+ OR -)
				FROM	TO			

## RF-2, Schedule E

### Overview

The RF-2, Schedule E is used to claim federal and/or state reimbursement for MA expenditures made by the district. Districts should be reporting minimum expenditures on this schedule since most medical payments are processed through the Medicaid Management Information System (MMIS) at the state level. This schedule is a part of the monthly RF-2 claims package and must be electronically submitted each month even if there are zero or negative amounts to report.

Effective for services provided January 1 to September 30, 2005, the local share of MA provided for the Family Health Plus program decreases by half. Beginning October 1, 2005 for districts other than NYC and January 1, 2006 for NYC, there will be -0- local share of MA provided for the Family Health Plus program. A description of the Family Health Plus program appears on the New York State Department of Health (DOH) website: <https://www.health.ny.gov>.

### Columnar Instructions

#### Column 1 Expenditures

Enter total amount of expenditures as taken from the summary page of the Direct or Indirect payment roll.

#### Column 2 Refunds and Cancellations

Enter cancellations and refunds as taken from the summary page of the Direct or Indirect payment roll. Also include MA recoveries made during the month as supported by recovery reports. Note: according to Section 369 of Social Services Law, MA can only be recovered under limited situations.

MA Pay-In refunds should be reported in the month in which the amount is applied to the MA expenditures and included in this column along with column 8 (FP All Other) on line 30 (Other). Recoveries which cannot be identified with specific expenditures, should be apportioned to line items/columns using the latest Management and Administrative Reporting Subsystem (MARS) report "MR-0-36 New York Department of Health MA Statistical Report." This report lists the monthly expenditures made through MMIS. The expenditures are listed by various services that correspond, for the most part, to the line items and columns. For each line and column multiply the total recoveries to be apportioned by the percentage obtained by dividing the related service's expenditures by the total expenditures on the MR-0-36 report.

**Column 3 Net Expenditures**

Enter difference between column 1 and column 2.

**Column 4 SCHIP Services**

Enter net expenditures for services provided under the State Children's Health Insurance Program (SCHIP.) This program is intended to provide targeted low-income children who are currently uninsured, with health insurance coverage through a combination of expansion of the Medicaid program and through a separate Children's Health Insurance Program (CHIP.) These expenditures are reimbursed at 65%<sup>2</sup> federal share and 35% state share.

**Column 5 Federal Participating Screening Services**

Enter net expenditures that are federally reimbursable screening services.

Screening services are defined as those physical and mental health assessments given to Medicaid eligible individuals to carry out the screening provisions of the Child Teen Health Program (CTHP.) This is a program of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) of children under the age of 21, in families not receiving any assistance as well as those families receiving some other type of assistance in the form of SN, MA, Supplemental Social Security Income, etc.

**Columns 6, 7, 10 & 11 Family Planning Services**

The offering, arranging and furnishing of medical, social and educational services, which enable individuals (including minors who may be sexually active) to plan their families in accordance with their wishes, to limit family size, space their children, to correct infertility, or prevent or reduce incidence of unwanted pregnancies.

Family Planning services reported will include those purchased from qualified medical facilities or professionals, under contract with districts to provide family planning services not included in their medical visit fee or rate. Expenditures for social and educational services to Title XIX eligibles (similar to Component A Services under Title XX, including offering and arranging Family Planning Services) may be provided through a contract with a non-medical provider. These costs should be claimed on line 30 - Other.

**Column 6 Federally Participating Sterilization Services**

Enter net expenditures that are federally reimbursable sterilization services. Sterilization services are defined as any procedures or operations for the primary purpose of rendering an individual permanently incapable of reproducing.

Note: Department Regulation 463.5(c)(3) prohibits rendering sterilization services to persons under the age of 21.

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2.The federal and state shares of SCHIP are subject to revisions determined by federal law and the state's enacted budget language.

**Column 7 Other Federally Participating Family Planning Services**

Enter net expenditures which are all other FP Family Planning services rendered to clients.

**Column 8 All Other Federally Participating MA Expenditures**

Enter net expenditures which are all FP MA expenditures other than screening services and family planning services. MA Pay-In refunds should be reported in the month in which the amount is applied to the expenditure and included in this column along with column 2 (Refunds and Cancellations) on line 30 (Other).

**Column 9 Federally Non-Participating Screening Services**

Enter net expenditures which are screening services eligible for state, but not federal reimbursement.

**Column 10 Federal Non-Participating Sterilization Services**

Enter net expenditures which are sterilization services eligible for state, but not federal reimbursement.

**Column 11 Other Federally Non-Participating Family Planning Services**

Enter net expenditures which are all other family planning services rendered to clients which are eligible for state, but not federal reimbursement.

**Column 12 All Other Federally Non-Participating MA Expenditures**

Enter net expenditures which are all MA expenditures other than screening services and family planning services which are eligible for state, but not federal reimbursement.

**Column 13 Non-Reimbursable MA Expenditures**

Enter net expenditures which are all MA expenditures made on behalf of clients for which there is no federal or state reimbursement. These costs are borne entirely by the district.

## **Line by Line Instructions**

**Lines 1 and 2, Hospital Services, Inpatient**

Enter expenditures for those items and services furnished by a licensed or formally approved hospital which are provided under the direction of physicians or dentists for the care and treatment of hospital inpatients, which are billed for by the hospital. Examples of items are bed and board, nursing services, X-rays, drugs, and laboratory services that are furnished for the treatment of the inpatients. Inpatient services may be provided by public and private hospitals.

Public Institution - An institution under the administrative control or responsibility of a governmental unit.

Private Institution - An institution operated for compensation and profit by non- governmental operators.

**Lines 3 and 4, Hospital Services, Outpatient**

Enter expenditures for those preventive, diagnostic, therapeutic, rehabilitative, or palliative items of services furnished to out-patients, by a hospital, and by/or under the direction of physicians or dentists. Outpatient services may be provided by public and private hospitals.

**Lines 5 and 6, Skilled Nursing Home Care**

Enter expenditures for items and services furnished to inpatients of and billed for by, a licensed or formally approved nursing facility that meets the standards required under a Title XIX program.

Include in this item institutional service provided to the developmentally disabled, except for services provided clients aged 65 or over, in a mental hospital (which should be reported as inpatient services in a hospital).

**Lines 7 through 10, Health Related Facilities (ICF)**

Enter expenditures for services provided by an institution furnishing, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designated to provide, but who, because of their mental or physical condition, require care and services (beyond the level of room and board) which can be made available to them through institutional facilities. These institutions are considered Intermediate Care Facilities (ICF).

Health Related Facilities (HRF) - Developmentally Disabled (ICF) - Enter expenditures for HRF services provided to developmentally disabled individuals who receive active treatment in certified institutions for the developmentally disabled.

**Line 11 Free Standing Clinics**

Enter expenditures for preventive, diagnostic, therapeutic, rehabilitative, or palliative items of services furnished to out-patients by, or under the direction of, physicians or dentists in a facility which is not part of a hospital, but which is organized and operated to provide such services to out-patients.

**Line 12 Physicians' Services**

Enter expenditures for services provided by or under the personal supervision of an individual licensed under state law to practice medicine or osteopathy.

Exclude all such services that are provided and billed as a part of inpatient or outpatient hospital services or clinic services. Such items should be included in lines for inpatient hospital services, outpatient hospital services, or clinic services, as applicable.

**Line 13 Dental Services**

Enter expenditures for diagnostic, preventive or corrective procedures administered by, or under the supervision of a dentist.

Such services include preparation and fitting of dentures, and treatment of: (1) the teeth and associated structures of the oral cavity; and (2) disease, injury or impairment which may affect the oral and general health of the individual. Exclude dental care provided as a part of the inpatient or out-patient care provided by a hospital or clinic.

The term "dentist" means a person licensed to practice dentistry or dental surgery.

**Line 14 Other Practitioners' Services**

Enter expenditures for services provided by practitioners other than physicians and dentists as follows:

- Services of professional nurses (registered nurses, licensed practical nurses or graduate nurses) should be limited to private duty services in a hospital or nursing home (see definition of home health services).
- Payments to optometrists should include, if applicable, amounts for eyeglasses.

- Services provided by practitioners in the fields of physical therapy, occupational therapy, and speech pathology do not include physical medical procedures administered directly by a physician.

If services of other practitioners are billed for by a hospital, they are to be considered as inpatient or outpatient hospital services, as applicable.

**Line 15 Child Care Agencies Per Diem Cost**

Enter expenditures for medical per diem. This will also include medical per diem for Juvenile Delinquent (JD) and Persons in Need of Supervision (PINS), and foster children in out of state facilities.

**Line 16 Personal Care Services**

Enter expenditures for personal care services, including personal emergency response services and shared aide services. These are defined as:

- Essential maintenance of an individual client's health and safety including some or total assistance with personal hygiene, dressing and feeding, nutritional and environmental support functions, and health-related tasks.
- Services ordered by the attending physician. Services supervised by a registered professional nurse.
- An assessment based on the patient's needs and the appropriateness and cost effectiveness of the services. Services provided in accordance with fiscal assessment procedures, if the service is required for more than 60 days.
- Services furnished to a patient who is not an inpatient or a resident of a hospital, nursing facility, intermediate care facility for the developmentally disabled or an institution for mental disease.
- Service in accordance with a plan of care provided by a qualified person.

These services may be provided by district staff, trained to provide such services; by a long term home health care program, a certified home health agency, or a DOH approved voluntary or proprietary home care agency under a contractual arrangement with a district, or by a provider of services with prior approval.

**Line 17 Managed Care**

Enter expenditures for MA furnished pursuant to a statewide managed care plan or managed care demonstration program, or to eligible persons enrolled in any health maintenance organization (HMO) or other entity authorized by law to furnish health services pursuant to a plan. Family Health Plus services provided prior to January 1, 2005 are included with other managed care services on this line.

**Line 18 Family Health Plus Managed Care**

Family Health Plus (FHP) is a public health insurance program for adults between the ages of 19 and 64 who do not have health insurance. FHP is available to single adults, couples without children, and parents with limited income who are residents of New York State and are United States citizens or fall under one of many immigration categories.

FHP provides comprehensive coverage, including prevention, primary care, hospitalization, prescriptions and other services. Health care is provided through participating managed care plans.

Enter on line 18 MA expenditures furnished as Family Health Plus pursuant to a managed care plan. Family Health Plus expenditures reported on line 18 are for services provided after December 31, 2004.

**Line 19 Employer Sponsored Health Insurance**

Administrative Directive 08 OHIP/ADM-1 provides direction to district regarding the implementation of Family Health Plus - Premium Assistance Program (FHPPAP). Premium, deductible, coinsurance and co-payments made on behalf of recipients under the Family Health Plus - Premium Assistance Program must be included on line 19, Federal Participating, All Other (column 8).

**Line 20 Family Health Plus Employer Buy-In Program**

Premium, deductible, coinsurance and co-payments made on behalf of recipients under the new Family Health Plus - Employer Buy-In Program must be included on line 20, Federal Participating, All Other (column 8).

**Line 21 Home Health Aide Services**

Enter expenditures for services provided by home health aides who meet the training requirements of DOH, are assigned by a registered nurse to provide home health aide services in accordance with a client's plan of care, and are supervised by a registered professional nurse from a certified home health agency in accordance with the regulations of DOH. If the service is required for more than 60 days, such services must be medically necessary, maintain the client's health and safety in his or her own home, and be provided in accordance with fiscal assessment procedures.

**Line 22 Nursing Service in the Home**

Enter expenditures for services provided by a registered professional nurse or a licensed practical nurse, based on the recommendations of a physician, to a patient in his or her home (excluding a hospital or nursing home). These services may be provided outside the home when provided for a child in a school, an approved pre-school or a natural environment, such as the home or community setting, as part of an individualized education program (IEP), or an interim or final individualized family services plan (IFSP).

They may also be provided by:

- Intermittent part-time nursing service provided by a certified home health agency.
- Other home care agencies, nursing registries or privately enrolled providers when individual and continuous nursing services beyond that available from the certified home health agency are required. This includes instructions provided for the care of a family member and assessment and supervisory visits provided by a certified home health agency as required for personal care services.

Nursing services must be medically necessary, maintain the client's health and safety, and be provided in accordance with fiscal assessment procedures, if the service is required for more than 60 days.

**Line 23 Care at Home Waiver Services**

Enter expenditures for the Care at Home (CAH) Waiver Program. The Care at Home waiver program involves payments for home adaptations and vehicle modifications for children in the CAH Waivers 1 and 2. Amounts are paid using pay type P9. The expenditures claimed here must have prior appropriate DOH approval.

**Line 24 Drugs and Sickroom Supplies**

Enter expenditures for simple or compounded substance or mixture or substances prescribed by a physician, dentist, or other licensed practitioner for the cure, mitigation, or prevention of disease, or for health maintenance.

For reporting purposes, prescribed drugs will be primarily those dispensed by licensed pharmacists. Drugs administered directly by a physician or other practitioner are to be reported as prescribed drugs if charges for them are separable from other charges of the provider. If they are not separable, the drug charges are to be reported together with the other provider charges.

**Line 25 Prosthetic Appliances and Devices**

Enter expenditures for those devices prescribed for a patient by a physician or podiatrist within the scope of his/her practice, for the purpose of artificially replacing a missing portion of the body, preventing or correcting physical deformity or malfunction, or supporting a weak or deformed portion of the body.

**Line 26 Health Maintenance Organization Premiums**

Enter expenditures for payments to a Health Maintenance Organization (HMO) for a policy to indemnify the costs of preventive health care, diagnostic services, care for acute and chronic conditions and emergency needs in medical, dental or hospital care.

**Line 27 Health Insurance Premiums**

Enter expenditures for payments to an insurance company for a policy to indemnify the costs of medical, dental or hospital care, or payments to a non-profit medical, dental or hospital service or indemnity plan for a contract providing medical, dental or hospital service or indemnity for the cost thereof. Such premiums shall not include payments for coverage under the Worker's Compensation Law, Title II of the federal Social Security Act, or coverage for medical payments under a liability insurance policy.

Many districts have been reporting Medicaid refunds and recoveries as a lump sum on the "Health Insurance Premium" line rather than breaking down the amounts under the related categories of service. Although the breakdown of refunds/recoveries is burdensome, it is necessary. Reporting these amounts only against Health Insurance Premiums, distorts the expenditure history that is utilized by NYS in analyzing costs related to this category of service.

**Line 28 Transportation Billed Separately**

Some medical transportation expenditures must be claimed as program costs rather than administration costs. Transportation services furnished by a provider to whom a direct vendor payment can be made are claimable for reimbursement as assistance costs. A provider is any individual or entity furnishing Medicaid services under a provider agreement with the Medicaid agency. If there is no provider agreement in place then the transportation expenditures must be claimed as administrative costs. Enter on line 26:

- Transportation, including expenses for transportation and other related travel expenses paid to a provider.
- Travel expenses shall include the cost of transportation by ambulance, invalid coach, taxicab, common carrier or other appropriate means.
- Ambulance or invalid coach service shall be provided as medically necessary by a lawfully authorized service. When such service is needed in an emergency, ambulance or invalid coach service shall be supported by the recommendation of the patient's attending physician.

- The federal waiver program allows districts several options in providing medical transportation, which were not previously available (see 96 LCM-19). When the option of paying a flat monthly rate to a provider or coordinator is used, some of the clients transported may have an FNP or NR category eligibility. However, the full amount of the monthly cost should be claimed as FP in column 8.

All non-vendor transportation payments should be claimed for reimbursement as administrative costs. These non-vendor payments include, but are not limited to the following:

- Reimbursement to recipients for medical transportation
- Costs of meals and/or lodging in route to and from medical care, and while receiving medical care
- Costs of an attendant to accompany the recipient, if necessary, and the cost of the attendant's transportation, meals, lodging, and, if the attendant is not a member of the recipient's family, salary
- Costs of bus and subway tokens/passes purchased from the local transportation authority by the district for distribution to recipients
- Payments made to a party that is not the provider of the transportation service

#### Line 29 Laboratory and Radiological Services

Enter expenditures for professional and technical laboratory and radiological services that are ordered by a physician or other licensed practitioner, and that are provided to a patient in an office or similar facility (other than a hospital outpatient department or clinic) or by a qualified laboratory. Radiological services are sometimes provided by physicians who provide only such services.

#### Line 30 Other Care Services

Enter expenditures for any other type of medical care or services not classifiable under one of the items defined above. In no event should a medical item of expense be recorded here unless approved by the Bureau of Financial Services.

Report only refunds or recoveries that cannot be identified to specific services on the "other" line. An example of an other allowable item is the reporting of expenditures for social and educational Family Planning Services provided to Title XIX eligibles through a contract with a non-medical provider. Also, the MA Pay-In amount should be reported in the month in which the payment is applied to the MA expenditures. The refunds should be reported in columns 2 (Refund and Cancellations) and 8 (FP All Other) on line 30 (Other).

#### Line 31 Total

Enter the total of lines 1-30. Columns 4-13 should cross foot to the amount in column 3.

#### Line 32 Reimbursable Expenditures

Column 3 - Enter the difference between line 29, column 3 and line 29, column 13.

#### Line 33 Federal Share

Column 3 - Enter the total of line 33, columns 4-8.

Column 4 - Multiply line 31, column 4 by 50%.

Column 5 - Multiply line 31, column 5 by 50%.

Column 6 - Multiply line 31, column 6 by 90%.

Column 7 - Multiply line 31, column 7 by 90%.

Column 8 - Multiply line 31, column 8 by 50%.

**Line 34 Additional Federal Aid SCHIP**

Column 3 - Enter the amount on line 34, column 4.

Column 4 - Multiply line 31, column 4 by 15%.

**Line 35 Total Federal Aid**

Column 3 - Enter the total of line 35, columns 4-8.

Column 4 - Enter the total of line 33 plus line 34, column 4.

Column 5 - Enter the amount on line 33, column 5.

Column 6 - Enter the amount on line 33, column 6.

Column 7 - Enter the total of line 33, column 7.

Column 8 - Enter the total of line 33, column 8.

**Line 36 Amount Eligible for State Aid**

Column 3 - Enter the total of line 36, columns 4-12.

Columns 4-12 - Enter the difference between lines 31 and 35, for each of columns 4-12.

**Line 37 State Aid**

Column 3 - Enter the total of line 37, columns 4-12.

Columns 4-12 - Multiply line 36 by 50% for each of columns 4-12.

**Line 38 Additional State Aid SCHIP**

Column 3 - Enter the amount on line 38, column 4.

Column 4 - Enter the result of line 36, column 4 minus line 37, column 4.

**Line 39 Additional State Aid Family Health Plus**

Effective for services provided beginning October 1 2005 for districts other than NYC and January 1, 2006 for NYC, the state will reimburse the total local share provided for the Family Health Plus program. The additional state aid is calculated below:

Column 3 - Enter the total of line 39, columns 5-12.

Column 5 - Enter 25% of line 18, column 5.

Column 6 - Enter 5% of line 18, column 6.

Column 7 - Enter 5% of line 18, column 7.

Column 8 - Enter 25% of (line 18, column 8 + line 19, column 8 + line 20, column 8).

Column 9 - Enter 50% of line 18, column 9.

Column 10 - Enter 50% of line 18, column 10.

Column 11 - Enter 50% of line 18, column 11.

Column 12 - Enter 50% of (line 18, column 12 + line 19, column 12 + line 20, column 12).

**Line 40 Total State Aid**

Column 3 - Enter the total of line 40, columns 4-12.

Columns 4 -12 - Enter the sum of lines 37 through 39, for each of columns 4-12.

**Line 41 Local Share**

Column 3 - Enter the total of line 41, columns 5-13.

Columns 5-12 - Subtract lines 35 and 40 from line 31, for each of columns 5-12.

Column 13 - Enter the amount from line 31, column 13.

**Line 42 Medical Support Enforcement (MSE) Incentive**

Enter in column 3, the amount of Medical Support Enforcement Incentive. This amount is obtained by taking the amount of Child Support Collections reported on the RF-2, Schedule E-1 in Section I-B (REFUNDS,) line 5 (Child Support Collection) TOTAL column, minus the amounts in the FNP and Non-Reimbursable columns of Section I-B, line 5, and multiplying the result by 15%.

**Line 43 Adjusted Federal Share**

Column 3 - Enter the sum of lines 35 and 42, column 3.

**Line 44 Adjusted Local Share**

Column 3 - Enter the difference between lines 41 and 42, column 3.

## SCHEDULE E

[illegible]

## **RF-2, Schedule F**

### **Overview**

The RF-2, Schedule F is used to claim federal and/or state reimbursement for Emergency Assistance to Families (EAF) program expenditures made at by the district. This schedule is part of the monthly RF-2 claim package, and must be electronically submitted each month regardless of whether the district has any expenditures to report.

EAF program expenditures represent all aid, care and services granted, under Part 372 of 18 NYCRR, to families with children, including migrant workers, to deal with crisis situations threatening the family and to meet urgent needs resulting from a sudden occurrence or set of circumstances demanding immediate attention.

### **Columnar Instructions**

#### **Column 2 Total**

Enter sum of columns 3 through 9.

#### **Column 3 Cash Payments**

Report total cash assistance payments made on behalf of EAF clients. Also report related refunds or cancellations.

#### **Column 4 Family Shelter Assistance**

Include expenditures for Hotel/Motel, Family Shelter Tier I, Family Shelter Tier II, and Family Shelter Transitional Housing. To authorize Family Shelter expenditures, districts outside of NYC use the pay types Q1 (Tier I), Q2 (Tier II), Q4 (Transitional Housing) and 50 (Temporary Residence in Hotels or Motels).

Regulated Family Tier I and II facilities provide shelter generally for limited periods. These facilities have an operational plan and shelter allowance schedule approved by the State. A regulated Tier II Facility should be approved for reimbursement pursuant to 18 NYCRR Part 900.

Note: non-regulated "Room and Board - Family Centers" expenditures are not to be claimed with Family Shelter expenditures. These costs should be included in normal expenditures for claiming. These costs may need to be separately identified at a future date. A mechanism should be in place to track these expenditures for SN Case Types.

#### **Column 5 Family Shelter Non-Assistance**

Include expenditures for pay type E8 Family Shelter Emergency Shelter payments.

#### **Column 6 Security Deposits**

Report Security Deposits and Brokers Finders Fees.

Security Deposits for situations where a security agreement is made and payment is not made until later, amounts are claimed in column 9 "Other Payments."

The brokers/ finders' fees are authorized with pay type 68 Brokers / Finders' Fees.

To distinguish between these two situations for districts outside NYC, authorize expenditures by using pay types Q5 (True Security Deposit Held in Escrow) (no 1099 issue), 67 (Security Agreement) (1099 issued), and 68 (Brokers'/Finders' Fees).

**Column 7 Diversion Transportation**

Includes non-recurring employment-related transportation expenses issued to an employed applicant, who may or may not have previously received PA. Pay type D9-Diversion Transportation Expense is used to report amounts.

Such payments include the cost of public transportation, car insurance, or car repairs. The purpose of the payment may be to:

- Divert the household from needing PA
- Provide transportation for job search activities while PA eligibility is being determined or
- Assist a former client who moved off PA through employment to retain the individual's employment and continued self-sufficiency

**Column 8 Diversion**

A non-recurrent, short-term payment made directly in cash or indirectly through voucher or other means to deal with a specific crisis situation or episode of immediate need; the once-only resolution of which is expected to enable client to avoid the need for ongoing PA. The specific need must not extend more than four months in duration. Pay type F5-Diversion is used to report most diversion amounts. The payment should be used for such crisis items as:

- Relocation Costs
- Storage Costs
- Household Structural
- Equipment Repairs

Pay type F-6-Diversion Rental is used to report Diversion Shelter costs.

A diversion payment should not be made for:

- Utility shutoff emergency
- Security deposit
- Brokers'/finders' fee
- Transportation expenses
- Child care expenses
- Costs related to applicant job search
- Payments for work-related items

**Column 9 Other Payments**

Expenditures reported are EAF expenditures that are not specifically identified in columns 3 through 8. Expenditures reported were formerly claimed and reported as Non-Medical Vendor Payments. Such payments are made to vendors for items such as clothing, household supplies and equipment, utilities, transportation, repairs to client-owned homes, moving expenses and other emergency needs. The provision that limits EAF authorization to a period not in excess of 30 days in a twelve-month period has been eliminated. This means that EAF can be authorized more frequently than once in a twelve-month period even if the subsequent emergency is unrelated to a previous one.

## **Line by Line Instructions**

### **Line 1, Total Expenditures**

Enter in each column, the sum of lines 1a, 1b, and 1c. This line represents the cost of assistance furnished to eligible clients of PA and care, in accordance with state rules and regulations applicable to expenditures funded under EAF.

### **Line 1a, Federal Participating (FP) columns 3 through 9**

Enter gross FP expenditures made on behalf of clients under listed classifications. Amounts are taken from the summary pages of the composite direct payment roll and/or indirect payment roll.

### **Line 1a, column 2**

Enter sum of columns 3 through 9 of line 1a.

### **Line 1b, Federal Non-Participating (FNP) columns 3 through 9**

Enter expenditures made on behalf of clients for classifications eligible for state funding, and not federal funding. These amounts are taken from the summary pages of the composite direct payment roll and/or indirect payment roll.

### **Line 1b, column 2**

Enter sum of columns 3 through 9 of line 1b.

### **Line 1c, Non-Reimbursable (NR) columns 3 through 9**

Enter non-reimbursable amounts applicable to each expenditure item. These amounts are taken from the summary pages of the composite direct payment roll and/or indirect payment roll.

### **Line 1c, column 2**

Enter sum of columns 3 through 9 of line 1c.

### **Line 2, Cancellations and Refunds**

Recoveries, refunds and cancellations made under each respective listed classification should be included in amounts reported here.

### **Line 2a, Federal Participating (FP) columns 3 through 9**

Enter FP cancellations, refunds, and recoveries applicable to each classification. Amounts are taken from the monthly composite rolls. Manually add any cancellations, refunds and recoveries not found on the monthly composite rolls. Recoveries should be supported by recovery reports. Refer to [FRM Volume 1](#), Chapter 10, and FRM Volume 2, [Chapter 8](#) for more information on refunds and recoveries.

### **Line 2a, column 2**

Enter sum of columns 3 through 9 of line 2a.

### **Line 2b, Federal Non-Participating (FNP) columns 3 through 9**

Enter FNP cancellations, refunds and recoveries applicable to each classification. Cancellation amounts are taken from the summary of cancellations and refunds on the composite rolls.

### **Line 2b, column 2**

Enter sum of columns 3 through 9 of line 2b.

**Line 2c Non-Reimbursable (NR) columns 3 through 9**

Enter non-reimbursable cancellations, refunds and recoveries applicable to each classification. Amounts are taken from the monthly composite rolls. Manually add any cancellations, refunds and recoveries not found on the monthly composite rolls. Recoveries should be supported by recovery reports.

**Line 2c column 2**

Enter sum of columns 3 through 9 of line 2c.

**Line 3 Net Expenditures columns 2 through 9**

Enter net expenditures. Net expenditures are determined by subtracting the sum of the cancellations, refunds, and recoveries from total expenditures.

**Line 3a columns 2 through 9**

Subtract amount on line 2a from amount on line 1a for each column and enter results under corresponding column on line 3a.

**Line 3b columns 2 through 9**

Subtract amount on line 2b from amount on line 1b for each column and enter results under corresponding column on line 3b.

**Line 3c columns 2 through 9**

Subtract amount on line 2c from amount on line 1c for each column and enter results under corresponding column on line 3c.

**Line 4 Federal Share column 2 through 9**

Multiply amount on line 3a, columns 3 through 9 by 100%, and enter results in appropriate columns. Sum amounts on line 4, columns 3 through 9, and enter results on line 4 column 2.

**Line 5 Amount Eligible For State Aid columns 2 through 9**

Subtract line 4, columns 3 through 9 from sum of lines 3a and 3b, columns 3 through 9, and enter results in appropriate columns. Sum amounts on line 5 columns 3 through 9 and enter results on line 5 column 2.

**Line 6 State Aid columns 2 through 9**

Multiply line 5, columns 3 through 9 by 29%, and enter results in appropriate columns. Sum amounts on line 6, columns 3 through 9, and enter results on line 6 column 2.

**Line 7 Local Share columns 2 through 9**

Subtract sum of lines 4 and 6, columns 3 through column 9 from line 3, columns 3 through 9, and enter results in appropriate columns. Sum amounts on line 7, columns 3 through 9, and enter results on line 7, column 2.

Note: the sum of lines 4, 6, and 7 for column 2 should be equal to entry on line 3, column 2.

LDS-1285 (Rev. 04/13)

**SCHEDULE F**  
**SCHEDULE OF COSTS FOR EMERGENCY**  
**ASSISTANCE TO NEEDY FAMILIES WITH CHILDREN**

		DISTRICT	
		MONTH/YEAR	
NEW YORK STATE			
	OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE		
ITEM	TOTAL	CASH PAYMENTS	FAMILY SHELTER ASSISTANCE
	(2)	(3)	(4)
			(5)
			SECURITY DEPOSITS
			(6)
			DIVERSION TRANSPORTATION
			(7)
			DIVERSION
			(8)
			OTHER PAYMENTS
			(9)
1. Total Expenditures (Sum of Lines 1a + 1b + 1c)			
a. Federal Participating			
b. Federal Non-Participating			
c. Non-Reimbursable			
2. Cancellations & Refunds (Sum of Lines 2a + 2b + 2c)			
a. Federal Participating			
b. Federal Non-Participating			
c. Non-Reimbursable			
3. Net Expenditures (Sum of Lines 3a + 3b + 3c)			
a. Federal Participating (Line 1a - Line 2a)			
b. Federal Non-Participating (Line 1b - Line 2b)			
c. Non-Reimbursable (Line 1c - Line 2c)			
4. Federal Share (100% of Line 3a, Columns 3 - 9)			
5. Amount Eligible for State Aid [(Lines 3a + 3b) minus Line 4]			
6. State Share (29% of Line 5, Columns 3 - 9)			
7. Local Share [Line 3 minus (Line 4 + Line 6)]			

## **RF-2, Schedule G**

### **Overview**

The RF-2, Schedule G is prepared monthly and is a sub schedule of the RF-2 claims package. This schedule must be electronically submitted each month, whether or not the district has any expenditure to report. Flexible Funding for Family Services (FFFS) may be added to regular Title XX funding at the district's discretion. The increased pool of Title XX funding provided by FFFS is used to reimburse the district for child preventive services, child protective services, adult protective services, domestic violence services, and other services provided to Title XX eligible cases whose income is under 200% of the federal poverty level (FPL). The district must submit a plan for transferring FFFS funds to Title XX as instructed in the annual OTDA FFFS administrative directive.

This schedule also provides regular 100% federal Title XX funding for Title XX eligible expenditures provided to clients whose income is at or over 200% of the FPL. This schedule is also used to claim Title IV-B subpart 1 and Title IV-B subpart 2 eligible Child welfare protective and preventive expenditures that are settled through the Child Welfare settlement. Please note that the New York State Office of Children and Family Services (OCFS) uses Title XX Grant funding to support Adult Protective/Domestic Violence services and All Other services as described in the annual LCM. The following categories are eligible for Title XX claiming:

**Child Preventive Services:** districts are eligible for state child welfare funding subject to the annual appropriation net of any available federal funding such as Title IV-B subpart 2. The state reimbursement is provided subject to meeting the child welfare threshold provisions for child preventive services. Refer to [FRM Volume 1](#), Chapter 8 for the child welfare threshold provision guidelines.

**Close to Home Services (NYC Administration for Children's Services (ACS) Only):** the district is eligible for state child welfare funding subject to the annual appropriation net of any available federal funding such as Title IV-B subpart 2. The state reimbursement is provided subject to meeting the child welfare threshold provisions for child preventive services. Refer to [FRM Volume 1](#), Chapter 8 for the child welfare threshold provision guidelines.

**Raise the Age (RTA):** The district is eligible for state RTA funding subject to the annual appropriation for claims for eligible services for RTA-eligible youth submitted by eligible localities. RTA-eligible expenditures are those that would not have occurred absent the provisions of Part WWW of Chapter 59 of the Laws of 2017 that changed the age of juvenile jurisdiction and that are included in a locality's New York State Division of the Budget (DOB) approved Comprehensive Fiscal Plan for RTA. Localities are deemed eligible in accordance with State Finance Law §54-m. For the purposes of local district claiming, RTA-eligible youth means, effective October 1, 2018, a 16-year-old who commits an act that results in the youth being at risk of becoming or already is an alleged or adjudicated JD, and effective October 1, 2019, a 16 or 17-year-old, who commits such an act and the youth is receiving eligible services solely as a result of committing such an act.

**Child Protective Services:** districts are eligible for state child welfare funding subject to the annual appropriation net of any available federal funding such as Title IV-B subpart 1. The state reimbursement is provided subject to meeting the child welfare threshold provisions. Refer to [FRM Volume 1](#), Chapter 8 for the child welfare threshold provision guidelines.

Adult Protective/Domestic Violence: districts are eligible for state adult protective/domestic violence funding subject to the annual appropriation net of any available federal funding such as Title XX available through the annual LCM.

Other: No state reimbursement is available for other Title XX services that exceed the total amount of other Title XX allocation available to the district via the annual LCM.

This schedule also provides Title IV-E Family First Preventive Services funding for allowable expenditures. Reimbursement is available for time-limited services for mental health, substance abuse prevention and treatment services, and in-home parenting skill-based programs. These evidence-based programs that provide these services must be approved by the federal Title IV-E Prevention Services Clearinghouse and identified in the NYS Title IV-E Prevention Program Plan. These evidence-based programs receive a rating of well supported, supported or promising practice from the Clearinghouse.

A district's federal and state shares of reimbursement are determined during the settlement process.

## **Columnar Instructions**

### **Column 1 Gross Expenditures**

Enter the total amount of expenditures for each line item as taken from the summary pages of the indirect payment roll.

### **Column 2 Refunds & Cancellations**

Enter all applicable cancellations and refunds. Any donations and fees collected are subtracted from the total.

### **Column 3 Net Expenditures**

Enter the difference between column 1 (Gross Expenditures) and column 2 (Refunds & Cancellations). For each line, this should equal the sum of the amounts in columns 4 (Child Preventive Title IV-E) through 16 (NR Services).

### **Column 4 Child Preventive Title IV-E**

Enter the total net expenditures for Title IV-E Evidence Based Programs.

### **Column 5 Child Preventive Title XX**

Enter the total net expenditures for preventive services that are eligible to be funded under Title IV-B subpart 2. Preventive Services for children shall mean those supportive and rehabilitative services provided to children and their families in accordance with the provisions of 18 NYCRR part 423 for the purpose of averting an impairment or disruption of a family which will or could result in placement of a child in FC; enabling a child who has been placed in FC to return to his/her family at an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from FC would return to such care.

State reimbursement is available for net-federal Title IV-B subpart 2 expenditures subject to the annual appropriation and child welfare settlement. State share of child welfare funding is provided if the child welfare threshold provisions are met according to [FRM Volume 1](#), Chapter 8 guidelines.

Preventive Services may also be funded under federal FFFS funds if the services are EAF eligible. EAF preventive services costs are reported on the RF-2, Schedule H.

**Column 6 Child Preventive Title XX Under 200%**

Enter the total net expenditures for preventive services provided to clients certified eligible for Title XX Under 200% FPL.

Preventive services for children shall mean those supportive and rehabilitative services provided to children and their families in accordance with the provisions of 18 NYCRR part 423 for the purpose of averting an impairment or disruption of a family which will or could result in placement of a child in FC; enabling a child who has been placed in FC to return to his family at an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from FC would return to such care.

State reimbursement is available for net-federal expenditures subject to the annual appropriation and child welfare settlement. State share of child welfare funding is provided if the child welfare threshold provisions are met according to [FRM Volume 1](#), Chapter 8 guidelines.

Preventive services may also be funded under federal FFFS funds if the services are EAF eligible. EAF Preventive Services costs are reported on the RF-2, Schedule H.

**Column 7 Raise the Age Title IV-E**

Enter the total net expenditures for Title IV-E Evidence-Based Programs for a youth eligible for RTA funding that are eligible to be funded under Title IV-E. RTA-eligible expenditures are those that would not have occurred absent the provisions of Part WWW of Chapter 59 of the Laws of 2017 that changed the age of juvenile jurisdiction and that are included in a locality's NYS DOB-approved Comprehensive Fiscal Plan for RTA. Localities are deemed eligible in accordance with State Finance Law §54-m. State share is subject to the annual appropriation.

**Column 8 Raise the Age Title XX**

Enter the total net expenditures for preventive services for a youth eligible for RTA funding that are eligible to be funded under Title XX at or above 200% FPL. RTA-eligible expenditures are those that would not have occurred absent the provisions of Part WWW of Chapter 59 of the Laws of 2017 that changed the age of juvenile jurisdiction and that are included in a locality's NYS DOB approved Comprehensive Fiscal Plan for RTA. Localities are deemed eligible in accordance with State Finance Law §54-m. State share is subject to the annual appropriation.

Preventive services are defined in Social Services Law §409 and 18 NYCRR Part 423.

**Column 9 Raise the Age Title XX Under 200%**

Enter the total net expenditures for preventive services provided to clients certified eligible for Title XX Under 200% FPL and RTA. RTA-eligible expenditures are those that would not have occurred absent the provisions of Part WWW of Chapter 59 of the Laws of 2017 that changed the age of juvenile jurisdiction and that are included in an eligible locality's NYS DOB approved Comprehensive Fiscal Plan for RTA. Localities are deemed eligible in accordance with State Finance Law §54-m. State share is subject to the annual appropriation.

Preventive services are defined in Social Services Law §409 and 18 NYCRR Part 423.

**Column 10 Child Protective Title XX**

Enter the net purchased expenditures for Child Protective Services (CPS). CPS services are provided on behalf of children under the age of 18, who are abused or maltreated including those who are harmed or threatened with harm by a parent, guardian or other person legally responsible for the child's health and welfare (as defined by the Family Court Act, Section 1012(g)). This would include non-accidental physical or mental injury, sexual abuse, or negligent treatment or maltreatment, including the failure to provide adequate food, clothing or shelter. Runaway children

are included where their status as runaway children is apparently the result of their abuse or maltreatment or where their status is due to the unwillingness or inability of the parents to continue to assume their legal responsibilities and obligations.

State reimbursement is available for net-federal Title IV-B subpart 1 and Title XX expenditures subject to the annual appropriation and child welfare settlement. State share of child welfare funding is provided if the child welfare threshold provisions are met according to [FRM Volume 1](#), Chapter 8 guidelines.

**Column 11 Child Protective Title XX Under 200%**

Enter the net purchased expenditures for Child Protective Services (CPS) funded under Title XX under 200%. CPS services are provided on behalf of abused or maltreated children under the age of 18, certified eligible for Title XX under 200% FPL, including runaway children, who are harmed or threatened with harm by a parent, guardian or other person legally responsible for the child's health and welfare, as defined by the Family Court Act, Section 1012(g). This would include non-accidental physical or mental injury, sexual abuse, or negligent treatment or maltreatment, including the failure to provide adequate food, clothing or shelter. Runaway children are included where their status as a runaway child is apparently the result of their abuse or maltreatment or where their status is due to the unwillingness or inability of the parents to continue to assume their legal responsibilities and obligations.

State reimbursement is available for net-federal CPS expenditures subject to the annual appropriation and child welfare settlement. State share of child welfare funding is provided if the child welfare threshold provisions are met according to [FRM Volume 1](#), Chapter 8 guidelines.

**Column 12 Adult Services/Domestic Violence Title XX**

Enter the total net expenditures for each line item for individuals who receive services under Title XX adult protective services on lines 11 (Protective Services for Adults-General) through 13 (Protective Services for Adults-Housekeep) or line 22 (Domestic Violence).

State reimbursement is subject to the annual appropriation and is available for net-federal Adult Protective and Domestic Violence (AP/DV) expenditures claimed in excess of the annual Title XX allocation (as detailed in the annual LCM). The federal and state share is determined in the AP/DV settlement process.

**Column 13 Adult Services/Domestic Violence Title XX Under 200%**

Enter the total net expenditures for each line item, for individuals who are certified eligible for Title XX under 200% FPL, and who receive services under Title XX adult protective services on lines 11 (Protective Services for Adults-General) through 13 (Protective Services for Adults-Housekeep) or line 22 (Domestic Violence).

State reimbursement is subject to the annual appropriation and is available for net-federal adult protective and domestic violence (AP/DV) expenditures claimed in excess of the annual Title XX allocation (as detailed in the annual LCM). The federal and state share is determined in the AP/DV settlement process.

**Column 14 Other Title XX**

Enter the total net miscellaneous expenditures that are not classified as Child Preventive, Child Protective or Adult Protective/Domestic Violence Programs and are not certified eligible for Title XX under 200% of the FPL. Information and Referral service is an example of such a service.

These Expenditures are 100% local share.

**Column 15 Other Title XX Under 200%**

Enter the total net miscellaneous expenditures that are not classified as Child Preventive, Child Protective or Adult Protective/Domestic Violence Program and are for clients certified eligible for Title XX under 200% FPL. Information and Referral services are included in this column. State share is not available for other services.

**Column 16 NR Services**

Enter all expenditures that are classified as Title XX but are not eligible for Title XX reimbursement.

## **Line by Line Instructions**

### **Line 1 Adoption Services**

Enter the total expenditures for adoption services. These services entail:

- Assisting a child to secure an adoptive home (through counseling with biological parent(s) concerning surrender of child for adoption)
- Assisting a parent(s), unwilling or unable to care for a child, to surrender such child for adoption, or instituting legal procedures to separate a child from the parent or parents under appropriate circumstances, and arranging for and providing legal services to accomplish this purpose
- Recruiting, studying, and evaluating interested prospective adoptive parents
- Training prospective and approved adoptive parents
- Evaluating placement need, pre-placement planning, selection, and placement of available children
- Counseling families after placement
- Supervising children in adoptive homes until legal adoption is completed

### **Line 2 Day Care Services for Children**

Enter the total expenditures for Day Care Services for Children. These services involve:

- Assessing the need for, arranging for, providing, supervising, monitoring and evaluating the care of a child age 6 weeks to 13 years for a portion of the day, and less than 24 hours, outside the home in a legal day care facility in accordance with state and federal standards for day care
- Developing and recruiting out-of-home child day care
- Studying, approving, and re-evaluating both in-home and out- of-home child day care

### **Line 3 Day Services**

Enter the total expenditures for Day Services to Children. Day Services to children means a program offering a combination of services including at least:

- District
- Psychiatric
- Psychological
- Educational and/or Vocational Services
- Health Supervision

Such program may include, as appropriate, recreational and transportation services, for at least three, but less than 24 hours a day and at least four days per week, excluding holidays. (If it can be demonstrated that the population served does not need one or more of these services, that service may be waived).

Note: Day Services for Adults are reported on line 10 (Adult Preventive).

#### Line 4 Family Planning Services

Enter the total expenditures for Family Planning Services. Family Planning Services enable individuals to plan their families in accordance with their wishes, to limit family size, space their children, correct infertility, or prevent or reduce the incidence of unwanted pregnancies by arranging for and providing the following component services:

- Component A: Social and educational services including the distribution of printed material, group discussions and individual sessions to discuss family planning, educational and medical resources available in the community.
- Component B: Medical services, including diagnosis, treatment, drugs, supplies and related counseling furnished or prescribed by or under the supervision of a physician.

Family Planning Services for Title XIX clients are to be paid through MMIS or reported and claimed on the RF-2, Schedule E, under the proper item of expense. Non-Title XIX clients continue to be reported and claimed here.

Districts are mandated to provide Components A and B to FA, SN, and Supplemental Security Income (SSI) clients. Both Components are provided through the state's Title XIX (MA) Program. Districts may opt to provide Component B to cases determined to be "Income Eligible" who are not eligible for MA. A district selecting Component B for optional groups may choose, by so indicating in its local plan component, not to pay for drugs and supplies prescribed there under. In this instance, clients of family planning services not eligible for MA must fill such prescriptions at their own expense.

Family Planning services provided to clients under age 21 who are not eligible for Title XIX may be reported under the "Without Regard to Income" column on the RF-2, Schedule G.

#### Line 5 Home Management Services

Enter the total expenditures for Home Management Services. Home Management Services include:

- Assessing the need for, arranging for, providing, and evaluating the provision of formal or informal instruction
- Training cases in management of household budgets, maintenance and care of the home, preparation of food, nutrition, consumer education, child rearing, and health maintenance

The formal or informal instruction and training may be provided by a caseworker, home economist, or a trained homemaker who meets state standards, or be referred to appropriate community resources. These services include the evaluation, in appropriate cases, of the need for protective and related services.

#### Line 6 Homemaker Services

Enter the total expenditures for Homemaker Services. These services include:

- Assessing the need for such services
- Arranging the services

- Providing and evaluating the provision of personal care, home management, and incidental household tasks through the services of a trained homemaker, who meets state standards

These services are provided for the following components.

- Component A: component A services are available for children, because of illness, incapacity or absence of a caretaker relative.
- Component B: component B services are available for individuals, families, caretaker relatives and/or children to achieve adequate household and family management.
- Component C: component C services are available for individuals because of illness or incapacity. Component C is mandated for those eligible for SSI but optional for others.

Components A and B are optional.

#### Line 7 Housekeeper/Chore Services

Enter the total expenditures for Housekeeper/Chore Services. These services include:

- Assessing the need for such services
- Arranging these services
- Providing in accordance with state standards, and evaluating the provision of light work or household tasks (including such activities as help in shopping, lawn care, simple household repairs, and running errands) which families and individuals in their own homes are unable to perform because of illness, incapacity or absence of a caretaker relative, and which do not require the services of a trained homemaker

Cash reimbursement may be provided to the client for irregular or intermittent services that are specifically identified in the service plan, approved by the agency prior to the purchase, and secured by the individual within an authorized period at an authorized cost and upon presentation of a receipt.

Note: Housekeeper/Chore services provided to clients in need of Adult Protective Services should be reported on line 13 (Protective Services for Adults-Housekeep).

#### Line 8 Housing Improvement

Enter the total expenditures for Housing Improvement Services. Housing Improvement Services involve assessing the need for, and arranging for individuals and families to improve their housing conditions. These services can be provided under two components:

- Component A: Helping individuals and families to obtain necessary repairs, be protected from abuse or exploitation by landlords or other tenants, identify and correct substandard rental housing conditions or code violations, find suitable and adequate alternate housing, and obtain needed assistance or relief from public agencies that regulate housing, including arrangement for legal services, if necessary.
- Component B: Helping functionally impaired or frail older adults to maintain community residency by identifying such adults who otherwise require care in a domiciliary care facility or similar institution, arranging for placement in an appropriate small group living arrangement, and/or locating, contracting for, and preparing suitable housing sites, including providing minor installations such as appropriate furniture and furnishings, grab bars and hand rails, ramps, skid-proof floor covering and other safety measures as required.

Component A is mandated for SSI clients. Component B is optional and is provided on the basis of group eligibility to Selected Older Adults who meet the program definitions.

This line also includes Preventive Housing payments. These are authorized through WMS Services with a Purchase of Service (POS) type 27. These Housing Services expenditures may not exceed \$300 per month, increasing effective January 1, 2024 to \$725 per month, for three years for each episode of preventing FC placement or facilitating the return from FC.

#### Line 9 Information and Referral Services

Enter the total expenditures for Information and Referral Services.

Information and referral services involve providing information about services provided under the Consolidated Services Plan and other human services programs including legal, educational and consumer services. This may result in a brief assessment (but no diagnosis and evaluation) to facilitate appropriate referral to and follow-up with community resources, which provide such services. These services are reported as "Title XX Other" except for Information and Referral services provided to Adult Preventive, Adult Protective or Social Group Services for Senior Citizens. Such services are reported on lines 10 (Adult Preventive), 11 (Protective Services for Adults-General)) or 19 (Social GRP for Senior Citizens) respectively.

#### Line 10 Adult Preventive

Enter the total expenditures for Preventive Services for Adults. Adult preventive services claims are not eligible for Title XX regular nor state reimbursement, but pursuant to our state plan, these claims are eligible for Other - Title XX and Other - Title XX Under 200%. Preventive Services for Adults entail supportive and rehabilitative services provided to persons age 18 or older who are single adults or families without minor children, including:

- Providing and evaluating the provision of individual, group and/or family counseling to identify problems including, but not limited to, abuse and neglect, personal or family dysfunction, marital conflict, and problems of aged, blind and handicapped individuals. Problems of this nature prevent or interfere with effective individual or family functioning.
- Assisting in the resolution of those problems
- Arranging for the receipt of other services, including legal services
- Assessing the need for, arranging for, and evaluating the provision of services that foster optimum functioning of the individual in family and community life, and prevent or delay unnecessary long-term institutional placement

Optional components are:

- Component A: Providing homemaker, housekeeper/chore, housing improvement, health related or home management services when offered as an integral part of preventive services for the purposes of preventing or delaying institutional placement, preventing abuse and neglect, or providing infrequent and temporary substitute care or supervision of frail or disabled adults on behalf of and, in the absence of the primary caregiver, for the purpose of providing respite from constant care-giving.
- Component B: Providing day services. Day services shall mean an organized program of services for less than twenty-four hours a day, which shall not include the provision of overnight care, for the purpose of restoring or maintaining the capacity of aged and disabled individuals to remain in or return to the community and to reduce stress and potential abuse or neglect by caregivers. Such services may include any or all of the following services: activities, supervision, nutrition, information and referral, personal care, individual and family counseling, and transportation.

- Component C: Providing payment for the preparation and delivery of one or two meals a day to the home of an individual who is unable to obtain or prepare nourishing meals.
- Component D: Providing infrequent and temporary residential care or supervision of frail or disabled adults on behalf of and in the absence of the primary caregiver, for the purpose of providing respite from constant care giving, when offered as an integral part of preventive services for the purpose of preventing or delaying institutional placement or preventing abuse and neglect. Temporary residential care means the provision of overnight or more than twenty-four-hour care of frail or disabled adults outside of their home.

Lines 11 Protective Services for Adults-General, 12 Protective Services for Adults-Homemaker, and 13 Protective Services for Adults-Housekeep

Enter the total expenditures for Protective Services for Adults-General, Homemaker, and Housekeeper, respectively.

Protective Services for Adults (PSA) are services to individuals 18 years of age or older who are unable to protect their own interests, who are harmed, or threatened with harm, through action or inaction by another individual or through their own action due to lack of awareness, incompetence or poor health, resulting in physical or mental injury, neglect or maltreatment, failure to receive adequate food, shelter, or clothing, deprivation of entitlements due them, or wasting of their resources.

Line 14 Clinical Services

Enter the total expenditures for Clinical Services.

Clinical Services include such services as assessment, diagnosis, testing, psychotherapy, specialized therapies and home-based intensive crisis intervention services. Clinical services must be provided by a person or under the supervision of a person who has received a master's degree in social work, a licensed psychologist, or licensed psychiatrist or other recognized therapist in human services.

Note: Clinical Services provided to clients in need of Adult Preventive or Adult Protective Services should be reported on line 10 (Adult Preventive) or line 11 (Protective Services for Adults-General).

Line 15 Other Services

Enter the total expenditures for miscellaneous Child Protective Services and Child Preventive Services. Also enter on this line expenditures for services that do not meet the descriptions for items on any other line, including case planning and casework contacts provided to cases not related to either child preventive, child protective, or adult protective and domestic violence programs. Employment Services are also included on this line.

Line 16 Emergency Cash

Enter the total cash payments of assistance that are provided to a child and his/her family in an emergency or acute problem situation to avert FC placement or to meet urgent needs resulting from a sudden occurrence or set of circumstances which threatens the family and demands immediate attention. FA, SN and EAF eligibility should be explored prior to claiming emergency cash as preventive services.

Line 17 Emergency Goods and/or Shelter

Enter the total expenditures for food, clothing or other essential items that are provided to a child and his/her family in an emergency or acute problem situation to avert FC placement or to meet urgent needs resulting from a sudden occurrence or set of circumstances which threatens the family and

demands immediate attention. Also enter the expenditures for providing for shelter where a child and his/her family who are in an emergency or acute problem situation, reside in a site other than their own home to avert FC placement.

**Line 18 Residential Placement for Adults**

Enter the total expenditures for Residential Placement Services for Adults. Residential Placement Services for Adults consist of:

- Assessing the need for and arrangement for placement of individuals, 18 years of age or older, who are socially, physically or mentally handicapped, in community-based care settings (suitable to the individual's needs) approved by appropriate state agencies or the district
- Recruiting and studying of FC homes and facilities to determine their acceptability in providing placement
- Supervising the placement to assure that the individual received proper care in such placement, including encouraging care and attention suitable to their needs so as to prevent or reduce inappropriate institutional care
- Providing services to foster the best opportunities for enjoyment of normal family and community life through help with personal problems and with problems of adjusting to new living situations
- Providing assistance in obtaining other necessary supportive services
- Determining through periodic review the continued appropriateness of, and need for, placement for clients receiving Social Group Services for Senior Citizens

**Line 19 Social GRP for Senior Citizens**

Enter the total expenditures of Social Group Services for Senior Citizens.

Include those services provided to older adults through specialized community facilities that serve as focal points for their concerns, needs, and interests, for such multiple purposes as combating isolation, preventing or delaying physical and mental deterioration, diminishing the effects of loss of role and status, providing centralized accessibility to services and enabling the aged to remain in their homes or community for as long as possible. Services available in these centers may include any or all of the following:

- Information and Referral
- Nutrition (congregate meals)
- Counseling
- Employment Counseling
- Recreational and Educational Programs
- Transportation to and from User's Home and Facilities
- Health Maintenance Services
- Community Service Volunteer Opportunities
- Leadership Development
- Facilitation of other Agencies' Services
- Advocacy
- Outreach

**Line 20 Transportation Services**

Enter the total expenditures for transportation services. Transportation services consist of providing necessary transportation to and from facilities or resources to receive appropriate services including Day Care Services as contained in the Consolidated Services Plan. Reimbursement may be made to the client for the cost of such transportation, with the prior agency approval, and upon presentation of a receipt.

**Line 21 Parent Services**

Enter the total expenditures for Parent Services. Services for parents include:

- Providing supporting health and social services for an unmarried mother and a child born, or to be born, out-of-wedlock, and, if possible, involving the putative father and the grandparents in planning for the future care of the child. Such services shall include:
  - ♦ Discussing alternative plans for the child's future
  - ♦ Arranging for the care of the unmarried mother before and after delivery in an approved foster family home, group home, institution, or independent living arrangement
  - ♦ Arranging for legal and other services if required
  - ♦ Arranging for establishment of paternity and support
- Providing or arranging for counseling of the parents and their families
- Providing Parent Aid and Parent Training costs as defined within the Consolidated Services Plan.

**Line 22 Domestic Violence**

Enter the total expenditures for Services to Victims of Domestic Violence.

Domestic Violence services involve identifying, assessing, providing, and evaluating services to wives, husbands or persons living together, with or without children, to resolve the problems leading to violence, or to establish themselves independently, if necessary, to avoid violence.

Include on this line only expenditures for residential services for non-PA eligible clients and for purchased non-residential services for either PA or non-PA clients. Expenditures for residential services for FA eligible clients should be claimed on the RF-2, Schedule A for SN eligible clients on the RF-2, Schedule C and for EAF eligible clients on the RF-2, Schedule F. Purchased non-residential services for TANF EAF eligible clients that are authorized using a services authorization form should be claimed on the RF-2, Schedule N, line 7 (Supportive Services).

**Line 23 Health Services**

Enter the total expenditures for Health Services, which involve:

- Assisting the child and his/her family to attain and maintain a favorable condition of health by helping them to identify and understand their immediate and comprehensive health needs.
- Helping child and his/her family locate appropriate resources to meet their health needs
- Providing necessary diagnostic, therapeutic, and preventive medical care and treatment, counseling and health maintenance services, and providing follow-up services as needed to achieve the objective.

- Providing general health care services for all eligible clients, including such activities as finding a doctor who will accept Medicaid and/or Medicare, locating an appropriate clinic or hospital, and helping clients secure transportation necessary to obtain services
- Providing services to assist chronic drug or alcohol abusers to identify the existence and status of their drug or alcohol problems, to seek and use needed medical services, and to seek and participate in appropriate treatment programs
- Providing services to help identify the need for vocational rehabilitation services (other than those performed as part of the JOBS Program), and to seek and use the services available through the Office of Vocational and Educational Services for Individuals With Disabilities of the State Education Department or the Commission for the Blind and Visually Handicapped (CBVH) of OTDA, to help provide the medical and other services necessary for such clients to be maintained in the rehabilitation program. This does not include those medical services provided by VESID or CBVH, and in accordance with their respective agreements with the OTDA (DSS Bulletin 184 and DSS Bulletin 184A).
- Providing Child Health Assurance Program (CHAP) Services not otherwise provided under MA.

Services to help eligible clients find and gain admission to necessary institutional placement such as nursing homes, adult homes, state hospitals and health related facilities.

#### Line 24 Aftercare Services

Enter expenses for aftercare services. Aftercare services are provided to children 18-21 and their families who have been discharged (either trial or final) from FC and require supportive activities to encourage and facilitate the adjustment to the child's return to the home and or community and prevent the child's return to FC or involvement with the juvenile or criminal justice system. Aftercare Services should not include discharge grants and are identified with a POS type 48.

#### Line 25 Aftercare Services for CTH Contract

Enter expenses for Close To Home aftercare services contract. These aftercare services for Close To Home contract are currently paid by NYC only.

#### Line 26 Post Adoption Services

Enter expenditures for Post Adoption Services. Post Adoption Services means a full compliment of those culturally and ethnically sensitive services that are provided to support adoptive families, focus on the special needs of adoptive family members, prevent adoption disruption and adoption dissolution.

#### Line 27 Family Assessment Response

Enter Family Assessment Response (FAR) expenditures (when the FAR-Quality Enhancement Funding stream is exhausted or for those districts that began operating a FAR program) starting with January 2012 claiming (available February 2012). Claiming is allowed only in columns 2 (Refunds and Cancellations) and 10 (Child Protective Title XX).

#### Line 28 Well Supported EBP

Enter the expenditures for the provision of time limited eligible prevention services and programs meeting the "well-supported practice" standard at Sections 471(e)(4)(C)(iii) and (iv) of the federal Social Security Act, provided for or on behalf of those children and their parent(s) or kin caretaker determined to be eligible as participants in the Title IV-E Prevention Services Program as either "candidates for foster care" or as pregnant or parenting youth in foster care.

**Line 29 Supported EBP**

Enter the expenditures for the provision of time-limited eligible prevention services and programs meeting the “supported practice” requirements at Sections 471(e)(4)(C)(iii) and (iv) of the federal Social Security Act, provided for or on behalf of those children and their parent(s) or kin caretaker determined to be eligible as participants in the Title IV-E Prevention Services Program as either “candidates for foster care” or as pregnant or parenting youth in foster care.

**Line 30 Promising EBP**

Enter the expenditures for the provision of time-limited eligible prevention services and programs meeting the “promising practice” requirements at Sections 471(e)(4)(C)(iii) and (iv) of the federal Social Security Act, provided for or on behalf of those children and their parent(s) or kin caretaker determined to be eligible as participants in the Title IV-E Prevention Services Program as either “candidates for foster care” or as pregnant or parenting youth in foster care.

**Line 31 Total Expenditures**

This line should only include cash expenditures. Private donated funds, in-kind services and donations for preventive services should be entered on line 34 (Donations).

Column 1 (Gross Expenditures) - equals the sum of columns 2 (Refunds & Cancellations) and 3 (Net Expenditures).

Columns 2 (Refunds & Cancellations) and 4 (Child Preventive Title IV-E) through 16 (NR Services) - equals the sum of lines 1 (Adoption Services) through 30 (Promising EBP) for each column.

Column 3 (Net Expenditures) - equals the sum of columns 4 (Child Preventive Title IV-E) through 16 (NR Services).

**Line 32 Fees Collected**

Column 1 (Gross Expenditures) - equals the sum of columns 2 (Refunds & Cancellations) and 3 (Net Expenditures).

Columns 2 (Refunds & Cancellations), 5 (Child Preventive Title XX), 6 (Child Preventive Title XX Under 200%) and 10 (Child Protective Title XX) through 15 (Other title XX Under 200%) - enter total fees collected for services to clients whose income exceeds the appropriate percentage of median income. These fees are usually set at a sliding scale based on family income and size.

Column 3 (Net Expenditures) - equals the sum of columns 5 (Child Preventive Title XX), 6 (Child Preventive Title XX Under 200%) and 10 (Child Protective Title XX) through 15 (Other title XX Under 200%).

**Line 33 Net Expenditures**

Column 1 (Gross Expenditures) - equals the sum of columns 2 (Refunds & Cancellations) and 3 (Net Expenditures).

Columns 2 (Refunds & Cancellations), 5 (Child Preventive Title XX), 6 (Child Preventive Title XX Under 200%) and 10 (Child Protective Title XX) through 15 (Other title XX Under 200%) - equals the result of subtracting line 32 (Fees Collected) from line 31 (Total Expenditures) for each column.

Column 3 (Net Expenditures) - equals the sum of columns 4 (Child Preventive Title IV-E) through 16 (NR Services).

Columns 4 (Child Preventive Title IV-E), 7 (Raise the Age Title IV-E) through 9 (Raise the Age Title XX Under 200%) and 16 (NR Services) - equals line 31 (Total Expenditures) for each column.

**Line 34 Donations**

Column 1 (Gross Expenditures) - equals the sum of columns 2 (Refunds & Cancellations) and 3 (Net Expenditures).

Columns 2 (Refunds & Cancellations), 5 (Child Preventive Title XX) and 6 (Child Preventive Title XX Under 200%) - enter the total donated funds received from private philanthropic groups and in-kind services (if allowed in district). 02 OCFS LCM-20 provides guidance on the district use of donated funds for Preventive Services and Independent Living Services. Up to 17.5 percent of the total cost of Preventive Services and Independent Living Services expenditures may be matched by privately donated funds pursuant to section 153-K.1 (b) of the Social Service Law. The use of in-kind and indirect services and non-tax levy funds for Non-Mandated and Community Optional Preventive Services is also allowed in some districts for a portion of the 35 percent local share of the cost of these services. Those districts that have previously claimed in-kind or indirect services and non-tax levy funds to meet some portion of the local share of the cost of Preventive Services and Independent Living Services may continue to do so, up to the dollar amount used for the local share of the cost of these services in federal fiscal year 1998-99. Nine districts fit into this category (Chautauqua, Clinton, Orleans, Erie, Delaware, Oswego, Onondaga, Orange, and Steuben).

Column 3 (Net Expenditures) - equals the sum of columns 5 (Child Preventive Title XX) and 6 (Child Preventive Title XX Under 200%) .

**Line 35 Balance**

Column 1 (Gross Expenditures) - equals the sum of columns 2 (Refunds & Cancellations) and 3 (Net Expenditures).

Column 2 (Refunds & Cancellations) - equals the result of subtracting line 34 (Donations) from line 33 (Net Expenditures) for this column.

Column 3 (Net Expenditures) - equals the sum of columns 4 (Child Preventive Title IV-E) through 16 (NR Services).

Columns 4 (Child Preventive Title IV-E) and 7 (Raise the Age Title IV-E) through 16 (NR Services) - equals line 33 (Net Expenditures) for each column.

Columns 5 (Child Preventive Title XX) and 6 (Child Preventive Title XX Under 200%) - equals the sum of lines 33 (Net Expenditures) and 34 (Donations) for each column.

**Line 36 Federal Share - Title IVE**

Column 3 (Net Expenditures) - equals the sum of columns 4 (Child Preventive Title IV-E) and 7 (Raise the Age Title IV-E).

Columns 4 (Child Preventive Title IV-E) and 7 (Raise the Age Title IV-E) - equals the result rounded to the nearest dollar of multiplying line 35 (Balance) by 50% for each column.

**Line 37 Federal Share - Title XX**

Column 3 (Net Expenditures) - equals the sum of columns 5 (Child Preventive Title XX), 8 (Raise the Age Title XX), 10 (Child Protective Title XX), 12 (Adult Services/Domestic Violence Title XX) and 14 (Other Title XX).

Columns 5 (Child Preventive Title XX), 10 (Child Protective Title XX), 12 (Adult Services/Domestic Violence Title XX) and 14 (Other Title XX) - equals line 35 (Balance) for each column.

Column 8 (Raise the Age Title XX) - equals the result of multiplying line 35 (Balance) by 0 for this column to reflect 100% state reimbursement for eligible RTA expenditures made by eligible localities.

**Line 38 Federal Share - Title XX Under 200%**

Column 3 (Net Expenditures) - equals the sum of columns 6 (Child Preventive Title XX Under 200%), 9 (Raise the Age Title XX Under 200%), 11 (Child Protective Title XX Under 200%), 13 (Adult Services/Domestic Violence Title XX Under 200%) and 15 (Other Title XX Under 200%).

Columns 6 (Child Preventive Title XX Under 200%), 11 (Child Protective Title XX Under 200%), 13 (Adult Services/Domestic Violence Title XX Under 200%) and 15 (Other Title XX Under 200%) - equals line 35 (Balance) for each column.

Column 9 (Raise the Age Title XX Under 200%) - equals the result of multiplying line 35 (Balance) by 0 for this column to reflect 100% state reimbursement for eligible RTA expenditures made by eligible localities.

**Line 39 Eligible for State Share**

Column 3 (Net Expenditures) - equals the sum of columns 4 (Child Preventive Title IV-E) and 7 (Raise the Age Title IV-E) through 9 (Raise the Age Title XX Under 200%).

Columns 4 (Child Preventive Title IV-E) and 7 (Raise the Age Title IV-E) - equals the result of subtracting line 36 (Federal Share - Title IV-E) from line 35 (Balance) for each column.

Column 8 (Raise the Age Title XX) - equals the result of subtracting line 37 (Federal Share - Title XX) from line 35 (Balance) for this column.

Column 9 (Raise the Age Title XX Under 200%) - equals the result of subtracting line 38 (Federal Share - Title XX Under 200%) from line 35 (Balance) for this column.

**Line 40 State Share**

Column 3 (Net Expenditures) - equals the sum of columns 7 (Raise the Age Title IV-E) through 9 (Raise the Age Title XX Under 200%).

Columns 7 (Raise the Age Title IV-E) through 9 (Raise the Age Title XX Under 200%) - equals line 39 (Eligible for State Share) for each column.

DSS-1372 (Rev. 10/24)

## **Schedule G-2**

### **Overview**

The Schedule G-2 represents a summary of all day care payments made at the district level. The New York State Child Care Block Grant (NYSCCBG) is a combination of funds provided by the Federal Child Care Development Fund (CCDF) Block Grant and funds provided by New York State.

Separate funding is available for day care provided under the Social Services Block Grant (Title XX).

The day care columns include:

- Title XX day care (five columns),
- Block Grant 100% Funded for all other eligible individuals, and
- Block Grant 75% Funded for those households on PA.

Day care is care provided to children under 13 years of age; or children under 18 years of age with special needs or under court supervision; or a full-time student in a secondary school who is under 19 with special needs or under court supervision. Care may be provided by a:

- Day care center,
- School-age day care program,
- Public school district which meets federal and state requirements,
- Family day care home,
- Group family day care home,
- Caregiver of informal day care, or
- Caregiver of legally exempt group day care.

Full-time Day Care is care authorized for 30 or more hours per week. Part-time Day Care is care authorized for less than 30 hours per week. Relative Informal Care is care provided by a relative other than the child's parents or a person(s) who is legally responsible for the child. The relative must be within the third degree of relationship to the child's parents.

The Title XX day care expenditures are claimed on the RF-2, Schedule G, line 2 (Day Care Services for Children). The NYSCCBG day care expenditures are claimed on the RF-2, Schedule H, column 13 (Day Care Block Grant 100%) and column 14 (Day Care Block Grant 75%).

### **Columnar Instructions**

#### **Column 1 Total**

For each line, enter in column 1 the sum of the entries in columns 2-8.

#### **Column 2 TANF/SSI**

Enter the total net expenditures for Title XX day care services provided to clients of TANF assistance or SSI benefits. These services are not to be provided for the purposes of obtaining employment as employment related services would be claimed in column 8.

**Column 3 Income Eligible**

Enter the total net expenditures for Title XX day care services provided to individuals who are income eligible for such services.

**Column 4 Preventive**

Enter the total net expenditures for Title XX day care services authorized as Preventive Services for Children whose family income is at or above 200% of the federal poverty level.

**Column 5 Preventive Under 200%**

Enter the total net expenditures for Title XX day care services authorized as Preventive Services for Children whose family income is under 200% of the federal poverty level.

**Column 6 Protective Children**

Enter the total net expenditures for Title XX day care services authorized as Protective Services for Children. Separate claiming and reporting of Pre-determination and Post-determination Protective Services are no longer required.

**Column 7 Day Care Block Grant 100% Funded**

Enter the total net expenditures for those day care services funded by the NYSCCBG, which are provided to families that are not receiving PA. This includes families with incomes up to 200 percent of the state income standard. Day care expenditures reported in this column are authorized in WMS Services with a POS type of 30-37 or 3A-3I, and a suffix code of "R."

**Column 8 Day Care Block Grant 75% Funded**

Enter the total net expenditures for those day care services funded by the NYSCCBG, which are provided to families that are receiving PA.

Day care under this category is authorized in WMS Non-Services with a pay type of 02-03, 30-34, 36-38, R0-R6, or R8. The district may choose to authorize these expenditures for PA cases in WMS Services with a POS service type of 30-37, or 3A-3I, and a suffix code of "S."

## **Line by Line Instructions**

In home day care is care provided to a child in his/her own home by a caregiver of informal day care as defined in Department Regulations.

**Line 1 Legally Exempt In-Home Child Care Relative Full-Time**

Enter the total net expenditures made for children in full-time in-home day care attended by a relative as defined previously. Relatives can provide subsidized day care in the child's home or in such relative's home.

**Line 2 Legally Exempt In-Home Child Care Relative Part-Time**

Enter the total net expenditures made for children in part-time in-home day care attended by a relative as defined previously.

**Line 3 Legally Exempt In-Home Child Care Non-Relative Full-Time**

Enter the total net expenditures made for children in full-time in-home day care attended by a non-relative.

**Line 4 Legally Exempt In-Home Child Care Non-Relative Part-Time**

Enter the total net expenditures made for children in part-time in-home day care attended by a non-relative.

**Line 5 Family Day Care Full-Time**

Enter the total net expenditures made for children in a family day care home full-time.

Family day care home is a family home which is a personal residence and occupied as a family residence which provides child care on a regular basis for more than three hours per day per child for three to six children. An additional two children who are of school age may be provided for if it is determined that care can be adequately provided.

**Line 6 Family Day Care Part-Time**

Enter the total net expenditures made for children in a part-time family day care home.

**Line 7 Day Care Center Full-Time**

Enter the total net expenditures made for children in a full-time day care center.

A day care center is a facility in which child day care is provided on a regular basis to more than six children for more than three hours per day per child. A small day care center means a facility that is not a personal residence providing care for 3 to 6 children for more than 3 hours per day per child.

**Line 8 Day Care Center Part-Time**

Enter the total net expenditures made for children in part-time day care center.

**Line 9 Group Family Day Care Full-Time**

Enter the total net expenditures made for children in a full-time group family day care home.

Group family day care is a family home which is a personal residence and is occupied as a family residence which provides day care on a regular basis for more than 3 hours per day per child for 7 to 12 children.

**Line 10 Group Family Day Care Part-Time**

Enter the total net expenditures made for children in part-time group family day care.

**Line 11 Legally Exempt Family Child Care Relative Full-Time**

Enter the total net expenditures made for children in full-time family child care provided by a relative as defined below.

Family child care is care provided:

- For one or two children outside the child's own home in the residence of a caregiver who meets the requirements of 18NYCRR Section 415;
- For more than two children provided outside the child's own home for less than three hours per day in the residence of a caregiver who meets the requirements of 18NYCRR Section 415;
- By a relative as identified in 18NYCRR Section 415, except where such relative is a person legally responsible for such child; and care for school-age children provided outside the child's own home by a program that operates 15 hours per week or less and is not licensed or registered.

**Line 12 Legally Exempt Family Child Care Relative Part-Time**

Enter the total net expenditures made for children in part-time family child care provided by a relative.

**Line 13 Legally Exempt Family Child Care Non-Relative Full-Time**

Enter the total net expenditures made for children in full-time family child care provided by a non-relative.

**Line 14 Legally Exempt Family Child Care Non-Relative Part-Time**

Enter the total net expenditures made for children in part-time family child care provided by a non-relative.

**Line 15 School Age Day Care**

Enter the total net expenditures made for children in a school age day care program.

School age day care program is a registered facility providing day care to an enrolled group of school age children before and/or after the period the children are ordinarily in school, and may include such care during school holidays and when school is not in session.

**Line 16 Legally Exempt Group Child Care Full-Time**

Enter the total net expenditures made for children in full-time legally exempt group child care.

Legally exempt group child care is care provided by those caregivers which are not required to be licensed by, or registered with, OCFS or licensed by the City of New York, but meet all applicable state or district requirements. Caregivers of legally exempt group child care include:

- Pre-kindergarten programs,
- Nursery school programs, and
- Summer day camps.

**Line 17 Legally Exempt Group Child Care Part-Time**

Enter the total net expenditures made for children in part-time legally exempt group child care.

**Line 18 Total**

Enter the total for each column 1-8. The amount in the column 1 should be equal to the sum of the amounts in columns 2 through 8 on this line. The amount on line 18, column 1, should equal the amount on the RF-2, Schedule G, line 2 (Day Care Services for Children), column 1 (Gross Expenditures), plus the amount on the RF-2, Schedule H, line 2 (Day Care Services for Children), column 1 (Total) for the same claim month.

## **Child Counts**

For the Schedule G-2 reverse, lines 1-17, columns 2-8, report the duplicated number of children who received day care for the month. These amounts are taken from the BICS Schedule G-2 Child Count Statistical Report (File DCG2FILE0000), columns 2-9. For the Schedule G-2, column 8, lines 1-17, enter the sum of column 8 (PA Services cases) and column 9 (PA Non-Services cases) of the BICS Schedule G-2 Child Count Statistical Report. After posting counts to the Schedule G-2, enter in column 1, lines 1-17, the sum of the amounts in columns 2-8. Enter on line 18, columns 2-8, the respective unduplicated totals of lines 1-17, columns 2-8. The amounts are taken from the BICS Schedule G-2 Child Count Statistical Report (File DCG2FILE0000). For line 18, column 1, enter the sum of the amounts in columns 2-8. The totals appearing on line 18 may or may not equal the sum of lines 1-17 for each respective column because lines 1-17, columns 2-8, report the duplicated number of children who received day care for the month.

Please note, the LDSS-2109 Schedule G-2, Child Counts report appears as a separate BICS print file entitled "DCG2FILE0000" with the county qualifier. The former BICS LDSS-2109 Schedule G-2 Child Counts report is included with other BICS statistic reports in the print file entitled "STATREPT0000." This report is for district use. Both files are requested with the composites and other statistical reports on BICS Production Request for the Composites and Statistics (BPR-42).

## **Child-Fees Paid**

Enter on this line the number of children for whom day care fees have been paid. These clients will be charged a sliding fee for services based on the state approved day care fee schedule in effect.

LDSS-2109 (Rev. 1/16)		DISTRICT		DATE				
<p align="center"><b>SCHEDULE G-2</b>  <b>SUMMARY OF ALL PAYMENTS FOR DAY CARE</b>  <b>DEPARTMENT OF FAMILY ASSISTANCE</b></p>								
	TOTAL (1)	TITLE XX DAY CARE						
		TANF/SSI (2)	INCOME ELIGIBLE (3)	PREVENTIVE (4)	PREVENTIVE UNDER 200% (5)	PROTECTIVE CHILDREN (6)	DAY CARE BLOCK GRANT 100% FUNDED (7)	DAY CARE BLOCK GRANT 75% FUNDED (8)
1. Legally Exempt In-Home Child Care Relative (Full Time)	0							
2. Legally Exempt In-Home Child Care Relative (Part Time)	0							
3. Legally Exempt In-Home Child Care Non-Relative (FT)	0							
4. Legally Exempt In-Home Child Care Non-Relative (PT)	0							
5. Family Day Care FT	0							
6. Family Day Care PT	0							
7. Day Care Center FT	0							
8. Day Care Center PT	0							
9. Group Family DC FT	0							
10. Group Family DC PT	0							
11. Legally Exempt Family Child Care Relative (FT)	0							
12. Legally Exempt Family Child Care Relative (PT)	0							
13. Legally Exempt Family Child Care Non-Relative (FT)	0							
14. Legally Exempt Family Child Care Non-Relative (PT)	0							
15. School Age Day Care	0							
16. Legally Exempt Group Child Care (FT)	0							
17. Legally Exempt Group Child Care (PT)	0							
18. Total	0	0	0	0	0	0	0	0

CERTIFICATE OF ADMINISTRATIVE OFFICIAL

The undersigned certifies that the expenditures (and value of goods and services supplied) and statistics for day care as shown above and in the supporting schedules and rolls which are a part hereof are just, true and correct and have been duly authorized by the undersigned; that the grantees to whom and in whose behalf the expenditures for day care shown above and in the schedules which are a part hereof were made, have been investigated and found in need of the assistance or care provided and that such expenditures were made under the provisions of the Social Services Law and the rules and regulation of the State Department of Family Assistance.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF ADMINISTRATIVE OFFICER)

\_\_\_\_\_  
(TITLE)

LDSS-2109 Reverse (Rev. 1/16)							
SCHEDULE G-2 CHILD COUNTS							
	TOTAL (1)	TANF/SSI (2)	TITLE XX DAY CARE			DAY CARE BLOCK GRANT 100% FUNDED (7)	DAY CARE BLOCK GRANT 75% FUNDED (8)
			INCOME ELIGIBLE (3)	PREVENTIVE (4)	PREVENTIVE UNDER 200% (5)		
1. Legally Exempt In-Home Child Care Relative (Full Time)	0						
2. Legally Exempt In-Home Child Care Relative (Part Time)	0						
3. Legally Exempt In-Home Child Care Non-Relative (FT)	0						
4. Legally Exempt In-Home Child Care Non-Relative (PT)	0						
5. Family Day Care FT	0						
6. Family Day Care PT	0						
7. Day Care Center FT	0						
8. Day Care Center PT	0						
9. Group Family DC FT	0						
10. Group Family DC PT	0						
11. Legally Exempt Family Child Care Relative (FT)	0						
12. Legally Exempt Family Child Care Relative (PT)	0						
13. Legally Exempt Family Child Care Non-Relative (FT)	0						
14. Legally Exempt Family Child Care Non-Relative (PT)	0						
15. School Age Day Care	0						
16. Legally Exempt Group Child Care (FT)	0						
17. Legally Exempt Group Child Care (PT)	0						
18. Total	0						
Child - Fees Paid	0						

## **RF-2, Schedule H**

The RF-2, Schedule H is used to claim federal and/or state reimbursement for Non-Title XX eligible POS expenditures. This schedule is a part of the RF-2 claim package, and must be electronically submitted each month, regardless of whether the district had any expenditure to report. Expenditures reported on this schedule are reported at the gross reimbursable amount.

FFFS was enacted in the 2005-2006 State Fiscal Year (SFY) budget and encompasses nearly all TANF programs administered by the district. The district must prepare and submit an annual plan for transferring FFFS funds to Non-Title XX as instructed in the OTDA annual FFFS administrative directive that outlines FFFS plan submission instructions. FFFS funds are available to reimburse the following expenditures on this schedule: columns 2 (EAF FC/Tuition JD) through 4 (EAF Foster Care/Tuition) and 6 (EAF Protective) through 9 (EAF Preventive Under 200%),

Districts choose the amount of FFFS federal funding they want applied to the above listed services expenditures. A district may only fund child care services costs with FFFS funds by transferring those funds to the Child Care Development Fund (CCDF).

EAF service amounts not noted above are reimbursed at a 100% federal share (outside of FFFS). Effective October 2014, these EAF services will be claimed on the RF-2, Schedule N.

For NYC, if eligible, state share for non-federal expenditures (subject to the annual appropriation and child welfare settlement) may be provided for child preventive services given to TANF eligible CTH youth, provided the child welfare threshold provisions are met according to [FRM Volume 1](#), Chapter 8 guidelines.

For the rest of the state, if eligible, state share for non-federal expenditures (subject to the annual appropriation and child welfare settlement) is available for child preventive and child protective services if the child welfare threshold provisions are met. A 100% state share on non-federal EAF FC/Tuition and EAF FC/Tuition JD/PINS expenditures will be provided by Foster Care Block Grant (FCBG) subject to the annual allocation provided via the OCFS LCM.

Column 12 (FNP Adoption Services) are reimbursed subject to the annual child welfare appropriation and the child welfare settlement.

The following columns exist to report expenditures eligible for reimbursement under the NYSCCBG:

- Column 13 (Day Care Block Grant 100%) is provided for households other than those on PA
- Column 14 (Day Care Block Grant 75%) is provided for those households on PA

The NYSCCBG combines federal and state funding to reimburse districts for:

- Employment-related day care provided to PA clients
- Day care provided to families eligible for EAF
- Child care provided to families choosing child care assistance in lieu of PA
- Day care provided to families transitioning off PA and Child Care in Lieu of Cash Assistance (CILOCA)
- Day care provided to low-income families
- Day care provided to children at risk

The district may choose to supplement its child care allocation with FFFS funds by transferring FFFS funds to the NYSCCBG. FFFS funds that are transferred to the NYSCCBG are governed by the federal and state rules for such funds and eligibility is determined and expenditures are reported and claimed as the NYSCCBG.

Any FFFS funds transferred to the NYSCCBG may be used for day care expenditures. Separate funding remains for day care provided under the Title XX Social Services Block Grant and claimed on the RF-2, Schedule G.

The state determines at the time of settlement whether the day care expenditures are applied against federal or state funds. This schedule does not allow for entries to be made on the federal and state share lines for these columns.

## Columnar Instructions

Districts may refer to the BICS Services Payment Processing (BSPP) Manual, Chapter 9, to determine how payments are assigned to columns on the BICS Schedule H composite roll.

### Column 1 Total

Enter the result of adding together, for each line item, the amounts in columns 2 (EAF FC/Tuition JD) through 15 (NR/FNP Services).

### Column 2 EAF FC/Tuition JD

Enter the total gross expenditures, cancellations, and refunds for EAF FC/Tuition services paid on behalf of JD, which are eligible for 100% federal and state reimbursement. This column does not include gross expenditures, cancellations and refunds paid for NYC Close to Home/JD services. Home issued emergency certifications or approvals are eligible for TANF funding.

A district may use a portion of its FFFS funding to pay expenditures for the care, maintenance, supervision and tuition of EAF FC JD who are placed in residential programs operated by authorized agencies. These expenditures may be made under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996's (PRWORA) "grandfather" provisions that allow FFFS payments for programs previously paid under the Title IV-A program in effect in FFY 1994-1995. The non-federal share of these EAF JD expenditures may not be counted towards the TANF MOE.

Payments made for JD costs for EAF eligible children in FC settings operated by districts or voluntary agencies are reimbursed with federal FFFS funds at the discretion of the district. (if funds are available).

Federal shares are determined by the district. After federal FFFS funding is reported, a 100% state share for EAF JD costs may be claimed under the State FCBG subject to the annual allocations provided in the annual OCFS LCM and as described later in this chapter. State share is not available for tuition costs for children in FC in NYC.

Prior to April 2013, the federal share of EAF FC maintenance costs (Line 8) and tuition costs (Line 9), were claimed together on line 16 Federal Share for column (2). However, the federal TANF Quarterly Expenditures Report (QER) necessitates reporting these costs separately. Therefore, beginning with April 2013 claims, a footnote section has been added to this schedule to facilitate the separation of the federal share of these costs. The federal shares of these costs, as determined by the district, are now to be entered by the district into the footnote section. The sum of the federal shares entered into the footnote will automatically be entered into the applicable columns for line 16 (Federal Share).

**Column 3 EAF FC/Tuition PINS**

Enter the total gross expenditures, cancellations, and refunds for EAF FC/Tuition services paid on behalf of PINS. Home issued emergency certifications or approvals are eligible for TANF funding.

A district may use a portion of its FFFS funding to pay expenditures for the care, maintenance, supervision and tuition of EAF FC PINS who are placed in residential programs operated by authorized agencies. These expenditures may be made under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996's (PRWORA) "grandfather" provisions that allow FFFS payments for programs previously paid under the Title IV-A program in effect in FFY 1994-1995. The non-federal share of these EAF PINS expenditures may not be counted towards the TANF MOE.

Payments made for PINS costs for EAF eligible children in foster care settings operated by districts or voluntary agencies are reimbursed with federal FFFS funds at the discretion of the district (if funds are available).

Federal shares are determined by the district. After federal FFFS funding is reported, no state reimbursement is available for the placement of PINS youth. State share is not available for tuition costs for children in FC in NYC.

**Column 4 EAF Foster Care/Tuition**

Enter the total gross reimbursable expenditures, refunds and cancellations for EAF FC/Tuition services, which are eligible for up to 100% federal and state reimbursement.

Federal shares are determined by the districts, those expenditures that districts opt not to reimburse with FFFS funds will be subject to state reimbursement to the extent allocations are available provided in the annual FCBG LCM. State share is not available for tuition costs for children in FC in NYC.

Prior to April 2013, the federal share of EAF FC maintenance costs (Line 8) and tuition costs (Line 9), were claimed together on line 16 Federal Share for column (4). However, the federal TANF Quarterly Expenditures Report (QER) necessitates reporting these costs separately. Therefore, beginning with April 2013 claims, a footnote section has been added to this schedule to facilitate the separation of the federal share of these costs. The federal shares of these costs, as determined by the district, are now to be entered by the district into the footnote section. The sum of the federal shares entered into the footnote will automatically be entered into the applicable columns for line 16 (Federal Share).

**Column 5 EAF FC/Tuition RTA**

Leave blank.

Due to federal requirements, EAF is not available to support RTA. Edits to prevent the authorization of EAF for RTA-eligible youth will be added to WMS in the future. Districts should not use eligibility category code 04 or POS type suffix code E when authorizing services for an RTA-eligible youth. Any RTA claims submitted using these codes will need to be reversed by the district using the BICS services adjustment function in the Accounts Menu. See chapter 7 of the [BSPP Manual](#) for instructions on this process. For questions concerning how to claim for expenses, please contact [LocalRTAGuide@ocfs.ny.gov](mailto:LocalRTAGuide@ocfs.ny.gov).

**Column 6 EAF Protective**

Enter the total gross expenditures, refunds and cancellations for EAF Child Protective cases whose income is at or over 200% of the FPL. These expenditures are for child protective services that meet the EAF eligibility criteria. Federal FFFS funding is provided at the district's discretion (if funds are available). Districts enter the desired federal share in this column. State reimbursement is provided

for net-federal claims if the child welfare threshold is met and is subject to the annual appropriation and child welfare settlement.

These expenditures are authorized in WMS services with a direct service type of 17, a suffix code of P, claiming category of 04, but not a POS service type code of 30-37, 3A-3I.

**Column 7 EAF Protective Under 200%**

Enter the total gross reimbursable expenditures, refunds and cancellations for EAF protective services provided to clients who are certified eligible with incomes under 200% of the federal poverty limit. federal FFFS funding is provided at the district's discretion (if funds are available). Districts enter the desired federal share in this column. State reimbursement is provided on the non-federal share, subject to the annual appropriation and child welfare settlement, if the county child welfare threshold is met.

EAF protective under 200% amounts are authorized in WMS services with a direct service type of 17, a suffix code of C, claiming category of 04, but not a POS service type code of 30-37, 3A-3I.

**Column 8 EAF Preventive**

Enter the total gross reimbursable expenditures, refunds, and cancellations for EAF preventive service cases whose income is at or over 200% of the federal poverty limit. Federal FFFS funding is provided at the district's discretion (if funds are available). Districts enter the desired federal share in this column. State reimbursement is provided on the non-federal share, subject to the annual appropriation and child welfare settlement, if the county child welfare threshold is met.

These expenditures are authorized in WMS services with a direct service type of 25, a suffix code of W, claiming category of 04, but not a POS service type code of 30-37, 3A-3I.

**Column 9 EAF Preventive Under 200%**

Enter the total gross reimbursable expenditures, refunds and cancellations for EAF preventive services provided to clients who are certified eligible with incomes under 200% of the federal poverty level. Federal FFFS funding is provided at the district's discretion (if funds are available). Districts enter the desired federal share in this column. Title XX funding may also be available and determined in the settlement process. State reimbursement is provided on the non-federal share, subject to the annual appropriation and child welfare settlement, if the county child welfare threshold is met.

These expenditures are authorized in WMS services with a direct service type of 25, a suffix code of D, claiming category of 04, but not a POS service type code of 30-37, 3A-3I.

**Column 10 EAF Preventive RTA**

Leave blank.

Due to federal requirements, EAF is not available to support RTA. Edits to prevent the authorization of EAF for RTA-eligible youth will be added to WMS in the future. Districts should not use eligibility category code 04 or POS type suffix code E when authorizing services for an RTA-eligible youth. Any RTA claims submitted using these codes will need to be reversed by the district using the BICS services adjustment function in the Accounts Menu. See chapter 7 of the [BSPP Manual](#) for instructions on this process. For questions concerning how to claim for expenses, please contact [LocalRTAGuide@ocfs.ny.gov](mailto:LocalRTAGuide@ocfs.ny.gov).

**Column 11 EAF Preventive RTA Under 200%**

Leave blank.

Due to federal requirements, EAF is not available to support RTA. Edits to prevent the authorization of EAF for RTA-eligible youth will be added to WMS in the future. Districts should not use eligibility category code 04 or POS type suffix code E when authorizing services for an RTA-eligible youth. Any RTA claims submitted using these codes will need to be reversed by the district using the BICS services adjustment function in the Accounts Menu. See chapter 7 of the [BSPP Manual](#) for instructions on this process. For questions concerning how to claim for expenses, please contact [LocalRTAGuide@ocfs.ny.gov](mailto:LocalRTAGuide@ocfs.ny.gov).

**Column 12 FNP Adoption**

Enter the total gross expenditures, refunds and cancellations for adoption services qualifying for state reimbursement, but not for federal reimbursement. State reimbursement is provided on the non-federal share, subject to the annual appropriation and child welfare settlement, if the county child welfare threshold is met.

**Column 13 Day Care Block Grant 100%**

Enter the total gross expenditures, refunds, cancellations, and fees for those day care services provided under the NYSCCBG for families not in receipt of PA.

A district must guarantee child care subsidies for twelve months to certain families transitioning from FA or CILCOA. Additionally, families are eligible, subject to the availability of funding, if:

- The family income is up to 200 percent of the State Income Standard,
- The family is at risk of becoming dependent on FA, and
- Child care services are needed for the child's caretaker to be employed or to enable a teenage parent to attend high school or an equivalency program.

Other families are eligible to receive funding provided the district has listed such families as eligible in the district's Consolidated Services Plan and subject to the availability of funds and any limitations specified in the plan. These may include families not receiving PA with income up to 200 percent of the State Income Standard who are:

- Seeking employment
- Participating in an approved substance abuse treatment program or assessment
- Receiving services for victims of domestic violence, in an emergency situation of short duration, or are homeless
- Participating in an approved educational or training program
- Living in a household in which a caretaker is physically or mentally incapacitated or has family duties away from the home
- Living in families with an open protective case, regardless of income

Also included in this column are the expenditures, refunds, cancellations, and fees for day care provided to EAF, SNAP and MA cases.

Do not include in this column expenditures for day care provided:

- under the Social Services Block Grant (Title XX)
- as child protective and child preventive services funded at a 62% state share

Day care expenditures reported in this column may be authorized in WMS Services with a POS service type of 30-37 or 3A-3I, and a suffix code of R.

Day Care for non-PA uses is authorized in non-services WMS with a pay type of 02-03, 30-34, 36-38, R0-R6, or R8. This is accomplished through using SNAP case types 31 or 32 or MA case types 20, 21, or 22.

Line 15 (Day Care Reimbursement) is a combination of federal and state funds. The federal and state share portions will be determined at the state level and be included on the appropriate federal or state share settlement notice. The district determines FFFS funding to be used in the reimbursement process. FFFS amounts are mixed in with other federal and state funding. The mix of these federal and state funds is shown on the state and federal settlement notices that the districts receive monthly.

#### **Column 14 Day Care Block Grant 75% Funded**

Enter the total gross expenditures for those day care services funded by the NYSCCBG, which are provided to families that are receiving PA.

A district must guarantee child care services to a family who has applied for or is in receipt of FA or SN when such services are needed for a child under 13 years of age. These child care services are necessary to enable the child's custodial parent or caretaker relative to engage in work or to participate in an approved activity, orientation, assessment, or work activities as required in their employment plan. Additionally, families are eligible, subject to the availability of funding, if the family is receiving FA or SN and child care services are necessary:

- To enable a parent or caretaker relative of a child aged 13 or older who has special needs or is under court supervision to work or participate in an approved activity
- To enable a teenage parent to attend high school or an equivalency program
- Because a parent or caretaker relative is physically or mentally incapacitated or has family duties away from home necessitating his or her absence

Other families are eligible to receive funding provided the district has listed such families as eligible in the district's Consolidated Services Plan and subject to the availability of funds and any limitations specified in the plan. These may include families applying for or in receipt of FA or SN and child care is needed for a parent or caretaker relative who is:

- Seeking employment
- Participating in an approved substance abuse treatment program or assessment
- Receiving services for victims of domestic violence, in an emergency of short duration
- Participating in an approved activity in addition to their required work activity
- Dealing with a mental or physical incapacitation or attending to family duties away from the home
- Living in families in which there is an open protective case, regardless of income
- Receiving PA when child care services are necessary for a sanctioned parent or caretaker relative to participate in unsubsidized employment whereby the parent or caretaker relative receives earned wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law

Day Care under this category is authorized in WMS Non-Services with a pay type of 02-03, 30-34, 36-38, R0-R6, or R8. The district may choose to authorize these expenditures for PA cases in WMS Services with a POS service type of 30-37 or 3A-3I, and a suffix code of S.

Line 15 (Day Care Reimbursement) is a combination of federal and state funds. The federal and state share portions will be determined at the state level and be included on the appropriate federal

or state share settlement notice. The district determines FFFS funding to be used in the reimbursement process. FFFS amounts are mixed in with other federal and state funding. The mix of these federal and state funds is shown on the state and federal settlement notices that the districts receive monthly.

The district share of day care expenditures for PA clients is 25%.

#### **Column 15 NR/FNP Services**

In all open cells except on line 7 (Domestic Violence), enter the total gross expenditures for non-reimbursable POS costs. On line 7 (Domestic Violence) enter the total gross FNP POS costs. This is the only cell used for FNP costs.

## **Line by Line Instructions**

Districts may refer to the BSPP Manual, Chapter 9, to determine how payments are assigned to lines on the BICS Schedule H composite roll.

#### **Line 1 Adoption Services**

Enter in the appropriate columns total expenditures for adoption services. Column 12 (FNP Adoption) are reimbursed pursuant to the annual budget and child welfare settlement. These services entail:

- assisting a child to secure an adoptive home (through counseling with biological parent(s) concerning surrender of child for adoption),
- assisting a parent(s) who is unwilling or unable to care for a child, to surrender such child for adoption, or instituting legal procedures to separate a child from his or her parent(s) under appropriate circumstance, and arranging for and providing legal services to accomplish this purpose,
- evaluating the need for placement, pre-placement planning, and selecting available children,
- counseling families after placement,
- supervising children in adoptive homes until legal adoption is completed, or
- providing post-adoption services including counseling of the child, adoptive parents, and biological parents for up to three years following legal adoption, for a maximum of 50 hours of service.

#### **Line 2 Day Care Services for Children**

Enter in the appropriate columns the total expenditures for child day care subsidies for eligible families.

#### **Line 3 Homemaker Services**

Enter in the appropriate columns the total expenditures for Homemaker Services. These services include:

- Assessing the need for, arranging for, providing for, and evaluating the provision of personal care,
- Providing home management
- Completing incidental household tasks through the services of a trained homemaker, who meets departmental standards

These services are provided for the following components:

- Component A: For children, because of illness, incapacity, or absence of a caretaker relative.
- Component B: For individuals, families, caretaker relatives, and/or children to achieve adequate household and family management.
- Component C: For individuals because of illness or incapacity. Component C is mandated for those eligible for SSI but optional for others.

Components A and B are optional.

#### Line 4 Housekeeper/Chore Services

Enter in the appropriate columns the total expenditures for Housekeeper/Chore Services.

These services include:

- Assessing the need for housekeeper/chore services
- Arranging for housekeeper/chore services
- Providing such services in accordance with standards of the department
- Evaluating the provision of light work or household tasks (including such activities as help in shopping, lawn mowing, simple household repairs, and running errands)

These are everyday activities which families and individuals in their own homes are unable to perform because of illness, incapacity, or absence of a caretaker relative. These tasks do not require the services of a trained homemaker.

Cash reimbursement may be provided to the client for irregular or intermittent services that are:

- Specifically identified in the service plan
- Approved by the agency prior to the purchase
- Secured by the individual within an authorized period at an authorized cost and upon presentation of a receipt

#### Line 5 Other Services

Enter in the appropriate columns total expenditures for other EAF related services that do not meet the descriptions for items on any other line.

#### Line 6 Transportation Services

Enter in the appropriate columns total expenditures for Transportation Services. Transportation Services consist of providing necessary transportation to and from facilities or resources to receive appropriate services as contained in the Consolidated Services Plan. Reimbursement may be made to the client for the cost of such transportation when such transportation has prior approval of the agency and upon presentation of a receipt.

#### Line 7 Domestic Violence

Enter in the appropriate columns the total expenditures for Services to Victims of Domestic Violence. Domestic Violence services include:

- Arranging for and providing emergency shelter at a licensed residential program for domestic violence victims who are not clients of PA. These domestic violence services must be provided directly by a licensed residential program, or an approved non-residential program, for victims of domestic violence

- Providing telephone hotline assistance which involves providing immediate crisis intervention, and information and referral services
- Providing information and referral services which involve providing information about and referral to community services and programs, including domestic violence residential services
- Providing advocacy services which involve intervening on behalf of victims to assist them in accessing legal remedies, protections and law enforcement personnel, as well as obtaining PA applications, medical care, social services, employment and housing
- Offering counseling services
- Providing community education/outreach activities
- Arranging to provide for the education of school-aged children, arranging day care to seek needed services, and providing counseling to the children of domestic violence victims

Enter in column 15 (NR/FNP Services) the total expenditures for only undocumented/non-qualified aliens receiving residential services for victims of Domestic Violence (DV). 09-OCFS-ADM-06 provides guidance regarding the federal law that authorizes aliens who are not lawfully present in the US to be eligible to receive state and district funded benefits for residential services. Chapter 584 of the Laws of 2008 amends section 398-e of the SSL to provide that all aliens, including a non-qualified or an undocumented alien, are eligible for residential services for victims of DV whenever the victim is otherwise eligible for such services pursuant to OCFS regulations, 18 NYCRR §408.4 and §452.9.

Although state share is blocked for column 15 (NR/FNP Services), state DV reimbursement is provided through the settlement process after the Title XX year is closed and Adult Protective (AP)/DV costs are reconciled.

#### Line 8 EAF Foster Care

Enter in the appropriate columns total expenditures for EAF FC services. Refer to the BSPP Manual, Chapter 9, to determine how payments are assigned to the columns.

#### Line 9 EAF Foster Care Tuition

Enter in the appropriate columns total expenditures for EAF FC Tuition. The BSPP Manual, Chapter 9, provides a matrix illustrating how payments are assigned to the columns. EAF FC Tuition is provided for children in institutions, attending institutions approved on-campus educational program or that of a special act school district. State share is not available for tuition costs for children in FC in NYC.

#### Line 10 EAF Preventive

Enter in the appropriate columns total expenditures for EAF Preventive Services for clients who either are or are not certified eligible under 200% of the federal poverty level. Refer to the BSPP Manual, Chapter 9, to determine how payments are assigned to the columns.

#### Line 11 Total Expenditures

Enter in the appropriate columns total expenditures for all non-Title XX services. Add each column down for lines 1 (Adoption Services) through 10 (EAF Preventive), and cross foot to the total.

#### Line 12 Refunds and Cancellations

Enter the total refunds, cancellations and recoveries related to expenditures, in each appropriate column. EAF FC support collections should be included with other refunds and entered in column 4 (EAF Foster Care/Tuition) after reviewing the monthly non-IV-A child support rolls. The EAF FC

support collections are also reported on the RF-2A, Schedule A-1, column 8 (Other Never Assistance) collections.

**Line 13 Fees Collected**

Enter in the appropriate columns total fees collected from families for day care and preventive services.

**Line 14 Net Expenditures**

For columns 2 (EAF FC/Tuition JD) through 15 (NR/FNP Services) enter the result of line 11 (Total Expenditures) minus lines 12 (Refunds and Cancellations) and 13 (Fees Collected) for each column. For column 1 (Total) enter the sum of columns 2 (EAF FC/Tuition JD) through 15 (NR/FNP Services).

**Line 15 Day Care Reimbursement**

For column 13 (Day Care Block Grant 100%) enter the amount from line 14 (Net Expenditures). For column 14 (Day Care Block Grant 75%) enter the result of line 14 (Net Expenditures) multiplied by 75%. For column 1 (Total) enter the sum of columns 13 (Day Care Block Grant 100%) and 14 (Day Care Block Grant 75%). This total reports day care expenditures paid with NYSCCBG.

Reimbursement of day care expenditures from the NYSCCBG represents a blend of federal and state funds. The actual federal and state shares cannot be calculated on this form.

**Line 16 Federal Share**

Column 1 (Total) - equals the sum of columns 2 (EAF FC/Tuition JD) through 11 (EAF Preventive RTA Under 200%).

Columns 2 (EAF FC/Tuition JD) through 4 (EAF Foster Care/Tuition) - equals the sum of lines 3 (EAF Foster Care Maintenance Federal Share) and 6 (EAF Foster Care Tuition Federal Share) for each corresponding column from the Footnote section and is included in FFFS. Any amount not going to FFFS for columns 2 (EAF FC/Tuition JD) and 4 (EAF FC/Tuition JD) will be included in the FCBG while column 3 (EAF FC/Tuition PINS) will be local share.

Columns 5 (EAF FC/Tuition RTA), 10 (EAF Preventive RTA) and 11 (EAF Preventive RTA Under 200%) - equals the result of multiplying line 14 (Net Expenditures) by 0 for each column.

Columns 6 (EAF Protective) through 9 (EAF Preventive Under 200%) - enter the total federal shares to be assigned to FFFS. Any amount not going to FFFS will be a part of the Child Welfare Settlement.

**Line 17 Amount Eligible for State Share**

Column 1 (Total) - equals the sum of columns 2 (EAF FC/Tuition JD) and 4 (EAF Foster Care/Tuition) through 12 (FNP Adoption).

Columns 2 (EAF FC/Tuition JD) and 4 (EAF Foster Care/Tuition) through 11 (EAF Preventive RTA Under 200%) - equals the result of subtracting line 16 (Federal Share) from line 14 (Net Expenditures).

Column 12 (FNP Adoption) - equals line 14 (Net Expenditures).

**Line 18 State Share**

Column 1 (Total) - equals the sum of columns 2 (EAF FC/Tuition JD) and 4 (EAF Foster Care/Tuition) through 12 (FNP Adoption).

Columns 2 (EAF FC/Tuition JD), 4 (EAF Foster Care/Tuition), 5 (EAF FC/Tuition RTA), 10 (EAF Preventive RTA) and 11 (EAF Preventive RTA Under 200%) - equals line 17 (Amount Eligible for State Share) for each column.

Columns 6 (EAF Protective) through 9 (EAF Preventive Under 200%) and 12 (FNP Adoption) - equals the result rounded to the nearest dollar of multiplying line 17 (Amount Eligible for State Share) by 65% for each column. Actual state reimbursement is based upon child welfare funding, and is subject to the annual State budget.

#### Line 19 Local Share

Column 1 (Total) - enter the sum of columns 3 (EAF FC/Tuition PINS), 6 (EAF Protective) through 9 (EAF Preventive Under 200%), 12 (FNP Adoption), 14 (Day Care Block Grant 75%) and 15 (NR/FNP Services).

Column 3 (EAF FC/Tuition PINS) - equals the result of subtracting line 16 (Federal Share) from line 14 (Net Expenditures).

Columns 6 (EAF Protective) through 9 (EAF Preventive Under 200%) and 12 (FNP Adoption) - equals the result of subtracting line 18 (State Share) from line 17 (Amount Eligible for State Share) for each column.

Column 14 (Day Care Block Grant 75%) - equals the result of subtracting line 15 (Day Care Reimbursement) from line 14 (Net Expenditures).

Column 15 (NR/FNP Services) - equals line 14 (Net Expenditures).

## Footnote Instructions

#### Line 1 EAF Foster Care Maintenance Refunds and Cancellations

Enter the total EAF FC Maintenance refunds, cancellations and recoveries for each column.

Note: all the columns are prime fields with the BICS/ACS Interface. Due to federal requirements, EAF is not available to support RTA. Edits to prevent the authorization of EAF for RTA-eligible youth will be added to WMS in the future. Districts should not use eligibility category code 04 or POS type suffix code E when authorizing services for an RTA-eligible youth. Any RTA claims submitted using these codes will need to be reversed by the district using the BICS services adjustment function in the Accounts Menu. See chapter 7 of the [BSPP Manual](#) for instructions on this process. For questions concerning how to claim for expenses, please contact [LocalRTAGuide@ocfs.ny.gov](mailto:LocalRTAGuide@ocfs.ny.gov).

#### Line 2 EAF Foster Care Maintenance Net Expenditures

Equals the result of subtracting Footnote line 1 (EAF Foster Care Maintenance Refunds and Cancellations) from line 8 (EAF Foster Care) for each column.

#### Line 3 EAF Foster Care Maintenance Federal Share

Columns 2 (EAF FC/Tuition JD) through 4 (EAF Foster Care/Tuition) - enter the total federal shares to be assigned to FFFS. Any amount not going to FFFS for columns 2 (EAF FC/Tuition JD) and 4 (EAF FC/Tuition JD) will be included in the FCBG while column 3 (EAF FC/Tuition PINS) will be local share. Note: FNP BICS composite items should not be included as federal share.

Column 5 (EAF FC/Tuition RTA) - equals the result of multiplying line 2 (EAF Foster Care Maintenance Net Expenditures) by 0.

#### Line 4 EAF Foster Care Tuition Refunds and Cancellations

Enter the total EAF FC Tuition refunds, cancellations and recoveries for each column.

Note: all the columns are prime fields with the BICS/ACS Interface. Due to federal requirements, EAF is not available to support RTA. Edits to prevent the authorization of EAF for RTA-eligible youth will be added to WMS in the future. Districts should not use eligibility category code 04 or POS type suffix code E when authorizing services for an RTA-eligible youth. Any RTA claims submitted using these codes will need to be reversed by the district using the BICS services adjustment function in the Accounts Menu. See chapter 7 of the [BSPP Manual](#) for instructions on this process. For questions concerning how to claim for expenses, please contact [LocalRTAGuide@ocfs.ny.gov](mailto:LocalRTAGuide@ocfs.ny.gov).

**Line 5 EAF Foster Care Tuition Net Expenditures**

Equals the result of subtracting Footnote line 4 (EAF Foster Care Tuition Refunds and Cancellations) from line 9 (EAF Foster Care Tuition) for each column.

**Line 6 EAF Foster Care Tuition Federal Share**

Columns 2 (EAF FC/Tuition JD) through 4 (EAF Foster Care/Tuition) - enter the total federal shares to be assigned to FFFS. Any amount not going to FFFS for columns 2 (EAF FC/Tuition JD) and 4 (EAF FC/Tuition JD) will be included in the FCBG while column 3 (EAF FC/Tuition PINS) will be local share. Note: FNP BICS composite items should not be included as federal share.

Column 5 (EAF FC/Tuition RTA) - equals the result of multiplying line 5 (EAF Foster Care Tuition Net Expenditures) by 0.

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## **RF-2, Schedule K**

### **Overview**

The RF-2, Schedule K is used to claim federal and state reimbursement for net (total expenditures less cancellations and refunds) child care (FC and adoptive subsidies) expenditures made at the district level. This schedule is a part of the monthly RF-2 claim package. It must be electronically submitted each month regardless of whether the district had any expenditures to report.

This schedule accommodates federal requirements to separately identify and claim a service component, administrative component, and maintenance component for FP FC maintenance payments. The payments reported are for federally eligible by setting type:

- Child care institutions - specified settings
- Child care institutions - non-specified settings
- Voluntary agency foster family boarding home

This schedule is divided into two sections to identify and claim the maintenance, administrative, and social services components of the rates paid to voluntary agencies. Section 1 identifies the total maintenance expenditures, cancellations and refunds of the three types of FC settings provided by agencies. Section 1 information is entered by the districts into ACS. ACS multiplies the amounts entered in Section 1 by the state provided maintenance component, service component, and administrative component, and enters the results in Section 2, lines 1a through 12c.

Local District or Direct homes (both fully certified or fully approved as well as foster homes approved on an emergency basis by the district) and all other amounts claimed on this schedule are not affected by the federal requirements regarding rate components.

This schedule also identifies the non-federal share of FC expenditures that are eligible for 100% state share reimbursement under the FCBG, up to each district's ceiling (pursuant to the annual FCBG LCM), and RTA-eligible youth, up to the amount approved in the NYS DOB approved Comprehensive Fiscal Plan for RTA for eligible localities. However, the local share column (Section 2, column 15) calculates any non-reimbursable expenditures and assistance not covered by FCBG or RTA for FC expenditure lines. No FCBG funding is available for FC placement expenditures of PINS youth.

FC rates include a maintenance component, services component, and administrative component. The component percentages are developed from time studies of child care agencies. The quarterly time study percentages are reported on this schedule. The component amounts are calculated on Section 2, lines 1 through 12. Title IV-E reimbursement is available for the FC maintenance component and administrative component. The federal statutory definition of maintenance is payments to cover the costs of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. For institutional care, maintenance also includes the reasonable costs of administration (the administrative component), which includes the operation of such institution as necessarily required to provide the items described in the preceding sentence.

The Title IV-E federal share cannot be charged for the services component of FC maintenance costs. The FNP services component provided to a FC child include:

- Counseling and therapy to help with a child's adjustment at the institution
- Counseling and therapy to help a child resolve the problem(s) for which (s)he is placed
- Counseling and therapy with a child and his or her biological family to resolve the difficulties that led to the need for placement
- Counseling and therapy to plan for the return of the child to the community
- Psychological or educational testing evaluation and assessment

State share is not available for Committee on Special Education expenditures that are claimed on Section 2, lines 20a and 20b.

## **Definitions**

The following definitions are helpful in completing the claim form.

### **Child care institution**

A private child care institution, or a public child care institution which accommodates no more than 25 children, which is licensed by the State in which it is situated or has been approved by the agency of the State responsible for licensing or approval of institutions of this type as meeting the standards established for the licensing.

### **Foster Care (FC)**

Activities and functions provided for the care of a child away from his or her home 24 hours per day in a foster family home, a certified specified setting, or a certified non-specified setting.

### **Foster care agency close to home JD**

Provides for the placement of NYC adjudicated JDs determined by a Family Court as needing non-secure placements into custody of NYC ACS.

### **Foster family home**

A home of an individual or family that is certified or approved by the State in which it is situated as a foster family home that meets the standards established for the certifying or approval; and in which a child in foster care has been placed in the care of an individual, who resides with the child and who has been certified or approved by the State to be a foster parent.

### **Non-specified setting**

Is defined as all child care institutions except those determined to qualify as a specified setting.

### **Specified setting**

Is a child care institution that includes only the following:

- A qualified residential treatment program
- A setting specializing in providing prenatal, postpartum, or parenting supports for youth
- In the case of a child who has attained 18 years of age, a supervised setting in which the child is living independently

- A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims

## **Columnar Instructions**

On original claims, ACS populates information from the Schedule K monthly composite rolls.

### **Group A Total Expenditures**

#### **Column 1 Total**

Equals the sum of columns 2 (Federal Participation) through 4 (Non Reimbursable).

#### **Column 2 Federal Participation**

Enter the total expenditures made on behalf of Title IV-E clients, including Title IV-E JD/PINS, eligible for federal reimbursement.

#### **Column 3 Federal Non-Participation**

Enter the total expenditures made on behalf of Title IV-E clients, including Title IV-E JD/PINS, eligible for state reimbursement but not federal reimbursement.

#### **Column 4 Non Reimbursable**

Enter the total expenditures made on behalf of Title IV-E clients, including Title IV-E JD/PINS, not eligible for federal or state reimbursement.

### **Group B Cancellations & Refunds**

Where an institutional refund cannot be identified as either FP, FNP, or non-reimbursable, apply the refund in the same ratio as the maintenance and education expenditures are claimed in the current month.

#### **Column 5 Total**

Equals the sum of columns 6 (Federal Participation) through 8 (Non Reimbursable).

#### **Column 6 Federal Participation**

Enter the cancellations and refunds applicable to expenditures eligible for federal reimbursement. Include any repayments retained from current and former IV-E child support collections. These collections may be allocated to each line based on the proportion of each line's total FP expenditures from the Schedule K monthly composite roll.

#### **Column 7 Federal Non Participation**

Enter the cancellations and refunds applicable to expenditures eligible for state reimbursement but not federal reimbursement.

#### **Column 8 Non Reimbursable**

Enter the cancellations and refunds applicable to expenditures that are not eligible for federal or state reimbursement.

### **Group C Net Expenditures**

#### **Column 9 Total**

Equals the sum of columns 10 (Federal Participation) through 12 (Non Reimbursable).

**Column 10 Federal Participation**

Equals the result of subtracting column 6 (Federal Participation) from column 2 (Federal Participation).

**Column 11 Federal Non Participation**

Equals the result of subtracting column 7 (Federal Non Participation) from column 3 (Federal Non Participation).

**Column 12 Non Reimbursable**

Equals the result of subtracting column 8 (Non Reimbursable) from column 4 (Non Reimbursable).

**Group D Shares**

**Column 13 Federal**

Lines 1a (Child Care Institutions - Specified Setting Maintenance) through 17 (KinGAP) - equals the result rounded to the nearest dollar of multiplying column 10 (Federal Participation) by 50% for each line where applicable.

Line 21 (Total) - equals the sum of lines 1a (Child Care Institutions - Specified Setting Maintenance) through 17 (KinGAP).

**Column 14 State**

Lines 1a (Child Care Institutions - Specified Setting Maintenance) through 15b (Foster Family Home - Direct/VA Misc JD) and 16c (Adoption Subsidies 100% Excess) through 19 (Residential Treatment Facilities - Tuition Only) - equals the result of subtracting column 13 (Federal) from the sum of columns 10 (Federal Participation) and 11 (Federal Non Participation) for each line where applicable.

Lines 16a (Adoption Subsidies Placements) and 16b (Adoption Subsidies Medical) - equals the result rounded to the nearest dollar of multiplying the result of subtracting column 13 (Federal) from the sum of columns 10 (Federal Participation) and 11 (Federal Non Participation) by 62% for each line.

Line 20a (Committee on Special Education Blind and Handicapped) - equals the result rounded to the nearest dollar of multiplying column 11 (Federal Non Participation) by 46.06%. Any amount in this line will not be reimbursed as there is actually no state share for Committee on Special Education expenditures.

Line 20b (Committee on Special Education All Other) - equals the result rounded to the nearest dollar of multiplying column 11 (Federal Non Participation) by 18.424%. Any amount in this line will not be reimbursed as there is actually no state share for Committee on Special Education expenditures.

Line 21 (Total) - equals the sum of lines 1a (Child Care Institutions - Specified Setting Maintenance) through 20b (Committee on Special Education All Other).

**Column 15 Local**

Lines 1a (Child Care Institutions - Specified Setting Maintenance) through 20b (Committee on Special Education All Other) - equals the result of subtracting columns 13 (Federal) and 14 (State) from column 9 (Total) for each line where applicable.

Line 21 (Total) - equals the sum of lines 1a (Child Care Institutions - Specified Setting Maintenance) through 20b (Committee on Special Education All Other).

## **Line by Line Instructions**

### **Section 1**

This section contains twelve lines, corresponding to three FC settings (child care institutions - specified setting, child care institutions - non-specified setting, and foster family boarding home (VA)) and four FC designations (CW, JD, PINS, RTA). There are also eight columns to report expenditures, cancellations, and refunds. The FP expenditure amounts and FP cancellation and refund amounts are multiplied by the above noted components on ACS. In Section 2, the service component amounts are identified for FNP reimbursement, except for PINS which are identified as NR. All other components are reported in FP categories.

#### **Line 1 Child Care Institutions - Specified Setting**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of non-JD/PINS/RTA FC youths placed in a specified setting. See "Columnar Instructions" on page 96 for further information on column instructions.

#### **Line 2 Child Care Institutions - Specified Setting - JD**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of youths who are in district care and custody, or custody and guardianship, and are adjudicated as JD and who have been placed in a specified setting. See "Columnar Instructions" on page 96 for further information on column instructions.

#### **Line 3 Child Care Institutions - Specified Setting - PINS**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of PINS youths who are in district care and custody, or custody and guardianship, and who have been placed in a specified setting. Children who are eligible for, and in receipt of, foster care under Title IV-E (FP) all other children are claimed NR. No state funding is available for the placement cost of PINS youth. See "Columnar Instructions" on page 96 for further information on column instructions.

#### **Line 4 Child Care Institutions - Specified Setting - RTA**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of RTA youths who are in district care and custody, or custody and guardianship, and who have been placed in a specified setting. See "Columnar Instructions" on page 96 for further information on column instructions.

#### **Line 5 Child Care Institutions - Non-Specified Setting**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of non-JD/PINS/RTA FC youth placed in a non-specified setting. See "Columnar Instructions" on page 96 for further information on column instructions.

#### **Line 6 Child Care Institutions - Non-Specified Setting - JD**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of youths who are in district care and custody, or custody and guardianship, and are adjudicated as JD and who have been placed in a non-specified setting. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 7 Child Care Institutions - Non-Specified Setting - PINS**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of PINS youths who are in district care and custody, or custody and guardianship, and who have been placed in a non-specified setting. Children who are eligible for, and in receipt of, foster care under Title IV-E (FP) all other children are claimed NR. No state funding is available for the placement cost of PINS youth. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 8 Child Care Institutions - Non-Specified Setting - RTA**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of RTA youths who are in district care and custody, or custody and guardianship, and who have been placed in a non-specified setting. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 9 Foster Family Home - VA**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of non-JD/PINS/RTA FC youth placed in a foster family home certified or approved through a NYS voluntary agency. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 10 Foster Family Home - VA - JD**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of youths who are in district care and custody, or custody and guardianship, and are adjudicated as JD and who have been placed in a foster boarding home certified or approved through a NYS voluntary agency. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 11 Foster Family Home - VA - PINS**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of PINS youths who are in district care and custody, or custody and guardianship, and who have been placed in a foster boarding home approved or certified through a NYS voluntary agency. Children who are eligible for, and in receipt of, foster care under Title IV-E (FP) all other children are claimed NR. No state funding is available for the placement cost of PINS youth. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 12 Foster Family Home - VA - RTA**

Enter, in the appropriate columns, the expenditures, cancellations, and refunds made on behalf of RTA youths who are in district care and custody, or custody and guardianship, and who have been placed in a foster boarding home approved or certified through a NYS voluntary agency. See "Columnar Instructions" on page 96 for further information on column instructions.

**Component percentages**

The maintenance, service, and administrative percentages for each of the three FC settings are automatically entered by ACS, but may need to be manually entered by the district if the rate is not finalized in time. If this happens, a communication will be sent to districts using a Finance Unit Fact Flash (FUFF) providing instructions.

## **Section 2**

### **Lines 1a through 12c**

For amounts reported as FP in Section 1, ACS multiplies the expenditures, cancellations and refunds entered in columns 2 and 6 by the federal component percentages for maintenance, services and administration, and the results are carried forward to the appropriate lines and columns in Section 2. The 'a' lines are for the maintenance component, the 'b' lines are for the services component, and the 'c' lines are for the administrative component. The amounts calculated for the maintenance and administrative components remain in the FP columns while the service component does not. Federal Title IV-E reimbursement is not available for services provided by voluntary agencies as opposed to maintenance and administrative costs; as such, the amounts calculated are moved to either the NR column for PINS, or FNP column for all the other FC designations.

For amounts reported as FNP or NR in Section 1, ACS enters these amounts in Section 2 on the appropriate 'a' line using the same column from Section 1. ACS also calculates net expenditures and determines the appropriate federal, state, and local shares in Section 2. See "Columnar Instructions" on page 96 for further information on column instructions.

### **Lines 13a through 13d Child Care Institutions - Specified Setting**

Enter "miscellaneous" FC expenditures, refunds and cancellations made on behalf of foster children placed in a specified setting. These expenditures are not subject to the federal component percentages for maintenance, services, and administration. For a detailed list of specific POS types that are to be claimed on this line please review the [BSPP Manual](#), Chapter 9. Tuition costs are entered as FNP or NR for PINS. Note: state share is not available for tuition costs for children in foster care in NYC. See "Columnar Instructions" on page 96 for further information on column instructions.

Line 13a is for youth who are not JD, PINS or RTA.

Line 13b is for JD youth.

Line 13c is for PINS youth. State share is not available for PINS placements.

Line 13d is for RTA youth. State share is available for 100% of the non-federal costs, subject to locality eligibility, youth eligibility and pursuant to an annual plan approved by DOB.

### **Lines 14a through 14d Child Care Institutions - Non-Specified Setting**

Enter "miscellaneous" FC expenditures, refunds and cancellations made on behalf of foster children placed in a non-specified setting. These expenditures are not subject to the federal component percentages for maintenance, services, and administration. For a detailed list of specific POS types that are to be claimed on this line please review the [BSPP Manual](#), Chapter 9. Tuition costs are entered as FNP or NR for PINS. Note: state share is not available for tuition costs for children in foster care in NYC. See "Columnar Instructions" on page 96 for further information on column instructions.

Line 14a is for youth who are not JD, PINS or RTA.

Line 14b is for JD youth.

Line 14c is for PINS youth. State share is not available for PINS placements.

Line 14d is for RTA youth. State share is available for 100% of the non-federal costs, subject to locality eligibility, youth eligibility and pursuant to an annual plan approved by DOB.

**Line 15a through 15d Foster Family Home - Direct/VA Misc**

Enter expenditures, refunds and cancellations made on behalf of a foster child placed in a foster boarding home licensed by a district and foster children placed in a foster boarding home approved or certified through a NYS voluntary agency. These expenditures are not subject to the federal component percentages for maintenance, services, and administration. For a detailed list of specific POS types that are to be claimed on this line please review the [BSPP Manual](#), Chapter 9. See "Columnar Instructions" on page 96 for further information on column instructions.

Line 15a is for youth who are not JD, PINS or RTA.

Line 15b is for JD youth.

Line 15c is for PINS youth. State share is not available for PINS placements.

Line 15d is for RTA youth. State share is available for 100% of the non-Federal costs, subject to locality eligibility, youth eligibility and pursuant to an annual plan approved by DOB.

**Line 16 Adoption Subsidies**

Adoption Subsidies are monthly payments for the care and maintenance of a disabled or hard-to-place child, to the person(s) with whom the child has been placed out for adoption or by whom the child has been adopted. Medical payments shall be made only for the costs of such care, services and supplies as may be authorized under the State's plan of MA. The amount of such payments shall not exceed the schedules established under such plan.

Section 453.1(a) of the Social Services Law provides that, upon the death of persons who have adopted a child prior to the child's twenty-first birthday, adoption subsidy payments shall continue to be paid to the legal guardian or legal custodian of the child under the age of eighteen until the child attains the age of twenty-one. This statute was subsequently amended to add the authority upon the death of the adoptive parent(s) after the eighteenth birthday of the adopted child for the adoption subsidy to be paid to a legal guardian, representative payee or, under certain circumstances, directly to the adoptee. However, these subsidy payments are not reimbursable under Title IV-E.

If a child receiving an Adoption Subsidy is replaced into FC the adoptive family remains entitled to receive the subsidy payments providing they continue to be involved with the child. The child support unit should be notified when a child is replaced into FC since they can collect support for the child from the adoptive parents.

**Line 16a Adoption Subsidy - Placements**

Maintenance expenditures for adoption placements are reported for a 62% state share (subject to the annual enacted State budget for the adoption subsidy program), after federal reimbursement under Title IV-E is obtained, up to the district's own subsidy (board) rate. Adoption assistance for those children who meet all Title IV-E adoption assistance criteria, are eligible for federal reimbursement only after such adoptions are finalized. See "Columnar Instructions" on page 96 for further information on column instructions.

Title IV-E reimbursement is provided for non-recurring adoption expenses such as attorney fees up to a maximum of \$2,000.00 per child for each adoptive placement of a child with special needs. The payments should be directly charged to the IV-E adoption function on the RF-2A, LDSS-2347-B "Schedule D-2, Allocation for Claiming General Services Administration Expenditures" (RF-2A, Schedule D-2). Additional information regarding these non-salary costs may be found in [FRM Volume 3](#).

**Line 16b Adoption Subsidy - Medical**

Expenditures for non-Title XIX medical subsidies, should be claimed at a 62% state share (subject to the annual enacted State budget for the adoption subsidy program) up to the district's own subsidy rate. The non-Title XIX medical subsidies are FNP expenditures. Report non-Title XIX medical expenditures, cancellations, and refunds reimbursable under the state's medical adoption subsidy program. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 16c 100% Excess Rate**

If the "handicapped" or "hard-to-place child" resides in an adoptive home in another district, and the placing district rate is lower than that of the adopting parent's district, the district placing the child may claim 100% reimbursement for the difference between their rate and the rate of the district in which the child is placed.

Enter only that part of total payments in excess of the district's own subsidy rate, made on behalf of the child being placed in another district with a higher subsidy rate. Related cancellations and refunds should also be entered on this line. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 17 KinGAP (Kinship Guardianship Assistance Program)**

Enter on line 7 the KinGAP program expenditures, refunds, and cancellations pertaining to KinGAP. Refer to Administrative Directive (ADM) 11-OCFS-ADM-03, Kinship Guardianship Assistance Program (KinGAP), for program guidance. FNP expenditures are available for state reimbursement through the FCBG, subject to the district allocation provided in the annual LCM. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 18 Tuition for Foster Children**

Enter tuition expenditures, cancellations and refunds for FC children in institutions if these children attend the institution's approved on-campus educational program or that of a special act school district. This line also includes tuition expenditures, cancellations, and refunds for FC children placed in out of state facilities. Claiming amounts should be reported on column 3 through 4 and 7 through 8. State share is not available for tuition costs for children in FC in NYC. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 19 Residential Treatment Facilities (RTF) Tuition Only**

Only RTFs provide fully integrated longer-term mental health treatment services to seriously mentally ill youth between ages 5 and 21. Within the continuum of services provided or regulated by the Office of Mental Health, RTFs are less restrictive and less intensively staffed (especially in the medical areas) than psychiatric centers and provide more intensive staffing and services than mental health group homes and child care institutions. Most RTFs are operated by voluntary child care agencies.

The reimbursement, for tuition expenditures for these children, is 100% state share for those RTF children who are placed by a district, the OCFS or Family Court. The tuition expense for those RTF children who are not placed by a district, the OCFS or Family Court are the responsibility of the State Office of Mental Health.

Enter the tuition expenditures, cancellations and refunds for those RTF children who are placed by a district, OCFS, or Family Court. See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 20 Committee on Special Education (CSE)**

A child who possesses a specific physical, mental, emotional condition, or disability of such severity or kind, which in the opinion of the Department constitutes a significant obstacle to the child's adoption, is defined as a disabled child. (See Department Regulation 18 NYCRR 421.24(a)(2) and Article 89 of the New York State Education Law).

Enter on line 20a, Blind and Handicapped, the maintenance expenditures, cancellations, and refunds for a blind and handicapped child located in a state operated school for the deaf or blind by an entity other than the child's school district of residence. Expenditures for all Committee on Special Education (CSE) services authorized for periods prior to July 1, 2003 should also be reported on line 20a. Line 20a amounts are calculated for 46.06% state reimbursement, however, there is no actual state reimbursement.

Enter on line 20b, All Other, the maintenance expenditures, cancellations, and refunds for a handicapped child, placed by a local school district's committee on special education in an approved privately operated residential school, under the 10-month CSE maintenance reimbursable formula provisions of Chapter 52 of the 2011 State Education Law. State reimbursement is calculated for 18.424%, however, there is no actual state reimbursement.

If the payment for the CSE maintenance expense by a district is subject to reimbursement by the child's school district of residence, the district must submit a voucher to the child's school district of residence for reimbursement. Repayments by the school district are reported as NR refunds on line 20b, column 8.

See "Columnar Instructions" on page 96 for further information on column instructions.

**Line 21 Total**

Enter the total of Section 2, lines 1a through 20b for each of the columns. The totals in the FP and FNP columns will not match the respective total FP and FNP expenditures, cancellations and refunds reported on the BICS composites and manual adjustments. Calculating the FNP service component amounts on Section 2 causes the difference.

SCHEDULE K Reimbursement For Foster Care and Adoption Expenditures									
GROUP A				GROUP B					
TOTAL EXPENDITURES				CANCELLATIONS AND REFUNDS					
Item	Total (1)	Federal Participation (2)	Federal Non Participation (3)	Non Reimbursable (4)	Total (5)	Federal Participation (6)	Federal Non Participation (7)	Non Reimbursable (8)	
1. Child Care Institutions - Specified Setting									
2. Child Care Institutions - Specified Setting - JD									
3. Child Care Institutions - Specified Setting - PINS									
4. Child Care Institutions - Specified Setting - RTA									
5. Child Care Institutions - Non-Specified Setting									
6. Child Care Institutions - Non-Specified Setting - JD									
7. Child Care Institutions - Non-Specified Setting - PINS									
8. Child Care Institutions - Non-Specified Setting - RTA									
9. Foster Family Home - VA									
10. Foster Family Home - VA - JD									
11. Foster Family Home - VA - PINS									
12. Foster Family Home - VA - RTA									

  

	Maintenance	Service	Administrative
Child Care Institutions - Specified Setting Percents			
Child Care Institutions - Non-Specified Setting Percents			
Foster Family Home - VA Percents			

SCHEDULE K Reimbursement for Foster Care and Adoption Expenditures																
SECTION 2	GROUP A TOTAL EXPENDITURES				GROUP B CANCELLATIONS & REFUNDS				GROUP C NET EXPENDITURES				GROUP D SHARES			
	Total (1)	Federal Participation (2)	Federal Non- Participation (3)	Non- Reimbursable (4)	Total (5)	Federal Participation (6)	Federal Non- Participation (7)	Non- Reimbursable (8)	Total (9)	Federal Participation (10)	Federal Non- Participation (11)	Non- Reimbursable (12)	Federal (13)	State (14)	Local (15)	
Child Care Institutions - Specified Setting - VA																
a) Maintenance																
b) Service Component																
Child Care Institutions - Specified Setting - RTA																
a) Maintenance																
b) Service Component																
Child Care Institutions - Specified Setting - PINS																
a) Maintenance																
b) Service Component																
Child Care Institutions - Specified Setting - JD																
a) Maintenance																
b) Service Component																
Child Care Institutions - Non-Specified Setting - PINS																
a) Maintenance																
b) Service Component																
Child Care Institutions - Non-Specified Setting - RTA																
a) Maintenance																
b) Service Component																
Child Care Institutions - Non-Specified Setting - JD																
a) Maintenance																
b) Service Component																
Child Care Institutions - Non-Specified Setting - PINS																
a) Maintenance																
b) Service Component																
Child Care Institutions - Non-Specified Setting - RTA																
a) Maintenance																
b) Service Component																
Child Care Institutions - Non-Specified Setting - JD																
a) Maintenance																
b) Service Component																
1. Foster Family Home - VA - PINS																
a) Maintenance																
b) Service Component																
2. Foster Family Home - VA - RTA																
a) Maintenance																
b) Service Component																
3. Child Care Institutions - Specified Setting																
a) JPS - Misc																
b) JPS - Misc																
c) JPS - Misc																
d) JPS - Misc																
4. Child Care Institutions - Non-Specified Setting																
a) JPS - Misc																
b) JPS - Misc																
c) JPS - Misc																
d) JPS - Misc																
5. Foster Family Home - Direct VA																
a) Regular																
b) JD																
c) JPS - Misc																
d) JPS - Misc																
e) JPS - Misc																
f) JPS - Misc																
6. Adoption Subsidies																
a) Placements																
b) Medical																
c) 100% Excess																
7. FostCAP																
8. Tuition for Foster Children																
a) Tuition Only																
b) Tuition Only - Special Education																
c) Tuition Only - Special Education - Blind and Handicapped																
d) All Other																
21. Total																

## **RF-2, Schedule N**

### **Overview**

The RF-2, Schedule N is used to claim federal reimbursement for TANF funded program expenditures. This schedule is a part of the monthly RF-2 claim package. It must be electronically submitted each month regardless of whether the district had any expenditures to report.

The Federal government made changes to the TANF financial data collection, effective with federal fiscal year 2015. These changes were implemented to gain a better understanding of the types of activities on which states are spending their funds and analyze trends in how states choose to distribute their program funds. As part of this change, the United States Department of Health and Human Services (DHHS) modified and expanded the list of expenditure categories to include more detail on the broad range of services for children and families.

Included in this schedule are TANF case specific program expenditures as well as contract services program and administrative expenditures provided through the Flexible Fund for Family Services (FFFS). Case specific expenditures are those that were previously claimed on the RF-2, Schedule H in the EAF column (prior to October 1, 2014) but will now be claimed on this schedule using new category distinctions.

This schedule is used to claim expenditures for each EAF type of service. EAF reported on this schedule includes aid, care, and services granted to families with children, including migrant families, to deal with crises threatening the family and to meet urgent needs resulting from a sudden occurrence, or set of circumstances, demanding immediate attention. All EAF cases must have individual eligibility determinations prior to the date that EAF payments are made.

This schedule does not include the following EAF expenditures:

- EAF JD/PINS services
- EAF Close To Home JD services
- EAF FC services
- EAF Preventive services for children (including services for cases under 200% of the FPL)
- EAF Protective services for children (including services for cases under 200% of the FPL)

### **Columnar Instructions**

#### **Case Specific Expenditures, Columns 1 - 4**

##### **Column 1 - Total Program Expenditures**

Enter the total case specific program expenditures for each line item. This column is BICS interfaced but the fields are prime fields.

##### **Column 2 - Refunds & Cancellations**

Enter all applicable case specific refunds and cancellations for each line item. This column is BICS interfaced but the fields are prime fields.

**Column 3 - Net Program Expenditures**

Enter the difference between column 1 and column 2. This column is calculated.

**Column 4 - Federal Share**

Multiply amount in column 3 by 100% for each line item.

**Contract Services (FFFS), Columns 5 - 9**

**Column 5 - Total Program Expenditures**

Enter the total contract services expenditures (FFFS) for each line item.

**Column 6 - Refunds & Cancellations**

Enter all applicable contract services refunds and cancellations for each line item.

**Column 7 - Net Program Expenditures**

Enter the difference between column 5 and column 6 for each line item. This column is automatically calculated. Under TANF regulations costs considered to be program are:

- Direct costs, including salaries and fringe benefit costs for staff providing program services;
- Direct administrative costs associated with providing these services (e.g., supplies, equipment, travel, postage, utilities, rental costs, and maintenance); and
- Contracts devoted entirely to program activities.

**Column 8 - Net Administrative Costs**

Enter the amount spent on Administrative costs for each line item. Administrative costs which count toward the 15% statewide spending limit include:

- Contract costs that are not excluded totally or in part as program activities;
- All indirect or overhead costs (i.e., central services costs); and activities related to eligibility determinations.

**Column 9 - Total Net Contract Services (Prog + Admin)**

Enter the sum of column 7 and column 8 for each line item.

**Line by Line Instructions**

**Line 1 – Statutory Drug/Alcohol**

Enter FFFS expenditures for the costs of assessing TANF clients for drug and alcohol abuse and for monitoring the clients' attendance and progress in mandated substance abuse treatment. Since assessments are conducted only for those individuals identified as appropriate for assessment, there is no established goal. Performance data for Drug and Alcohol Assessment and Monitoring must be reported on TRACS 2 and the number of individuals identified as having substance abuse problems will be identified by WMS employability codes.

**Line 2 – Statutory Domestic Violence Liaison**

Enter FFFS expenditures for the costs associated with providing at least one trained domestic violence liaison (DVL). The tasks of the DVL are to perform a credibility determination and assessment of the PA applicant/recipient's DV claim; determine the need for waivers of specific PA requirements that may place the victim and/or the children at risk or make it more difficult for them to

escape an abusive situation; to refer the victim to appropriate services depending on their situation; and to enter the information into WMS via the DV subsystem. Performance of these tasks is the goal. Performance data comes from the DV reporting subsystem of WMS.

**Line 3 – Work Supports**

Enter assistance and non-assistance transportation benefits, such as the value of allowances, bus tokens, car payments, auto repair, auto insurance reimbursement, and van services provided in order to help families obtain, retain, or advance in employment, participate in other work activities, or as a non-recurrent, short-term benefit. It also includes goods provided to individuals in order to help them obtain or maintain employment, e.g., tools, uniforms, fees to obtain special licenses, as well as bonuses, incentives, and work support allowances (that do not meet the definition of “assistance”).

**Line 4 – TANF Child Care**

Enter child care expenditures for families that need child care to work, participate in work activities (such as job search, community service, education, or training), or for respite purposes. This includes child care provided to families who receive child care during a temporary period of unemployment.

**Line 5 – Financial Education and Asset Developments**

Enter expenditures related to programs and initiatives designed to support the development and protection of assets including contributions to Individual Development Accounts (IDAs) and related operational costs (that fall outside the definition of administrative costs), financial education services, tax credit outreach campaigns and tax filing assistance programs, initiatives to support access to mainstream banking, and credit and debt management counseling.

**Line 6 – Non-Recurrent Short Term Benefits**

Enter short-term benefits expenditures made to families in the form of cash, vouchers, subsidies, or similar form of payment to deal with a specific crisis situation or episode of need and excluded from the definition of assistance on that basis. This category includes expenditures such as emergency assistance and diversion payments, emergency housing and short-term homelessness assistance, emergency food aid, short-term utilities payments, burial assistance, clothing allowances, and back-to-school payments. It does not include tax credits, child care, transportation, or short-term education and training; such expenditures should be reported under other categories, as appropriate. Note, if there is another category specific to an activity, the related expenditures should be reported under that category regardless of whether the activity meets the definition of Non-Recurrent Short Term Benefit at 45 CFR 261.31(b)(1)

**Line 7 – Supportive Services**

Enter supportive services expenditures such as domestic violence services, and health, mental health, substance abuse and disability services, housing counseling services, and other family supports (federal TANF funds may not be used on expenditures for medical services).

**Line 8 – Services for Children and Youth**

Enter program expenditures designed to support and enrich the development and improve the life-skills and educational attainment of children and youth. This may include after-school programs and mentoring or tutoring programs. Note that if there is another category specific to an activity, the related expenditures should be reported under that category.

**Line 9 – Prevention of Out-of-Wedlock Pregnancies**

Enter program expenditures that provide sex education or abstinence education and family planning services to individuals, couples, and families in an effort to reduce out-of-wedlock pregnancies. Includes expenditures related to comprehensive sex education or abstinence programs for teens and pre-teens. Other benefits or services provided under TANF to prevent and reduce the instances of out-of-wedlock pregnancies should be reported under a more appropriate subcategory, e.g., Services for Children and Youth.

**Line 10 – Fatherhood and Two-Parent Family Formation**

Enter program expenditures that aim to promote responsible fatherhood and/or encourage the formation and maintenance of two-parent families. Activities within these programs may include marriage education, marriage and relationship skills, fatherhood skills programs; parent skills workshops; public advertising campaigns on the value of marriage and responsible fatherhood; education regarding how to control aggressive behavior; financial planning seminars; and divorce education and reduction programs.

**Line 11 – Family Support/Family Preservation/Reunification Services**

Enter community-based services expenditures that, provided to families involved in the child welfare system that are designed to increase the strength and stability of families so children may remain in or return to their homes. These services may include respite care for parents and relative caregivers; individual, group, and family counseling; parenting skills classes; case management; etc.

**Line 12 – Adoption Services**

Enter expenditures to provide services and activities designed to promote and support successful adoptions. Services may include pre-and post-adoptive services to support adoptive families, as well as adoptive parent training and recruitment.

**Line 13 – Additional Child Welfare Services**

Enter expenditures for other services provided to children and families at risk of being in the child welfare system, or who are involved in the child welfare system. This may include independent living services, service coordination costs, legal action, developing case plans, assessment/evaluation of family circumstances, and transportation to or from any of the services or activities described above.

**Line 14 – Home Visiting Programs**

Enter expenditures for programs where nurses, social workers, or other professionals/para-professionals provide services to families in their homes, including evaluating the families' circumstances; providing information and guidance around maternal health and child health and development; and connecting families to necessary resources and services.

**Line 15 - Administrative Costs**

Enter administrative costs as defined in 45 CFR Part 263.0. Based on the nature or function of the contract, include appropriate administrative costs associated with contracts and subcontracts that count towards the 15 percent administrative cost caps.

**Line 16 - Assessment/Service Provision**

Enter costs associated with screening and assessment (including substance abuse screening), SSI/SSDI application services, case planning and management, and direct service provisions that are neither "administrative costs," as defined at 45 CFR Part 263.0, nor are otherwise able to be allocated to another expenditure category. For example, case management for a TANF recipient related to the provision of an array of services.

LDS5-504 (rev. 10/14) NEW YORK STATE		District:		Month/Year:				
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE								
SCHEDULE N TANF FUNDED SERVICES								
Type of Services	CASE SPECIFIC EXPENDITURES			CONTRACT SERVICES EXPENDITURES (FFFS)				
	Total Program Expenditures (1)	Refunds & Cancellation (2)	Net Program Expenditures (3)	Total Program Expenditures (5)	Refunds & Cancellations (6)	Net Program Expenditures (7)	Net Administrative Costs (8)	Total Net Contract Services (Prog + Admin) (9)
1. Statutory Drug/Alcohol								
2. Statutory Domestic Violence Liaison								
3. Work Supports								
4. TANF Child Care								
5. Financial Education and Asset Developments								
6. Non-Recurrent Short Term Benefits								
7. Supportive Services								
8. Services for Children and Youth								
9. Prevention of Out-of-Wedlock Pregnancies								
10. Fatherhood and Two-Parent Family Formation								
11. Family Support/Family Preservation/Reunification Services								
12. Adoption Services								
13. Additional Child Welfare Services								
14. Home Visiting Programs								
15. Administrative Costs								
16. Assessment/Service Provision								
17. Total Expenditures								

## **RF-2, RF-2**

### **Overview**

The RF-2, RF-2 is the main claim for summarizing and reporting federal and/or state reimbursement of PA and care expenditures, as well as POS expenditures, made at the district level.

The RF-2 instructions are revised October 2005 to describe the new federal claiming process known as FFFS, and to indicate that the RF-2, Schedule H state share FCBG funding is now available for EAF FC and JD/PINS expenditures. The RF-2 is revised October 2005 to delete the Adjustment for FCBG section that is no longer necessary with the institution of the FFFS.

The entire RF-2 claim package must be electronically submitted monthly through ACS to the State as soon as completed, but no later than the 20th of the month following the month in which the expenditures were made. The entire RF-2 claim package, including the Schedules A, B, C, E-1, E, F, G, H, K and N, shall be submitted monthly, regardless of whether the district had any expenditures to report in each program assistance or POS area.

### **Line by Line Instructions**

#### **Line 1 Family Assistance**

Column 1 (Total Expenditures) - equals RF-2, Schedule A, line 3 (Net Expenditures), column 2 (Grand Total).

Column 2 (Federal Share) - equals RF-2, Schedule A, line 4 (Federal Share), column 2 (Grand Total).

Column 3 (State Share) - equals RF-2, Schedule A, line 6 (State Share), column 2 (Grand Total).

Column 4 (Local Share) - equals RF-2, Schedule A, line 7 (Local Share), column 2 (Grand Total).

#### **Line 2 EAA Assistance**

Column 1 (Total Expenditures) - equals RF-2, Schedule B, line 3 (Net Expenditures), column 7 (EAA).

Column 3 (State Share) - equals RF-2, Schedule B line 4 (State Share), column 7 (EAA).

Column 4 (Local Share) - equals RF-2, Schedule B, line 5 (Local Share), column 7 (EAA).

#### **Line 3 Guide Dogs**

Column 1 (Total Expenditures) - equals RF-2, Schedule B, line 3 (Net Expenditures), column 8 (Guide/Service Dogs).

Column 3 (State Share) - equals RF-2, Schedule B, line 4 (State Share), column 8 (Guide/Service Dogs).

Column 4 (Local Share) - equals RF-2, Schedule B, line 5 (Local Share), column 8 (Guide/Service Dogs).

#### **Line 4 Safety Net**

Column 1 (Total Expenditures) - equals RF-2, Schedule C, line 3 (Net Expenditures), column 2 (Grand Total).

Column 2 (Federal Share) - equals RF-2, Schedule C, line 4 (Federal Share), column 2 (Grand Total).

Column 3 (State Share) - equals RF-2, Schedule C, line 6 (State Share), column 2 (Grand Total).

Column 4 (Local Share) - equals RF-2, Schedule C, line 7 (Local Share), column 2 (Grand Total).

**Line 5 Adult Care**

Column 1 (Total Expenditures) - equals the sum of columns 3 (Private Institutions) through 5 (Adult Shelter) from the RF-2, Schedule B, line 3 (Net Expenditures).

Column 3 (State Share) - equals the sum of columns 3 (Private Institutions) through 5 (Adult Shelter) from the RF-2, Schedule B, line 4 (State Share).

Column 4 (Local Share) - equals the sum of columns 3 (Private Institutions) through 5 (Adult Shelter) from the RF-2, Schedule B, line 5 (Local Share).

**Line 6 Special Needs**

Column 1 (Total Expenditures) - equals RF-2, Schedule B, line 3 (Net Expenditures), column 6 (Family Type Home for Adults Special Needs).

Column 3 (State Share) - equals RF-2, Schedule B, line 4 (State Share), column 6 (Family Type Home for Adults Special Needs).

Column 4 (Local Share) - equals RF-2, Schedule B, line 5 (Local Share), column 6 (Family Type Home for Adults Special Needs).

**Line 7 SCHIP Services**

Column 1 (Total Expenditures) - equals the sum of columns 2 (Federal Share) and 3 (State Share).

Column 2 (Federal Share) - equals RF-2, Schedule E, line 35 (Total Federal Aid), column 4 (SCHIP).

Column 3 (State Share) - equals RF-2, Schedule E, line 40 (Total State Aid), column 4 (SCHIP).

**Line 8 MA**

Column 1 (Total Expenditures) - equals the sum of columns 2 (Federal Aid) through 4 (Local Share).

Column 2 (Federal Share) - equals the result of subtracting line 7 (SCHIP Services) from RF-2, Schedule E, line 43 (Adj. Federal Share), column 3 (Net Expenditures).

Column 3 (State Share) - equals the result of subtracting line 7 (SCHIP Services) from RF-2, Schedule E, line 40 (Total State Aid), column 3 (Net Expenditures).

Column 4 (Local Share) - equals RF-2, Schedule E, line 44 (Adj. Local Share), column 3 (Net Expenditures).

**Line 9 Day Care - 100%**

Column 1 (Total Expenditures) - equals RF-2, Schedule H, line 15 (Day Care Reimbursement), column 13 (Day Care Block Grant 100%). Reimbursement is a combination of federal and state funds, and the respective federal and state shares vary each month. NYS determines these shares monthly and includes them on the federal and state Settlement Notices, respectively. Shares are reimbursed through the settlement process up to the limit of the block grant allocation of the district.

**Line 10 Day Care - 75%**

Column 1 (Total Expenditures) - equals RF-2, Schedule H, line 15 (Day Care Reimbursement), column 14 (Day Care Block Grant 75%). Reimbursement is a combination of federal and state funds, and the respective federal and state shares vary each month. NYS will determine these shares each

month. The share amounts will be included on the appropriate federal and state Settlement Notices sent to districts on a monthly basis. Shares are reimbursed through the settlement process up to the limit of the block grant allocation of the district.

Column 4 (Local Share) - equals RF-2, Schedule H, line 19 (Local Share), column 14 (Day Care Block Grant 75%).

#### Line 11 Adoption Subsidies

Columns 1 (Total Expenditures) through 4 (Local Share) - equals line 1C (Total Adopt. Sub.) for each of the corresponding columns of the Computation Area.

#### Line 12 Foster Care Services

Columns 1 (Total Expenditures) through 4 (Local Share) - equals line 2C (Total Foster Care) for each of the corresponding columns of the Computation Area.

#### Line 13 FNP Services

Column 1 (Total Expenditures) - equals RF-2, Schedule H, line 14 (Net Expenditures), column 12 (FNP Adoption).

Column 3 (State Share) - equals RF-2, Schedule H, line 18 (State Share), column 15 (FNP Adoption).

Column 4 (Local Share) - equals RF-2, Schedule H, line 19 (Local Share), column 15 (FNP Adoption).

#### Line 14 EAF

Due to federal requirements, EAF is not available to support RTA. Edits to prevent the authorization of EAF for RTA-eligible youth will be added to WMS in the future. Districts should not use eligibility category code 04 or POS type suffix code E when authorizing services for an RTA-eligible youth. Any RTA claims submitted using these codes will need to be reversed by the district using the BICS services adjustment function in the Accounts Menu. See chapter 7 of the [BSPP Manual](#) for instructions on this process. For questions concerning how to claim for expenses, please contact [LocalRTAGuide@ocfs.ny.gov](mailto:LocalRTAGuide@ocfs.ny.gov).

Column 1 (Total Expenditures) - equals the sum of RF-2, Schedule F, line 3 (Net Expenditures), column 2 (Total); the sum of columns 2 (EAF FC/Tuition JD) through 11 (EAF Preventive RTA Under 200%) from the RF-2, Schedule H, line 14 (Net Expenditures); and RF-2, Schedule N, line 17 (Total Expenditures), column 3 (Case Specific Expenditures Net Program Expenditures).

Column 2 (Federal Share) - equals the sum of RF-2, Schedule F, line 4 (Federal Share), column 2 (Total); RF-2, Schedule H, line 16 (Federal Share), column 2 (EAF FC/Tuition JD); the sum of columns 4 (EAF Foster Care/Tuition) through 11 (EAF Preventive RTA Under 200%) from the RF-2, Schedule H, line 16 (Federal Share); and RF-2, Schedule N, line 17 (Total Expenditures), column 4 (Case Specific Expenditures Federal Share).

Column 3 (State Share) - equals the sum of RF-2, Schedule F, line 6 (State Share), column 2 (Total); RF-2, Schedule H, line 18 (State Share), column 2 (EAF FC/Tuition JD); and the sum of columns 4 (EAF Foster Care/Tuition) through 11 (EAF Preventive RTA Under 200%) from the RF-2, Schedule H, line 18 (State Share).

Column 4 (Local Share) - equals the sum of RF-2, Schedule F, line 7 (Local Share), column 2 (Total); RF-2, Schedule H, line 19 (Local Share), column 3 (EAF FC/Tuition PINS); and the sum of columns 6 (EAF Protective) through 9 (EAF Preventive Under 200%) from the RF-2, Schedule H line 19 (Local Share).

**Line 15 Contract Services (FFFS)**

Column 1 (Total Expenditures) - equals RF-2, Schedule N, line 17 (Total Expenditures), column 9 (Total Net Contract Services).

Column 2 (Federal Share) - equals RF-2, Schedule N, line 17 (Total Expenditures), column 9 (Total Net Contract Services).

**Line 16 Title XX Services**

Column 1 (Total Expenditures) - equals the sum of columns 2 (Federal Share) and 3 (State Share).

Column 2 (Federal Share) - equals RF-2, Schedule G, line 37 (Federal Share - Title XX), column 3 (Net Expenditures).

Column 3 (State Share) - equals RF-2, Schedule G, line 40 (State Share), column 8 (Raise the Age Title XX).

**Line 17 Title XX Under 200%**

Column 1 (Total Expenditures) - equals the sum of columns 2 (Federal Share) and 3 (State Share).

Column 2 (Federal Share) - equals RF-2, Schedule G, line 38 (Federal Share - Title XX Under 200%), column 3 (Net Expenditures).

Column 3 (State Share) - equals RF-2, Schedule G, line 40 (State Share), column 9 (Raise the Age Title XX Under 200%).

**Line 18 Title IV-E - Prevention**

Column 1 (Total Expenditures) - equals RF-2, Schedule G, line 35 (Balance), column 4 (Child Preventive Title IV-E).

Column 2 (Federal Share) - equals RF-2, Schedule G, line 36 (Federal Share - Title IVE), column 4 (Child Preventive Title IV-E).

**Line 19 Total - Lines 1 - 18**

Columns 1 (Total Expenditures) through 4 (Local Share) - equals the sum of lines 1 (Family Assistance) through 18 (Title IV-E - Prevention) for each column.

## **Instructions for the Computation Area**

### **Adoption Subsidies**

**Line 1A. 75%**

Column 1 (Total Expenditures) - equals the sum of lines 16a (Adoption Subsidies Placements) and 16b (Adoption Subsidies Medical) from the RF-2, Schedule K, Section 2, column 9 (Net Expenditures Total).

Column 2 (Federal Share) - equals RF-2, Schedule K, Section 2, line 16a (Adoption Subsidies Placements), column 13 (Shares Federal).

Column 3 (State Share) - equals the sum of lines 16a (Adoption Subsidies Placements) and 16b (Adoption Subsidies Medical) from the RF-2, Schedule K, Section 2, column 14 (Shares State).

Column 4 (Local Share) - equals the sum of lines 16a (Adoption Subsidies Placements) and 16b (Adoption Subsidies Medical) from the RF-2, Schedule K, Section 2, column 15 (Shares Local).

**Line 1B. 100% (Excess)**

Column 1 (Total Expenditures) - equals RF-2, Schedule K, Section 2, line 16c (Adoption Subsidies 100% Excess), column 9 (Net Expenditures Total).

Column 2 (Federal Share) - equals RF-2, Schedule K, Section 2, line 16c (Adoption Subsidies 100% Excess), column 13 (Shares Federal).

Column 3 (State Share) - equals RF-2, Schedule K, Section 2, line 16c (Adoption Subsidies 100% Excess), column 14 (Shares State).

Column 4 (Local Share) - equals RF-2, Schedule K, Section 2, line 16c (Adoption Subsidies 100% Excess), column 15 (Shares Local).

**Line 1C. Total Adopt. Sub. (To RF-2, Line 11)**

Columns 1 (Total Expenditures) through 4 (Local Share) - equals the sum of lines 1A (75%) and 1B (100% (Excess)) for each column. These amounts are transferred to line 11 (Adoption Subsidies) for each of the corresponding columns.

**Foster Care Services**

**Line 2A Total Child Care**

Column 1 (Total Expenditures) - equals RF-2, Schedule K, Section 2, line 21 (Total), column 9 (Net Expenditures Total).

Column 2 (Federal Share) - equals RF-2, Schedule K, Section 2, line 21 (Total), column 13 (Shares Federal).

Column 3 (State Share) - equals RF-2, Schedule K, Section 2, line 21 (Total), column 14 (Shares State).

Column 4 (Local Share) - equals RF-2, Schedule K, Section 2, line 21 (Total), column 15 (Shares Local).

**Line 2B Less: Adoption Subsidies Line 1C**

Columns 1 (Total Expenditures) through 4 (Local Share) - equals line 1C (Total Adopt. Sub.) for each column.

**Line 2C Total Foster Care (To RF-2, Line 12)**

Columns 1 (Total Expenditures) through 4 (Local Share) - equals the result of subtracting line 2B (Less: Adoption Subsidies Line 1C) from line 2A (Total Child Care) for each column. These amounts are transferred to line 12 (Foster Care Services) for each of the corresponding columns.

**Foster Care Block Grant**

**Line 3A EAF Services**

Column 1 (Total Expenditures) - equals the sum of columns 2 (EAF FC/Tuition JD) through 4 (EAF Foster Care/Tuition) from the RF-2, Schedule H, line 14 (Net Expenditures).

Column 2 (Federal Share) - equals the sum of columns 2 (EAF FC/Tuition JD) through 4 (EAF Foster Care/Tuition) from the RF-2, Schedule H, line 16 (Federal Share).

Column 3 (State Share) - equals the sum of columns 2 (EAF FC/Tuition JD) and 4 (EAF Foster Care/Tuition) from the RF-2, Schedule H, line 18 (State Share).

Column 4 (Local Share) - equals RF-2, Schedule H, line 19 (Local Share), column 3 (EAF FC/Tuition PINS).

Line 3B Foster Care (line 2C above less CSE claimed on Schedule K)

Column 1 (Total Expenditures) - equals the result of subtracting the sum of lines 20a (Committee on Special Education Blind and Handicapped) and 20b (Committee on Special Education All Other) from the RF-2, Schedule K, Section 2, column 9 (Net Expenditures Total) from line 2C (Total Foster Care).

Column 2 (Federal Share) - equals line 2C (Total Foster Care).

Column 3 (State Share) - equals the result of subtracting the sum of lines 20a (Committee on Special Education Blind and Handicapped) and 20b (Committee on Special Education All Other) from the RF-2, Schedule K, Section 2, column 14 (Shares State) from line 2C (Total Foster Care).

Column 4 (Local Share) - equals the result of subtracting the sum of lines 20a (Committee on Special Education Blind and Handicapped) and 20b (Committee on Special Education All Other) from the RF-2, Schedule K, Section 2, column 15 (Shares Local) from line 2C (Total Foster Care).

Line 3C Total Foster Care Block Grant

Columns 1 (Total Expenditures) through 4 (Local Share) - equals the sum of lines 3A (EAF Services) and 3B (Foster Care) for each column.

## **Instructions for Signing Certificate of Administrative Officer and the Fiscal Officer**

The RF-2 claim and the entire package is available for review and signature by the district officials (administrative officer and fiscal officer) charged with that responsibility. When the certification statements on the RF-2 cover sheet are signed, the district will electronically initiate a final acceptance of the package and the claiming data will be transmitted electronically to OTDA. See Certification Procedures section in [FRM Volume 1](#), Chapter 5 for more information.

LDSS-1272 (REV. 10/24)				
MONTHLY STATEMENT OF ASSISTANCE EXPENDITURES AND CLAIMS FOR FEDERAL AND STATE AID (RF-2)				
NEW YORK STATE		OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE		
PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
1. Family Assistance				
2. EAA Assistance				
3. Guide Dogs				
4. Safety Net				
5. Adult Care				
6. Special Needs				
7. SCHIP Services				
8. MA				
9. Day Care - 100%				
10. Day Care - 75%				
11. Adoption Subsidies				
12. Foster Care Services				
13. FNP Services				
14. EAF				
15. Contract Services(FFFS)				
16. Title XX Services				
17. Title XX Under 200%				
18. Title IV-E - Prevention				
19. Total - Lines 1 - 18				
<b>CERTIFICATE OF ADMINISTRATIVE OFFICER</b>				
<p>The undersigned of the (County or City) &lt; _____ &gt; certifies that the expenditures (and value of goods and services supplied) for public assistance and care as shown above and in the supporting schedules which are a part hereof are just, true and correct and have been authorized by him/her, that the grantees to whom or in whose behalf the expenditures of public assistance and care shown above and in the schedules which are a part hereof were made, have been investigated and found in need of the assistance or care provided, and that such expenditures were made under the provisions of the Social Services Law and the rules and regulations of the State Department of Family Assistance; that the above amounts and those detailed in the supporting schedules are a just, true and correct statement of the Federal and State shares of expenditures for public assistance and care made during the month of &lt; _____ &gt; and that no part of such expenditures have been claimed previously, except as stated herein.</p> <p style="text-align: right;">Signature : _____ Date Signed: _____</p> <p style="text-align: right;">Title : _____</p>				
<b>CERTIFICATE OF FISCAL OFFICER</b>				
<p>The undersigned of The (County or City) &lt; _____ &gt; certifies that he/she has made expenditures for temporary assistance and care in the amounts shown above and in the supporting schedules which are a part hereof; that such expenditures were made on the authority of the administration official whose certificate appears herein (or, in the case of public institutional care when provided by a social services official independent of the administrative official whose signature appears herein, by the authority such other official); that the amounts stated above as Federal and state shares of expenditures are actually due and owing from the State of New York; that these amounts represent the claim of this county or city the month of &lt; _____ &gt;; that the amounts stated herein are just, true and correct; that no part thereof has been paid; that such amounts are actually due and owing.</p> <p style="text-align: right;">Signature : _____ Date Signed: _____</p> <p style="text-align: right;">Title : _____</p>				
PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
1. Adoption Subsidies				
A. 75%				
B. 100% (Excess)				
C. Total Adopt. Sub. (To RF-2, Line 11)				
2. Foster Care Services				
A. Total Child Care				
B. Less: Adoption Subsidies Line 1C				
C. Total Foster Care (To RF-2, Line 12)				
3. Foster Care Block Grant				
A. EAF Services				
B. Foster Care (Line 2C above, less CSE claimed on Schedule K)				
C. Total Foster Care Block Grant				

\*\*\* Administrative expenditures eligible for Foster Care Block Grant funding are claimed on Schedule RF-2A.

## RF-2P Claim Package

NYC's Human Resources Administration (HRA), Department of Homeless Services (DHS), and ACS may submit claims in addition to the RF-2. These additional claims are to address two specific purposes per agreements with the corresponding programmatic agencies: Medical Support Enforcement (MSE) incentive and recoveries for DOH, and advocate claims legal settlement for OCFS. Prior to the RF-2P, these have been addressed by manually completing and submitting separate hard copies of the RF2 Schedules E, E-1, and G with the necessary claiming information to contacts in DOH, OCFS and OTDA.

The RF-2P claim package has been created to replace these manual processes utilized by NYC. Beginning with claiming effective April 2024, the RF-2P claim package includes the LDSS-157P-A "Schedule E-1P Summary of Refunds and Cancellations Medical Support Enforcement (MSE) Incentive and Recoveries" (RF-2P, Schedule E-1P), LDSS-157P "Schedule EP Computation of Federal and State Aid - Medical Support Enforcement (MSE) Incentive And Recoveries" (RF-2P, Schedule EP), LDSS-1372P "Schedule GP Summary of Advocate Claims Services for Recipients" (RF-2P, Schedule GP) and LDSS-1272P "Monthly Statement of Assistance Expenditures and Claims for Federal and State Aid (RF-2P)" (RF-2P, RF-2P). These schedules are modified versions of the corresponding schedules in the RF-2 claim package and are completed, as previously manually entered, following the instructions for the RF-2 but using the specific purpose data required.

### Medical Support Enforcement Incentive and Recoveries

MSE incentive and recoveries are reported for and by HRA. The agreement with DOH enables HRA to isolate their large negative MA recovery claims and report them separately from, and in addition to, their RF-2 submission. The related expenditure claims are relatively small as the vast majority of MA payments are processed directly through NYS systems such as E-MedNY. The separate submission facilitates the tracking and reporting of the resulting "negative revenue."

Additionally, per the agreement with DOH, the 15% MSE incentive claims are based on the MA casualty insurance recoveries. Because HRA's MRR100 Report Gross Amount (containing MA recoveries eligible for the 15% MSE incentive) are reduced by the To NYS DOH amount on the worksheet (monthly payments made by HRA that go to DOH offsetting the MA recoveries), the 15% MSE incentive amount is calculated on HRA's MRR100 Gross Report Amount instead of the computation in the RF-2, Schedules E and E-1.

The RF-2P, Schedule E-1P and RF-2P, Schedule EP address this and replace the manual process.<sup>3</sup>

The following supporting documentation should be submitted to [James.Cataldo@health.ny.gov](mailto:James.Cataldo@health.ny.gov) and [Michael.Simon@otda.ny.gov](mailto:Michael.Simon@otda.ny.gov):

- monthly MRR100 Refund E1 Worksheet
- monthly MSE incentive payment claim listing

### RF-2P, Schedule E-1P

#### Section I: Summary of Refunds and Cancellations

See the instructions outlined starting on [page 37](#) of this chapter.

3.DOH will provide the unique Q numbers to be entered for claim package tracking.

## Section 2 MSE Incentive Calculation on Casualty Insurance

### Line 1 MSE Eligible Collections Casualty Insurance

Column 1 (Total) - enter the Gross Report Amount from the MRR100.

### Line 2 MSE Incentive

Column 1 (Total) - equals the result rounded to the nearest dollar of multiplying line 1 (MSE Eligible Collections Casualty Insurance) by 15%.

## RF-2P, Schedule EP

With the exception of line 42 (MSE Incentive), see the instructions outlined starting on [page 42](#) of this chapter.

### Line 42 Medical Support Enforcement (MSE) Incentive

Column 3 (Net Expenditures) - equals RF-2P, Schedule E-1P, Section 2, line 2 (MSE Incentive), column 1 (Total).

## Advocate Claims

Per a legal settlement, NYC ACS cannot enter identifying information for a group of families “advocate's cases.” Instead of claiming on the RF-2, Schedule G, a spreadsheet is manually created and submitted to separately report these claims. This reporting remains in effect for as long as there are families that were included in the legal settlement.

The RF2P, Schedule GP addresses this and replaces the manual process.

## RF-2P, Schedule GP

Refer to the instructions starting on [page 58](#) of this chapter for the corresponding services and programs. The RF-2P, Schedule GP contains only the service lines (Day Care Services for Children; Other Services; Fees Collected; and Donations) and program columns (Child Preventive Title XX; Child Preventive Title XX Under 200%; Child Protective Title XX; and Child Protective Title XX Under 200%) necessary for advocate claims.

LDSS-1372P (Rev. 4/24)

SCHEDULE GP Summary of Advocate Claims							
SERVICES FOR RECIPIENTS				OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE			
NEW YORK STATE							
TYPE OF SERVICES	GROSS EXPENDITURES	REFUNDS & CANCELLATIONS	NET EXPENDITURES	CHILD PREVENTIVE		CHILD PROTECTIVE	
				TITLE XX	TITLE XX UNDER 200%	TITLE XX	TITLE XX UNDER 200%
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Day Care Services for Children							
2. Other Services							
3. Total Expenditures							
4. Fees Collected							
5. Net Expenditures							
6. Donations							
7. Balance							
8. Federal Share - Title XX							
9. Federal Share - Title XX Under 200%							

LDSS-157P-A (Rev. 4/24)

**SCHEDULE E - 1P**  
**SUMMARY OF REFUNDS AND CANCELLATIONS**  
**Medical Support Enforcement (MSE) Incentive and Recoveries**

SECTION I: SUMMARY OF REFUNDS AND CANCELLATIONS		TOTAL (1)	FNP (2)	FEDERAL PARTICIPATING					NON REIMBURSABLE (8)	
				65% SCHIP (3)	50% SCREENING (4)	50% ALL OTHER (5)	90% STERILIZATION (6)	90% ALL OTHER (7)		
<b>A. CANCELLATIONS</b>										
<b>B. REFUNDS</b>										
(1) Medicare										
(2) Other Third Party Health Insurance										
(3) Casualty Insurance										
(4) Relative of MA Recipient										
(5) Child Support Collection										
(6) Estate Recoveries Probate										
(7) Estate Recoveries Non Probate										
(8) Other Refunds										
(9) Fraud & Abuse (enter total of lines a - e)										
a) Hospital - Inpatient										
b) Hospital - Clinic										
c) Nursing Homes										
d) Physicians										
e) Other										
<b>C. TOTAL CANCELLATIONS AND REFUNDS</b>										

  

<b>Section 2 MSE Incentive Calculation on Casualty Insurance</b>	
(1) MSE Eligible Collections Casualty Insurance (MRR100)	
(2) MSE Incentive (Line 1 X 15%)	

SCHEDULE EP  
COMPUTATION OF FEDERAL AND STATE AID - Medical Support Enforcement (MSE) Incentive and Recoveries  
(Round to nearest dollar)

LDSS-157F (Rev. 04/24)

MAJOR ITEMS OF EXPENDITURE	EXPENDITURES (1)	REFUNDS AND CANCELLATIONS (2)	NET EXPENDITURES (3)	FEDERAL PARTICIPATING			FEDERAL NON-PARTICIPATING			ALL OTHER (12)	NON-REIMBURSABLE (13)
				SHIP (4)	SCREENING (5)	STERILIZATION (6)	OTHER (7)	ALL OTHER (8)	SCREENING (9)		
1. Hospital Services - Inpatient -Public											
2. Hospital Services - Inpatient -Private											
3. Outpatient -Public											
4. Outpatient -Private											
5. Skilled Nursing Home Care -Public											
6. Skilled Nursing Home Care -Private											
7. Health Related (CHF) Facilities -Public											
8. Health Related (CHF) Facilities -Private											
9. Public - Other											
10. Developmentally Disabled											
11. Private - Other											
12. Free Standing Clinics											
13. Physician's Services											
14. Dental Services											
15. Other Practitioner's Services											
16. Child Care Agencies Per Diem Cost											
17. Personal Care Services (Purchased)											
18. Managed Care											
19. Family Health Plus Managed Care											
20. Employer Sponsored Health Insurance											
21. Family Health Plus Employer Buy-In Program											
22. Home Health Aide's Services											
23. Nursing Services In The Home											
24. Care at Home Nurse Services											
25. Private Agencies and Doctors											
26. Health Maintenance Organization Premiums											
27. Health Insurance Premiums											
28. Transportation Billed Separately											
29. Lab & Radiologist Services Billed Separately											
30. Other											
31. Total											
32. Reimbursable Expenditures (Line 31, Col. 3 Minus Line 31, Col. 13)											
33. Federal Share (50% of Line 31, Col. 4, 5, & 6, plus 50% of Line 31, Col. 7, 8, 9, 10, 11, 12, & 13)											
34. Additional Federal Aid SCHIP (15% of Line 31, Col. 4)											
35. Total Federal Aid (Line 33 plus Line 34)											
36. Amount Eligible for State Aid (Line 32 minus Line 35)											
37. State Aid (50% of Line 36, Cols. 4 through 12)											
38. Additional State Aid SCHIP (see instructions)											
39. Additional State Aid Family Health Plus (see instructions)											
40. Total State Aid (Add Line 37 through 39)											
41. Local Share (Line 31 minus Line 35 and 40)											
42. MSE Incentive (From Schedule E-1)											
43. Adj. Federal Share (Line 35 plus Line 42)											
44. Adj. Local Share (Line 41 minus Line 42)											

## **RF-2P, RF-2P**

The RF-2P, RF-2P is the main claim for summarizing and reporting federal and/or state reimbursement related to the special purpose programs. The instructions are similar to the RF-2, RF-2 for the corresponding programs, but only contains the program lines associated with the special purposes.

### **Line by Line Instructions**

#### **Line 1 SCHIP Services**

Column 1 (Total Expenditures) - equals the sum of columns 2 (Federal Share) and 3 (State Share).

Column 2 (Federal Share) - equals RF-2P, Schedule EP, line 35 (Total Federal Aid), column 4 (SCHIP).

Column 3 (State Share) - equals RF-2P, Schedule EP, line 40 (Total State Aid), column 4 (SCHIP).

#### **Line 2 MA**

Column 1 (Total Expenditures) - equals the sum of columns 2 (Federal Share) through 4 (Local Share).

Column 2 (Federal Share) - equals the result of subtracting line 1 (SCHIP Services) for this column from RF-2P, Schedule EP, line 43 (Adj. Federal Share), column 3 (Net Expenditures).

Column 3 (State Share) - equals the result of subtracting line 1 (SCHIP Services) for this column from RF-2P, Schedule EP, line 40 (Total State Aid), column 3 (Net Expenditures).

Column 4 (Local Share) - equals RF-2P, Schedule EP, line 44 (Adj. Local Share), column 3 (Net Expenditures).

#### **Line 3 Title XX Services**

Column 1 (Total Expenditures) - equals column 2 (Federal Share).

Column 2 (Federal Share) - equals RF-2P, Schedule GP, line 8 (Federal Share - Title XX), column 3 (Net Expenditures).

#### **Line 4 Title XX Under 200%**

Column 1 (Total Expenditures) - equals column 2 (Federal Share).

Column 2 (Federal Share) - equals RF-2P, Schedule GP, line 9 (Federal Share - Title XX Under 200%), column 3 (Net Expenditures).

#### **Line 5 Total - Lines 1 - 4**

Columns 1 (Total Expenditures) and 2 (Federal Share) - equals the sum of lines 1 (SCHIP Services) through 4 (Title XX Under 200%) for each column.

Column 3 (State Share) - equals the sum of lines 1 (SCHIP Services) and 2 (MA) for this column.

Column 4 (Local Share) - equals line 2 (MA).

Instructions for signing the Certificate of Administrative Officer and Certificate of Fiscal Officer are the same as for the RF-2, RF-2 starting on [page 116](#) of this chapter.

LDSS-1272P (REV. 4/24)		<b>MONTHLY STATEMENT OF ASSISTANCE EXPENDITURES AND CLAIMS FOR FEDERAL AND STATE AID (RF-2P)</b>		
NEW YORK STATE		OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE		
PROGRAM ASSISTANCE AND CARE	TOTAL EXPENDITURES (1)	FEDERAL SHARE (2)	STATE SHARE (3)	LOCAL SHARE (4)
1. SCHIP Services				
2. MA				
3. Title XX Services				
4. Title XX Under 200%				
5. Total - Lines 1 - 4				

**CERTIFICATE OF ADMINISTRATIVE OFFICER**

The undersigned of the (County or City) < > certifies that the expenditures (and value of goods and services supplied) for public assistance and care as shown above and in the supporting schedules which are a part hereof are just, true and correct and have been authorized by him/her, that the grantees to whom or in whose behalf the expenditures of public assistance and care shown above and in the schedules which are a part hereof were made, have been investigated and found in need of the assistance or care provided, and that such expenditures were made under the provisions of the Social Services Law and the rules and regulations of the State Department of Family Assistance; that the above amounts and those detailed in the supporting schedules are a just, true and correct statement of the Federal and State shares of expenditures for public assistance and care made during the month of < > and that no part of such expenditures have been claimed previously, except as stated herein.

Signature : \_\_\_\_\_

Title : \_\_\_\_\_ Date Signed: \_\_\_\_\_

**CERTIFICATE OF FISCAL OFFICER**

The undersigned of The (County or City) < > certifies that he/she has made expenditures for temporary assistance and care in the amounts shown above and in the supporting schedules which are a part hereof; that such expenditures were made on the authority of the administration official whose certificate appears herein (or, in the case of public institutional care when provided by a social services official independent of the administrative official whose signature appears herein, by the authority such other official); that the amounts stated above as Federal and state shares of expenditures are actually due and owing from the State of New York; that these amounts represent the claim of this county or city the month of < >; that the amounts stated herein are just, true and correct; that no part thereof has been paid; that such amounts are actually due and owing.

Signature : \_\_\_\_\_

Title : \_\_\_\_\_ Date Signed: \_\_\_\_\_

## RF-3, RF-3

### Overview

Districts may claim additional state reimbursement to repay the districts for the full cost of care and assistance on behalf of needy Native Americans who reside on reservations and Medical Care of Mental Hygiene Releasees. To claim this reimbursement the districts must file separate RF-3, RF-3 and the supporting claim schedules. One claim package is for Native Americans, and a second claim package is for Mental Hygiene Releasees.

The expenditures made for assistance and care in both federal and state programs are claimed initially at "local charge reimbursable rates" on the RF-2, RF-2.

The additional state aid to reimburse the districts for the full cost of care and assistance is then claimed on the RF-3, RF-3. NR costs should be excluded from the RF-3, RF-3.

The Gross Expenditure amounts, Cancellation and Refund amounts, and Net Expenditure amounts are carried forward from the supporting schedules. The remaining share from the supporting schedules determines column 4, Additional State Share.

RF-3 MH is Medical Care of Mental Hygiene Releasees. The RF-3MH is used for DOH's annual reconciliation of the local share as part of the cap on the districts MA expenditures. The RF-3 MH is no longer settled but is submitted for DOH MA Cap reconciliation purposes only.

## **Line by Line Instructions**

### **Section A**

#### **Line 1 Family Assistance**

Column 1 Gross Expenditures

Enter amount from the RF-3, Schedule A, line 1, column 2.

Column 2 Cancellations and Refunds

Enter amount from the RF-3, Schedule A, line 2, column 2.

Column 3 Net Expenditures

Enter amount from the RF-3, Schedule A, line 3, column 2.

Column 4 Additional State Share

Enter amount from the RF-3, Schedule A, line 7 column 2, less RF-3, Schedule A, line 3.c, column 2.

#### **Line 2 Adult Care / EAA**

Column 1 Gross Expenditures

Enter total amount from the RF-3, Schedule B, line 1, column 2.

Column 2 Cancellations and Refunds

Enter total amount from the RF-3, Schedule B, line 2, column 2.

Column 3 Net Expenditures

Enter total amount from the RF-3, Schedule B, line 3, column 2.

Column 4 Additional State Share

Enter amount from the RF-3, Schedule B, line 5, column 2 less RF-3, Schedule B, line 3b, column 2.

#### **Line 3 Safety Net**

Column 1 Gross Expenditures

Enter total amount from the RF-3, Schedule C, line 1, column 2.

**Column 2 Cancellations and Refunds**

Enter total amount from the RF-3, Schedule C, line 2, column 2.

**Column 3 Net Expenditures**

Enter total amount from the RF-3, Schedule C, line 3, column 2.

**Column 4 Additional State Share**

Enter amount from the RF-3, Schedule C, line 7, column 2 less the RF-3, Schedule C, line 3d, column 2.

**Line 4 MA**

**Column 1 Gross Expenditures**

Enter amount from the RF-3, Schedule E, line 31, column 1.

**Column 2 Cancellations and Refunds**

Enter amount from the RF-3, Schedule E, line 31, column 2.

**Column 3 Net Expenditures**

Enter amount from the RF-3, Schedule E, line 31, column 3.

**Column 4 Additional State Share**

Enter amount from the RF-3, Schedule E, line 41, column 3.

**Line 5 EAF**

**Column 1 Gross Expenditures**

Enter amount from the RF-3, Schedule F, line 1, column 2.

**Column 2 Cancellations and Refunds**

Enter amount from the RF-3, Schedule F, line 2, column 2.

**Column 3 Net Expenditures**

Enter amount from the RF-3, Schedule F, line 3, column 2.

**Column 4 Additional State Share**

Enter amount from the RF-3, Schedule F, line 7, column 2, less the RF-3, Schedule F, line 3.c., column 2.

**Line 6 Non-Title XX Services**

**Column 1 Gross Expenditures**

Enter the amount from the RF-3, Schedule H, line 11 (Total Expenditures), column 1 (Total), less the sum of the amounts on the RF-3, Schedule H, line 11 (Total Expenditures), columns 2 (EAF FC/Tuition JD) through 5 (EAF FC/Tuition RTA), 13 (Day Care Block Grant 100%), and 15 (NR/FNP Services).

**Column 2 Cancellations and Refunds**

Enter the amount from the RF-3, Schedule H, line 12 (Refunds and Cancellations), column 1 (Total), less the sum of the RF-3, Schedule H, line 12 (Refunds and Cancellations), columns 2 (EAF FC/Tuition JD) through 5 (EAF FC/Tuition RTA), 13 (Day Care Block Grant 100%) and 15 (NR/FNP Services).

**Column 3 Net Expenditures**

Enter the amount from the RF-3, Schedule H, line 14 (Net Expenditures), column 1 (Total), less the sum of the RF-3, Schedule H, line 14 (Net Expenditures), columns 2 (EAF FC/Tuition JD) through 5 (EAF FC/Tuition RTA), 13 (Day Care Block Grant 100%) and 15 (NR/FNP Services).

**Column 4 Additional State Share**

Enter the amount from the RF-3, Schedule H, line 19 (Local Share), column 1 (Total), less the RF-3, Schedule H, line 19 (Local Share), columns 3 (EAF FC/Tuition PINS) and 15 (NR/FNP Services).

**Line 7 Foster Care Block Grant (EAF)**

The amount claimed on this line should only be for the expenditures exceeding your district's FCBG ceiling.

**Column 1 Gross Expenditures**

Enter the sum of the RF-3, Schedule H, line 11 (Total Expenditures), columns 2 (EAF FC/Tuition JD) and 4 (EAF Foster Care/Tuition).

**Column 2 Cancellations and Refunds**

Enter the sum of the RF-3, Schedule H, Footnote line 1 (EAF Foster Care Maintenance Refunds and Cancellations), columns 2 (EAF FC/Tuition JD) and 4 (EAF Foster Care/Tuition).

**Column 3 Net Expenditures**

Enter the sum of the RF-3, Schedule H, line 14 (Net Expenditures), columns 2 (EAF FC/Tuition JD) and 4 (EAF Foster Care/Tuition).

**Column 4 Additional State Share**

Enter the sum of the RF-3, Schedule H, line 18 (State Share), columns 2 (EAF FC/Tuition JD) and 4 (EAF Foster Care/Tuition).

**Line 8 Foster Care Block Grant (Non-EAF)**

The amount claimed on this line should only be for the expenditures that exceeds FCBG for your district.

**Column 1 Gross Expenditures**

Enter the amount from the RF-3, Schedule K, Section 2, line 21, column 1, less the sum of the amounts in the RF-3, Schedule K, Section 2, column 1, on lines 3a through 4c, 7a through 8c, 11a through 12c, 13c, 13d, 14c, 14d, 15c, 15d, 16a, 16b, 16c, 20a and 20b.

**Column 2 Cancellations and Refunds**

Enter the amount from the RF-3, Schedule K, Section 2, line 21, column 5, less the sum of the amounts in the RF-3, Schedule K, Section 2, column 5, on lines 3a through 4c, 7a through 8c, 11a through 12c, 13c, 13d, 14c, 14d, 15c, 15d, 16a, 16b, 16c, 20a and 20b.

**Column 3 Net Expenditures**

Enter the amount from the RF-3, Schedule K, Section 2, line 21, column 9, less the sum of the amounts in the RF-3, Schedule K column 9, on lines 3a through 4c, 7a through 8c, 11a through 12c, 13c, 13d, 14c, 14d, 15c, 15d, 16a, 16b, 16c, 20a and 20b.

**Column 4 Additional State Share**

Enter the amount from the RF-3, Schedule K, Section 2, line 21, column 14, less the sum of the amounts in the RF-3, Schedule K, Section 2, column 14, on lines 4a, 4b, 4c, 8a, 8b, 8c, 12a, 12b, 12c, 13d, 14d, 15d, 16a, 16b, 16c, 20a and 20b.

**Line 9 Child Care Non Block Grant**

**Column 1 Gross Expenditures**

Enter the sum of the amounts from the RF-3, Schedule K, Section 2, column 1, for lines 16a, 16b, 16c, 20a and 20b.

**Column 2 Cancellations and Refunds**

Enter the sum of the amounts from the RF-3, Schedule K, Section 2, column 5, for lines 16a, 16b, 16c, 20a and 20b.

**Column 3 Net Expenditures**

Enter the sum of the amounts from the RF-3, Schedule K, Section 2, column 9, for lines 16a, 16b, 16c, 20a and 20b.

**Column 4 Additional State Share**

Enter the sum of the amounts from the RF-3, Schedule K, Section 2, column 15, for lines 16a, 16b, 16c, 20a and 20b less the sum of the amounts in column 12, for lines 16a, 16b, 16c, 20a and 20b.

**Line 10 Administration**

The amount for both columns 3 and 4 is the sum of the entries on Section B, line 4, Section C, line 9, and Section D, line 14 on the reverse side of the RF-3. Section B should be used when filing of the RF-3 package for costs related to Native Americans. Section C would be used when filing the RF-3 package for Mental Hygiene Releasees. Section D would be used when filing the RF-3 package for Title IV-E Voluntary Adoption Subsidies Administrative costs. Also enter the staff counts related to the administrative expenditures the column titled "Program."

**Line 11 Totals**

Enter the sum of lines 1 through 9, for columns 1 and 2, and enter the sum of lines 1 through 10 for columns 3 and 4.

**Section B: Additional State Aid for Native American Activities**

**Line 1**

From the monthly payroll records, enter the total salary expenditures applicable to the F 1.1 Code, for individuals who devote full time to E/IM activities for Native Americans and the F 4.1 Code, for individuals who devote full time to MA activities for Native Americans.

**Line 2**

To factor for fringe, non-salary, and allocated overhead costs, the amounts for the following calculation are taken from the RF-2A, LDSS-2347 "Schedule D DSS Administrative Expenses Allocation and Distribution by Function and Program" (RF-2A, Schedule D). The amount found on line 23, total column, is divided by the amount found on line 3, total column of the RF-2A, Schedule D (Line 23/line 3). Enter here the resulting percentage from that calculation.

**Line 3**

Multiply the amount on line 1 by the percentage on line 2 and enter the results on line 3.

**Line 4**

Multiply the amount on line 3 by 50%. Bring this amount forward to Section A, line 10, columns 3 and 4.

**Section C: Additional State Aid for Administration of Mental Hygiene Cases**

**Line 5**

Enter the total number of beneficiaries from the monthly MARS MR-0-36 "MA Statistical Report."

**Line 6**

Enter the total number of state charge persons in open Mental Hygiene MA cases, as determined from a physical case count of cases taken at the end of the month.

**Line 7**

Divide the amount on line 6 by the amount on line 5.

**Line 8**

From the RF-2A, LDSS-2347-B2 "Schedule D-4 Calculation for Medical Assistance Eligibility Determination/Authorization/Payments Cost Shares" (RF-2A, Schedule D-4), line 12, column 1 enter the total state share for MA administration costs.

**Line 9**

Multiply line 7 by line 8 and then that product by 2. Enter the results on this line. Bring this amount forward to Section A, line 10, columns 3 and 4. Those districts which use the DSS-2634 to compute the administrative costs of the Mental Hygiene Releasee Unit, should enter on this line the amount from line 4 of the DSS-2634.

**Section D: Title IV-E Adoption eligible Voluntary Adoption Subsidies  
Administrative Costs**

OCFS has transferred to the districts the responsibility for processing adoption payments for children who had been in the guardianship and custody of voluntary authorized agencies prior to their adoption. This transfer complies with the provisions of Section 453 of the Social Services Law and 18 NYCRR 421.24(c). Statewide there are less than 200 children within this category.

The districts will now make the monthly adoption subsidy payments for these children for the duration of the case and will also provide MA or medical subsidy for these children.

The subsidy payments will be claimed for reimbursement on a RF-17 claim package and the associated administrative costs will be claimed on the RF-3, RF-3.

Starting with the original claim submission for July 2003 the administrative costs for Title IV-E adoption eligible voluntary adoption subsidies will be claimed for full reimbursement on Section D. Title XX adoption eligible voluntary adoption subsidies are fully funded on the RF-2A, Schedule D-2.

**Line 10**

Total Title IV-E eligible Voluntary Adoption Subsidy cases. Enter the total number of Title IV-E eligible voluntary adoption subsidy cases in your district.

**Line 11**

Total Title IV-E Adoption Services cases. Enter the total number of Title IV-E Adoption Services cases in your district.

**Line 12**

Enter the percentage result of dividing line 10 (numerator) by line 11 (denominator). The percentage should be to two places (xx.xx).

**Line 13**

Title IV-E Adoption Administrative Costs (Local Share Only). Enter the dollar amount from the RF-2A, Schedule D-2, Section 1A, line 11 (Title IV-E Adoption), column 10 (Local Share). This amount is the local share of Title IV-E adoption administrative costs. The federal and state shares have been reimbursed on the RF-2A, Schedule D-2.

**Line 14**

Additional State Share Administrative Reimbursement. Enter the dollar amount result of multiplying the percentage on line 12 times the dollar amount on line 13. Also carry this dollar amount to Section A, line 10, columns 3 and 4 and add it to any other dollar amount also reported in that box.

Please note that there are no available state funds to reimburse central services costs.

## **Certification:**

The district Administrative Official and Fiscal Officer must sign and date the certification. When the claim is signed, the district submits the claim on ACS, attesting that the claim was signed. The certification must be filed at the district level according to certification instructions appearing in [FRM Volume 1](#), Chapter 5.

LDSS-843 (Rev. 10/21)

**Schedule RF-3**  
**Adjustment Claim for Additional State Aid**  
**on Expenditures 100% Reimbursable**

SECTION A: Computation of State Aid						
	PROGRAM	SCH.	GROSS EXPENDITURES 1	CANCELLATIONS AND REFUNDS 2	NET EXPENDITURES 3	ADDITIONAL STATE SHARE 4
1	FAMILY ASSISTANCE	A				
2	ADULT CARE / EAA	B				
3	SAFETY NET	C				
4	MA	E				
5	EAF	F				
6	NON-TITLE XX SERVICES	H				
7	FOSTER CARE BLOCK GRANT (EAF)	H				
8	FOSTER CARE BLOCK GRANT (NON EAF)	K				
9	CHILD CARE NON BLOCK GRANT	K				
10	ADMINISTRATION No. Staff					
11	TOTALS					

CERTIFICATE OF ADMINISTRATIVE OFFICIAL	CERTIFICATE OF FISCAL OFFICER
<p>The undersigned of the (County or City) _____ certifies that the expenditures (and values of goods and services supplied) for public assistance and care as shown above and in the supporting schedules and rolls which are a part hereof are just, true and correct and have been authorized, that the grantees to whom or in whose behalf the expenditures were made under the provisions of the Social Services Law and the rules and regulations of the State Department of Family Assistance, that the expenditures and value of goods and services supplied for welfare administration as shown above, were necessary and required in the administration of public assistance and care pursuant to the Social Services Law and rules and regulations of the State Department of Family Assistance and that the amounts shown are correct and approved; that no expenditures stated above and in the attached schedules have been claimed previously except as stated herein.</p> <p>_____            (Signature of Administrative Officer)</p> <p>Date _____ Title _____</p>	<p>The undersigned of the (County or City) _____ certifies that they have made expenditures for public assistance and care and administration thereof in the amounts shown above and in the supporting schedules and rolls which are a part hereof, that such expenditures were made on the authority of the administrative official whose certificate appears herein; that the amounts stated above as Federal and State shares of expenditures are actually due and from the State of New York; that these amounts represent the claim of this county or city for the month of _____, 20____; paid; that such amounts are actually due and owing.</p> <p>_____            (Signature of Fiscal Officer)</p> <p>Date _____ Title _____</p>

<b>SECTION B: Additional State Aid for Native American Activities</b>		
	<b>ITEM</b>	<b>Intake/Case Manage. MEDICAL ASSISTANCE</b>
1	Direct Salary Expenditure (From Payroll Summary)	
2	Fringe, Non-Salary and Allocated Adjustment Factor (Sch. D, Line 23, Total Col. Divided by Sch. D, Line 3, Total Col.)	
3	Adjusted Total Native American Activity Costs (Line 1 X Line 2)	
4	Additional State Share (50% X Line 3) to RF-3, Section A, Line 10, Col. 4.	

<b>SECTION C: Additional State Aid for Administration of Mental Hygiene Cases</b>		
	<b>ITEM</b>	<b>MEDICAL ASSISTANCE</b>
5	Total Persons	
6	Mental Hygiene State Charge Persons	
7	% Mental Hygiene Persons (line 6 divided by line 5)	
8	Calculated State Share of Functional Costs	
9	Additional State Share (Line 7 X Line 8) X 2 to RF-3 Section A, Line 10, Column 4	

<b>SECTION D: Title IV-E Adoption Eligible Voluntary Subsidies Administration</b>		
	<b>ITEM</b>	<b>Title IV-E Adoption</b>
10	Total Title IV-E Eligible Adoption Services Cases	
11	Total Title IV-E Adoption Cases	
12	Percentage (Line 10 divided by Line 11)	
13	Section 1-A, Line 10, Column 10)	
14	Additional State Share Administrative Reimbursement (Line 13 X Line 12) carry to Schedule RF-3, Section A, Line 10, Column 4	

## **RF-4**

### **Overview**

The RF-4 is used to claim reimbursement for expenditures made under the Independent Living program.

The following services are included under Independent Living:

- Academic support services including:
  - ♦ Secondary
  - ♦ Post-secondary
  - ♦ Educational financial aid resources
- Career preparation
- Employment readiness and vocational training
- Financial literacy
- Life management training including:
  - ♦ Housing and home management
  - ♦ Health education and risk prevention
  - ♦ Healthy family relationships
- Community resources instruction
- Aftercare services (provided to youths up to age 21)
- Room and board (provided to youths at least 18 and up to 21 years of age, who are no longer in FC)
- Stipends to the foster children are also available under this component.

Federal funding at 80% is available to serve all children in care, regardless of Title IV-E eligibility, and is subject to the federal John H. Chafee Foster Care Program for Successful Transition to Adulthood grant funding. Funds are available to youth who:

- are over the age of fourteen,
- have a goal of discharge to another planned permanent living arrangement or are deemed to have an another planned permanent living arrangement goal, and
- are likely to remain in FC until 18 years of age.

These federal funds are subject to eligibility as described in the annual LCM for Independent Living Services and should be used to pay district claims for expenditures made for both IV-E and non-IV-E children. Federal funding for Independent Living Services is limited and is allocated to each district by the State pursuant to the annual Chafee LCM. Eligible matching contributions may be cash or in-kind or indirect services, equipment, or property, and may originate with a third party. The matching funds may originate, in whole or part, from other state funding programs and agencies but these funds cannot be used to meet another federal grant or match under another federal program.

Independent Living Services provided to Unaccompanied Refugee Minors (URM), and all JD/PINS children should be claimed on the RF-4, along with any other children receiving Independent Living services. However, any URM's that are in trial discharges status have an ACS adjustment to the RF-6, RF-6, line 4.

Districts must report expenditures by the categories contained on the RF-4. This breakdown applies even if the programs are provided through a contract.

Services may be purchased using a budget-based contract with a POS provider or FC agency. Services may also be treated as an add-on to the FC rate either by new contract or as an amendment to existing contracts. The districts may use a per diem as an add-on to the FC rate. This per diem rate may include the administration of, but not the cost of stipends. The per diem should be claimed on line 8 (Add on Per Diem) of the RF-4.

## Accounts

### Appropriations

Child Care	A 6119
District Administration Costs	A 6010
Juvenile Delinquent	A 6123

### Revenue

Expenditure Category	Federal	State
Child Care	A4619	A3619
Juvenile Delinquent	A4619	A3623
Administration	A4610	A3610

## Independent Living Stipends

AGE	MONTHLY STIPEND	PER YEAR
16	\$20	\$240
17	\$25	300
18	\$30	360
19	\$35	420
20	\$40	480
		<u>\$1,800</u>

Note: the maximum stipend a child could receive is \$1,800.00, the cumulative total. This maximum could only be reached if the goal of Independent Living is assigned at age 16, the child begins receiving Transitional Independent Living Stipends at age 16 and stays in care until age 21.

The districts should complete the heading of the claim by entering the district name, the month, and year of claim. Districts should also identify by check mark whether the submitted claim is an original or supplemental claim.

## Columnar Instructions

### Column 1 Total

Enter the result of adding together the amounts in columns 2 through 5 for each line. Total expenditures reported in column 1 through 5 should include both tax levy funds and donations (in-kind and indirect service and non-tax levy funds cash contribution.)

### Column 2 Federal Ind. Liv. Eligible Children

Enter the Independent Living expenditures made on behalf of children who are age 14 or older who are receiving program services which are eligible for federal reimbursement.

### Column 3 Federal Ind. Liv. Eligible Close to Home (CTH)

Enter the Independent Living expenditures made on behalf of Close to Home JDs who are adjudicated JDs determined by a Family Court as needing non-secure placements with NYC ACS custody, and who are receiving program services which are eligible for federal reimbursement under the Title IV-E Independent Living Program for FC youth.

### Column 4 Federal Ind. Liv. Eligible Raise the Age (RTA)

Enter the eligible Independent Living expenditures made on behalf of RTA-eligible youth who are receiving services which are eligible for federal reimbursement under the Title IV-E Independent Living Program for FC youth. RTA-eligible youth will be reimbursed state share subject to the annual appropriation to eligible localities for eligible services included in the locality's NYS DOB approved Comprehensive Fiscal Plan for RTA. Localities are deemed eligible in accordance with State Finance Law §54-m. For localities that are not eligible for 100% RTA funding, state share is available from the child welfare services funding subject to the annual appropriation and child welfare settlement.

### Column 5 NR Ind. Liv. Eligible Children

Enter the Independent Living expenditures for children who are receiving Independent Living program services, which are not eligible for federal or state reimbursement.

## Line by Line Instructions

### Line 1 Academic Support Services

Enter in each column the expenditures made for academic support services. These services are defined as services provided to support the completion of the foster child's formal education through either completion of a high school degree program or equivalency program. Where appropriate, this service can be provided to those children for whom continuation in a college degree program is determined beneficial. Academic support services for which payment can be made can include, but are not limited to:

- Education, career assessment and counseling,
- Tutorial services, remedial instruction,
- Examination preparation, and
- Resource and referral services.

Payment of college tuition costs is not allowable under this service.

**Line 2 Employment/Vocational Training**

Enter in each column the expenditures made for employment/vocational training services. Employment/vocational training services include services provided to children who will not continue post-secondary education and services may include two-year college programs with specific vocational objectives or occupational training provided by other state or federally funded organizations that have demonstrated effectiveness in providing such training. Vocational training will generally be conducted in an institutional setting, but training may also include work site observation or experience.

**Line 3 Independent Living Skills Training**

Enter in each column the expenditures made for Independent Living Skills Training. This service must be provided to FC children for whom an Independent Living goal has been identified or for children who are deemed to have the goal of independent living. Independent Living Skills training may include at a minimum, the following:

- Life Management instruction will ensure that foster children have the basic day to day living skills required to effectively manage living independently. This instruction should include such topics as:
  - ♦ personal hygiene,
  - ♦ budgeting,
  - ♦ time management,
  - ♦ meal planning and preparation,
  - ♦ housing alternatives and selection,
  - ♦ consumer purchasing, and
  - ♦ house cleaning.
- Community Resources instruction will familiarize children with the services and providers within their own community to assist them in developing a network of support services. The children will be provided, at a minimum, information about transportation, medical/health providers, public agencies such as Social Services and Mental Health, Adult Education providers, Municipal services, and recreation facilities.
- Employment Readiness training is a specialized independent living skill training which will teach foster children basic skills necessary to obtain or retain employment. This training may include self - assessment and development of career goals, developing realistic expectations, the discipline of quality work habits, job applications and resumes, interviews, and effective job search.

**Line 4 Aftercare Services**

Enter in each column the expenditures made for Aftercare services provided to youths discharged or deemed to be discharged to independent living. Aftercare Services include casework contacts and the provision of Services consistent with the child's service needs as identified in the UCR for a child on trial discharge who remains in the custody of the Commissioner.

**Line 5 Health Education**

Enter in each column the expenditures made for providing information to youth regarding a variety of health and wellness topics. This does not include a youth's actual receipt of direct medical care, substance abuse treatment, mental health services or dental.

**Line 6 Other Financial Assistance**

Enter in each column the expenditures made for any other type of financial assistance to a youth to help the transition from FC to self-sufficiency. Such assistance may include, but is not limited to, payments for household expenses, subsidized transportation, or payments for business attire for job or college interviews.

**Line 7 Transitional Independent Living Stipends**

Enter in each column the expenditures for providing stipends. Stipends are financial incentives provided to foster children over the age of sixteen. These children must either:

- Have an established goal of Independent Living,
- Are deemed to have a goal of Independent Living, or
- Are otherwise actively participating in the Independent Living Program.

The stipend shall be paid on a monthly or more frequent basis, depending upon the child's capabilities. The monthly stipend will be established at a minimum level for 16-year-old participants. The level will be increased by a standard amount for each age over 16 up to and including age 20. Payment of the stipend serves a threefold purpose:

- an incentive to participate in the Transitional Independent Living Program,
- money management experience, and
- a means whereby savings can accumulate to assist the transition to independent living.

A schedule of stipends for each age appears earlier in these instructions.

**Line 8 Add on Per diem**

Enter the add on for Independent Living Services to the FC rate as a per diem. Districts may purchase services using a budget based contract (new or amended) with a POS provider or FC agency.

**Line 9 Room and Board (ages 18-20)**

Enter in each column the expenditures made for room and board provided to former FC clients. Such clients must be at least 18 years of age and shall not have reached the age of 21. Such room and board costs are limited to 30% of the Independent Living allocation of the district.

**Line 10 Total Independent Living Services**

Enter on this line for each column the result of adding lines 1 through 9.

**Line 11 Federal Share**

Enter in columns 2 and 3 the result of multiplying the amount from line 10 by 80% for each column. Column 4 is zero to reflect 100% state reimbursement for eligible RTA expenditures made by eligible localities. Column 1 is the sum of the amounts from columns 2 through 4.

**Line 12 Reserved**

This line should be left blank.

**Line 13 Balance**

Enter in columns 2 through 4 the result of subtracting the amount on line 11 from the amount on-line 10. Column 1 is the sum of the amounts in columns 2 through 4.

**Line 14 State Share**

Enter in columns 2 and 3 the result of multiplying the amount on line 13 by 65% for each column. Actual state reimbursement for columns 2 and 3 is subject to the annual appropriation and child welfare settlement. The state share is subject to annual revisions as determined by the adopted state budget. Enter in column 4 the result of multiplying the amount on line 13 column 4 by 100%. RTA-eligible youth will be reimbursed at 100% state share to eligible localities for eligible services. Localities are deemed eligible in accordance with State Finance Law §54-m. For localities that are not eligible for RTA, state reimbursement is available from funding for child welfare services subject to the annual appropriation and child welfare settlement. Reimbursement shares are actually determined in the settlement process. Please note, the state share funding may be changed yearly as determined by the state budget. Column 1 is the sum of the amounts on columns 2 through 4.

**Line 15 Local Share**

Enter in columns 2 and 3 the result of subtracting the amount on line 14 from the amount on line 13 for each column. Column 5 is the amount from line 10, column 4. Column 1 is the sum of the amounts in columns 2, 3, and 5.

**Line 16 Donations**

Enter on this line donations totaling up to 17.5% of the total claims for independent living services of the district. 02 OCFS LCM-20 provides guidance on the district use of donated funds for Preventive Services and Independent Living Services. Donations may be comprised of in-kind, indirect services and non-levy funds. If a higher percentage of such donations was received during federal fiscal year 1998-99, districts may report up to the higher percentage during the current year.

The district Administrative Official and Fiscal Officer must sign and date the certification. When the claim is signed, the district final accepts the claim on ACS, attesting that the claim was signed. The certification must be filed at the district level according to certification instructions appearing in [FRM Volume 1](#), Chapter 5.

LDSS-3871 (rev. 04/20)		New York State Office of Temporary and Disability Assistance			
INDEPENDENT LIVING PROGRAM FOR FOSTER CARE CHILDREN					
RF-4					
Item	TOTAL (1)	FEDERAL IL ELIGIBLE CHILDREN (2)	FEDERAL IL ELIGIBLE CTH (3)	FEDERAL IL ELIGIBLE RTA (4)	NR IL ELIGIBLE CHILDREN (5)
1. Academic Support Services					
2. Employment/Vocational Training					
3. Independent Living Skills Training					
4. After Care Services					
5. Health Education					
6. Other Financial Assistance					
7. Transitional Independent Living Stipends					
8. Add on Per Diem					
9. Room and Board (ages 18-20)					
10. Total Independent Living Services					
11. Federal Share					
12. Reserved					
13. Balance					
14. State Share					
15. Local Share					
16. Donations					

CERTIFICATE OF ADMINISTRATIVE OFFICIAL	CERTIFICATE OF FISCAL OFFICER
<p>The undersigned of _____ (County or City)</p> <p>certifies that expenditures (and value of goods and services supplied) for assistance and care as shown above and in supporting schedules and rolls which are a part hereof are just, true and correct and have been authorized by them; that the grantees to whom or in whose behalf the expenditures for assistance and care shown above and in the schedules which are part hereof were made, have been investigated and found in need of assistance or care provided; and that such expenditures were made under provisions of Social Services Law and rules and regulations of the State Department of Family Assistance; that no part of the expenditures stated above and in the attached schedules have been claimed previously except as stated herein.</p> <p>_____ (Date) (Signature of Administrative Officer)</p> <p>Title _____</p>	<p>The undersigned of _____ (County or City)</p> <p>certifies that he/she has made expenditures for assistance and care in the amounts shown above and in the supporting schedules and rolls which are part hereof, that such expenditures were made on the authority of the administrative official whose certificate appears herein; that the amounts stated above as state shares of expenditures are actually due and owing from the State of New York; that these amounts represent the claim of this county or city for the month of _____ 20____; that the amounts stated herein are just, true and correct; that no part thereof has been paid; that such amounts are actually due and owing.</p> <p>_____ (Date) (Signature of Fiscal Officer)</p> <p>Title _____</p>

## RF-6, RF-6

The Refugee Act of 1980, which was enacted on March 17, 1980 as Public Law 96-212, and subsequent amendments join all refugees and persons of similar immigration statuses under a single authority that includes the Refugee Assistance Program and the Cuban/Haitian Entrant Program. Federal regulations further articulate that, under the Refugee Assistance Program and the Cuban/Haitian Entrant Program, assistance and services are provided to all bona fide refugees, asylees, and victims of human trafficking and their family members without regard to their national origin, as well as entrants from Cuba and Haiti and certain Amerasian immigrants. Expenditures applicable to these programs are reimbursable by the Federal government up to 100%.

The district should evaluate eligible refugees, entrants, asylees, certain Amerasian immigrants, trafficking victims and eligible family members, who apply for cash assistance. They may be eligible for the following cash assistance programs:

- FA

- SSI
- SN, Adult Care and EAA
- MA (Medicaid)
- Refugee Medical Assistance (RMA)
- Refugee Cash Assistance (RCA)

Administrative Directive 05 ADM-01 describes the Refugee Cash Assistance (RCA) and RMA program and eligibility.

Administrative Directive 07-ADM-07 details the Unaccompanied Refugee Minors (URM) Program for Foster Care and Services program.

Refugees, entrants, asylees, certain Amerasian immigrants, and trafficking victims and eligible family members, who are first determined to be ineligible for FA and are then determined to be SN eligible, may receive RCA/RMA benefits.

Cuban and Haitian entrants are not classified as refugees but may receive the same assistance and services as if they were refugees. Expenditures for Cuban and Haitian entrants are eligible for 100% federal reimbursement under the Fascell-Stone Amendment of the Refugee Education Assistance Act of 1980. Haitian Entrants have been eligible since October 1, 1979, and Cuban Entrants have been eligible since March 1, 1980. RCA/RMA expenditures for these cases are subject to the same time limitations as for refugees.

Refugees, entrants, and certain Amerasian immigrants are eligible for RCA/RMA benefits for the twelve-month period starting on the date of arrival into the United States. Asylees are eligible for the twelve-month period starting on the date of immigration status change. Trafficking victims and their families are eligible for the twelve-month period starting with the date of certification or federal eligibility.

These time limitations do not apply to unaccompanied refugee or entrant minors under either the Refugee Assistance Program or the Cuban and Haitian Entrant Programs. An unaccompanied minor placed in the Unaccompanied Refugee Minors (URM) Program is allowed to stay in the URM until s/he:

- Is reunited with a parent, or
- Is united with a non-parental adult, willing and able to care for the minor, to whom legal custody and/or guardianship is granted under the appropriate state law, or
- Attains 18 years of age, and is not attending a school, a college or university, or regularly attending a course of vocational or technical training designed to prepare him/her for gainful employment, or
- Attains 21 years of age, and is attending a school, a college or university, or regularly attending a course of vocational or technical training designed to prepare him/her for gainful employment.

A district should file claims each month reflecting expenditures. Due to the insufficiency of federal funds under these programs, claims are settled according to the following order of priority:

1. Expenditures for unaccompanied minors, including allowable administrative costs
2. Expenditures for the Cash Assistance, MA, and Administration costs for refugees/entrants and others in a similar immigration status who are otherwise eligible for FNP cash and MA programs (like SN and FNP-MA)

3. Allowable administrative costs incurred for the overall management of the Refugee/Entrant Assistance Programs

The RF-6 claim package shall be submitted to OTDA as soon as possible after the close of the month, but no later than the twentieth of the following month.

## **Columnar Instructions**

### **Column 1 Total Expenditures**

Enter the total amount reported for each line as instructed below in the line-by-line instructions.

### **Column 2 Federal Reimbursement for State Share**

Enter the federal reimbursement for state share amount reported for each line as instructed below in the line-by-line instructions.

### **Column 3 Federal Reimbursement for Local Share**

Enter the federal reimbursement for local share amount reported for each line as instructed below in the line-by-line instructions.

### **Column 4 Total Federal Share**

Enter the total federal share amount reported for each line as instructed below in the line-by-line instructions.

## **Line-by-Line Instructions**

The RF-6, Schedule C and the RF-6, Schedule B should be completed before the RF-6, RF-6 and include SN, Adult Care, and EAA (FNP) expenditures eligible for additional federal reimbursement under the refugee programs. Amounts reported on the RF-6, Schedules C and B, supported by the RF-6, RF-6 should exclude FP and NR expenditures.

### **Line 1 Adult Care / EAA**

Amounts reported on the RF-6, Schedule B should be transferred to this line.

#### **Column 1 Total Expenditures**

Enter the total amount reported on the RF-6, Schedule B, line 3, column 2.

#### **Column 2 Federal Reimbursement for State Share**

Enter the total amount reported on the RF-6, Schedule B, line 4, column 2.

#### **Column 3 Federal Reimbursement for Local Share**

Enter the total amount reported on the RF-6, Schedule B, line 5, column 2.

#### **Column 4 Total Federal Share**

Enter the total of the amounts reported in columns 2 and 3 of line 1.

### **Line 2 Safety Net (FNP)**

Amounts reported on the RF-6, Schedule C should be transferred to this line.

**Column 1 Total Expenditures**

Enter the total amount reported on the RF-6, Schedule C, line 3, column 2.

**Column 2 Federal Reimbursement for State Share**

Enter the total amount reported on the RF-6, Schedule C, line 6, column 2.

**Column 3 Federal Reimbursement for Local Share**

Enter the total amount reported on the RF-6, Schedule C, line 7, column 2.

**Column 4 Total Federal Share**

Enter the total of the amounts reported in columns 2 and 3 of line 2.

## **Line 3 MA**

The RF-6, Schedule E should be completed before the RF-6, RF-6 and include only FNP RMA expenditures eligible for additional federal reimbursement under the refugee programs. MA amounts claimed on the RF-6, Schedule E should exclude FP and NR expenditures.

**Column 1 Total Expenditures**

Enter amount from the RF-6, Schedule E, line 31, column 3.

**Column 2 Federal Reimbursement for State Share**

Enter amount from the RF-6, Schedule E, line 40, column 3.

**Column 3 Federal Reimbursement for Local Share**

Enter amount from the RF-6, Schedule E, line 41, column 3.

**Column 4 Total Federal Share**

Enter total of the amounts reported in columns 2 and 3 of line 3.

## **Line 4 Purchase of Services**

Enter on line 4, columns 1, 3, and 4 the POS net expenditures made on behalf of unaccompanied refugee or entrant minors that are not claimed on the RF-2, Schedules G or H. These expenditures are claimed in the first instance on the RF-6, RF-6.

For other Refugee Assistance Program (RAP) cases, the State provides social services under RAP through community agencies. This is done by utilizing the state purchase of social services contracts, rather than going through the district. The reason for this decision is community agencies have experience working with the refugee population.

In addition to social services provided by the State under the Refugee Assistance Program, Title XX Social Services are available to refugees provided they meet the Title XX Social Services eligibility requirements. No RAP funding is available for existing Title XX Social Services.

## **Line 5 Child Care Block Grant**

Expenditures reported on the RF-6, Schedule K in the RF-6 claim package should exclude NR expenditures.

**Column 1 Total Expenditures**

Enter the amount from RF-6, Schedule K, Section 2, line 21, column 9, less the sum of lines 4a, 4b, 4c, 8a, 8b, 8c, 12a, 12b, 12c, 13d, 14d, 15d, 16a, 16b, 16c, 20a and 20b of column 9.

**Column 2 Federal Reimbursement for State Share**

Leave blank.

**Column 3 Federal Reimbursement for Local Share**

Enter the amount from RF-6, Schedule K, Section 2, line 21, column 14, less the sum of lines 4a, 4b, 4c, 8a, 8b, 8c, 12a, 12b, 12c, 13d, 14d, 15d, 16a, 16b, 16c, 20a and 20b of column 14. The state share of these child care costs, which is not reimbursed through the RF-2 claim package, is reported as the local share on line 5 of the RF-6, RF-6.

**Column 4 Total Federal Share**

Enter the amount reported on line 5, column 3.

## **Line 6 Child Care Non Block Grant**

Reimbursement claimed on the RF-6, RF-6 from expenditures reported on the RF-6, Schedule K should exclude NR expenditures.

**Column 1 Total Expenditures**

Enter the sum of RF-6, Schedule K, Section 2, column 9, lines 16a, 16b, 16c, 20a and 20b.

**Column 2 Federal Reimbursement for State Share**

Enter the sum of RF-6, Schedule K, Section 2, column 14, lines 16a, 16b, 16c, 20a and 20b.

**Column 3 Federal Reimbursement for Local Share**

Enter the sum of RF-6, Schedule K, Section 2, column 15, lines 16a, 16b, 16c, 20a and 20b.

**Column 4 Total Federal Share**

Enter the sum of the amounts reported in columns 2 and 3.

## **Line 7 Administration**

Calculate and claim administrative expenditures according to instructions for the RF-6, LDSS-3510 "RF-6A Federal Reimbursement for Refugees or Cuban/Haitian Administrative Costs" (RF-6, RF-6A) contained in the [FRM Volume 3](#) Administrative expenditures are reimbursable under each of these programs.

Directly charged administrative expenditures, such as the Title XX services administrative costs described in the next paragraph, are claimed on the RF-6, RF-6A in the first instance. Administrative expenditures determined by the indirect allocation method are claimed in the RF-2A claim package in the first instance with the additional reimbursement for the non-federal share being claimed on the RF-6, RF-6A.

General Services Administration costs for unaccompanied minor cases are calculated on the RF-2A, Schedule D-2 using the Services Random Moment Study percentages calculated by the State. These expenditures are then carried over to the RF-6, RF-6A (Indirect Method) and summarized for reimbursement on the RF-6, RF-6.

If the direct charge method was used to complete the RF-6, RF-6A, then enter on line 7, columns 1, 3, and 4 the administrative costs that is reported on the RF-6, RF-6A, line 22, column 6. The districts should book the dollar amount in column 4, Total Federal Reimbursement, as the federal revenue due their district.

If the indirect charge method was used to complete the RF-6, RF-6A, then enter in columns 2 and 3 the state and local shares for costs that are indirectly charged to the Refugee or Entrant program. These expenditures are determined from the RF-6, RF-6A, line 22, columns 4 and 5 respectively. Enter in columns 1 and 4 of the RF-6, RF-6 the amount from line 22, column 6 of the RF-6, RF-6A. Please note that the sum of columns 2 and 3 of the RF-6, RF-6 do not equal either column 1 or 4 of the RF-6, RF-6 if costs related to Unaccompanied Minors are included.

## Line 8 Totals

Enter the sum of the amounts on lines 1 through 7 for columns 1 through 4.

The district Administrative Official and Fiscal Officer must sign and date the certification. When the claim is signed, the district submits the claim on ACS, attesting that the claim was signed. The certification must be filed at the district level according to certification instructions appearing in [FRM Volume 1](#), Chapter 5.

LDSS-1047 (Rev. 10/21)

RF-6 MONTHLY CLAIM FOR REIMBURSEMENT ASSISTANCE TO RESETTLED REFUGEES						
	PROGRAM	SCH.	TOTAL EXPENDITURES (1)	FEDERAL REIMBURSEMENT FOR STATE SHARE (2)	FEDERAL REIMBURSEMENT FOR LOCAL SHARE (3)	TOTAL FEDERAL SHARE (4)
1	Adult Care / EAA	B				
2	Safety Net (FNP)	C				
3	MA	E				
4	Purchase of Services					
5	Child Care Block Grant	K				
6	Child Care Non Block Grant	K				
7	Administration No. Staff	RF-6A				
8	Totals					
<b>CERTIFICATE OF ADMINISTRATIVE OFFICIAL</b>  The undersigned of the (County or City) _____ certifies that the expenditures for ASSISTANCE TO RESETTLED REFUGEES as shown above, on the supporting rolls and abstracts, vouchers & other documents which are deemed a part hereof are just, true and correct and have been authorized by them; that the grantees to whom, or in whose behalf these expenditures were made, have been investigated and found in need of the assistance provided; that such expenditures were made in accordance with the rules and regulations promulgated by the Federal Department of Health and Human Services; and that no part of such expenditures have been claimed previously.  _____ (Signature of Administrative Official)  Date _____ Title _____				<b>CERTIFICATE OF FISCAL OFFICER</b>  The undersigned of the (County or City) _____ certifies that the expenditures have been made for ASSISTANCE TO RESETTLED REFUGEES in the amounts above and in the supporting documents which are deemed a part hereof; that such expenditures were made on the authority of the administrative official whose certificate appears herein; that Federal reimbursement in the amount of these expenditures is actually due and owing from the State of New York; that the amounts stated are just, true and correct, and that no part thereof has been paid.  _____ (Signature of Fiscal Officer)  Date _____ Title _____		

## **RF-7**

### **Overview**

The RF-7 will serve as a combination of a claim for reimbursement and as a statistical report. A separate report prepared in accordance with state instructions shall be submitted for each case for which expenditures were made during the month. The RF-7 is not submitted through ACS, but is instead submitted manually to:

New York State Office of Temporary and Disability Assistance  
Bureau of Financial Services  
40 N. Pearl Street, Floor 14C  
Albany, New York 12243

Reports should be submitted immediately after any assistance has been provided to a repatriate. (federal funds are limited, being provided in a closed-end appropriation, so prompt submission of claims is essential to avoid delays in reimbursement.)

In addition, for the reimbursement claim to be processed, supporting programmatic documentation must be submitted to:

New York State Office of Temporary and Disability Assistance  
Bureau of Refugee Services  
40 N. Pearl Street, Floor 9B  
Albany, New York 12243

Effective July 15, 2009, districts must provide cash assistance to repatriates equivalent to the current FA amount for family size, for each of the months of assistance during the repatriation period of 90 days. (These amounts are in addition to any assistance provided to the repatriate at the port-of-entry for immediate needs).

Additional program information is contained in Chapter XXII - Residence and State Charges of Volume 2 of the Temporary Assistance Source Book for Regulations.

When no further assistance is required, a final RF-7 should be submitted. In the space provided this claim should state the reason for discontinuing assistance and the discontinuance date. Also, if all expenditures were previously reported, enter NONE for expenditures and the estimated amounts of claims.

### **Line by Line Instructions**

#### **Expenditures**

##### **Medical Care**

This item will include all expenditures for medical or related services paid to other than hospitals, or nursing homes, including physicians, dentists, druggists, etc.

##### **Hospitalization**

Enter amounts paid by the agency for nursing home care, including all medical or other costs if included in the nursing home bill.

**Nursing Home**

Enter amounts paid by the agency for nursing home care, including all medical or other costs if included in the nursing home bill.

**Maintenance**

Enter total of expenditures for the case relating to basic or special subsistence items, in cash or kind (except group care), e.g., food, shelter, including board and room, restaurant meals and special diets, clothing and personal or household incidentals. Car fare or other transportation in the community will be included in this item.

**Transportation**

Enter amounts paid for transportation to the returnee's place of residence or other destination where they can be resettled, including meals and lodging. Handling of luggage and personal effects will be reported under this item.

**Foster Care**

This line must be left blank.

**Other**

Specify amounts expended for such items as:

- Services purchase from another agency, public or voluntary, as approved by the regional family services representative.
- Communications related to the individual case, including telephone calls and telegrams to relatives, parents, or former employees.

**Signature**

Obtain both the district administrative officer's and fiscal officer's signed certification before reimbursement is claimed.

WMS uses a federal/state charge code of "03" to indicate repatriated citizens charges. BICS identifies these charges by this code and lists them separately for claiming purposes.

Generally, assistance to repatriated citizens is temporary and can only be provided for the first ninety (90) days from the day of arrival of the eligible person(s) in the United States. Eligibility may be extended up to nine months more for handicapped repatriates, but only with prior federal approval obtained through the Repatriate Unit of OTDA.

LDSS-931 EL (rev. 10/01)		Prepare Original And 4 Copies	
<b>EXPENDITURES STATEMENT AND CLAIM FOR REIMBURSEMENT (RF-7)</b> <b>Assistance For U.S. Citizens Returned From Foreign Countries</b>			
<b>NEW YORK STATE</b>		<b>OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE</b>	
CASE NAME (Include first name of husband and wife if couple)	Local Social Services District	Period / /	From/To / /
Case Address:	No. of Persons	Repatriated From (Country)	
<b>CLASSIFICATION</b> <input type="checkbox"/> Mentally Ill  <input type="checkbox"/> Other than Mentally Ill		<b>EXPENDITURES</b>  Medical Care \$ Hospitalization Nursing Home Maintenance Transportation Foster Care Other - _____ Other - _____ Other - _____	
<b>NATURE OF THIS ACTION</b> <input type="checkbox"/> Initial Claim <input type="checkbox"/> Interim Claim <input type="checkbox"/> Final Claim		<b>ESTIMATED FURTHER CLAIMS</b> \$  <b>DATE CASE CLOSED</b> REASON CLOSED	
<input type="checkbox"/> Repayment Recommended <input type="checkbox"/> Waiver Recommended <input type="checkbox"/> Ability to repay cannot be determined at this time		<b>TOTAL</b> \$	

CERTIFICATION	
ADMINISTRATIVE OFFICIAL	FISCAL OFFICER
The undersigned of the _____ (County or City)  certifies that the expenditures for ASSISTANCE FOR U.S. CITIZENS RETURNED FROM FOREIGN COUNTRIES as shown above, on the supporting rolls or abstracts, vouchers and other documents which are deemed a part hereof are just, true and correct and have been authorized by him; that the grantees to whom, or in whose behalf, these expenditures were made have been investigated and found in need of assistance provided; that such expenditures were made in accordance with the rules and regulations of the State Department of Social Services and the rules and regulations promulgated by the Department of Health, Education, and Welfare; and that no part of such expenditures has been claimed previously.	The undersigned of the _____ (County or City)  certifies that he has made expenditures for ASSISTANCE FOR U.S. CITIZENS RETURNED FROM FOREIGN COUNTRIES in the amounts shown above and in the supporting documents which are deemed a part hereof; that such expenditures were made on the authority of the administrative official whose Certificate appears herein; that Federal reimbursement in the amount of these expenditures is actually due and owing from the State of New York; that the amounts stated are just, true and correct, and that no part thereof has been paid.
<b>SIGNATURE OF ADMINISTRATIVE OFFICIAL</b>  X _____	<b>SIGNATURE OF FISCAL OFFICER</b>  X _____
TITLE _____	TITLE _____
DATE _____	DATE _____

DISTRIBUTION:      Parts 1-3 - N.Y.S. Office of Temporary and Disability Assistance, 40 North Pearl St., Albany, New York 12243  
                             Part 4 - Local Fiscal Officer  
                             Part 5 - Local Social Services District

## **RF-8**

### **Overview**

The RF-8 is the form that details the various types of HEAP assistance expenditures and summarizes administrative costs for the HEAP program.

HEAP is a 100% federally funded program that runs during the Federal Fiscal Year (FFY) of October 1st through September 30<sup>th</sup> or until funds are exhausted. It also is a block grant to the State, and each district will receive an allocation of HEAP funds. Districts are authorized up to their allocation only. There may not be additional federal or state funds for reimbursement if a district goes over its allocation. OTDA will issue both an allocation to the district and a payment matrix for the benefit levels for clients.

HEAP administrative costs are first reported on the RF-2A "D" Series schedules. See [FRM Volume 3](#) for complete details on HEAP administrative claiming.

Beginning October 2001, HEAP on-line edits have been modified to allow districts to enter HEAP payments for both the new HEAP season (authorization period beginning after September 30) and the previous HEAP season (authorization period ending prior to October 1). Any payments made in October of the current HEAP season for the previous HEAP season must have a payment period "TO DATE" of 9/30 of the previous HEAP season. On-line edits will be re-set in the November Welfare Management System (WMS) migration to not allow any HEAP payments for the previous HEAP season.

All HEAP program funds for a prior HEAP season must have been authorized in WMS by October 31, for the FFY ending September 30. Administrative expenses may be incurred through November 15. All program and administrative funds, including manual payments made after October 15, must be paid by November 29.

Claims for program and administrative funds that districts are charging to their HEAP allocation for the FFY ending September 30 must be reported on the RF-8 by December 31. Districts should clearly identify, on a separate supplemental RF-8, labeled "September Supplemental", any prior FFY and closeout costs incurred during October and November that are to be charged to the program for the FFY ending September 30. Since these claims are filed through ACS, the program year should be identified in the comment field. Failure to properly identify the program year will result in the claim being charged to the wrong year.

Any unspent funds from a HEAP year will be recovered through the advance/settlement process. Start-up costs for a new HEAP year may be claimed starting October 1, which is the first day of the FFY. Federal funds to reimburse such claims may not be available until sometime after the beginning of the FFY.

### **Line by Line Instructions**

#### **Instructions Across RF-8**

##### **Column 2 Gross Expenditures**

Enter the total amount of expenditures made on behalf of clients of HEAP benefits and the administration of HEAP. Total expenditures include direct and vendor assistance furnished to eligible clients in accordance with state rules and regulations applicable to HEAP.

**Column 3 Cancellations**

Enter the total amount of cancellations applicable to clients of HEAP benefits.

**Column 4 Refunds**

Enter the total amount of refunds applicable to clients of HEAP benefits.

Note: refunds or recoveries cannot be collected on HEAP expenditures properly made, unless the original payment was made in error or fraud was involved.

**Column 5 Net Expenditures**

Enter the result of column 2 minus columns 3 and 4. This is the amount that will be 100% reimbursable, up to each districts' approved ceiling.

**Instructions Down RF-8**

**Line 1 Categorically Eligible PA Households**

Enter here the expenditures made for HEAP automatic benefits to all eligible PA households. Include appropriate cancellations and refunds.

All FA and SN cases, that are eligible under programmatic guidelines, are receiving a regular recurring grant of assistance, and are on such assistance, as of the date specified in the HEAP manual, will receive a direct HEAP payment.

**Line 2 Eligible Non-PA Households**

Enter the expenditures made for HEAP benefits to all eligible Non-PA households. Include appropriate cancellations and refunds.

These HEAP benefits are paid to all non-PA household clients who are eligible for HEAP benefits. Income eligibility maximums are specified in the New York State Plan for Low Income Home Energy Assistance. Please note that HEAP payments to households, which become classified as PA subsequent to the HEAP mass authorization, must be claimed as Non-PA HEAP.

**Line 3 Emergencies**

Enter the emergency expenditures made on behalf of HEAP clients. Include appropriate cancellations and refunds.

Emergency benefits will be provided in accordance with procedures outlined in the HEAP manual and department regulations or other department communications as may occur (for example, GIS Messages).

**Line 4 Administration**

Enter expenditures made for the administration of the HEAP Program. Beginning with October 2011 claims, bring forward the figures from the RF-2A, Schedule D, F11 function, and add any training expenditures chargeable to HEAP from RF-2A, LDSS-2347-C "Schedule D-6 Reimbursement Claim for Training" (RF-2A, Schedule D-6), Section 2, line 11, column 14. These may include salaries, fringe benefits, consumable supplies, travel expenses, indirect and other administrative costs, and the costs of sub-contracts. Refer to the [FRM Volume 3](#) for full details on HEAP administrative claiming.

**Line 5 A-87**

Enter central services expenditures made for the HEAP program. Bring forward the Current and Prior HEAP figures from the RF-2A, Schedule D, HEAP Footnote, Central Services, and add any

training central services costs chargeable to HEAP from the RF-2A, Schedule D-6, Section 3, line 2, column 14. Refer to the [FRM Volume 3](#) for full details on administration claiming.

**Line 6 Heating Equipment Repair and Replacement**

Enter the expenditures made for HEAP Equipment Repair and Replacement. These expenditures include payments for heating equipment repair/replacement estimates, emergency benefit - repair heating equipment, and emergency benefit - replace heating equipment. Include appropriate cancellations and refunds.

**Line 7 Weatherization**

For those districts with a Weatherization Referral and Packaging (WRAP) allocation, enter expenditures for these services. Also, included on this line are HEAP Clean and Tune expenditures which are subject to a separate allocation. Both allocations will be identified under the Weather category on the ceiling report. Include appropriate cancellations and refunds.

**Line 8 Cooling**

Enter the expenditures made for HEAP Cooling. Include appropriate cancellations and refunds.

**Line 9 Expenditures Related To Litigation**

Leave this line blank.

**Line 10 Total**

Enter the total of lines 1-9 for the Gross Expenditures, Cancellations, Refunds and Net Expenditures columns.

**Revenue and Appropriation Accounts**

Administration - Appropriation A6010.1, 2 & 4 Revenue A4610

Assistance - Appropriation A6141.0 Revenue A4641

The above account numbers should be used by districts using the Uniform System of Accounts for Counties. Those districts not using the Uniform System may use their equivalent.

The district Administrative Officer and Fiscal Officer must sign and date the certification. When the claim is signed, the district submits the claim on ACS, attesting that the claim was signed. The certification must be filed at the district level according to certification instructions appearing in [FRM Volume 1](#), Chapter 5.

LDSS-3551 (Rev. 07/09)

**MONTHLY STATEMENT OF EXPENDITURES AND CLAIMS FOR  
THE HOME ENERGY ASSISTANCE PROGRAM (RF-3)  
100% Federal Reimbursement**

**NEW YORK STATE**

**OFFICE OF TEMPORARY AND DISABILITY  
ASSISTANCE**

DISTRICT		MONTH		LEAVE BLANK	
				AREA	DIST.
				MONTH	YEAR
	DESCRIPTION	GROSS EXPENDITURES	CANCELLATIONS	REFUNDS	NET EXPENDITURES
	(1)	(2)	(3)	(4)	(5)
1	Categorically Eligible PA Households				
2	Eligible Non-PA Households				
3	Emergencies				
4	Administration				
5	A-87				
6	Heating Equipment Repair and Replacement				
7	Weatherization				
8	Cooling				
9	Expenditures Related To Litigation				
10	Total				

**CERTIFICATE OF ADMINISTRATIVE OFFICER**

The undersigned of the (County or City) \_\_\_\_\_ certifies that the expenditures (and value of goods and services supplied) for the Home Energy Assistance Program as shown above are just, true and correct and have been authorized by them that the grantee to whom or in whose behalf the expenditure for home energy assistance as shown above has been investigated and found in need of the assistance or care provided and that such expenditures were made under the provisions of the Social Services Law and the rules and regulations of the Office of Temporary and Disability Assistance; that the expenditures (and value of goods and services supplied) for HEAP administration as shown above and in Section D, which is part hereof, were necessary and required in the administration of HEAP assistance and care pursuant to the Social Services Law and rules and regulations of the Office of Temporary and Disability Assistance and that the amounts shown are correct and approved; that the above amounts and those detailed in supporting schedules are a just, true and correct statement of the Federal shares of expenditures for the Home Energy Assistance Program and administration thereof made during the month of \_\_\_\_\_ 20\_\_\_\_ and that no part of such expenditures have been claimed previously except as stated herein.

SIGNATURE

TITLE

DATE SIGNED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF FISCAL OFFICER**

The undersigned of (County or City) \_\_\_\_\_ certifies that expenditures for The Home Energy Assistance Program and administration thereof in the amounts shown above were made on the authority of the administration official whose certificate appears herein; that the amounts stated above as Federal shares of expenditures are actually due and owing from the State of New York; that these amounts represent the claim of this county or city for the month of \_\_\_\_\_ 20\_\_\_\_; that the amounts stated herein are just, true and correct; that no part thereof has been paid; that such amounts are actually due and owing.

SIGNATURE

TITLE

DATE SIGNED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **RF-9**

### **Overview**

Payments for MA provided to Long Term Care and Presumptive Eligibility clients are normally processed at the state level through the Medicaid Management Information System (MMIS). MMIS makes the necessary adjustments to the federal, state and local shares for these expenditures. Sometimes, these payments and refunds are made/collected at the district level. The RF-9 is then used by districts to claim the additional state reimbursement for Long Term Care and Presumptive Eligibility expenditures. The RF-9 is no longer settled but is submitted for DOH MA Cap reconciliation purposes only.

Presumptive Eligibility is provided to persons not currently eligible for MA, when payments and refunds are made at the district level. Payments and refunds made at the district level are first claimed on the RF-2, RF-2 and the RF-2, Schedule E and enhanced state reimbursement is reported on the RF-9.

For BICS districts, district generated payments are authorized through WMS (with a payment type of L1-L3, M1-M9 or P1-P9) and then paid through the normal BICS voucher processing and check production procedures. For further information on the generation of the expenditures at the district level, please refer to FRM Volume 1, Chapter 7 regarding the procedures for processing MA payment and/or reimbursement resulting from court decisions, fair hearings or agency reconsiderations.

Additional MA reimbursement for State Charges and Refugee/Entrants should be claimed on either the RF-3, RF-3 or RF-6, RF-6 respectively and should not be claimed on the RF-9.

### **Long Term Care**

Social Service Law (SSL) 368-a provides 81.24 percent enhanced state reimbursement after the federal share is determined for MA long-term care expenditures. The state share percentages are based on the service period, and not the pay period. Districts are notified if this percentage changes.

District refunds and cancellations are also applied to expenditures according to the date of service. Any recoveries received from MA cases that repay MA provided at the enhanced state funding percentage should be added to the refund totals and reported on the RF-9.

Enhanced reimbursement is provided for the following services:

- Care, treatment, maintenance, and nursing services in nursing homes
- Home nursing
- Health related care and services in intermediate care facilities
- Home health services
- Personal care services
- Assisted living program
- Long term home health care program services

## **Presumptive Eligibility for Long Term Care**

Social Services Law Section 364-i provides that an individual, upon application for MA, is presumed eligible for such assistance for a period of sixty days from the date of transfer from a general hospital, to a certified home health agency or long term home health care program, if the applicant meets the following criteria:

- The applicant is receiving acute care in such a hospital
- A physician certifies that such applicant no longer requires acute hospital care, but still requires medical care that can be provided by a certified home health agency or a long term home health care program
- The applicant or his representative states that the applicant does not have insurance coverage for the required medical care and that such care cannot be afforded
- It reasonably appears that the applicant is otherwise eligible to receive MA
- It reasonably appears that the amount expended by the State and district for MA in a certified home health agency or long term home health care program, during the period of presumed eligibility, would be less than the amount the state and the district would expend for continued acute hospital care for such person
- Such other determinative criteria the commissioner shall provide by rule or regulation

To reduce expenditures for unnecessary inpatient care, presumptive MA eligibility may be granted to certain hospitalized persons who could be discharged if assured that necessary home health care services, hospice, or nursing facility services are available.

FNP reimbursement at 100% state share is provided for 65% of the amount billed for eligible certified home health agency or long-term home health care program expenditures during the client's period of presumptive eligibility. Other covered medical services related to the period of presumptive eligibility are reimbursed at a 100% state share for the total amount billed.

As noted in the Overview, presumptive eligibility amounts are usually claimed through the Medicaid Management Information System (MMIS). MMIS also makes the necessary adjustments to the federal, state, and local shares for these expenditures.

District payments (Not MMIS payments) for presumptively eligible MA are claimed in the first instance on the RF-2, RF-2 and the RF-2, Schedule E. The 65% presumptive eligible amount identified for enhanced state reimbursement is reported in column 7 for an additional state share of 50%.

If the presumptively eligible applicant is subsequently determined eligible for MA, 31.24% enhanced state reimbursement is provided for the 65% amount (instead of the additional 50% state share), and the remaining 35% portion of the amount billed for eligible certified home health agency or long-term home health care program expenditures determined during the period of presumptive eligibility. Overall funding for both the 65% portion claimed and the remaining 35% portion to be claimed is computed at 50% federal share, 40.62% state share, and 9.38% local share.

For district paid amounts, regular MA reimbursement (50% federal share, 25% state share, and 25% local share) is initially claimed on the RF-2, RF-2 and the RF-2, Schedule E. The additional state reimbursement on FNP amounts is claimed on the RF-9, column 6. Presumptive eligible amounts

originally claimed on the RF-9, column 7 should be adjusted to the RF-9, column 6 when MA eligibility is determined.

Payments made for other covered expenses related to the above MA eligible client, that are billed during the period of presumptive eligibility, are reimbursed with a 50% federal share, 25% state share and 25% local share. These shares should be claimed only on the RF-2, Schedule E. If amounts were claimed on the RF-9, column 7 during the period of presumptive eligibility, these amounts should be adjusted off the RF-9.

If the MA eligibility is subsequently denied on the presumptive eligibility case, the 65% amount billed for eligible certified home health agency or long-term home health care program expenditures during the period of presumptive eligibility and claimed on the RF-9, column 7 should be manually adjusted to the RF-9, column 6. Other covered medical expenses related to the above denied MA eligibility case that are originally claimed on the RF-9, column 7 are manually adjusted from RF-9, column 7. A 50% state share and 50% local share should be computed on the RF-2, Schedule E for the other covered medical expenses. There is no amount claimed for the remaining 35% MA amount billed for eligible certified home health agency or long-term home health care program expenditures during the period of presumptive eligibility, when MA eligibility is subsequently denied.

When an individual is subsequently determined to be ineligible for MA, recoupment may be made from the individual for the sums expended for such assistance during the period of presumptive eligibility. Any related refunds that the district receives should be reported on the RF-9 by matching to claimed expenditures.

Presumptive eligibility cases for nursing facility, hospice, and home health care services are identified in WMS by an Individual Categorical Code of 35 (Presumptive Eligibility Long Term Care). MA refunds should be adjusted as noted above, depending on the status of the case.

Programmatic details for presumptive eligibility are found in 97 ADM-10, "Presumptive MA Eligibility for Nursing Facility, Hospice, or Home Health Care Services."

If more than 15% of the cases determined presumptively eligible are subsequently determined ineligible for MA, the cost of nursing facility, hospice or home health care for these individuals is split evenly between the state and district (50% state and 50% local). These amounts may be claimed either through MMIS or on the RF-2, RF-2 and the RF-2, Schedule E. An RF-9 is not filed for related amounts.

## **Columnar Instructions**

Expenditures are shown as positive amounts and refunds are shown as negative amounts.

### **Column 1 FP Net Expenditures**

Report the net FP expenditures (or net refunds) for the identified MA Long Term Care and Presumptive Eligibility items.

### **Column 2 Less Federal Share**

Report the federal share of expenditures.

### **Column 3 Balance**

Report the result of subtracting column 2 from column 1.

**Column 4 FNP Net Expenditures**

Report the net expenditures (or net refunds) made on behalf of clients who are eligible for state only (and not federal) reimbursement. Include FNP MA Long Term Care and Presumptive Eligibility amounts in this column.

**Column 5 Total Eligible for State Aid**

Add columns 3 and 4 and place result in column 5.

**Column 6 Additional State Share 31.24%**

The following is reported in column 6:

- Long Term Care expenditures eligible for the 31.24% additional state share are reported in this column. Recoupment for expenditures reported in this column should also be reported in this column.
- This column also includes the additional state share provided for the 65% portion of eligible MA amounts billed for the presumptive eligible clients who are later determined MA eligible. These amounts were originally claimed in column 7 for 50% additional state reimbursement (to obtain 100% reimbursement) and are adjusted to column 6 for a reduced additional state share of 31.24%, when MA eligibility is determined.
- The remaining 35% portion of the eligible MA amounts originally billed but not claimed for the presumptive eligible clients is also reported in column 6 (after the regular federal and state share is calculated on the RF-2, Schedule E).

If the standard MA eligibility is denied, the 65% portion of the presumptive eligible amount billed and claimed on the RF-9, column 7 should be manually adjusted to the RF-9, column 6.

Other covered medical expenses, that are originally claimed on the RF-9, column 7, and related to the presumptive eligible client who is denied MA, are manually adjusted off the RF-9.

When an individual is subsequently determined to be ineligible for MA, recoupment may be made from the individual for such assistance provided during the period of presumptive eligibility.

**Column 7 Additional State Share 50%**

Report 65% of the presumptive eligibility amount originally billed for the nursing facility, hospice, certified home health agency, or the long-term home health care provider during the period of presumptive eligibility. Other covered medical services related to presumptive eligibility cases that are reimbursed in total are also reported in column 7. Recoupment for expenditures reported in this column should also be reported in this column.

Please note, no amounts are claimed in column 7 for cases that are no longer presumptively eligible.

## **Line Instructions**

Expenditures are shown as positive dollar amounts and refunds are shown as negative amounts.

**Line 1 Skilled Nursing (SNF) Facility Care – Public**

Enter on this line net expenditures for those items and services furnished to inpatients of, and billed for by, a licensed or formally approved public nursing facility that meets the standards required under a Title XIX program. These expenditures must be eligible by date of service for the additional state reimbursement.

These expenditures are derived from the RF-2, Schedule E, line 5.

**Line 2 Skilled Nursing (SNF) Facility Care - Private**

Enter on this line net expenditures for those items and services furnished to inpatients of, and billed for by, a licensed or formally approved private nursing facility that meets the standards required under a Title XIX program. These expenditures must be eligible by date of service for the additional state reimbursement.

These expenditures are derived from the RF-2, Schedule E, line 6.

**Line 3 Personal Care Services**

Enter on this line expenditures made for personal care services that are eligible, by date of service, for the additional state reimbursement. Personal Care Services are defined as assistance with personal hygiene, dressing and feeding, the performance of incidental household tasks, and environmental and nutritional support services essential to the maintenance of a patient's health and safety within his/her own home, ordered by the attending physician and supervised by a registered professional nurse. Personal care services may be provided on two levels depending on the needs and requirements of each patient. These expenditures are derived from the RF-2, Schedule E, line 16.

**Personal Care Services - Level I**

The performance of household tasks must be related to medical need and essential to the patient's health and safety in the home. Such functions may include, but need not be limited to, assistance with preparation and serving of meals, making and changing beds, washing dishes, cleaning the kitchen, dusting and vacuuming rooms the patient uses, caring for the patient's laundry, shopping for essential supplies, and performance of other pertinent functions in accordance with the patient's approved plan of care.

**Personal Care Services - Level II**

Services provided in addition to household tasks when the physician orders assistance with personal care, such as bathing, grooming, bathroom and/or bedpan routines, walking, transferring from bed to chair or wheelchair, and assistance with medications.

**Line 4 Certified Home Health Agency Services**

Enter on this line expenditures made for services provided by a Certified Home Health Agency (CHHA). This includes expenditures for services provided to a patient at home, (excluding a hospital or nursing home) on the recommendation of a physician, including skilled nursing services provided by a nurse directly employed by the CHHA, home health aide services, physical therapy services, occupational therapy services, or speech pathology services.

**Line 5 Long Term Home Health Care Program**

Enter on this line expenditures made for the Long Term Home Health Care Program (LTHHCP) that are eligible by date of service for the additional reimbursement. This line is used to identify those expenditures first claimed on the RF-2, Schedule E that are not appropriate for any other line of the RF-9. To identify these expenditures as receiving enhanced reimbursement, the payments must be identified manually.

LTHHCP is a coordinated plan of care and services provided at home to invalid, infirmed, or disabled persons who are medically eligible for placement in a skilled nursing facility or health related facility. Long Term Home Health Care may be provided by a certified home health agency (public or voluntary non-profit organization), as certified under Article 36 of the Public Health Law. Long Term Home Health Care may also be provided by a residential health care facility (skilled nursing facility or health related facility) or hospital currently certified under Article 28 of the Public Health Law. These

agencies, facilities or hospitals can provide LTHHCP only with the prior written authorization of the State Commissioner.

Long Term Home Health Care is required to provide nursing, medical social services and home health aide services, medical supplies and equipment, all other therapeutic and related services (e.g. physical therapy, speech therapy, respiratory therapy, nutritional counseling, and personal care services including homemaker and housekeeper). In addition, LTHHCP may provide seven waived services (home maintenance tasks, home improvement services, respite care, social day care, social transportation, home delivered meals, and moving assistance). These services may be provided in a person's own home or in the home of a responsible adult, but not in a private proprietary home for adults, private proprietary convalescent home, residence for adults, or public home.

**Line 6 Personal Emergency Response Services (PERS)**

Enter on this line expenditures made for Personal Emergency Response Services (PERS) provided in accordance with 18 NYCRR 505.33. PERS may be provided to a person receiving personal care or CHHA services when authorized by the district or LTHHC services, as part of a coordinated plan of care.

**Line 7 Other Covered Medical Expenses**

Enter on this line other covered medical expenses, in addition to those expenses applicable to the nursing facility, hospice, certified home health agency, or the long-term home health care provider.

**Line 8 Total Expenditures Eligible for Additional State Reimbursement**

Report the totals for lines 1-7, column 5-7.

**Line 9 Additional State Reimbursement**

Column 6 - Report the result of multiplying the amount on line 8, column 6 by 31.24%.

Column 7 - Report the result of multiplying the amount on line 8, column 7 by 50.00%.

**Line 10 Grand Total Additional State Reimbursement**

Enter the grand total of line 9, columns 6-7.

The district Administrative Official and Fiscal Officer must sign and date the certification. When the claim is signed, the district submits the claim on ACS, attesting that the claim was signed. The certification must be filed at the district level according to certification instructions appearing in [FRM Volume 1](#), Chapter 5.

LDS-3580 (rev. 7/04)						COMPUTATION AND CLAIM FOR ADDITIONAL STATE REIMBURSEMENT FOR MEDICAL ASSISTANCE UNDER LONG TERM CARE AND PRESUMPTIVE ELIGIBILITY (RF-9)			ORIGINAL <input type="checkbox"/>		COUNTY
						SUPPLEMENTAL <input type="checkbox"/>					MONTH OF CLAIM
Item	FP Net Expenditures	Less Federal Share	Balance	FNP Net Expenditures	Total Eligible for State Aid	Additional State Share 31.24%	Additional State Share 50%				
1. Skilled Nursing (SNF) Facility Care - Public	1	2	3	4	5	6	7				
2. Skilled Nursing (SNF) Facility Care - Private											
3. Personal Care Services											
4. Certified Home Health Agency Services											
5. Long Term Home Health Care Program											
6. Personal Emergency Response Services (PERS)											
7. Other Covered Medical Expenses											
8. Total Expenditures Eligible for Additional State Reimbursement											
9. Additional State Reimbursement											
10. Grand Total Additional State Reimbursement								Grand Total			

  

CERTIFICATE OF ADMINISTRATIVE OFFICIAL		CERTIFICATE OF FISCAL OFFICER	
<p>The undersigned of the _____ (County or City) certifies that the expenditures (and value of goods and services supplied) for public assistance and care as shown above and in the supporting schedules and rolls which are a part hereof are just, true and correct and have been authorized; that the grantees to whom or in whose behalf the expenditures for public assistance and care shown above and in the schedules which are a part hereof were made, have been investigated and found in need of the assistance or care provided and that such expenditures were made under the provisions of the Social Services Law and the rules and regulations of the New York State Office of Temporary and Disability Assistance; that the expenditures (and value of goods and services supplied) for welfare administration as shown above, were necessary and required in the administration of public assistance and care pursuant to the Social Services Law and rules and regulations of the New York State Office of Temporary and Disability Assistance and that the amounts shown are correct and approved; that no part of the expenditures stated above and in the attached schedules have been claimed previously except as stated herein.</p> <p>(Date) _____ (Signature of Administrative Officer)</p>		<p>The undersigned of the _____ (County or City) certifies that they have made expenditures for public assistance and care and administration thereof in the amounts shown above and in the supporting schedules and rolls which are a part hereof, that such expenditures were made on the authority of the administrative official whose certificate appears herein; that the amounts stated above as Federal and State shares of expenditures are actually due and owing from the State of New York; that these amounts represent the claim of this county or city of the month of _____, 20____; that the amounts stated herein are just, true and correct; that no part thereof has been paid; that such amounts are actually due and owing.</p> <p>(Date) _____ (Signature of Fiscal Officer)</p>	

## **RF-17 Claim Package**

Special Project costs should be identified as F17 functional costs and reported on the RF-2A, Schedule D in the F17 column in the RF-2A claim package. The individual project costs should also be reported under the individual project label on the RF17 Worksheet.

When utilizing the RF-17 for each project, the totals of the RF-17 claim package must equal the totals reported in the RF-2A, Schedule D, column F17 and each RF-17 claim package requires the corresponding RF-2A to be final accepted.

Salary and non-salary costs of staff may be direct charged to the RF-17 claim package or may be identified by time study.

Non-salary administrative costs are reported with the appropriate object of expense codes on page 1 of the RF-17, LDSS-923B "Schedule of Payments for Expenses Other than Salaries for Other Reimbursable Programs" (RF-17, LDSS-923B). Program costs should be reported as object of expense code 37 (Special Project Program Expense) on page 2 of the RF-17, LDSS-923B.

Total project costs and shares should be reported on the RF-17, LDSS-4975 "Monthly Statement of Special Project Claims Federal and State Aid (RF-17)" (RF-17 Summary).

The RF17 claim package should be completed each month after the RF2A package is completed. Instructions for completing the RF-17 claim package are found in [FRM Volume 3](#), Chapter 18 and instructions for completing the RF-17, LDSS-923B are found in Chapter 7 of [FRM Volume 3](#).

## **AC-92 Standard Voucher**

### **Overview**

The AC-92 Standard Voucher will be used to claim costs where there is a contractual relationship with the district resulting from a Request for Proposal (RFP) issued by OTDA or other state agency.

The AC-92 will be submitted to the department in agreement with the terms of the contract.

### **Line by Line Instructions for the AC-92 Standard Voucher**

The numbered paragraphs below refer to the numbered blocks on the face of the AC-92. Do not complete any blocks other than the following: (These instructions can also be found on the back of the AC-92).

**1. Originating Agency**

Enter the name of State Department, Agency or Institution you are billing, as shown at the top of the Purchase Order.

**2. P-Contract**

Enter the P-Contract number, if any, under which the purchase is made, e.g. P10966. Do not use hyphens or spaces.

**3. Payee I.D.**

Enter the Federal Identification Number assigned to you as an employer. If you are operating as an individual in business, enter your Social Security Number. If you were assigned a Payee Additional by New York State enter this in the box marked "Additional". Also enter the zip code as it will appear in the address block.

**4 Payee Name and Address**

Enter your name and address as you wish it to appear on the check, limited to 30 spaces.

**5. Ref./In. No**

Enter your reference, such as Number, Bill Order Number, Invoice Number, and Agency Name etc. (This is the information you will need in order to identify this payment upon receipt of our check). In no instance should this reference exceed 20 characters including letters, numbers, spaces, commas etc. The check stub issued to you will contain the information you furnish in this block and may be compared to this copy of the voucher which you will detach and keep. Enter the corresponding reference/invoice date in the block below Ref/Inv. No.

**6. Description of Material/Service**

Enter all pertinent information required by the specific column headings. Extend calculations into "Amount" column.

In cases where freight is included, vendor should attach the freight receipt to substantiate charge.

Any company that has its own invoice or bill form, may refer to it by number to other identification in the Ref./INV. No. block, and show the total in the "Amount" column. Attach invoices in duplicate to this voucher.

**7. Payee Certification**

Clearly indicate the title of the person signing for the payee; e.g. sole owner, partner, treasurer, bookkeeper, billing clerk, etc.

AC 92 (Rev. 4/92)

<b>State of New York STANDARD VOUCHER</b>										Voucher No.	
1 Originating Agency				Orig. Agency Code		Interest Eligible (Y/N)		2 P-Contract			
Payment Date (MM) (DD) (YY)				OSC Use Only		Liability Date (MM) (DD) (YY)					
3 Payee ID		Additional		Zip Code		Route		Payee Amount			
4 Payee Name (Limit 30 spaces)						1099 Code		Merch/Inv. Rec'd Date (MM/DD/YY)			
Payee Name (Limit 30 spaces)						Statistic Type		Statistic			
Address (Limit to 30 spaces)						5 Ref/Inv. No. (Limit to 20 spaces)					
Address (Limit to 30 spaces)						Ref/Inv. Date (MM) (DD) (YY)					
City (Limit to 20 spaces)				(Limit to 2 spaces) >		State		Zip Code			
6 Purchase Order No. and Date -		Description of Material/Service if items are too numerous to be incorporated into the block below, use form AC 93 and carry total forward				Quantity	Unit	Price	Amount		
7 Payee Certification: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.									Total		
> _____ Payee's Signature in ink									Discount %		
_____ Date									Net		
									Title		
									Name of Company		

  

FOR AGENCY USE ONLY						STATE COMPTROLLER'S PRE-AUDIT					
Merchandise Received		I certify that this voucher is correct and just, and payment is approved.						Certified For Payment of Net Amount			
Date		Authorized Signature				Verified		By _____			
Page No.						Audited					
By						Special Approval (as Required)					
Expenditure						Liquidation					
Dept	Cost Center	Var	Yr	Object	Accum	Amount	Orig Agency	PO/Contract	Line	FP	
					Dept	Statewide					

OSC

[ ] Check if Continuation form is attached

## **LDSS-3214 “Supplemental Nutrition Assistance Program Status of Claims Against Households”**

### **Overview**

Starting January 1, 2007, districts are required to submit the LDSS-3214 “Supplemental Nutrition Assistance Program Status of Claims Against Households” (LDSS-3214) through ACS. Each district must submit the LDSS-3214 monthly, even if no payments are collected during the month. The report must be final accepted in ACS by the 25th day following the end of the calendar month.

Districts should compare the Cash Management System (CAMS) DSS-3214 printout to ACS screen for accuracy. If there are any questions, contact your BFS field staff representative.

The district should retain a copy for 6 years for audit purposes. The report details the district's activities relating to SNAPs claims against households for the previous calendar month. A claim is established against a household that has received more SNAP benefits than it is entitled to receive. If a household has more than one claim established against it, each claim is reported as a separate claim on the LDSS-3214. These claims are reported in one of three claiming categories:

- Intentional Program Violation (IPV)
- Inadvertent Household Error (IHE)
- Local District Error (Administrative Error [AE])

Revised LDSS-3214 reports will not be processed/accepted. To make corrections, please make any necessary changes on CAMS, which will be reflected in the next monthly report. For example, if a claim has been classified incorrectly, the claim balance should be transferred to the correct category using line 3b or 5 as appropriate, and any prior collections made on the claim should be transferred on line 19.

### **Accounting Procedures for the LDSS-3214**

The TA85 trust account should be used for depositing and subsequently distributing collections made for SNAP Claims Against Households. Any monies due to or from districts are initiated through the “Notice of Claims Settlement” as a Quarterly bottom line adjustment on the RF-2 Federal Settlement.

If line 28 of the DSS 3214 is a positive figure, the accounting entry will be a debit to the trust account TA85 and a credit to the Revenue account, A-980 and the A-1811, subsidiary account for incentives; and a credit to the A-631, Due to Other Governments. When the report is settled through the reimbursement claim settlement process, the debit will be to the A-631, Due to Other Governments and the credit will be to the receivable account, A-400.

If line 28 of the LDSS-3214 is a negative figure, the accounting entry will be a debit to the trust account TA85, a debit to the A-400 account and a credit to the A-980 Revenue account, and the A-1811 subsidiary account for incentives. When the report is settled through the reimbursement settlement process, no additional entry is needed for the bottom line adjustment

If there are any billing adjustments on line 27 such as FNS-46, the accounting entry will be a debit to the trust account TA85, and a credit to the A-522 Expenditures account and the A-6010 subsidiary account. When this billing adjustment is settled through the reimbursement settlement process, the debit will be to

the A-522 Expenditures account and the A-6010 subsidiary account, and the credit will be to the A-400 account.

## **Instructions Across the LDSS-3214**

### **Section A – Intentional Program Violation**

ACS populates in Section A, the number of claims and the total amount which has resulted from an administrative disqualification hearing officer or a court of appropriate jurisdiction determining that a SNAP household member had:

- intentionally made a false or misleading statement
- misrepresented, concealed, or withheld facts
- committed any act that constitutes a violation of the SNAP Act, the SNAP regulations, or any state statute relating to the use, presentation, transfer, acquisition, receipt, or possession of Food Coupons

A claim may also be classified as an IPV if the household member voluntarily signed a waiver of right to a disqualification consent decree in cases referred for prosecution.

### **Section B - Inadvertent Household Error**

ACS populates in Section B, the number of claims and the total amount caused by misunderstanding or unintended error on the part of the household. Some examples of these errors would be situations in which the household:

- failed to provide correct or complete information
- failed to report a change in household circumstances
- the household requested benefits to be continued while awaiting a fair hearing decision

### **Section C - Local District Error**

ACS populates in Section C, the number of claims and the total amount caused by district error or the district's failure to take action. These errors include cases in which the district:

- failed to take prompt action on a reported change
- incorrectly computed a household's allotment, income, deductions, or otherwise assigned an incorrect allotment
- incorrectly issued duplicate benefits which were both transacted
- continued to issue benefits after a household's certification period expired without a reapplication determination
- failed to reduce SNAP benefits because of a PA grant change

A claim for a district error or inadvertent household error shall not be established if an over issuance occurred as a result of the district failing to ensure that the household fulfilled the following procedural requirements:

- Signed the application form
- Completed a current work registration form
- Was certified in the incorrect district

## **Line by Line Instructions**

### **Line 1 Local District**

ACS populates the name of the district for which the report is prepared.

### **Line 2 Month Covered**

ACS populates the month and year for which the report is submitted.

## **Claims Summary**

### **Line 3a Beginning Balance**

ACS populates the number of Intentional Program Violation, Household Error, and district Error claims at the beginning of the month, along with the respective dollar value amount of the balance due for each category in the appropriate column.

Note: these figures must coincide with line 13 from the previous month's report. If there are any questions, contact your BFS field staff representative.

### **Line 3b Balance Adjustments**

Revised LDSS-3214 reports will not be processed/accepted. To make corrections, please make any necessary changes on CAMS, which will be reflected in the next monthly report. Through CAMS, ACS populates this line to amend claim balances. Examples of items to be reported on this line:

- Claim reported in the wrong category
- Adjust claim balance
- Claim established in error
- Claim transferred to or from another district or state
- The portion of a claim previously compromised to zero, or terminated claims which are being reactivated to be collected through offset
- Treasury Offset Program (TOP) collections must be reported on line 3b, Balance Adjustments, as a negative adjustment. Line 3b adjustments must be explained in the Remarks section. The district share of TOP collections will be received as a below-the-line adjustment on the RF-2 federal settlement and is excluded from the LDSS- 3214 retention amount.
- TOP collection reversals will be reported as a positive adjustment
- Claim reactivated due to posting reversal (Prior collections for these reactivated claims will be adjusted on lines 18b or 18c.)
- Expunged SNAP benefits posted to claims.

Do not use this line to reflect a claim change from one category to another as a result of a hearing or court determination. These changes are to be reported on line 5 of this report.

**Line 4 Newly Established**

In the appropriate columns, ACS populates the number and total dollar values for all claims established during the month, except any claims for which the district waived establishment and collection. The threshold for establishing SNAP claims on active cases in districts outside NYC is \$125. NYC's threshold for active and closed cases is \$500. The statewide closed case threshold is \$500. Districts may, but are not required to, establish claims on active cases for amounts less than the mandatory threshold.

**Line 5 Transfer**

ACS populates on this line transfers of claim balances from one category to another. These transfers would be made only for changes resulting from a disqualification hearing, court determination, or the household member signing a waiver to a hearing. On this line, only current balances on claims will be transferred among the columns. As a check, the sum of the entries in the columns must equal zero. For example, if a hearing decision changes a Household Error claim to an Intentional Program Violation claim, then the number and amount of claims must be adjusted using (+) and (-) signs. The amount of the balance due on the claim would be subtracted from the Household Error category and added to the Intentional Program Violation category. The number of claims in each category would likewise be adjusted.

Please note that the sum of the three columns must equal zero.

**Line 6 Refunds**

ACS adds lines 20a and 20b, and populates the sum for each column on line 6.

**Line 7 Total**

ACS adds lines 3a, 3b, 4, 5, and 6 together and populates the sum for each column on line 7.

**Line 8 Closed**

ACS populates the number of claims closed this month. Claims are considered "closed" when the district has received full payment. Claims paid in full because of TOP collections are reflected on this line. Terminations are not included on this line.

**Line 9 Terminated**

ACS populates under each category the number and amount due of those claims which have been determined as uncollectable. A non-participating household claim can be terminated if the claim has been delinquent for 3 years, or if the outstanding balance is \$25 or less, has been delinquent for 90 days or more, and does not have additional claims against the household aggregating greater than \$25. This line is used to remove a claim from the report when a client dies.

**Line 10 Compromised**

Include on this line the number of claims, and amounts adjusted downward for any claims that have been reduced through a Fair Hearing determination. For example, because of a Fair Hearing, \$500 household Error claim has been reduced to \$200. The \$300 difference would be reported on line 10.

**Line 11a Collection**

Under each category ACS populates the net result of line 18a collections.

**Line 11b Collection Adjustment**

ACS adds lines 18b and 18c and populates the sum on line 11b for each column. Be sure that (+) and (-) signs are used as appropriate.

**Line 12 Total**

ACS populates the total for the number column under each category by adding lines 8 and 9. Do not include the number column entries from line 10. ACS populates the total for the amount column under each category by adding lines 9, 10, 11a, and 11b.

**Line 13 Ending Balance**

For the number and amount of Intentional Program Violation, Household Error, and Local District Error claims, subtract line 12 from line 7 under each column. The ending balance for this month's report will be the beginning balance for next month's report.

**Collection Summary**

**Line 14 Cash, Check, Money Order**

If payment for a claim was made in the form of cash, check, or money order, ACS populates the total dollar amount for each category.

**Line 15 SNAP Benefits**

Voluntary repayments using EBT SNAP benefits will be reported on this line.

**Line 16 Recoupment**

Recoupment is collection of a claim through the reduction of SNAP allotment. ACS populates the total dollar value for each category of allotment reductions. For example, a client is entitled to a \$60 monthly allotment, but there is a household error claim established against the client. The allotment was then reduced to \$50 monthly to result in a monthly recoupment amount of \$10. Therefore, the \$10 would be included on line 16. Do not include amounts collected through offsetting restoration of lost benefits because this information will be included on another line (see below).

**Line 17 Offset**

Offset is collection of a claim by reducing the amount of restored benefits owed to a household. ACS populates the total value of funds recovered as a result of offsetting benefits to be restored against client claims during the report month. For example, an active claim exists for a household in the amount of \$160, but it was determined that the client is entitled to \$50 in restored benefits. The \$50 restored benefits would be offset against the claim, thereby reducing the claim to \$110. The \$50 offset would be reported on line 17. If offsetting is to be done to a compromised or terminated claim, that claim should first be reactivated in CAMS. The offset would then be reported as described above.

TOP offsets are not reported on this line.

**Line 18a Total**

ACS populates the total amount of claims collected under each category. The total for each column is the sum of the amounts reported on lines 14, 15, 16, and 17.

**Line 18b Cash Adjustments**

This line reflects any amendments or corrections to the collection summary of a previous report related to cash, check, or money order collections. For example, in August a \$10 check was reported as a collection on line 14, the district was later notified that it was a bad check. To account for this bad check, a negative \$10 would be reported on line 18b. Use (+) and (-) signs as appropriate. DO NOT use this line for changes that occur because a claim was changed from one category to another due to an administrative hearing or court determination. Line 18c Non-Cash Adjustments

**Line 18c Non-Cash Adjustment**

This line reflects any amendments or corrections to the collection summary of a previous report related to the return of SNAPs, EBT repayments, recoupment, or offset transactions. Use (+) and (-) signs as appropriate. DO NOT use this line for changes which occur because of an administrative hearing or court determination.

**Line 19 Transfers**

This line is used to transfer amounts previously reported as collected for claims which were reported on line 5 on this month's report. For example, a claim had been established as a Household Error claim and \$100 had been collected and reported in previous periods. As a result of a disqualification hearing, the claim was determined to be for Intentional Program Violation.

An entry would be made in column A for \$100, and an entry would be made in column B for (\$100). Please note that the sum of the entries in the three columns must equal zero.

**Line 20a Cash Refunds**

ACS populates the value of cash refunds provided to households that overpaid claims. Generally, refunds should be paid to a household by issuing a SNAP benefit for restored benefits. If so, this line should contain zero amounts.

**Line 20b Non-Cash Refunds**

ACS populates the amount of SNAP benefit refunds issued to households for overpaid claims.

**Line 21 Total Retention Summary**

The total for each column is the sum of lines 18a + 18b + 18c + 19 – 20a – 20b.

**Line 22 Retention Amount**

ACS populates this line with the result of multiplying each column on line 21 by the corresponding retention factor. The retention factor for Intentional Program Violation (column A) is 8.75 percent, while the retention factor for Household Error is 5.00 percent. No retention factor is allowed for district error claims.

**Line 23 Net Cash Collection**

ACS populates the sum of columns A, B, and C of line 14, plus line 18b minus line 20a.

**Line 24 Total Retention**

ACS populates the total of columns A and B of line 22.

**Line 25 Local Adjustment**

ACS populates the amount as a result of line 23 minus line 24.

**Line 26 Reimbursements Due FNS**

Do not use this line until instructed to do so.

**Line 27 Billing Adjustments**

On the ACS form, enter the dollar value of collections for over issuances reported by the district as local agency errors on the FNS-46, or billed to the district as the result of investigations, audits or gross negligence, etc. This dollar value may represent collections for this month or previous months. These collections should also be reported in the Collections Summary of the month in which payment is received. These collections should be fully explained. Entries on this line must be fully identified and explained in Box 29-Remarks on the ACS form. For FNS-46 amounts list the month(s) when the duplicate occurred and their applicable amount.

**Line 28 Total**

This dollar value is the result of line 25 plus line 26 minus line 27. If the amount is positive, it represents the amount owed by the district to OTDA. If the amount on this line is negative, it represents the amount owed the district by OTDA. Any monies due to or from districts will be initiated through the "Notice of Claims Settlement" as a bottom-line adjustment. The adjustment will be rounded to the nearest whole dollar. These amounts are necessary for reporting purposes to USDA. (See Accounting Procedures above).

**Line 29 Remarks**

Explain any entries on lines 3b, 5, 18b, 18c, 19, and 27.

**Line 30 Date**

Enter the date the LDSS-3214 is final accepted in ACS and signed on the retained copy for audit purposes.

**Line 31 Title**

Enter the title of the person signing the LDSS-3214 on the retained copy for audit purposes.

**Line 32 Signature**

Enter the signature of the responsible person who will certify that the information provided is correct on the retained copy for audit purposes.

## **Special Processing of Treasury Offset Program Refund**

Special Processing is needed when a Treasury Offset Program (TOP) refund posting is made to CAMS, but it is later determined that the TOP intercept was done in error. The district must immediately issue the client a check for the amount incorrectly intercepted from the client, including the collection fee paid by the client.

The collection fee is return to the client only when the full amount of the intercept is repaid to the client. The collection fee is not refunded if the client is sent a portion of the intercept.

To receive reimbursement for the amount refunded, districts should submit the Report of Exceptions for Locally Issued Treasury Offset Program (TOP) refunds. This is a suggested form which will be included in Chapter 7 of the CAMS manual. Do not include amounts that appeared on the CAMS0052 Rebate Report.

Collection fees should be claimed on the RF-2A, LDSS-2347E "Schedule D-7 Distribution of Supplemental Nutrition Assistance Program (SNAP) Expenditures to Activities" (RF-2A, Schedule D-7), line 2, Directly Identifiable SNAP Costs, column 5, Other.

LDSS-3214 (Rev. 10/16)		SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM				Office of Temporary and Disability Assistance	
New York State		STATUS OF CLAIMS AGAINST HOUSEHOLDS					
1. Local District			2. Month Covered				
		A. INTENTIONAL PROGRAM VIOLATION		B. INADVERTENT HOUSEHOLD ERROR		C. LOCAL DISTRICT ERROR	
CLAIMS SUMMARY		NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
3a. BEGINNING BALANCE							
b. BALANCE ADJUSTMENTS (+) or (-)							
4. NEWLY ESTABLISHED							
5. TRANSFER (+) OR (-) (See Instructions)							
6. REFUNDS (20a + 20b)							
7. TOTAL (3a + 3b + 4 + 5 + 6)							
8. CLOSED							
9. TERMINATED							
10. COMPROMISED							
11a. COLLECTION (18a)							
b. COLLECTION ADJUSTMENT (18b + 18c)							
12. TOTAL (See Instructions)							
13. ENDING BALANCE (7 LESS 12)							
<b>COLLECTION SUMMARY</b>							
14. CASH, CHECK, M.O.							
15. SNAP BENEFITS							
16. RECOUPMENT							
17. OFFSET							
18a. TOTAL (14 + 15 + 16 + 17)							
b. CASH ADJUSTMENT (+) or (-)							
c. NON-CASH ADJUSTMENT (+) or (-)							
19. TRANSFERS (+) or (-) (See Instructions)							
20a. CASH REFUNDS							
b. NON-CASH REFUNDS							
21. TOTAL (18a+18b+18c+19-20a-20b )							
22. RETENTION AMOUNT (See Instructions)							
23. CASH COLLECTION (14 + 18b - 20a )				29. REMARKS			
24. TOTAL RETENTION (22A + 22B )							
25. LOCAL ADJ. (+) OR (-) (23 - 24 )							
26. REIMBURSEMENT DUE FNS (See Instructions)							
27. BILLING ADJUSTMENTS (See Instructions)							
28. TOTAL (25 + 26 - 27)							
I certify that the above information is true and correct to the best of my knowledge.							
30. DATE		31. TITLE			32. SIGNATURE		
No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by regulation (7 C.F.R. 273)							

## Chapter 4: Institutional Rates

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## **STANDARD OF PAYMENTS FOR FOSTER CARE, PUBLIC HOMES AND DOMESTIC VIOLENCE**

### **Introduction**

This chapter contains a brief overview of what is included in rates for Foster Care, Public Homes and Domestic Violence, and how rates are determined. New York State, through its various departments, sets maximum reimbursable payment rates for provider and vendor services rendered to clients. Rates are usually based on historical data submitted to various departments on cost statements.

State Department of Health (DOH) also uses cost statements to establish per diem rates for residential care in county owned and operated Public Homes. Public Homes are adult care facilities operated by social services districts (districts) to provide personal care and supervision to persons above age sixteen who are not in need of medical or nursing care. These people are unable to live independently because of physical limitations associated with age, physical or mental disabilities, and other factors. Non-medical services provided are room and board, housekeeping services, non - medical personal care services, supervision of attendants, and any non - medical services necessary to assure health, safety and well-being, and to sustain necessary daily living activities.

Only a small number of districts operate public homes in New York State.

State Office of Children and Family Services (OCFS) uses cost statements to establish child care per diem rates for foster care children, maintenance per diem rates for children placed by Committee on Special Education (CSE), and per diem rates for Domestic Violence Residential Programs.

Public Home Rates are established annually by the Department of Health (DOH). An analysis of the prior calendar year Annual Report of Public Home (LDSS 1509) submission serves as the basis in determining the new rates for current year (July 1st thru June 30th). DOH notifies the district by letter annually of their new Public Home Rate.

### **Public Homes**

This section contains general guidelines for reporting and claiming Public Home expenditures and specific instructions for filling out Annual Report of Public Home (LDSS-1509).

#### **General Guidelines**

Districts must use the following general guidelines to report Public Home expenditures and claim reimbursement.

- Districts report gross expenditures on a calendar year basis to DOH using Annual Report of Public Home, (LDSS-1509) or an approved equivalent. Instructions for this report and a copy of the report follow in this section. This report should be submitted by March 31st, of the year following the year the report covers.
- Districts claim per diem rates on the RF-2, LDSS-4744 "Schedule B Claiming for Adult Care, EAA, and Guide/Service Dogs" (RF-2, Schedule B) for state reimbursement. These per diem rates are established by the state based on previous year's actual expenditures with a cost of

living percentage factored into the calculation. These per diem rates are also based on a 90% occupancy rate to encourage greater use of this facility.

- When actual expenditures, as reported on Annual Report of Public Home, are compared to per diem rates for same calendar year as reported, districts are sometimes under-reimbursed (or are sometimes over-reimbursed) for operation of their public homes.
- The state issues an adjustment schedule to properly reimburse districts for costs as required by Social Services Law Section 153 entitled “Reimbursement and Advances by State,” sub-section 1(d) as follows:  

“...fifty percentum of amount expended for public assistance and care of district charges, after first deducting there from any federal funds properly received or to be received on account thereof...”
- Because of the necessity of comparing reimbursement claimed to actual costs reported for year, it is imperative that districts claim the per diem rate for all occupants, including costs related to private pay residents. This requires that the revenue districts receive from these private pay cases also be fully reported as refunds on the RF-2, Schedule B. See [RF-2, Schedule B](#) instructions in Chapter 3 for more Public Home claiming instructions.

## **General Instructions for the Annual Report of Public Home**

Calendar year is period covered by report. The original report shall be submitted to:

Lakshmi Ravichandran  
 NYS DOH - Office of Primary Care & Health Systems Management  
 Division of Adult Care Facility and Assisted Living Surveillance  
 Bureau of ACF Licensure & Certification  
 875 Central Avenue  
 Albany, New York 12206-1331  
 Phone 518-408-1624

The report should be submitted no later than March 31<sup>st</sup> of the year following the period covered by the report, unless permission has been granted for an extension of submission date.

## **Line by Line Instructions**

The following schedules, which comprise the report, are to be completed with information for Public Homes only

Schedule	Title
I	Certification
II - 1	Service Data
II - 2	Service Data
III - 1	Statement of Costs
III - 2	Statement of Costs

**Definitions for purpose of this report:**

**Resident/Patient**

A person receiving care in public home.

**Transient**

A person who receives overnight service in the facility.

**Private Pay Residents**

Residents who are paying for cost of their care at a rate, which is at least equal to per diem rate, approved by Office of Children and Family Services.

**Patient Days of Care**

Includes overnight stays of transients.

**Schedule I - Certification**

District should complete all items. The Commissioner or Administrative Officer shall sign certification.

**Schedule II, Page 1 - Service Data**

**Item 1 - Bed Capacity**

Report bed capacity for entire facility.

- a. Structural bed capacity – Enter the number of resident accommodations which a facility can provide. The number would allow adequate and proper space per bed, if areas intended for such use were made available, but exclude accommodations for staff, beds set up in such areas as dayrooms, solaria, and corridors to meet emergency situations
- b. Certified bed capacity - Number of beds in a public home certified by New York State Department of Health
- c. Beds set up for use end of year - Number of beds occupied or ready for occupancy at end of year

In determining Per Diem rates, the State uses certified bed capacity to establish the number of possible patient days and 90% occupancy.

For Example:

Certified Bed Capacity	=	80
Possible Maximum # of Days = (Beds) (Days in year) (80 X 365)	=	29,200
Times (Minimum # days for) X 90% (Rate Setting)	=	26,280
Divide 26,280 (or Actual Patient Days, if higher) into Projected Costs = Per Diem Rate		

**Item 2 - Number of Patients End of Prior Year**

- Total under care (c) is the census at end of the prior year (a) plus total admissions (b6)
- The census at the end of the year (e) should be the difference between the total under care (c) and the total discharges (d7)
- Admissions and discharges are to be classified and reported as indicated in sections (b) and (d)

**Item 3 - Number of Patient Days of Care**

When determining number of patient days, count day of admission for each patient, not day of discharge. Transients and private pay residents should be included in the count. Total patient days of care should be broken down into two six-month periods. Periods are from January 1 to June 30 and July 1 to December 31. New per diem rates are calculated on previous year's expenditures and are released effective for the period July 1 through June 30.

**Item 4 - Change in Capacity**

Complete only for changes in structural capacity.

**Schedule II, Page 2 - Service Data****Item 5 - Age, Sex, Financial Arrangements and Ambulatory Status**

Report data requested for all Public Home residents under care as of midnight at year-end. Final total of residents reported in Sections a, b and c must agree with item 3d. Following definitions are to be used as a guide in completing Section c:

- Ambulatory means a person who has ability to walk on level surfaces and to negotiate stairs and ramps independent of human assistance or supervision. Such person may use one of following mechanical devices or aids:
  - ♦ prosthesis,
  - ♦ brace,
  - ♦ cane, or
  - ♦ handrail
- Semi-ambulatory resident means a person who:
  - ♦ Can walk assisted by crutches only or who has ability to walk on level surfaces independently, but needs human assistance or supervision when negotiating stairs,
  - ♦ Can move from place to place by using a walker or by propelling a wheelchair, or
  - ♦ Needs human assistance or supervision for walking on level surfaces
- Non-ambulatory resident means a person who:
  - ♦ is bedfast,
  - ♦ can sit in an ordinary chair, or
  - ♦ can sit in, but is not able to propel, a wheelchair

Persons who are non-ambulatory are inappropriate for adult care facilities. They could however, reside in an adult care facility while appropriate placement is being found if they became non-ambulatory while residing in the facility.

**Item 6 - Length of Stay**

Report data for all residents discharged from the Public Home during year. Total must agree with item 2d(7).

### **Schedule III, Page 1 - Statement of Costs**

The following are general instructions for completing this section:

#### **Allocation of Costs**

Districts operating a Public Home as part of a complex, including an infirmary unit and/or health related facility unit, recognize that the complex contains costs common to all units as well as costs identified as exclusive to a particular unit. It is necessary to allocate shared costs to each unit. Identified costs are reported as charges to appropriate units and all costs not so identified are to be allocated between infirmary, and/or health related facility or public home on appropriate bases. Bases for and the calculation of allocations are to be recorded and work papers retained on file for audit purposes.

Basis for the allocation to be selected depends on the nature of item and other related factors. Examples are:

Costs	Allocation Basis
Salaries	Time Studies
Food	Number of meals served
Heat, Light, Maintenance, etc.	Square ft. of space occupied
Insurance on Buildings	Square ft. of space occupied
Security or Protection Services	Square ft. of space occupied

#### **Appropriation Accounts**

Uniform System of Accounts for Counties provides the appropriation account A6030.0 for Public Homes to record charges for operational expenses.

### **Direct Expenses**

Direct Expenses include the following:

#### **Salaries**

Report total employee salaries and fees for services of persons engaged in operation and maintenance of the Public Home and care of residents. Segregate these costs by function:

- Administrative and general
- Dietary
- Housekeeping
- Professional care of patients

The following provides a guide to functional classifications for titles:

Line 1 - Administrative and General - Include administrative salaries for:

- Administrator (superintendent)
- Assistant administrator
- Matron and assistant
- Fiscal staff

- Supporting secretarial and clerical staff
- Employees whose duties pertain primarily to administration.

Line 2 – Dietary - Include salaries for:

- Dietitians
- Chefs
- Cafeteria and kitchen employees
- Others whose duties are primarily related to this function

Line 3 – Housekeeping - Include salaries for:

- Housekeeper
- Household and laundry employees
- Others whose duties are primarily related to this function.

Line 4 - Professional Care of Patients - Include salaries for (do not include administrative caseworkers determining eligibility):

- All professional staff
- Staff assigned exclusively to Public Home rendering services to residents, ward attendants, etc.
- Supporting secretarial staff

Line 5 - Other - In determining proper classification of a position, prime or major function should be determining factor. For example, if administrator is also supervising nurse, list position under Administrative and General.

Line 6 - Total Salaries - Total of Lines 1 through 5.

#### Equipment

Line 7 - Expenditure for Equipment - Enter the total cost of equipment purchased.

Line 8 - Less: Equipment of a Capital Nature - Enter costs of equipment of a capital nature.

Equipment having a useful life of more than two years and costing \$500 or more for a single unit is to be considered capital equipment.

Line 9 - Total Equipment Expense - Enter difference between Line 7 and Line 8.

Lines 10-12 Materials and Supplies - Enter on Lines 10 through 12 the total costs of food, pharmacy, and all other materials and supplies, respectively.

Line 13 - Total materials and supplies - Total of Lines 10 through 12.

Line 14 - All Other - The total of all other costs. Including, but are not limited to:

- Rental of buildings
- Rents
- Telephones
- Lighting
- Travel

- Insurance, etc.

Line 15 - Total all other - Total of Line 14.

Line 16 - Total Direct Expenses - Report on Line 16 the total of direct expenses. Total Direct Expenses are the sum of Lines 6, 9, 13 and 15.

## **Indirect Expenses**

Lines 17 through 19 - Retirement, Social Security and Health Insurance - Enter amounts paid on behalf of employees whose salaries are included above.

Line 20 - Worker's Compensation - Enter pro-rata share of compensation insurance premiums paid or for self-insured districts, enter amount contributed to Self-Insurance Fund on behalf of public home employees.

Line 21 - Other (specify) - Enter contributions to Self-Insurance Funds, for Liability or Unemployment coverage and/or premiums paid for Dental, Unemployment or Liability Insurance coverage, Maintenance in Lieu of Rent, Departmental Charges, and value of farm products furnished for use in the Public Home.

Line 22 - Total Indirect Expenses - Total lines 17 through 21.

Line 23 - Total Expenses (Direct and Indirect) - To record the total of direct and indirect expenses, enter the sum of lines 16 and 22 on line 23. Carry this total forward to line 1 on page 2 of Schedule III.

## **Schedule III, Page 2 - Statement of Costs**

Line 1 - Total Direct and Indirect Expenses - The amount carried forward from line 23 of page 1.

Line 2 - Adjustments for Encumbrances - A deduction shall be made for any costs included above on the basis of encumbrances, which have not yet been liquidated when the report is submitted. If paid at a later date, such cost should be included in the report which covers the period of payment. (Adjustments are not required for unpaid commitments covering capital costs.)

Line 3 - Depreciation - Record depreciation computed in accordance with instructions on page 11 of this chapter. Allocate depreciation on buildings on a square foot basis and allocate depreciation on equipment to the part of the facility in which the equipment is used (i.e. public home, infirmary, health-related facility).

Line 4 - Total Expenses - Enter the sum of amounts on lines 1, 2c, 3a and 3b.

### **Deductions**

Line 5 - Maintenance Furnished Institution Employees - Since the value of maintenance furnished by employees working in a facility should be included in salaries reported, and cost of such maintenance is also reported in material and supplies (such as food and other costs), a deduction is necessary to eliminate this duplication. The value of maintenance should be obtained from payroll records, and the total recorded here.

Line 6 - Maintenance Furnished Other Employees - Since the cost of providing maintenance to other than Institution employees is not a proper charge to cost of operating the facility, this must be deducted. The value of maintenance such as meals, furnished to any such employees should be determined and total recorded here.

Line 7 - Income From Meals Sold to Guests and Employees - Report income from meals sold to guest and employees.

Line 8 - Clothing and Incidentals - Enter clothing and incidental costs.

Line 9 - Non-Institutional Costs in Line 3 - Enter non-institutional costs from line 3 (Except Space Occupied by Administrative Office).

Lines 10 - Other (specify) - Record income from:

- sale of farm products
- sale of obsolete equipment
- income from vending machines or telephones
- meals on wheels, etc.

Also record Maintenance in Lieu of Rent furnished to other offices that occupy space in institution (i.e. Office for Aging).

Line 11 - Total Deductions - Add amounts reported on lines 5-10 and record totals here.

Line 12 - Net Expenses - Subtract Total Deductions (line 11) from Total Expenses (line 4) and record results here.

### Depreciation

Use the following guidelines to compute depreciation:

- Depreciation shall be based on historical costs.
- Straight-line method shall be used.
- Internal Revenue Service guidelines on estimated useful life for Major Movable equipment shall be used in determining useful lives.
- Cost of buildings and non-movable equipment may be combined or treated separately.
- Land is not a depreciable asset.
- Buildings

Depreciation for buildings shall be computed using an estimated useful life of thirty (30) years. Depreciable base of building includes interest costs incurred over 30-year depreciation period, or life of debt, whichever is less. Costs of additions, alterations, capital repairs (i.e. new roof) shall be depreciated over remaining useful life giving effect to reconstruction or conversion.

- Non-Movable Equipment

If cost of non-movable equipment is treated separately from buildings, the same principles shall apply.

- Movable Equipment

Costs to be included for depreciation shall relate to capital equipment. Capital equipment is equipment having useful life of more than two years and costing more than \$500 per unit. The Internal Revenue Service schedule of estimated useful life for major movable equipment shall be used to determine period over which an item is depreciated.

LDSS-1509EL (Rev. 5/10) Page 1  ANNUAL REPORT OF PUBLIC HOME	SCHEDULE 1 - CERTIFICATION  REPORT FOR YEAR ENDED:
NAME OF FACILITY: _____	TELEPHONE NO. _____ <small>(Include area code)</small>
ADDRESS: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span><small>(Number and Street)</small></span> <span><small>(City, State and Zip Code)</small></span> </div>	
COUNTY: _____	
NAME OF ADMINISTRATOR _____	
OPERATING CERTIFICATE NUMBER: _____	
If facility was opened or closed during year, indicate date(s) below: Date facility opened: _____ Date facility closed: _____	
<b>CERTIFICATION</b>	
I hereby certify that information furnished in this report is true to the best of my knowledge.	
Signature of Commissioner or Administrative Officer _____	Date _____

LDSS-1509EL (Rev. 5/10) Page 2		SCHEDULE II (Page 1) - SERVICE DATA	
ANNUAL REPORT OF PUBLIC HOME		NAME OF FACILITY:	
		REPORT FOR YEAR ENDED:	
	TOTAL		TOTAL
1. Bed capacity end of year:		3. Number of patient days of care	
a. Structural bed capacity		a. Public assistance	
b. Certified bed capacity		b. Transients	
c. Beds set up for use end of year		c. Other (Private Pay)	
		d. Total (3a thru 3c)	
2. Number of patients			
a. Census midnight end of prior year		e. Number of patient days	
		January 1 thru June 30	
b. Admissions from:		f. Number of patient days	
(1) Hospital		July 1 thru December 31	
(2) Own home			
(3) Another unit of facility			
(4) Another nursing home or			
adult care facility			
(5) Other (specify)			
_____			
_____			
(6) Total admissions (b1 thru b5)			
c. Total under care (a + b6)			
d. Discharges			
(1) Hospital			
(2) Own home			
(3) Another unit of facility			
(4) Another nursing home or			
adult care facility			
(5) Deaths			
(6) Other (specify)			
_____			
_____			
(7) Total discharges (d1 thru d6)			
e. Census midnight end of year (c-d7)			
4. If there was a change in structural bed capacity during year, complete the following:			
Date of Change	Capacity Before	Beds Gained / Lost	Capacity After

**Date of Release: December 31, 2024**

LDSS-1509EL (Rev. 5/10) Page 4		SCHEDULE III (Page 1) - STATEMENT OF COSTS	
ANNUAL REPORT OF PUBLIC HOME		NAME OF FACILITY:	
		REPORT FOR YEAR ENDED:	
EXPLANATION	TOTAL	EXPLANATION	TOTAL
<b>DIRECT EXPENSES</b>		<b>INDIRECT EXPENSES</b>	
<u>SALARIES</u>			
1. Administrative and General		17. Retirement Expense	
2. Dietary		18. Social Security (FICA)	
3. Housekeeping		19. Health Insurance	
4. Professional Care of Patients		20. Worker's Compensation	
5. Other _____		21. Other (specify) _____	
6. Total Salaries		_____	
		_____	
<u>EQUIPMENT</u>		_____	
7. Expenditure for equipment		_____	
8. Less: Equipment of a capital nature		22. Total Indirect Expenses	
9. Total Equipment Expense		(lines 17 thru 21)	
<u>MATERIALS &amp; SUPPLIES</u>		23. Total Expenses (direct and	
10. Food		indirect - excludes capital	
11. Pharmacy		items)(Lines 16 + 22)	
12. All other materials and supplies			
13. Total materials and supplies			
<u>ALL OTHER</u>			
14. All other (specify) _____			
_____			
_____			
_____			
15. Total all other			
16. Total Direct Expenses			
(lines 6 + 9 + 13 + 15)			

LDSS-1509EL (Rev. 5/10) Page 5		SCHEDULE III (Page 2) - STATEMENT OF COSTS	
ANNUAL REPORT OF PUBLIC HOME		NAME OF FACILITY:	
		REPORT FOR YEAR ENDED:	
EXPLANATION	TOTAL	EXPLANATION	TOTAL
1. Total Direct and Indirect Expenses (carried forward from Line 23, page 4)		11. Total Deductions (lines 5 thru 10)	
2. Adjustments for encumbrances		12. Net Expenses (line 4 minus line 11)	
a. Prior year's encumbrances paid in current year			
b. Unliquidated encumbrances for current year			
c. Net adjustment (line a - line b)			
3. a. Depreciation- Buildings, Land Improvements, and Non-Moveable equipment			
b. Depreciation - Moveable equipment			
c. Total Depreciation			
4. Total Expenses (lines 1 + 2c + 3c)			
<u>DEDUCTIONS</u>			
5. Maintenance Furnished Institution Employees			
6. Maintenance Furnished Other Employees (ex. Administrative)			
7. Income from meals sold to guests and employees			
8. Clothing and incidentals			
9. Non-Institutional Costs in line 3 (ex. Space occupied by Admin. Office)			
10. Other (specify):			
_____			
_____			
_____			

## Child Care Rates for Foster Care and Committee on Special Education

New York State has developed (under statutory authority of Social Services Law 20, 34, 398-a) a methodology, known as Standards of Payment (SOP), which sets standards for Maximum State Aid Rates (MSARs) for foster care of children. SOP involves the development of policies and the establishment of MSARs towards the goal of achieving permanence for children by supporting foster care programs that achieve a return to home, adoption or other permanent placement for children as quickly as possible.

SOP attempts to establish an equitable method for funding foster care for children, within the context of available state fiscal resources, and to provide a means for achieving a high level of accountability for foster care expenditures in New York State. The MSARs that the state establishes for the care of foster

children are directly related to program type, capacity, location of facility, and individual child characteristics.

For each SOP cycle, all voluntary foster care agencies and proprietary CSE schools are required to submit SOP reports to the OCFS by November 1 of each year. In view of time required to process submissions and set MSARs, it is necessary to adhere to a strict timetable and to require that all agencies be timely in their submissions.

State staff reviews SOP reports and makes recommendations to the New York State Division of the Budget, which is responsible for approving all MSARs. MSARs define the maximum state and federal reimbursement limits for districts. Districts may negotiate higher rates with authorized foster care providers, pursuant to Social Services Law §398-a and 18 NYCRR Part 427. Pursuant to §398-a (2-a) of the Social Services Law, districts are required to pay no less than 100% of each OCFS established congregate care MSARs as well as each administrative/services rate for a therapeutic, special needs, or emergency foster home program. Districts are not mandated to pay 100% of the MSARs for regular foster care boarding home administration rates and foster boarding home payment rates. Requests for rate increases by voluntary agencies are subject to support from districts and State review. Any payments made above the applicable approved MSARs are 100% local share.

SOP reports (as described in detail in the Standards of Payment for Foster Care of Children Payments Manual) must reflect actual expenditures for the last annual fiscal year. For example, for the 2018-19 cycle, reports reflect actual expenditures for the period July 1, 2016, to June 30, 2017. These reports form the basis for fiscal review and setting of MSARs. This is one of the functions of the OCFS' Bureau of Budget Management's State Aid Rates Unit.

## **Foster Care**

Foster children are cared for in a variety of settings such as institutions, group residences, group homes, agency boarding homes and foster homes. For a complete description for each of these, refer to Standards of Payment Program Manual. These are also described later in this chapter. In addition, Part 427 of Office Regulations also contains provisions relative to Standards of Payment.

## **Classifications**

The state has defined three levels of need for children in foster boarding homes:

Level of Difficulty:

- Normal Foster Care
- Special Foster Care
- Exceptional Foster Care

The district is responsible for designation of the child's level of need, within 90 days of admission, and for periodic reclassification, as required by the child's condition. The following are definitions of these three classifications as found in regulations and the Standards of Payment Program Manual:

**Normal Foster Care**

This category includes children who are not classified as children who require special foster care services or exceptional foster care services. These classifications are distinctly defined in State Regulations, Section 427.6(c) and 427.6(d).

Payments made on behalf of a child in this category cover the following:

- Shelter
- Food
- Personal care
- Household furnishings
- Household operations
- Educational materials
- Recreation
- Normal transportation

Basic monthly payments that conform to the state's ceilings cover all needs except clothing and special needs.

Cost of shelter is chief component, which varies most significantly across state and accounts for differences between geographic areas.

**Out-Of-State Foster Care**

State reimbursement for foster care for any child, provided in an institution, group residence, group home program, agency boarding home program or foster family boarding home program outside New York State, can not exceed maximum reimbursement level established for same type of foster care purchased within New York State.

**Special Foster Care**

Children are classified as eligible for Special Foster Care if any of following apply to them:

- Children who suffer from pronounced physical conditions as a result of which a physician certifies that the child requires a high degree of physical care.
- Children who are awaiting a family court hearing on JD/PINS Petitions or who have been adjudicated as JD/PINS.
- Children who are refugees or Cuban/Haitian entrants as defined in NYCRR 427.2 (p) and (q) and who are unable to successfully function in their communities because of factors in their status as refugees or entrants as cited in regulation 427.6(c) (4) (c) (6) & (c) (7).

Payments made on behalf of a child in this category include:

- Items identified under Normal Foster Care
- Payments for foster care, which are not routine to typical parental responsibilities because of condition of child

**Exceptional Foster Care**

Children are classified as eligible for Exceptional Foster Care if any of following apply to them:

- Children, who as certified by a physician, need constant (24 hours a day) care, which must be provided by a qualified nurse or person, closely supervised by a qualified nurse or physician
- Children who are violent towards themselves, others, or their physical surroundings, and who have been certified by a qualified psychiatrist as requiring high levels of individual supervision
- Children who have severe mental illnesses such as severe schizophrenia, severe mental retardation, brain damage and autism. These children are classified within Exceptional Foster Care category, as defined in 18NYCRR 427.6(d)5 & d(6)

Payments made on behalf of a child in this category include:

- Items identified in normal foster care and
- Payments for foster care required of foster parents such as close supervision 24 hours a day and maintain a carefully structured family environment.

## **Special Payments**

Special payments, which apply only to Family Boarding Home Program, are payments for those items that are purchased at irregular intervals. There are no ceilings on payments for special needs but they must be identified as Special Payments by the State to be allowed state reimbursement.

The State considers Special Payments to include, but not be limited to, the following items:

- Special Attire for proms, religious observances, uniforms, graduations, etc.
- School Expenses for books, routine expenses, field trips, activity fees, Boys and Girls Club dues
- Music, art, dancing lessons and purchase or rental of items necessary to take part in such activities
- Birthday and or gifts, school jewelry, yearbook, pictures, etc.
- Non-Medical needs of handicapped children
- Extraordinary transportation expenses
- Diaper allowance for children 0-3 years of age
- Day Care and baby sitting
- Outside camp fees
- Cribs, car seats

## **Finder's Fee for Recruiting New Foster Homes**

Since foster parents can be an important resource for recruiting new foster homes, the State has established a policy allowing districts to pay foster parents a finder's fee of up to \$200 for each new foster home they recruit.

Districts with a shortage of foster parents could help ease this problem by providing this incentive for experienced foster parents to recruit new foster homes.

This policy is optional to the district. Payments of up to a maximum of \$200 may be made to certified or approved foster parents when the home which they recruited is certified or approved and receives its first foster child. Participating districts are reimbursed by the State for up to a maximum of \$200 per approved or certified home. Districts may choose to pay lesser amounts, but State reimbursement is available only for payments up to \$200 maximum.

Districts may pay the finder's fee directly to foster parent or to a voluntary agency, which then pays the foster parent. If payment is through a voluntary child care agency, the agency should report the expense in Account 45 on form OCFS-FC-2652, "Report of Actual Expenditures." The payment is not part of agency's administrative/services rate. The agency is reimbursed the finder's fee by the district outside of the normal per diem billing. The finder's fee is reimbursed as a district administrative cost. Payments should be charged to the district administrative appropriation and reported on RF-2A, LDSS-923 "Cost Allocation Schedule of Payments Administrative Expenses Other Than Salaries" (RF-2A, LDSS-923), under object of expense code 10. Refer to [FRM Volume 3](#), Chapter 5 for more information on classifying non-salary expenditures and [FRM Volume 3](#), Chapter 7 for instructions on RF-2A, LDSS-923. These costs should be direct charged on the RF-2A, LDSS-2347-B "Schedule D-2, Allocation for Claiming General Services Administration Expenditures" (RF-2A, Schedule D-2), to Title IV-E and non-Title IV-E foster care in same manner that reserved accommodations are handled. Please refer to [FRM Volume 3](#), Chapter 9 for more details on allocating finder's fees to Title IV-E and non-Title IV-E foster care.

## **Supervised Independent Living Program**

Another rate setting responsibility of the state is the Supervised Independent Living Program (SILP). The State has recognized the need for increased services to prepare children to live independently in the community after discharge from foster care. The program supports creation of independent living structures in apartments or homes that more closely approximate the type of living quarters children reside in after discharge. Each individual SILP unit/apartment is a type of agency operated boarding home (AOBH) that allows a maximum capacity of three children per unit and requires its own operating certificate.

The state has developed a maximum state aid rate for these programs based on double or triple occupancy and geographic location. Expenses allowed in rates are adjusted each year by the appropriate cost of living percentage.

## **Special Act School District Dormitory Authority Billing - Property Component of Tuition Rates**

The State Education Department bills districts for the property component of tuition rates, separately from the tuition component, for Special Act School Districts that have Dormitory Authority financed projects. The State Education Department bills for the property component since it is the fiscal intermediary for the Dormitory Authority. Districts pay tuition costs to Special Act School Districts and property costs to the State Education Department.

The State Education Department's billing system requires payment in advance based on projections of use. Payment should be made 30 days from date of billing. Failure to remit payment within 30 days results in an adjustment on a future state claim settlement to reduce the reimbursement due the district by the amount owed. Billing is based on projected full annual use and adjusted retroactively the next year based on actual enrollment in the special act district.

Districts should claim both foster care and JD/PINS foster care tuition and property components on the RF-2, LDSS-3479 "Schedule K Reimbursement for Foster Care and Adoption Expenditures" (RF-2, Schedule K).

EAF foster care and EAF JD/PINS foster care tuition and property components should be claimed on the RF-2, LDSS-4283 "Schedule H Non-Title XX Services for Recipients" (RF-2, Schedule H). Please refer to the RF-2, Schedule H and the RF-2, Schedule K instructions in [Chapter 3](#) of this manual.

The Foster Care Block Grant (FCBG) does not include Dormitory Authority payments in excess of the FCBG. Also the portion of costs representing property payments does not have to be applied to the Foster Care Block Grant. However, only districts reporting these costs receive a separate reimbursement payment, subject to available appropriation. Therefore, districts should report annually, by the end of February, that portion of costs representing property payments only (not tuition) that were paid to the State Education Department and settled as tuition on the RF-2, Schedules H, K and the RF-17 Claim Package, and not reimbursed by State under FCBG.

The annual report covers expenditures made during previous calendar year period. The regular tuition payments for these students will continue to be paid to the individual Special Act School Districts where the student is placed. Both regular tuition and Part I tuition (for property costs) will be billed simultaneously as part of each school's billing cycle. The payments can be made through BICS using POS type code 64 - Education Rate - Private or Campus Schools.

This form is illustrated on the next page. This report should be submitted by email to [ocfs.sm.BBMDASNYWaivers@ocfs.ny.gov](mailto:ocfs.sm.BBMDASNYWaivers@ocfs.ny.gov) or by mail to:

New York State Office of Children and Family Services  
Bureau of Budget Services  
52 Washington Street, Room 314 South  
Rensselaer, New York 12144-2796

Districts should also include on this report any property costs that were deducted by OTDA as a bottom line adjustment on their state settlement.

DISTRICT \_\_\_\_\_

PERIOD COVERED \_\_\_\_\_

WAIVER

Billings for Special Act School Districts with  
An Approved Dormitory Project

October 1, \_\_\_\_\_ - September 30, \_\_\_\_\_ payments to Special Act School districts with an approved Dormitory Project claimed on Schedules K and H, which represent Property costs only (not tuition) paid to Special Act School Districts. Note that stated above amounts from the Schedule H, for Emergency Assistance to Families (EAF) JD/PINS and EAF Foster Care (FC) should only be included if they exceeded the Foster Care Block Grant (FCBG) allocation.

Net State Share charged to FCBG \_\_\_\_\_

State Share @ 50% to be paid in excess of FCBG \_\_\_\_\_

Submitted by: \_\_\_\_\_

Name

Title

Date: \_\_\_\_\_

## **Standards of Payment Methodology**

The Standards of Payment Methodology establishes MSAR for various program types for foster care of children. These program types are listed below.

### **Program Types**

#### **INST Institution**

Any facility for 24 hour care and maintenance of 13 or more children operated by a child care agency

#### **GR Group Residence**

An institution for care and maintenance of not more than 25 children operated by an authorized agency.

#### **GH Group Home**

A family type home for care and maintenance of not less than seven, nor more than 12 children, who are at least five years of age. This home is operated by an authorized agency, in quarters or premises owned, leased or otherwise under control of such agency. Minimum age shall not be applicable to siblings placed in same facility, nor to children whose mother is placed in same facility.

#### **ABH Agency Boarding Home**

A family type home for care and maintenance of not more than six children. Such home is operated by an authorized agency, in quarters or premises owned, leased or otherwise under control of such agency, except such a home may provide care for more than six brothers and sisters of same family.

#### **FBH Foster Boarding Home**

A family owned, leased, or otherwise under control of a single person or family. Such person or family must be certified or approved by an authorized agency to care for not more than six children or is used by a local probation department, State Department of Mental Hygiene or State Division for Youth to care for children. Such person or family receives payment from the agency for care of such children.

#### **CSE Committee on Special Education**

Maintenance expenditures for a handicapped child who is placed by a local school district in an approved residential school under provisions of Article 89 of Education Law.

#### **M Maternity**

Payments to homes for care of unwed mothers, usually for last tri-semester but can be for a longer period of time.

#### **EM Emergency Foster Boarding Home Care**

This type of home may care for up to six children in the home at any given time. Such a home must be available for placements 24 hours a day.

#### **RAP Refugee Assistance Program**

Services to children who are refugees or entrants and because of factors related to their status as refugees or entrants are unable to successfully function in their communities. Such factors include inability to communicate effectively in English, lack of effective daily living skills and inability of child to relate to others in child's community.

**RTA Raise the Age**

Beginning October 1, 2018, for all RTA-eligible youth placed in those congregate foster care programs with a vendor ID number convention of 00R#####, approved by OCFS specifically to serve only RTA-eligible youth, districts must pay both the MSARs and the aftercare rate established by OCFS for these programs.

Voluntary agencies that operate foster boarding home programs receive a per diem rate for services and administration. This rate is separate from payments for board and care and clothing replacement that are made to Foster parents.

When verifying a foster care billing based on the MSAR rates, please remember the day of admission of child into a foster care facility is counted, but day of discharge is not unless specified by contract.

**Committee on Special Education**

The Committee on Special Education (CSE), formerly known as Committee on Handicapped (COH), works with parents in developing recommendations to district Board of Education regarding their child's classification of handicap, evaluation and educational programs.

CSE duties include:

- Advising the Board of Education in re-evaluation of children with handicapping conditions who have been placed in special education programs.
- Informing the Board of Education about the adequacy of existing special education programs and services, and advising it about unmet needs of children with handicapping conditions in the district.
- Reporting annually to the Board of Education, the status of children with handicapping conditions and all children thought to be handicapped.
- Notifying parents of their rights and of their opportunities to be actively involved in their child's education.

If a child has a severe or profound disability, or has an unusual combination of disabilities, a residential setting may best meet the child's individual educational needs. If a local school district has made every effort to find a program that meets the child's needs in the local school district, a neighboring district, or Board of Cooperative Educational Services (BOCES), and none is appropriate and/or available, the child may be eligible for placement in a private day or residential school program.

If a child is placed in an approved private school by the school district, the cost of tuition is borne by school district and the cost of room and board is the responsibility of the district.

The New York State Office of Children and Family Services, in accordance with Section 4405.3(d) of Education Law, has developed maintenance rates for children placed in approved private schools. CSE maintenance rates for on-campus schools and Special Act school districts are composed of an institution program state aid rate plus a medical per diem rate. These rates are not negotiable and are only for children with handicapping conditions who are placed by the Committee on Special Education pursuant to Education Law. Rates should be used for each day or part of a day the child is in the facility and rates are chargeable for both date of admission and date of discharge.

CSEs are allowed to recommend twelve month programming for school-aged, severely handicapped students. The State Education Department reimburses residential summer school services (July and August) to the responsible school district of residence. Reimbursement is in accordance with Section 4408 of the Education Law.

Maintenance and care costs for children placed by local school district CSE's in an approved residential school for the regular ten month school year (September through June) should be claimed on the RF-2, Schedule K, Section 2, line 20b (All Other) for 18.424% state reimbursement. Refer to [Chapter 3](#) for claiming instructions.

The State Office of Children and Family Services (OCFS) continues to establish and publish State Aid rates promulgated based on final approval by the Division of Budget.

## **New York State Schools for Deaf and Blind**

Districts are financially responsible for costs of maintenance during the school year, for children attending New York State School for Blind in Batavia, and New York State School for Deaf in Rome, who are residents of the district at the time of admission or readmission to these schools.

The State Education Commissioner, in consultation with the State OCFS Commissioner, determines maintenance rates and reimbursement methodologies for maintenance components for these schools.

If the payment for the September to June CSE maintenance expense by a district is for a child placed in a New York State operated school for the deaf or blind by an entity other than the child's school district of residence, the CSE maintenance expense is not subject to reimbursement by the child's school district of residence and continues to be reimbursed by the state at 46.06%. Claiming for these costs is on the RF-2, Schedule K, Section 2, line 20a (Blind and Handicapped). Maintenance costs for the summer program in July and August are paid for by the local school district, which is reimbursed 100% by the State Education Department. However, 10% of these costs are charged back to the county through a deduction on a State Settlement. Districts may find this deduction charged to their agency. Amounts charged back to the districts for summer session should not be claimed.

## **Local District Operated Foster Family Boarding Homes**

District which operate foster family boarding homes certified under 18NYCRR, Part 443 and 444 must claim these expenditures on a monthly basis.

Administrative costs incurred by the district, in operation of local district foster family boarding home (LDFFBH), should be coded as F-30 Non - Administration/Local Programs, as described in [Fiscal Reference Manual \(FRM\) Volume 3](#) and not claimed for reimbursement through the RF-2A claim package.

These administrative costs may include following expenditures:

- Transportation and Workers Expense
- Supplies and Equipment
- Supplies and Equipment - Medical
- Rent - Furnishings and Equipment

- Rent - Vehicles
- Utilities
- Repairs and Maintenance - Plant, Equipment, Vehicles
- Telephone and Telegraph
- Postage
- Dues, Licenses, Permits
- Office Supplies
- Conference Expense
- Administrative Expense
- Staff Development
- Research Activities
- Publicity
- Depreciation of Equipment and Vehicles
- Audit, Legal, and Attorney Fees

The following payments should be claimed on the RF-2, Schedule K and on the RF-2, Schedule H. Please refer to [Chapter 3](#) for the detailed claiming instructions for RF-2, Schedules K and H:

- Boarding Home Payment
- Clothing - Initial and Replacement
- Special Payments

Districts are authorized to claim payments to parents for local district foster family boarding homes (LDFFBH) on a monthly basis. These payments provide reimbursement to parents who board children in their homes in foster care placements. Each district elects a payment schedule for foster boarding homes according to difficulty level and child age. Expenditures claimed for payments to foster parents for Federal and/or State reimbursement are limited to no greater than the Maximum State Aid Rate (MSAR) in effect for that time period, subject to retroactive adjustment by OCFS. Expenditures claimed in excess of the MSAR in effect should be claimed as Non-Reimbursable (NR). The foster boarding home rate used for claiming is determined by the type and level of difficulty of child(ren) cared for in LDFFBH. For example, if a child meets the criteria for a districts special or exceptional foster boarding home care rate and the foster parent otherwise satisfies applicable training and experience requirements, then that is the rate to be used for claiming on the RF-2, Schedules H and K.

As the foster boarding home payment is intended to cover both operating costs of LDFFBH and payment to foster parents, districts need to complete a financial reconciliation (attached) on an annual fiscal year basis ending on December 31 and retain on file for audit purposes.

The report reconciles amounts claimed for reimbursement on the RF-2, Schedules H and K with actual expense incurred in operation of LDFFBH. If this reconciliation results in an excess of claimed amounts over actual expenditures, districts must make adjustments to their the RF-2, Schedules H and K claim to reduce claimed amount to actual costs. Excess of claimed over actual expenditures should be prorated, based on percentage of total expenditures claimed which were claimed on the RF-2, Schedules H and

K, respectively. For example, if 40 percent of expenditures were claimed on the RF-2, Schedule H and 60 percent were claimed on the RF-2, Schedule K then adjustments for 40 percent of excess are claimed on the RF-2, Schedule H and 60 percent of excess are claimed on the RF-2, Schedule K. No adjustments are made if actual costs exceed claimed costs. Information to be summarized on this report is to be drawn from LDSS - 2651 Standard of Payments Program Statistics and LDSS-2652 - 1 Report of Actual Expenditures currently in use by Foster Care facilities.

The first page of the report consists of two sections. The first section summarizes amounts claimed for reimbursement on the RF-2, Schedules H and K. As stated above, information is taken from LDSS-2651 Standard of Payments Program Statistics form using lines that report child counts, days of care and expenditures for Family Boarding Homes.

Foster Family Boarding Homes group consists of:

Normal Children	Age group 0-5
	Age group 6-11
	Age group 12 and over
Special Service Children	
Exceptional Service Children	
Emergency Service Children	

Payments are based on the district payment schedule for foster boarding homes according to difficulty level and a child's age group; generally with higher rates for older children. Definitions of these groups may be found in the Statewide Standards of Payment Manual (SSOP) Manual. Enter on the appropriate line, total expenditures claimed on the RF-2, Schedules H and K for Family Boarding Home, Special Payments, and Clothing Allowances. Sum the amounts on these lines is Total Amount Claimed on the RF-2, Schedules H and K. The monthly amount to be claimed on the RF-2, Schedules H and K for Family Boarding Homes is computed by multiplying number of days of care by the district rate paid to foster parents, limited to no greater than the Maximum State Aid Rate (MSAR).

These rates are listed in Public Folders on Microsoft Outlook. This is the maximum reimbursement for facility, program, and foster parent costs per child.

A care day is defined as day of admission, day of discharge, and each consecutive 24 hours in care at foster home for each child. Reimbursable absences may be included as countable care days.

Section 2, Computation of Total Actual Expenditures, summarizes actual expenditures made by the district for LDFFBH. Details of these accounts are reported on the second page. These expenditures are as follows:

- Local District Administrative Expenditures (Accounts 03-38B)  
Total expenses reported on reverse side of form for accounts 03-38B.
- Actual Payments to Foster Care Parents (Accounts 40-45)  
Total expenses reported on reverse side of form for accounts 40-45.
- Total Actual Expenditures  
Sum of district administrative expenditures and actual payments to foster care parents.

Section 3, Comparison of Claimed and Actual Expenditures, reconciles total actual expenditures for year to total amount claimed during the year on the RF-2, Schedules H and K. Total actual expenditures are taken from section two and total amount claimed on the RF-2, Schedules H and K is taken from section one. The net difference is the result of subtracting the total amount claimed on the RF-2, Schedules H and K from total actual expenditures.

If the Net Difference amount is negative (claimed amounts exceed actual expenditures,) the district must make an adjustment to the RF-2, Schedules H and K claims to reduce the amount claimed to actual expenditures. This should be done through a Supplemental Claim submission to the district for the last month of the fiscal year. The excess of claimed over actual expenditures should be reported as a Supplemental Claim on the RF-2, Schedules H and K based on percentages of total amounts identified during year that were reported on each of these schedules during year. If the Net Difference amount is a positive amount (excess of actual expenditures over claimed amounts) districts cannot make an adjustment to the claimed amount to bring it to actual expenditures.

The second page of the report contains detail of actual expenditures made for LDFFBH and supports figures on first two lines of section two on first page of report.

### **Local District Administrative Expenditures**

Only the following expense accounts are available for Agency Operated Foster Homes:

#### **03 Transportation and Worker's Expense**

Report expense incurred in connection with care of children. Include mileage allowances, fares for railroads, airplanes, taxis, bus or subway, gasoline, toll charges, worker's phone calls, meals including meals for clients, office visits, birthday cards and or small gifts for children in care.

#### **05 Allowances for Parents**

Allowances for visiting children in care at facility. Include lodging expenses of parents visiting children in care.

#### **06 Children's Activities**

Examples include admissions to sporting, recreational or cultural events. Other examples are trips, outings, motion picture rentals, membership fees for clubs and hobby groups. Include snacks and treats purchased on outings.

#### **11 Purchase of Services**

Payments for services purchased from independent contractors such as kitchen or dietary services, child care, security guards, temporary office help, garbage collection, maintenance of grounds, data processing, laundry and dry cleaning, extermination, etc.

#### **18 Rent**

Rent for real property and utilities would be included here if they are included in rental agreement. If utility expense can be identified separately, it is reported in Account 21, Utilities.

#### **19 Rent - Furnishings and Equipment**

Report cost, including installation charges, of rented furnishings and equipment.

#### **21 Utilities**

The following costs would be reported under this category:

- Fuel oil - report cost of fuel oil, coal, kerosene and bottled gas on this line
- Natural gas - report cost of natural gas on this line
- Electric - report cost of electricity on this line.
- Other - report cost of all or utilities not included above on this line. Examples are water and sewer charges, firewood, etc.

**22 Repairs and Maintenance - Plant and Equipment**

Report expenses for maintenance, repairs and service contracts for plant, office equipment, stationary and movable equipment. Differentiate between expenses charged to plant (line A) and equipment (line B).

**24 Telephone and Telegraph**

Report all telephone costs in this account. Include regular billings from local telephone companies and costs of telegraph services, answering services, direct lines, etc. Credit this account with refunds for personal telephone calls.

**28 Subscriptions/Publications**

Report cost of books, periodicals, magazines, newspapers, etc. Include subscriptions and single copy purchases.

**35 Insurance**

Report cost of insurance including liability, fire and theft, burglary, plate glass, automobile, etc. Credit this account with dividends, refunds and rebates received from insurance carriers or agents.

**35 Interest**

Report interest expense that is related to care for children:

- Debt Service - interest on bank loans, bonds, mortgages, etc. if expense is to improve conditions of agency property.
- Operations - (Does not apply to LDFFBH)

**37 Taxes**

Includes water, school, property and or taxes paid by agency. Generally, property taxes are considered allowable the first year a building is obtained by an agency or when a lease agreement specifies that the agency is responsible for payment of such.

**38 Use Charges**

Report use charge (depreciation) for owned property, plant and equipment. Basis for charges is initial actual cost or current appraised value (in cases of donated assets or where historical cost cannot be determined) of each asset divided by useful life.

Straight-line method of computing use charges (depreciation) on owned property, plant and equipment is required.

Allowable useful lives for facilities, buildings or property are as follows:

- Buildings 25 years
- Land Improvements 20 years
- Furniture and Equipment 10 years

- Vehicles 3-5 years
- Leasehold 5-15 years

Total district Administrative Expenditures is sum of amounts listed in Accounts 03 to 38B. This total is the amount that goes on first line of the "Computation of Actual Expenditures" section on page one.

### **Payments to Foster Care Parents - District Claimed on the RF-2, Schedules H and K**

#### **40 Boarding Home Payment Normal**

Payments for board and care provided by foster parents to children in foster boarding home. These payments include following items: shelter, food, personal care, household furnishings and operations, education and recreation, normal transportation and parental supervision.<sup>41</sup>

#### **41 Boarding Home Payment Special**

Payments for items in accounts 40 and additional payment for special foster care services provided by foster parents to special children.

#### **42 Boarding Home Payment Exceptional**

Payments for items in account 40 and additional payment for exceptional foster care services provided by foster parents to exceptional children.

#### **43 Boarding Home Payment Emergency**

Payments made to foster parents for bed reservation, board and care and/or foster care services in an approved emergency foster boarding home program.

#### **44 Clothing Payment**

- Initial - Payment made to foster parents for initial clothing for children coming into care.
- Regular - Payment made to foster parents for replacement clothing for children already in care.

Regular clothing payment rates are published with FBH rate ceilings.

#### **45 Special Payments**

These are payments made to foster parents for special items that are not included in accounts 40 - 44. Examples of special payment items are:

- Special attire for proms, religious observances, graduation, uniforms, etc.
- School expense such as books, activity fees, cost of field trips, boy's and girl's club dues, school jewelry, pictures and yearbooks.
- Music, art and dancing lessons and purchase or rental of items needed to take part in such activities.
- Birthdays, Christmas and or gifts.
- Day care and baby-sitting.
- Extraordinary transportation expenses including transportation provided by foster parents for visits to agency staff and natural parents. Also payments to natural parents for travel in excess of fifty miles. Other examples are cost of public transportation when it is necessary for school attendance and or irregular transportation required by agency.
- Diaper allowance for children 0 - 3 years of age.

- Cribs, car seats, etc.

Total Payments to Parents is sum of amounts listed in accounts 40 to 45. This total is amount that goes on second line of second section on page one.

LDSS-2652EL (Rev. 8/95)

**LOCAL DISTRICT OPERATED FOSTER FAMILY BOARDING HOMES  
FINANCIAL SUMMARY**

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**

<b>STANDARD OF PAYMENTS CLAIMED ON SCHEDULES H &amp; K</b>		<b>EXPENDITURES CLAIMED</b>
<b>Family Boarding Homes</b>		
<b>Normal Child</b>	<b>Age group 0-5</b>	
	<b>Age group 6-11</b>	
	<b>Age group 12 and over</b>	
<b>Special Service Children</b>		
<b>Exceptional Service Children</b>		
<b>Emergency Service Children</b>		
<b>Special Payments</b>		
<b>Clothing Allowance</b>		
<b>Total Amount Claimed on Schedules H &amp; K</b>		

**COMPUTATION OF TOTAL ACTUAL EXPENDITURES**

<b>Local District Administrative Expenses</b>	
<b>Actual Payment to Foster Payment Parents</b>	
<b>Total Actual Expenditures</b>	

**COMPARISON OF CLAIMED AND ACTUAL EXPENDITURES**

<b>Total Actual Expenditures</b>	
<b>Total Amount Claimed on Schedules H &amp; K</b>	
<b>Net Difference (Actual less Claimed)</b>	

(Negative figure requires a negative adjustment to Schedules H & K-Supplement claims)

LDSS-2652EL - reverse (Rev. 8/95)

**REPORT OF ACTUAL EXPENDITURES**

<b>LOCAL DISTRICT ADMINISTRATIVE EXPENDITURES</b>		
<b>Account No.</b>		
<b>03</b>	<b>Transportation and Workers Expenses</b>	
<b>05</b>	<b>Allowances to Parents</b>	
<b>06</b>	<b>Children's Activities</b>	
<b>11</b>	<b>Purchase of Contacted Services</b>	
<b>18</b>	<b>Rent</b>	
<b>19</b>	<b>Rent-Furniture and Equipment</b>	
<b>21</b>	<b>Utilities</b>	
<b>21A</b>	<b>Fuel Oil</b>	
<b>21B</b>	<b>Natural Gas</b>	
<b>21C</b>	<b>Electric</b>	
<b>21D</b>	<b>Other Utilities</b>	
<b>22A</b>	<b>Repairs and Maintenance - Plant</b>	
<b>22B</b>	<b>Repairs and Maintenance - Equipment</b>	
<b>24</b>	<b>Telephone and Telegraph</b>	
<b>28</b>	<b>Subscriptions</b>	
<b>35</b>	<b>Insurance</b>	
<b>36A</b>	<b>Interest - Debt Service</b>	
<b>37</b>	<b>Taxes</b>	
<b>38A</b>	<b>Use Charges/Property</b>	
<b>38B</b>	<b>Use Charges/Plant</b>	
<b>Total Local District Administrative Expenditures</b>		

LDSS-2652EL continued

<b>ACTUAL PAYMENTS TO FOSTER CARE PARENTS</b>	
<b>Account No.</b>	
<b>40</b>	<b>Boarding Home Payment Normal</b>
<b>41</b>	<b>Boarding Home Payment Special</b>
<b>42</b>	<b>Boarding Home Payment Exceptional</b>
<b>43</b>	<b>Boarding Home Payment Emergency</b>
<b>44A</b>	<b>Clothing Payment-Initial</b>
<b>44B</b>	<b>Clothing Payment-Regular</b>
<b>45</b>	<b>Special Payment (Boarding Home)</b>
<b>Total Payments to Parents</b>	

## **Residential Chemical Dependency Programs for Youth Certified by Office of Alcoholism and Substance Abuse Services**

Social Services Law, Section 398.6(g)(2) authorizes districts to make placements of children in foster care (including JD and PINS) settings operated or licensed by any office of Department of Mental Hygiene. This capacity was described in 92 LCM-8. Memorandum of Understanding (MOU) agreements between State Office of Children and Family Services and Offices of Mental Health, Developmental Disabilities, and Alcohol and Substance Abuse Services (OASAS) makes federal funding available for types of programs which are enumerated when operated by a not for profit organization.

The following certified Short-Term Residential Chemical Dependency Programs for Youth, for which foster care reimbursement is available, are all operated by non- profit organizations, and, therefore, are potentially eligible for federal funding under Title IV-E:

- Hope House
- Park Ridge Chemical Dependency
- St. Joseph's Villa
- Pahl House

The following six other OASAS certified Residential Chemical Dependency Programs for Youth are Medicaid providers for which foster care rates are not necessary since they are Medicaid funded:

- Arms Acres
- Commonwealth Place
- Conifer Park

- Park Ridge Hospital
- Renaissance House
- Rose Hill

## **Domestic Violence State Aid Rates for Domestic Violence Residential Programs in New York State**

Domestic Violence State Aid Rates (DVSAR) for licensed Domestic Violence (DV) residential programs in New York State are calculated using an approved Domestic Violence rate methodology. Districts are required to pay these promulgated per diem rates to licensed Domestic Violence residential programs providing residential care to all eligible victims of domestic violence. Domestic Violence State Aid Rates appear in the Public Folders on Microsoft Outlook. Rates may be accessed on Microsoft Outlook by opening Public Folders and opening following files: All Public Folders, Statewide, OCFS, and Rate Setting.

# Chapter 5: Medicaid Management Information System Fiscal Forms and Reports

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## Introduction

This chapter contains a brief discussion of the procedures and use of the forms listed below. It also contains a copy of the forms and the line instructions for each of them. A general discussion of the Medicaid Management Information System (MMIS) system and reports are contained in [FRM Volume 1](#), Chapter 7.

The following MMIS fiscal forms are included in this chapter:

- MA0489 Medicaid Statement of Benefits
- LDSS-3664 Claim Transmittal Form
- LDSS-3870 Medical Assistance Reimbursement Detail Form
- LDSS-4549 Report of Provider Related Donations by Project/Organization

The following MMIS fiscal reports are also included in this chapter:

- Weekly Shares Reports
  - ♦ Weekly Computation of Federal, State and County Share (CWR596A)
  - ♦ Weekly Payment Summary (CWR260G)
  - ♦ Retroactive Adjustment Shares Report (CWR160A)
- Social services district (district) Monthly Management and Administrative Reporting Subsystem (MARS) Reports
  - ♦ Medical Assistance (MA) Financial Status (MR-0-01) and (MR-0-01A)
  - ♦ Analysis of Assistance Payments (MR-0-30)
  - ♦ MA Statistical Report (MR-0-36)
  - ♦ Breakdown of MA Payments by Month of Service (MR-0-39)
  - ♦ MA Program Statistics (MR-0-50) (Optional)
  - ♦ Breakdown of Medicaid Services by Month of Service (MR-05-51)
  - ♦ Analysis of Assistance Payments (MR-0-54)
  - ♦ Medical Systems Expenditures by Source of Funds - Current Payments (MR-0-72)
  - ♦ Medical Systems Expenditures by Source of Funds - Retro Payments (MR-0-73)
- District Quarterly Management and Administrative Reporting Subsystem (MARS) Reports
  - ♦ Provider Ranking List (MR-0-19)
  - ♦ Overburden Quarterly Computation of Federal, State and County Share For the Mentally Disabled (MR-0-64)
  - ♦ Quarterly Computation of Federal, State and County Share Recipient Specific Overburden Aid Report For The Mentally Disabled (MR-0-65)
  - ♦ MA Overburden Statistical Report (MR-0-67)

- Medical Assistance Reimbursement Detail Form (LDSS-3870)
- Provider Related Donations Report (LDSS-4549EL)
- Retroactive Aid Category Changes Report (LDSS-3586)

## Adjudicated Claims Reporting

Districts can request Adjudicated Claims Reports through the MedNY Data Warehouse. For more information see the State Department of Health's (DOH) General Information System message GIS 11 MA/019.

## Medicaid Statement Of Benefits Report (MA0489)

The districts can generate up to ten years of historical Adjudicated Claims payments, covering the service provided in all upstate districts for each CIN. The below report has two optional formats that contain all the claim detail data currently found on the Adjudicated Claims, along with claim expenditure totals, and a "nomenclature" section that translate the various medical diagnosis codes reported.

REQ: 99 COB LAW MOG			NEW YORK STATE DEPARTMENT OF HEALTH MEDICAID SYSTEMS DESIGN AND DEVELOPMENT										PAGE: 1 RUN DATE:06/19/04 PROGRAM:MA0489			
RECIPIENT ID: AD02222F			MEDICAID STATEMENT OF BENEFITS													
			DATE OF BIRTH: 11/15/1961 SERVICE DATES: 08/2003- 05/2004													
NAME: CAROGA, NORMAN L.			SEX: M													
CTY	SERV	PROVIDER	SPEC	FORM/PROC	INV	DIAG	PRIOR	CLAIM REF NO	SP	AID	CRG	FNP	CTY	CLM	DATE	AMOUNT
	DATE	NUMBER	NAME	COS CODE	RATE CODE	TYP	RX NO	APPROVAL	PR	CAT	IND		SHR	ST	PAID	PAID
99	030827	00303315	ROCHESTE	0285	2946	12	9598	2040062854654013	32				0.25	1	040112	5188.15
20030830 END SERV DATE			003 MEDICAID DAYS													
99	030827	00365788	NATION	0601	26201	27		2040402529060000	E	32			0.25	1	040217	108.27
99	030904	00354000	LOWLANDS	0287	914	2870	05	8470		32			0.25	1	040112	72.32
99	030911	00354000	LOWLANDS	0287	914	2870	05	7238		32			0.25	1	040112	72.32
99	030926	00354000	LOWLANDS	0287	914	2870	05	8470		32			0.25	1	040112	72.32
99	031006	00354000	LOWLANDS	0287	914	2870	05	72885		32			0.25	1	040112	72.32
99	031016	00967000	CHEAP PA	0200	D0220	13		2033021200000012	18				0.25	1	031110	14.00
99	031016	00967000	CHEAP PA	0200	D0230	13		2033021000000020	18				0.25	1	031110	7.00
99	031016	00967000	CHEAP PA	0200	D2335	13		2033020000000006	18				0.25	1	031110	145.00
99	031016	00967000	CHEAP PA	0200	D2335	13		20330212200000054	32				0.25	1	031117	145.00
99	031016	00967000	CHEAP PA	0200	D2332	13		20330212200000062	18				0.25	1	031110	108.00
99	031016	00967000	CHEAP PA	0200	D2393	13		2033021000000000	18				0.25	1	031110	106.00
99	031016	00792000	LEFT AID	0441	59011010510	10	206538	20328923000000427	18				0.25	1	031027	388.19
99	031016	00792000	LEFT AID	0441	00378615093	10	206537	20330523000000707	32				0.25	1	031110	113.60
99	031027	00459000	GROOMS	0441	59011010510	10	225791	20330023088000025	18				0.25	1	031103	91.73
99	031103	00354000	LOWLANDS	0287	914	2870	05	8470		32			0.25	1	031124	72.32
99	031103	00459000	GROOMS	0441	59011010510	10	225844	20330720000000047	32				0.25	1	031110	388.19
99	031111	00792000	LEFT AID	0441	00378615093	10	206537	20331500000008914	32				0.25	1	031117	113.60
99	031201	00354000	LOWLANDS	0287	914	2870	05	7243		16			0.25	1	031222	72.32
99	031201	00459000	GROOMS	0441	59011010510	10	226086	20404920000000004	32				0.25	1	040223	517.0223

REQ: 99 COB LAW MOG NEW YORK STATE DEPARTMENT OF HEALTH PAGE: 2  
MEDICAID SYSTEMS DESIGN AND DEVELOPMENT RUN DATE:06/19/04  
PROGRAM:MA0489

MEDICAID STATEMENT OF BENEFITS -NOMENCLATURE  
RECIPIENT ID: AD02222F DATE OF BIRTH: 11/15/1961 SERVICE DATES: 08/2003- 05/2004  
NAME: CAROGA. NORMAN L. SEX: M

DIAGNOSIS CODE	DESCRIPTION	CLAIM COUNT	AMOUNT PAID
SPACES	NO DESCRIPTION ON FILE	14	\$ 1,552.98
5538	(4) HERNIA,NEC SITE-ABOM CAV,NO OBSTR/GNGRN	1	\$ 72.32
72210	(4) OSPLC LUMBAR INTRVRTBR OSC W/O MYELOPATH	2	\$ 659.54
7226	(4) OEGENERATN-INTRVRTBR OISC,SITE UNSPCFD	1	\$ 72.32
7231	(4) CERVICALGIA	1	\$ 111.43
7238	(4) OTHER SYNDROMES AFFECTING CERVICAL REGN	1	\$ 72.32
7243	(4) SCIATICA	1	\$ 72.32
72885	(4) SPASM OF MUSCLE	1	\$ 72.32
8470	(4) SPRAINS/STRAINS OF NECK PART OF BACK	3	\$ 216.96
8479	(4) SPRAINS/STRAINS-UNSPECIFIED SITE OF BACK	2	\$ 134.00
9598	(4) OTH,NOS INJRY-OTH SPEC SITES,INCLUD MULT	1	\$ 5,188.15
		28	\$ 8,224.66

RATE CODE	DESCRIPTION	CLAIM COUNT	AMOUNT PAID
2205	TANF 21 -64 MALE/FEMALE	3	\$ 600.71
2870	OUT-PATIENT DEPT (CLINIC)	8	\$ 578.56
2879	GENERAL -ER	1	\$ 117.00
2946	DIAGNOSIS RELATED GROUPS	1	\$ 5,188.15
6548	PAC 48 OTHER MUSC/SKEL DIAG INVESTIGATIO	1	\$ 159.54
6553	PAC 53 MGMNT OF OTHER MUSC/SKEL PROB	1	\$ 111.43
		15	\$ 6,755.39

FORMULARY CODE	DESCRIPTION	CLAIM COUNT	AMOUNT PAID	3251 QUANT	3232 SUPPLY
00093003301	OXYCODONE HCL ER 80MG TAB	1	\$ 938.18	120.000	30
00378615093	OMEPRazole 20MG CAPSULE DR	6	\$ 666.88	180.000	180
00406035705	HYDROCODONE/APAP 5/500 TAB	3	\$ 22.38	90.000	15
00555030138	METHYLPREDNISOLONE 4MG TAB	1	\$ 9.98	21.000	7
00603388328	HYDROCODONE/APAP 7.5/750 TB	1	\$ 10.19	40.000	5
00603388821	HYDROCODONE/APAP 10/500 TAB	1	\$ 10.90	15.000	5
49884077905	IBUPROFEN 800MG TABLET	3	\$ 39.85	252.000	84
50111056303	CYCLOBENZAPRINE 10MG TABLET	3	\$ 81.76	252.000	84
53265028610	ACETAMINOPHEN/COD #4 TABLET	4	\$ 177.78	570.000	105

REQ: 99 COB LAW MOG		NEW YORK STATE DEPARTMENT OF HEALTH MEDICAID SYSTEMS DESIGN AND DEVELOPMENT		PAGE: 3 RUN DATE: 06/19/04 PROGRAM: MA0489	
MEDICAID STATEMENT OF BENEFITS - NOMENCLATURE					
RECIPIENT ID: AD02222F		DATE OF BIRTH: 11/15/1961 SERVICE DATES: 08/2003- 05/2004			
NAME: CAROGA, NORMAN L.		SEX: M			
FORMULARY CODE	DESCRIPTION	CLAIM COUNT	AMOUNT PAID	3251 QUANT	3232 SUPPLY
58177004104	OXYCOONE 5MG CAPSULE	2	\$ 73.92	240.000	20
59011010510	OXYCONTIN 40MG TABLET SA	4	\$ 1,385.19	321.000	97
59011010710	OXYCONTIN 80MG TABLET SA	8	\$ 3,523.72	690.000	240
		37	\$ 6,940.73		
PROCEDURE CODE	DESCRIPTION	CLAIM COUNT	AMOUNT PAID	3029 UNITS	
26201	AMBULANCE BLS A0429 1 \$ 108.27 1				
72148	MRI, SPINAL CANAL+ CONTENTS, LUMBAR W/D CONT MAT	1	\$ 500.00	1	
99282	99281; EXPANDED HIST/EXAM DECISION LOW COMPLEX	1	\$ 17.00	1	
00120	PERIODIC ORAL EVALUAT-DN	1	\$ 29.00	1	
D0220	X-RAY INTRAORAL PERIAPICAL	1	\$ 14.00	1	
D0230	X-RAY INTRADRAL PERIAPICAL ADDITIONAL	1	\$ 7.00	1	
D1110	PRDPHYLAXIS, ADULT	1	\$ 54.00	1	
D2332	RESIN-3 SURFACES, ANTERIOR	1	\$ 108.00	1	
D2335	RESIN 4 OR MORE SURF DR INVOLV INCISAL ANGLE ANTER	2	\$ 290.00	2	
D2393	RESIN BASED COMPOSITE 3 SURFACES POSTERIOR (SUR/TO	2	\$ 212.00	2	
D2394	RESIN BASED COMPOSIT 4 OR MORE SURF POSTERIOR (S/T	1	\$ 130.00	1	
		13	\$ 1,469.27		

## Claim Transmittal Form (LDSS-3664)

Districts may make Medical Assistance (MA) payments to medical providers on behalf of individuals. The district may also reimburse individuals who have paid for medical services directly and are determined eligible for MA during the period when services were rendered as a result of court decisions, fair hearings or agency reconsiderations.

Districts has the option of processing claims and issuing payments to reimburse providers and eligible individuals or having the DOH process the claims and issue the required payments and reimbursement. Whenever possible, a provider should be instructed to submit the claim to MMIS.

If the State DOH is to process the claim, a Claim Transmittal Form (LDSS-3664) is completed at the district level. The LDSS 3664 Claim Transmittal Form and supporting documentation described below is submitted to:

New York State Department of Health  
 ATTN: Medicaid Financial Management Unit  
 Corning Tower, Room 1237  
 Albany, New York 12237

Districts are required to perform the following when completing the LDSS-3664:

- Verify the bills submitted are eligible for payment processing by ensuring that the date of service falls within the eligibility period.
- Ensure that the transmittal form and the attachments provide an adequate description of the service to enable the State DOH to determine the appropriate procedure for pricing the claim.

For prescription drugs, information must be provided on the name of the drug, the strength, and the quantity dispensed.

For dental bills, tooth number must identify the teeth worked on and a complete description of work done must be included.

For eyeglass bills the prescription or a copy must be included.

The following must be submitted within 60 days (or the time period specified by the court order if different) of the date of submission of the recipient's medical bills the following information:

A completed transmittal form (LDSS-3664) Claim Transmittal Form for each eligible recipient requesting payment/reimbursement. A separate transmittal form is to be filled out for each applicant/recipient. Indicate the number of pages for each recipient. Your cover letter should indicate the number of transmittals being sent.

Copies of all eligible bills for which payment/reimbursement is requested must be attached.

Copies of receipts or cancelled checks of any payment made by the applicant/recipient should be submitted if reimbursement is sought.

Efforts must be made to determine if eligible recipients are covered by any third party health insurance plans, and if so, whether any payments or reimbursements are made toward the subject bills. Applicable information must be reflected on the transmittal form.

## **Special Instructions for Completion of Claim Transmittal Form**

The transmittal form is of general design to be used for diverse court decisions. Indicate the court decision involved in this transmittal. A separate transmittal form is to be filled out for each applicant/recipient. Indicate the number of pages for each recipient. Your cover letter should indicate the number of transmittals being sent.

Be sure to indicate case type so that proper funding is claimed. Other claiming factors should also be known.

- Case Type Example - MA Family Assistance (FA) Related
- Other Factor Example - State Charge Indian

Entered on the Claim Transmittal Form the eligibility period and the MA ID # for the recipient.

The form must be signed.

Other information requested is self-explanatory.

- To ensure proper funding and charging of shares indicate on each transmittal form the following information:
  - ♦ Case Type
    - ▣ MA (FA Related)
    - ▣ MA (SN Related)

- MA (SSI Related)
- MA (Under 21)
- ◆ Other Claiming Factors
  - Example:
    - State Charges - Indian
    - State Charge - Mental Hygiene (MH) "1" case
    - Refugee or Cuban-Haitian Entrant

## **Line by Line Instructions**

### **Local District**

Enter the name of district filing the claim transmittal form.

### **Pages**

Enter the number of pages for the claim. A separate transmittal form is required for each recipient.

### **Recipient Name**

Enter the Recipient/Applicant's name.

### **Claimant's Social Security Number**

Enter the recipient/applicant Social Security Number if applicable.

### **Eligible FROM - TO**

This item represents the period of eligibility. All dates of service for attached bills must be within this period.

### **Recipient Address**

The field requires a street address of the recipient/applicant.

### **Medicaid Identification Number**

Enter the recipient's CIN number.

### **Recipient Name, Address, and Social Security Number**

Enter the name and address of person or provider to be paid in this field. If a provider, the provider's MMIS Provider number should also be listed.

### **Name and Address of Service Provider**

Enter the name and address of provider who rendered the service. The use of this form should not be construed or interpreted as a mechanism to avoid existing regulations, which prohibit the payment for Medical Assistance to non-participating or expelled providers.

### **Description of Service Provided**

To determine the appropriate procedure for pricing the claim by the State Department of Health (DOH), an adequate description of the service rendered must be provided.

### **Date of Service (MO/DAY/YR)**

The date service rendered must be within eligibility dates listed on the form.

**Total Bill**

The field indicates the total dollar amount of service rendered.

**Insurance Payment**

Represents the dollar amount of any third party health insurance or other insurance payments made for subject bills.

**Amount Paid**

Enter the dollar amount of net claim after any insurance payments and/or client spend down amounts are made. This is the amount that the state pays to the claimant.

**Court Case Name**

The transmittal form is of general design to be used for diverse court decisions. Enter the court decision involved in this transmittal.

**Case Type**

Enter the case type so that proper funding may be claimed. Other claiming factors should also be shown.

- Case Type Example - MA FA Related
- Other Factor Example - State Charge Indian

To be processed by the state, signature and date is required.

LDSS 3664 (Rev. 9/00)		CLAIM TRANSMITTAL FORM (Please type or print)		Page _____ of _____	
LOCAL DISTRICT				ELIGIBLE From _____ To _____	
RECIPIENT NAME				MEDICAID IDENTIFICATION NO	
RECIPIENT ADDRESS					
RECIPIENT NAME, ADDRESS, AND SOCIAL SECURITY NO (if applicable)					
NAME AND ADDRESS O F SERVICE PROVIDER	DESCRIPTION OF SERVICE PROVIDED (For Prescription Drugs, Show Name, Strength and Quantity)	DATE OF SERVICE (MO/DAY/YR)	TOTAL BILL	INSURANCE PAYMENT	AMOUNT PAID (After Insurance Payment and Spend down, if any)
I certify that the above – named recipient is eligible for Medical Assistance benefits as a member of the _____					
COURT CASE NAME _____					
DATE COMPLETED _____					
					CASE TYPE _____
					X SIGNATURE OF LOCAL DISTRICT ELIGIBILITY WORKER

## **Inter-district Jurisdictional Disputes**

An inter-district jurisdictional dispute is one, which arises between districts over financial responsibility. For example, such a dispute may arise when an eligible recipient moves from one district to another or enters a district upon release from an institution and is in need of Temporary or Medical assistance. In most disputes neither district wants to take financial responsibility until the dispute is settled.

Department Regulation 311.3(c) states “When an inter-district jurisdictional dispute exists relating to an otherwise eligible applicant for public assistance or medical assistance, either district may request a fair hearing to determine the district of responsibility and the decision shall be binding upon both districts.”

(1) The district in which the applicant is found shall be responsible to arrange, provide and pay for public assistance and care during the period pending resolution of the inter-district jurisdictional dispute; and shall be reimbursed for all expenditures authorized in behalf of the applicant by the district subsequently determined responsible for the provision of assistance and care.

(2) A fair hearing shall be initiated by sending written notice to the other district and to the department, including a brief statement of fact and law upon which the determination of responsibility was based.

(3) A fair hearing may be requested by a district receiving a notice pursuant to regulation by requesting same in writing to the department within 30 days of the date of the notice.

(4) (i) On receipt of a request for a fair hearing pursuant to regulation the department shall notify both districts of the date and place of the hearing, said notice to be given at least six working days prior to the date of the hearing.

(ii) In the event any district given notice pursuant to regulation fails or refuses to request or attend a fair hearing, the department shall issue a decision based upon the notice and other documents submitted by a district, and such decision shall be binding upon both districts.

(5) The district which is responsible during the interim period described in paragraph (1) above shall not be denied reimbursement by the district ultimately held responsible for assistance and care rendered after notification to the liable district so long as the district of interim responsibility exercised reasonable care in determining client eligibility and making, notwithstanding the fact that procedures used by the district ultimately responsible for the cost of assistance and care would have resulted in an initial denial of or lowering of payment.

More information on Inter-district Jurisdictional Disputes appears in [FRM Volume 1](#), Chapter 7.

## **Weekly Local District Shares Report**

The weekly shares report is a three-part report sent to the districts each week. The report consists of:

- The Weekly Computation of Federal, State and County (CWR596A) Report
- Weekly Payment Summary (CWR260G) Report
- Retroactive Adjustment Shares Report (CWR160A)

The following is a description of each of the three parts.

## **Weekly Computation of Federal, State and County Share (CWR596A) Report**

The upper half of this part gives total expenditures for the different types of services. The lower half is the computation of the federal, state and local shares of the MA expenditures.

Upon notification, each county is responsible for initiating an Electronic Funds Transfer (EFT) through its bank for the full local share amount.

### **Expenditures All Services for County**

#### **Total Expenditures**

Enter the total expenditures for each type of service.

#### **Total Federally Financial Participating (FFP)**

Enter total expenditures for each type of service eligible for both federal and state reimbursement.

#### **Total Federally Non Participating (FNP)**

Enter total expenditures for each type of service eligible for state but not federal reimbursement.

#### **Total Non-Reimbursement (NR)**

Enter total expenditures not eligible for either federal or state.

### **Federal Share Computation**

#### **Lines 7-9**

Report the portion of the MA expenditures reimbursed by the federal government on these lines.

#### **Line 10**

Line 10 represents the total federal share of the expenditures - the sum of lines 7-9.

### **State Share Computation**

#### **Line 11**

Line 11 is the amount of remaining expenditures after the federal share has been taken out. (The amount eligible for state reimbursement.)

#### **Line 12**

This line represents the state share of the amount reported on Line 11.

#### **Lines 13-13D, 14**

Line 13 is for additional MA state charge shares and 13A is always blank. Line 13B reports additional Long Term Care state share. Line 13C reports additional Long Term Manage Care state shares. Line 13D reports additional state shares for FNP related parents. Line 14 is always blank.

#### **Line 16**

This indicates the total state share of the expenditures, which is the sum of lines 12-13D, and 14.

#### **Line 17**

Local share is that part of the expenditures, which is borne totally by the districts. Upon notification, the districts are responsible for initiating an Electronic Funds Transfer (EFT) transaction through their bank for the local share amount.

CWR596A		NEW YORK STATE DEPARTMENT OF HEALTH - MEDICAL ASSISTANCE PROGRAM			PAGE 1
		WEEKLY COMPUTATION OF FEDERAL, STATE, AND COUNTY SHARE			DATE 01/28/04
		**CYCLE 392**			
EXPENDITURES ALL SERVICES FOR COUNTY BLOOM	TOTAL EXPENDITURES	TOTAL FFP	TOTAL FNP	TOTAL NR	
1. SERVICES TO FEDERAL CHARGE	.00	.00	N/A	N/A	
A. MA ONLY	.00	.00	N/A	N/A	
B. SBD/CCA SLIP STATE FACILITY	.00	.00	N/A	N/A	
C. SBD/CCA SLIP NON-STATE FACILITY	.00	.00	N/A	N/A	
2. FAMILY PLANNING SERVICE	20,776.69	20,776.69	.00	.00	
A. MA ONLY	13,505.96	13,505.96	.00	.00	
B. MANAGE CARE	.00	.00	.00	.00	
C. SBD/CCA SLIP STATE FACILITY	.00	.00	.00	.00	
D. SBD/CCA SLIP NON-STATE FACILITY					
3. ALL OTHER SERVICES	8,0810.39	8,523,579.49	97,230.90	.00	
A. MA ONLY	3,872,384.46	3,791,446.03	88,852.86	.00	
B. MANAGE CARE	2,609,267.68	2,592,975.21	16,292.47	.00	
C. LONG TERM CARE (LTC) - PRE 1994	.00	.00	.00	.00	
D. LONG TERM CARE - 1994	2,1139,158.25	2,139,158.25	.00	.00	
E. SBD/CCA SLIP STATE FACILITY	.00	.00	.00	.00	
F. SBD/CCA SLIP NON-STATE FACILITY	.00	.00	.00	.00	
4. TOTAL EXPENDITURE	8,641,587.08	8,544,356.18	97,230.90	.00	
5. LESS: EMERGENCY ELIG - LOCAL	.00	N/A	N/A	.00	
6. NET REIMBURSEABLE EXPENDITURES	8,641,587.08	8,544,356.18	97,230.90	.00	
FEDERAL SHARE COMPUTATION		TOTAL	FEDERAL HOLD	ADJUSTED TOTAL	
7. SERVICES TO FEDERAL CHARGES		.00	.00	.00	
8. FAMILY PLANNING		18,699.02	.00	18,699.02	
9. ALL OTHERS		4,270,700.92	.00	4,270,700.92	
10. TOTAL FEDERAL SHARE		4,289,399.94	.00	4,289,399.94	
STATE SHARE COMPUTATION					
11. AMOUNT ELIGIBLE FOR STATE SHARE		4,352,187.14			
12. STATE SHARE		2,176,093.57			
13. ADDITIONAL STATE SHARE FOR STATE CHARGES		112,015.41			
13A. ADDITIONAL STATE SHARE FOR LTC P94		.00			
13B. ADDITIONAL STATE SHARE FOR LTC 1994		334,136.52			
13C. ADDITIONAL STATE SHARE MANAGE CARE		.00			
13D. ADDITIONAL STATE SHARE FNP RELATED PARENT		6.86			
14. STATE SHARE FOR SBD/CCA AND SLIP		.00			
16. TOTAL STATE SHARE		2,2908.35	.00	2,2908.35	
17. LOCAL SHARE		1,729,278.79	.00	1,729,278.79	

## **Weekly Payment Summary (CWR260G)**

The Weekly Payment Summary (CWR 260G) breaks down the MA reimbursable expenditures into:

### **Invoice Type**

#### **Cycle**

The number represents the current week cycle the report is addressing.

#### **County**

The name of the county is shown.

#### **Invoice Type**

Indicates the type of health care provided.

### **Approvals**

#### **Claims**

Indicates the number of approved claims for each Invoice type.

#### **Payment**

Represents the total approved dollar amounts for the claims.

### **Adjustment/Voids**

#### **Claims**

Shows the number of adjustments for each invoice type.

#### **Payment**

Represents the dollar amount of the adjustment or void to be paid.

### **Net Totals**

The net total payment should be equal to the net reimbursable expenditures found on the CWR596A (Weekly Computation of Federal, State and County Share).

#### **Claims**

Indicates the number of approved claims minus any adjustments or voids for each invoice type.

#### **Payment**

Represents the net dollar amount of the claims minus any adjustments or voids for each invoice type.

### **Denied Claims**

Indicates the number of claims that are denied for each invoice type.

### **Current PENDS**

Indicates the number of claims that are pending for each invoice type.

### **Total PENDS**

Indicates the total number of claims that are pending for each invoice type.

CWR260G NEW YORK STATE DEPARTMENT OF HEALTH - MEDICAL ASSISTANCE PROGRAM										PAGE: 1
COUNTY: BLOOM		WEEKLY PAYMENT SUMMARY								DATE: 01/28/04
CYCLE: 545										
INVOICE TYPE	APPROVALS	ADJUSTMENTS/VOIDS	NET TOTALS	DENIED	CURRENT	TOTAL				
	CLAIMS PAYMENT	CLAIMS PAYMENT	CLAIMS PAYMENT	CLAIMS	PENDS	PENDS				
PRACTITIONER	1,007 20,670.93	0 0.00	1,007 20,670.93	408	206					
CLINIC	4,663 226,097.28	8 24.14	4,671 226,121.42	422	309					
CHAP	0 0.00	0 0.00	0 0.00	0	0					
PHARMACY	4,538 81,552.73	14 6.11	4,552 81,558.84	537	56					
INPATIENT	78 222,284.58	8 2,663.52	86 224,948.10	16	14					
OHM INPATIENT	4 69,518.19	0 0.00	4 69,518.19	1	1					
DENTAL	553 12,282.26	0 0.00	553 12,282.26	127	21					
LABORATORY	730 5,622.98	4 26.80	734 5,596.18	127	36					
NURSING HOME	384 236,315.88	0 0.00	384 236,315.88	11	10					
RTF	0 0.00	0 0.00	0 0.00	0	0					
HEALTH MAINT	0 0.00	0 0.00	0 0.00	0	0					
REF AMBULATORY	314 4,522.55	0 0.00	314 4,522.55	66	20					
HOME HEALTH	3,753 139,091.31	62 287.03	3,815 138,804.28	217	272					
TRANSPORTATION	251 8,819.35	0 0.00	251 8,819.35	49	46					
CHILD CARE	2 402.24	0 0.00	2 402.24	26	0					
OME FORM C	160 14,808.63	0 0.00	160 14,808.63	46	31					
EYE CARE	393 2,599.10	2 18.00	395 2,581.10	124	77					
OMR - DC	0 0.00	0 0.00	0 0.00	0	0					
IC F M R-PRIV	23 20,504.85	0 0.00	23 20,504.85	0	0					
IC F-DD- ST	0 0.00	0 0.00	0 0.00	0	0					
TOTAL	16,853 1,065,092.86	98 2,361.94	16,951 1,067,454.00	2,177	1,099					

## **Retroactive Adjustment Share Report (CWR160A)**

The second part of the Weekly Shares Report entitled Retroactive Share Report shows any retroactive adjustment to the established MMIS rates for the providers listed. These adjustments can be either an upward or downward adjustment to the rates.

### **Provider Number**

Provides the MMIS provider identification number.

### **Total Claims**

Indicates the total number of claims being adjusted for each provider.

### **Total Units**

Indicates the total number of service units for the claims.

### **Total Differential**

Represents the total dollar amount of the adjustment.

### **Federal Share Amount**

Reports the amount eligible monies for federal reimbursement.

### **State Share**

Indicates the amount of monies eligible for state reimbursement.

CWR 160 A		NEW YORK DEPARTMENT OF HEALTH - MEDICAL ASSISTANCE PROGRAM					PAGE 1
RETROACTIVE ADJUSTMENT SHARES REPORT							
COUNTY CODE: 01							
PROVIDER	TOTAL CLAIMS	TOTAL UNITS	TOTAL DIFFERENTIAL	FEDERAL SHARE AMT	STATE SHARE AMT	LOCAL SHARE AMT	
00354210	816	14,723	183,498.00	85,306.56	49,096.53	49,094.91	
00727555	20	20	18.60CR	9.40CR	7.40CR	1.80CR	
COUNTY TOTAL FOR 01				836	14,743	183,479.40	85,297.16
FEDERAL HOLD							49,093.11
ADJUSTED COUNTY TOTAL							.00
							49,093.11

## **Monthly Management and Administrative Reporting System Reports**

The monthly Management and Administrative Reporting Subsystem (MARS) of MMIS produces ten reports developed by the New York State Department of Health, Office of Medicaid Management. Questions regarding these reports should be directed to Richard Johnson at 518-474-4055.

The NYS Department of Health request that source information be identified when using data.

A further description of each monthly MARS reports listed below is provided:

- MR-0-01 and MR-01-01A (Optional) Medical Assistance Financial Status
- MR-0-30 Analysis of Assistance Payments
- MR-0-36 MA Statistical
- MR-0-39 Breakdown of Medicaid Payments by Month of Service
- MR-0-50 MA Program Statistics (Optional)
- MR-0-51 Breakdown of Medicaid Services by Month of Service
- MR-0-54 Analysis of Assistance Payments
- MR-0-72 Medical Systems Expenditures by Source of Funds - Current Payments
- MR-0-73 Medical Systems Expenditures by Source of Funds – Retro Payments

### **Medical Assistance Financial Status: MR-0-01**

This report is intended specifically for top management. This report together with the MR-0-01A report, supply a concise overview of Medicaid program activities.

The purpose of the MR-0-01 is to supply management with a concise summary of the program's financial status. It provides a frame of reference in evaluating expenditures and budget data. It is a useful management tool in monitoring expenditures. This report, which is printed each month, yields a wealth of cumulative historical data, which is helpful for future budgeting purposes.

This report presents, by service listing, the amounts budgeted, the amounts actually expended, and the variance in dollars for different time periods: this month, last month and the same month last year. Also, the report presents, as the fiscal projection, budgeted cost for the entire current fiscal year, the projected cost, the variance (over and under) in dollars and percentage between fiscal-year-end budgeted amount and the projected cost.

After reviewing this report, a change in an adverse direction, which is not readily explained, by program policy changes, seasonal or cyclical reasons or other known factors should initiate a request to the appropriate staff members for an explanation.

RUN DATE 03/29/04		MR-0-01 88 BLOOM		MAR04		PAGE NO. 1	
MONTH OF MARCH		NEW YORK STATE DEPARTMENT OF HEALTH		MR-0-01			
COUNTY - BLOOM		MEDICAL ASSISTANCE FINANCIAL STATUS					
		IN THOUSANDS OF DOLLARS					
		THIS MONTH	LAST MONTH	SAME MO. LAST YR.	FISCAL YTD	FISCAL PROJECTION	
		BUDGET	DOLLARS	DOLLARS	BUDGET	BUDGETED COST	
		ACTUAL	% CHANGE	% CHANGE	ACTUAL	PROJECTED COSTS	
		\$ VARIANCE	\$ VARIANCE	\$ VARIANCE	LAST YEAR	OVER/UNDER %	OVER/UNDER \$
HOSPITAL INPATIENT		445,485,443	356,174,940	367,471,977	1,912,264,390	4,880,530,195	
		661,541,394	85.7	80.0	2,381,388,714	5,382,462,205	
		216,055,951	305,366,454	294,069,416	2,114,506,848	10.0	
Hospital Inpatient Total					12.6	500,932,010	
Hospital Outpatient Total							
Skilled Nursing Facility Total							
Intermediate Care Facility Total (Also known as Health Related Facility)							
Clinic-Free Standing Total							
Referred Ambulatory-Nursing							
Home Based Total							
Hospice -Total							
Physician Total							
Dental Total							
Other Practitioners Total							

## **Medical Assistance Financial Status: MR-0-01A (Supplement to MR-0-01)**

This "supplemental" report and the MR-0-01 are intended specifically for top management. The MR-0-01 and MR-0-01A supply a concise overview of Medicaid program activities.

The MR-0-01A like the MR-0-01 is designed to provide management with concise summaries of the program's financial status. Both are used as a frame of reference in evaluating expenditure and budget data, and as such, are useful management tools in monitoring expenditures.

The MR-0-01A differs from the MR-0-01 in that:

- The MR-0-01 lists the budgeted amounts for that month along with actual amounts expended for each of the service listings, the MR-0-01A lists only the actual amounts expended.
- The MR-0-01 report contains major service listing totals whereas the MR-0-01A breaks the totals down into the individual components of the major service listings.

Therefore the MR-0-01A complements the MR-0-01 by providing a detail breakdown of the dollar amounts for each service that is provided.

RUN DATE 08/29/04		MR-0-1A 72 STATEWIDE AUG-04			PAGE NO.0001
MONTH OF AUGUST		NEW YORK STATE DEPARTMENT OF HEALTH			MR-0-01A
COUNTY-STATEWIDE		MEDICAL ASSISTANCE FINANCIAL STATUS			
		IN DOLLARS			
	THIS MONTH	LAST MONTH	SAME MO LAST YR	FISCAL YTD	FISCAL PROJECTION
	ACTUAL	DOLLARS	DOLLARS	ACTUAL	PROJECTED COST
		% CHANGE	% CHANGE	LAST YEAR	
		\$ VARIANCE	\$ VARIANCE	% CHANGE	
HOSPITAL INPATIENT		356,174,940	387,471,977		
	661,541,394	85.7	80.0	2,381,388,714	5,382,4,295
		305,366,454	294,069,416	2,114,506,848	
				12.6	
GENERAL		311,887,804	314,740,659		
	395,916,060	26.9	25.8	1,791,187,396	4,319,049,116
		84,028,256	81,175,491	1,726,714,396	
				3.7	
PUBLIC		102,913,977	111,859,400		
	124,091,746	20.6	10.9	590,701,416	1,363,273,714
		21,177,770	12.232.347	3.125.792	
				5.2-	
PRIVATE-PROPRIETARY		8,823,536	7,586,122		
	8,817,136	.1-	16.2	42,822,312	105,619,124
		6,399	1,231,015	41,079,091	
				4.2	
PRIVATE-VOLUNTARY		200,150,292	195,295,048		
	263,007,178	31.4	34.7	1,157,664,089	2,858,640,448
		,856,886	67,712,130	1,157,664,089	
				9.0	
PSYCHIATRIC/DEVELOPMENT-		44,287,135	52,753,408		
ALLY DISABLED	265,163,031	593.7	489.2	545,556,512	1,021,240,721
		220,091,958	213,517,946	340,393,149	
				60.3	
QMH-ST-REG		289,560	788,643		
	207,361,256	71512.5	26193.4	328,264,736	527,298,713
		207,071,696	206,572,612	119,508,420	
				174.7	

## Analysis of Assistance Payments: MR-0-30

The Analysis of Assistance Payment report is a summary report in the functional area of Administration.

The purpose of the report is to provide a detail analysis of district expenditures.

The Analysis of Assistance Payments report presents the Medicaid expenditures by types of service and breaks them down by Federally Participating (FP), Federally Non-Participating (FNP) and Non-Reimbursable amounts (NR). The report is printed in eight different versions.

RUN DATE 03/28/04  
MONTH OF MARCH

MR-0-30 88 BLOOM

MAR04

PAGE NO.0001  
MR-0-30

NEW YORK STATE DEPARTMENT OF HEALTH  
ANALYSIS OF ASSISTANCE PAYMENTS  
GRAND TOTAL SECTION

COUNTY: BLOOM  
SERVICE

	TOTAL	REFUNDS/	ALLOC	NON	NET	TOTAL	TOTAL
	EXPENDITURES	CANCELLATIONS	ADJ	REIMBURSABLE	REIMBURSABLE	FFP	FNP
HOSP. INPATIENT-GRD TTL	4,081,065.77	.00	.00	.00	4,081,065.77	3,678,510.42	402,555.35
HOSP. INPAT. -TOT REG	3,904,492.05	.00	.00	.00	3,904,492.05	3,502,012.84	402,479.21
HOSP. INPAT. -TOT LOMB	.00	.00	.00	.00	.00	.00	.00
HOSP. INPAT. -TOT MALP	2.25-	.00	.00	.00	2.25-	.00	2.25-
HOSP. INPAT. -TOT-AFDH	.00	.00	.00	.00	.00	.00	.00
HOSP. INPAT. -TOT-PHCSA	.00	.00	.00	.00	.00	.00	.00
HOSP. INPAT. -TOT-PGP	176,575.97	.00	.00	.00	176,575.97	176,497.58	78.39
HOSP. INPAT. -TOT SBD-ST	.00	.00	.00	.00	.00	.00	.00
HOSP. INPAT. -TOT SLP-ST	.00	.00	.00	.00	.00	.00	.00
HOSP. INPAT. -TOT SBD-LO	.00	.00	.00	.00	.00	.00	.00
HOSP. INPAT. -TOT SLP-LO	.00	.00	.00	.00	.00	.00	.00
GENERAL INPATIENT-TTL	3,018,261.08	.00	.00	.00	3,018,261.08	3,016,871.80	1,389.28
PUBLIC HOSPITALS	16,629.34	.00	.00	.00	16,629.34	16,629.34	.00
PRIVATE HOSPITALS	3,001,631.74	.00	.00	.00	3,001,631.74	3,000,242.46	1,389.28
PSYCH./DEV.DISABLD-TOT	1,062,804.69	.00	.00	.00	1,062,804.69	661,638.62	401,166.07
PUBLIC PSYCH./D.D.	217,612.52	.00	.00	.00	217,612.52	189,682.88	27,929.64
PRIVATE PSYCH./D.D.	845,192.17	.00	.00	.00	845,192.17	471,955.74	373,236.43
INPATIENT PSYCH. -TOT	1,263,003.26	.00	.00	.00	1,263,003.26	861,837.19	401,166.07
OMH-PUBLIC	217,612.52	.00	.00	.00	217,612.52	189,682.88	27,929.64
OMH-STATE REG.	28,408.09	.00	.00	.00	28,408.09	28,408.09	.00
OMH-STATE AAA	.00	.00	.00	.00	.00	.00	.00
OMH-CERT-PUBLIC	189,204.43	.00	.00	.00	189,204.43	161,274.79	27,929.64
OMH-PRIVATE	1,045,390.74	.00	.00	.00	1,045,390.74	672,154.31	373,236.43

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MONTH OF MARCH						MR-0-30	
NEW YORK STATE DEPARTMENT OF HEALTH							
ANALYSIS OF ASSISTANCE PAYMENTS							
GRAND TOTAL SECTION							
COUNTY: BLOOM							
	FEDERAL PARTICIPATING				FEDERAL NON-PARTICIPATING		
	SCREENING	FAMILY PLANNING	ALL OTHER		SCREENING	FAMILY PLANNING	ALL OTHER
	STERILIZATION OTHER				STERILIZATION OTHER		
LTC - MANAGED CARE	.00	.00	.00	.00	.00	.00	.00
CASE MANAGEMENT PLANS	.00	.00	.00	386,631.64	.00	.00	.00
PRE-PAID M H PLAN	.00	.00	.00	340,947.63	.00	.00	.00
TRANSPORTATION	.00	.00	.00	53,821.37	.00	.00	.00
LAB AND X-RAY	.00	.00	522.70	174,207.69	.00	.00	308.59
LAB AND X-RAY-REG	.00	.00	524.14	173,070.30	.00	.00	306.02
LAB AND X-RAY-PGP	.00	.00	1.44	1,137.39	.00	.00	2.57
OTHER	.00	.00	.00	1,234.43	.00	.00	.00
OTHER-REG	.00	.00	.00	1,228.10	.00	.00	.00
OTHER-PGP	.00	.00	.00	6.33	.00	.00	.00
SECTION TTL MEDICAL EXP	45,370.31	60.00	,775.55	33,048,138.87	206.60	.00	272.03
FOOTNOTES **ABORTIO	.00	.00	.00	.00	.00	.00	12,955.44
**UNACCOMP REFUGEE MINO	.00	.00	.00	636.55	.00	.00	.00

## Medical Assistance Statistical Report: MR-0-36

This is a Analysis Report in the functional area of administration.

The MA Statistical Report provides data essential to the preparation of mandated federal reports and other state required statistical reports and claim forms. It presents monthly numbers of beneficiaries, service units, and expenditures by specific aid and service categories.

The districts use the MR-0-36 to complete several reimbursement claim forms. The federal participating percentages calculated on the RF-2A, LDSS-2347-B2 "Schedule D-4 Calculation for Medical Assistance Eligibility Determination/Authorization/Payments Cost Shares" (RF-2A, Schedule D-4) are derived from the MR-0-36 from the middle month of the preceding quarter, for use in the current quarter's claim. For example, February's MR-0-36 will be used to calculate the Federal Participating (FP) percentages for the claims submitted by the district for April, May and June. This report is used to calculate the MA-Family Planning percentage and the overall FP percentage for the RF-2A, Schedule D-4.

These FP percentages that are developed for the RF-2A, Schedule D-4 are also used when preparing the RF-2A, LDSS-2347-B3 "Schedule D-5 Calculation of Medical Assistance Policy Planning/ Administration Costs Shares" (RF-2A, Schedule D-5). Instructions for the RF-2A, Schedule D-4 and the RF-2A, Schedule D-5. appear in Fiscal Reference Manual, Chapters 11 and 12 respectively, of [Fiscal Reference Manual \(FRM\) Volume 3](#).

The districts also use the MARS MR-0-36 when completing Section C (Additional State Aid for Administration of Mental Hygiene Cases) of the RF-3, LDSS-843 "Adjustment Claim for Additional State Aid on Expenditures 100% Reimbursable" (RF-3, RF-3). The RF-3, RF-3 instructions are in [Chapter 3](#).

RUN DATE 03/28/04 MONTH OF MARCH		NEW YORK STATE DEPARTMENT OF HEALTH MA STATISTICAL REPORT X**				PAGE NO. 1 MR-0-36	
AID CATEGORY	CLINIC	DRUGS	HOSPITAL INPATIENT	HOSPITAL OUTPATIENT	LABORATORY		
SSI							
AGED							
DOLLARS							
BENEFICIARIES							
SERVICE UNITS							
BLIND							
DOLLARS							
BENEFICIARIES							
SERVICE UNITS							
DISABLED							
DOLLARS							
BENEFICIARIES							
SERVICE UNITS							
FA CHILDREN							
FOSTER CARE							
DOLLARS							
BENEFICIARIES							
SERVICE UNITS							
ALL OTHER							
DOLLARS							
BENEFICIARIES							
SERVICE UNITS							
FA ADULTS							
DOLLARS							
BENEFICIARIES							
SERVICE UNITS							

\*\*COUNTY X X

RUN DATE 03/28/04 MONTH OF MARCH		PAGE NO. 1 MR-0-36	
NEW YORK STATE DEPARTMENT OF HEALTH MA STATISTICAL REPORT X_____X**			
AID CATEGORY	FAMILY PLANNING	CHAP	ALL OTHER
SSI			TOTAL
AGED			
TOTALS			
*REFUNDS			
*NET TOTALS			
BENEFICIARIES			
SERVICE UNITS			
BLIND			
TOTALS			
*REFUNDS			
*NET TOTALS			
BENEFICIARIES			
SERVICE UNITS			
DISABLED			
TOTALS			
*REFUNDS			
*NET TOTALS			
BENEFICIARIES			
SERVICE UNITS			
ADC CHILDREN			

\*TO BE INCLUDED ONLY ON DOLLAR REPORT

\*\* X\_\_\_\_\_X

(SEE FOLLOWING PAGE FOR SAMPLE LISTING OF AID CATEGORIES)

Sample listing of aid categories:

CATEGORICAL NEEDY - FFP (money payment)

- SSI
- AGED
- BLIND
- DISABLED
- FA CHILDREN
- FOSTER CARE
- ALL OTHER
- FA ADULTS
- SN CHILDREN

CATEGORICAL NEEDY - FFP (no money payment)

- SSI
- AGED
- BLIND
- DISABLED
- FA CHILDREN
- FOSTER CARE
- ALL OTHER
- FA ADULTS
- SN CHILDREN
- FEDERAL CHARGE

MEDICALLY NEEDY - FFP

- AGED
- BLIND
- DISABLED
- FA RELATED ADULTS
- FA RELATED CHILDREN
- CW CHILDREN
- OTHER XIX CHILDREN UNDER 21
- EAF
- EAF CHILDREN
- FEDERAL CHARGE
- FFP UNCLASSIFIED

OTHER MA RECIPIENTS - FNP

- CATASTROPHIC
- SN ADULTS
- SN - INTERIM
- MA - HR ELIGIBLE ADULTS
- MED NEC ABORTIONS
- NO RECIP AID CAT.
- FNP UNCLASSIFIED
- NR

PG.FA ADULTS

NON-CHARGE

GRAND TOTAL

## **Analysis of Medicaid Payments by Month of Service: MR-0-39**

This report is an analysis report in the functional area of administration. The purpose of the MR-0-39 is to supply a breakdown of current month's expenditures by month of service.

The MR-0-39 is an aid in lag service reporting. It provides the number of claim lines processed per month, the total amount actually paid out to providers, district share, the lag-number of months between month of payment and month of service and the average lag in months.

Counties are required to accrue MMIS payments at the end of the fiscal year. To calculate this accrual, multiply the average monthly share of cash payments made by MMIS during the fiscal year by the weighted percentage factor of lag payments. The result is the estimated accrued amount.

The lag factor can be obtained, by using data contained on the MR-0-39, Breakdown of Medicaid Payments by Month of Service, total Medical Expense. Should the lag factor for November not be representative of the normal lag in payment, an average of the most recent eleven months available may be used as an alternative. Sufficient documentation should be maintained to support the alternative average lag figure. Add the local share on the weekly shares reports for the fiscal year and divide by twelve to arrive at the average monthly share of payments. An example of the entry to record the year-end accruals for MMIS expenditures is shown in Fiscal Reference Manual, Volume 1, Chapter 2.

RUN DATE 11/25/04		MR-0-39 88 BLOOM NOV04				PAGE NO.0001		
MONTH OF NOVEMBER						MR-0-39		
NEW YORK STATE DEPARTMENT OF HEALTH BREAKDOWN OF MEDICAID PAYMENTS BY MONTH OF SERVICE								
COUNTY: BLOOM								
CATEGORY-SERVICE		HOSPITAL INPATIENT -TOTAL						
SERVICE		TOTAL			LOCAL			
MONTH	LINES	PCT	EXPENDITURES	SHARE	PCT	LAG	WGT-PCT	
	52	.1	91,318.20	24,9.84	.00	Over24	.00	
NOVEMBER	47	.1	31,777.13	31,777.13	.04	24		.01
DECEMBER	90	.2	207,736.96	74,185.44	.10	23		.02
JANUARY	91	.2	301,604.03	92,5.67	.13	22		.03
FEBRUARY	76	.2	88,449.45	27,985.20	.04	21		.01
MARCH	103	.2	254,660.61	70,029.58	.10	20		.02
APRIL	105	.2	232,901.48	69,986.70	.10	19		.02
MAY	142	.3	632,881.77	197,782.28	.27	18		.05
JUNE	173	.4	479,248.	148,548.35	.20	17		.30
JULY	217	.4	829,799.19	309,617.25	.42	16		.07
AUGUST	234	.5	1,083,774.87	376,004.97	.51	15		.08
SEPTEMBER	283	.6	1,098,704.36	402,667.65	.55	14		.08
OCTOBER	322	.7	1,469,761.43	493,797.06	.67	13		.09
NOVEMBER	344	.7	1,559,715.79	533,589.95	.73	12		.09
DECEMBER	439	.9	2,302,269.57	722,949.82	.98	11		.11
JANUARY	590	1.2	2,851,109.07	939,194.63	1.28	10		.13
FEBRUARY	608	1.3	3,373,257.78	1,122,610.86	1.51	09		.14
MARCH	849	1.8	5,072,517.10	1,663,648.64	2.26	08		.18
APRIL	1099	2.3	6,312,438.46	1,970,897.61	2.68	07		.19
MAY	1377	2.9	7,850,5.77	2,608,127.73	3.54	06		.21
JUNE	1913	4.0	10,880,547.39	3,367,001.44	4.58	05		.23
JULY	2530	5.2	11,902,204.85	3,704,886.12	5.03	04		.20
AUGUST	4142	8.6	19,514,934.71	6,013,699.16	8.17	03		.25
SEPTEMBER	6428	13.3	26,077,249.	8,259,686.80	11.22	02		.22
OCTOBER	20945	43.4	106,923,094.98	32,589,324.50	44.29	01		.44
NOVEMBER	5055	10.5	26,049.36	7,805,873.59	10.61	00		.00
SUB TOTAL	48254	.0	239,346,502.16	73,561,868.28	.00			2.88
ALLOCABLE ADJUSTMENTS		.00						
NET TOTAL			239,346,502.16					
AVERAGE LAG IN MONTHS		.03						

## Medical Assistance Program Statistics: MR-0-50 (Optional)

This report is an analysis report in the functional area of Administration.

The MR-0-50 report complements the MR-0-01A (Medical Assistance Financial Status). The MR-0-50 report provides information on services rendered under the Medicaid Program, while the MR-0-01A provides information on the resulting costs.

The Medical Assistance Program Statistics reports are designed to supply management with concise summaries about services being provided under the Medicaid Program. The report provides a frame of reference in evaluating service units and beneficiaries by service listing.

This report is printed each month and contains by service listings, the count of beneficiaries receiving services and the number of service units actually rendered for different time periods: This month, last month and the same month last year. Percentage change data is also given so changes between time periods, and the fiscal "Year To Date" this year and last year can be more easily observed.

RUN DATE 03/28/04	MR-0 -50	MR-0-50	MAR04	PAGE NO 0001
MONTH OF: MARCH				
NEW YORK STATE DEPARTMENT OF HEALTH MEDICAL ASSISTANCE PROGRAM STATISTICS				
COUNTY:BLOOM				
	THIS MONTH	LAST MONTH	SAME MONTH LAST YR	FISCAL YEAR TO DATE
	BENEFICIARIES	BENEFICIARIES	BENEFICIARIES	BENEFICIARIES
		% CHANGE	% CHANGE	THIS YEAR
	SERVICE UNIT	SERVICE UNIT	SERVICE UNIT	LAST YEAR
		% CHANGE	% CHANGE	% CHANGE
HOSPITAL INPATIENT				
GENERAL				
PUBLIC				
PRIVATE-PROPRIETARY				
PRIVATE-VOLUNTARY				
PSYCHIATRIC/DEVELOPMENT				
MENTALLY DISABLED				
PSYCHIATRIC				
OMST-REG				

## Breakdown of Medical Assistance Services by Month of Service MR-0-51

This is an analysis report in the functional area of administration.

The MR-0-51 complements the Analysis of Medical Payments by Month of Service (MR-0-39).

It presents information on the amount of Medicaid services rendered by type of service and by month of service. Information is presented for the current month, the 24 previous calendar months and for services provided over 25 months previous to the report month.

Through a review of the report, upward and downward trends in service units, expenditures and beneficiaries by service listing can be observed. The beneficiaries listed are an unduplicated count by service type of Medicaid recipients who receive one or more units of service. Service units are the number of services rendered to the beneficiaries.

RUN DATE 03/27/04		MR-0-51 88 BLOOM			MAR04		PAGE NO.0001	
MONTH OF MARCH		MR-0-51						
NEW YORK STATE DEPARTMENT OF HEALTH BREAKDOWN OF MEDICAID SERVICES COUNTY: BLOOM BY MONTH OF SERVICE								
SERVICE TYPE: HOSPITAL INPATIENT - TOTAL								
SERVICE MONTH	SERVICE UNITS	PCT	TOTAL EXPENDITURES	PCT	BENEFICIARIES	PCT	AVE. \$ PER UNIT	AVE. \$ PER BENE.
OVER 25	11-	.2-	25,605.32-	.6-	1-	.1-	2,327.76	25,605.32
MARCH	1	.0	787.00	.0	1	.1	787.00	787.00
APRIL	0	.0	.00	.0	0	.0	.00	.00
MAY	0	.0	.00	.0	0	.0	.00	.00
JUNE	0	.0	8,611.17-	.2-	0	.0	.00	.00
JULY	0	.0	.00	.0	0	.0	.00	.00
AUGUST	4	.1	8,321.93	.2	1	.1	2,080.48	8,321.93
SEPTEMBER	1	.0	96.00	.0	1	.1	96.00	96.00
OCTOBER	1	.0	500.00	.0	1	.1	500.00	500.00
NOVEMBER	6	.1	10,236.82	.3	1	.1	1,706.14	10,236.82
DECEMBER	20-	.4-	2,558.64-	.1-	0	.0	127.93	.00
JANUARY	6-	.1-	1,224.92-	.0	0	.0	204.15	.00
FEBRUARY	65-	1.1-	63,403.98-	1.6-	0	.0	975.45	.00
MARCH	2	.0	1,349.96	.0	2	.2	674.98	674.98
APRIL	50-	.9-	53,592.90-	1.3-	2	.2	1,071.86	26,796.45-
MAY	12	.2	31,932.71	.8	5	.5	2,661.06	6,386.54
JUNE	19-	.3-	32,793.86-	.8-	2	.2	1,725.99	16,396.93-
JULY	12	.2	7,511.23-	.2-	9	1.0	5.94-	834.58-
AUGUST	12	.2	12,221.66-	.3-	7	.8	1,018.47-	1,745.95-
SEPTEMBER	227	4.0	178,692.16	4.4	18	2.0	787.19	9,927.34
OCTOBER	220	3.9	222,696.61	5.5	20	2.2	1,012.26	11,134.83
NOVEMBER	338	6.0	175,381.85	4.3	34	3.7	518.88	5,158.29
DECEMBER	441	7.8	270,001.12	6.6	83	9.0	612.25	3,253.03
JANUARY	745	13.1	672,182.70	16.5	181	19.7	902.26	3,713.72
FEBRUARY	2,139	37.7	1,486,975.99	36.4	422	45.9	695.17	3,523.64
MARCH	1,684	29.7	1,229,434.60	30.1	225	24.5	730.07	5,464.15
TOTAL	5,674	.0	4,081,065.77	.0	919		719.26	4,440.77

## Total Analysis of Assistance Payments: MR-0-54

This report is a Summary Report in the functional area of administration.

The purpose of the Total Analysis of Assistance Payments is to provide a detail analysis of total MMIS Medical Assistance expenditures by combining current expenditures with retroactive rate change payments. (The MR-0-14 Report expenditure combined with the MR-0-36 Report.)

The report presents the Medicaid expenditures by type of service and breaks them down by Federally Participating (FP), Federally Non-Participating (FNP) and Non-Reimbursable (NR) amounts. Nine versions of this report are printed each month.

Each version indicates, by service, the type of expenditures being reported. The report will be printed once for each of the nine breakdowns and the districts receive all nine breakdowns each month. Each version of the report contains different information. The nine versions of this report are:

**Local Charges**

Indicate all recipients who are subject to reimbursement by the districts except Emergency Assistance to Families (EAF) recipients.

**State Charges**

Includes all recipients who are classified as State charges.

**All Recipients Inclusive**

Reports the sum of local charges plus State charges.

**EAF Recipients**

Includes only recipients who are coded as EAF.

**Repatriated American Citizens**

Includes all recipients who are classified as Repatriated American Citizens.

**Cuban/Haitian Entrants**

Includes all recipients who are classified as Cuban/Haitian Entrants.

**Refugees**

Indicate and includes all recipients who are classified as refugees.

**Citicaid (NYC Only)**

Includes recipients who are Citicaid only MA Recipients.

**Grand Total**

This is the sum of all Recipients Inclusive, EAF, Repatriated American Citizens, Cuban/Haitian Entrants and Refugees.

RUN DATE 03/28/04		MR-0-54 88 BLOOM		MAR04		PAGE NO.0001		
MONTH OF MARCH						MR-0-54		
NEW YORK STATE DEPARTMENT OF HEALTH								
ANALYSIS OF ASSISTANCE PAYMENTS								
RECIPIENTS WHO ARE LOCAL CHARGES								
COUNTY: BLOOM								
SERVICE	TOTAL	REFUNDS/	ALLOC	NON	NET	TOTAL	TOTAL	
HOSP. INPATIENT-GRD TTL	EXPENDITURES	CANCELLATIONS	ADJ	REIMBURSABLE	REIMBURSABLE	FFP	FNP	
	4,046,419.90		.00	.00	.00	4,046,419.90	3,534,074.23	512,345.67
HOSP. INPAT.-TOT REG	3,876,431.35		.00	.00	.00	3,876,431.35	3,364,161.88	512,269.47
HOSP. INPAT.-TOT LOMB	.00		.00	.00	.00	.00	.00	.00
HOSP. INPAT.-TOT MALP	2.25-		.00	.00	.00	2.25-	.00	2.25-
HOSP. INPAT.-TOT-AFDH	.00		.00	.00	.00	.00	.00	.00
HOSP. INPAT.-TOT-PHCSA	.00		.00	.00	.00	.00	.00	.00
HOSP. INPAT.-TOT-PGP	169,990.80		.00	.00	.00	169,990.80	169,912.35	78.45
HOSP. INPAT.-TOT SBD-ST	.00		.00	.00	.00	.00	.00	.00
HOSP. INPAT.-TOT SLP-ST	.00		.00	.00	.00	.00	.00	.00
HOSP. INPAT.-TOT SBD-LO	.00		.00	.00	.00	.00	.00	.00
HOSP. INPAT.-TOT SLP-LO	.00		.00	.00	.00	.00	.00	.00
GENERAL INPATIENT-TTL	2,854,391.09		.00	.00	.00	2,854,391.09	2,853,000.70	1,390.39
PUBLIC HOSPITALS	14,760.61		.00	.00	.00	14,760.61	14,760.61	.00
PRIVATE HOSPITALS	2,839,630.48		.00	.00	.00	2,839,630.48	2,838,240.09	1,390.39
PSYCH./DEV.DISABLD-TOT	1,192,028.81		.00	.00	.00	1,192,028.81	681,073.53	510,955.28
PUBLIC PSYCH./D.D.	193,630.32		.00	.00	.00	193,630.32	165,700.68	27,929.64
PRIVATE PSYCH./D.D.	998,398.49		.00	.00	.00	998,398.49	515,372.85	483,025.64
INPATIENT PSYCH. -TOT	1,376,076.82		.00	.00	.00	1,376,076.82	865,121.54	510,955.28
OMH-PUBLIC	193,630.32		.00	.00	.00	193,630.32	165,700.68	27,929.64
OMH-STATE REG.	.00		.00	.00	.00	.00	.00	.00
OMH-STATE AAA	.00		.00	.00	.00	.00	.00	.00
OMH-CERT-PUBLIC	193,630.32		.00	.00	.00	193,630.32	165,700.68	27,929.64
OMH-PRIVATE	1,182,446.50		.00	.00	.00	1,182,446.50	699,420.86	483,025.64

## Medical System Expenditures by Source of Funds - Current Payments Report: MR-0-72

The Medical System Expenditures By Source of Funds - Current Payments report in the functional area of administration. The purpose of the report is to provide a non-retro medical systems expenditure report by source of funds.

The Medical System Expenditures By Source of Funds - Current Payments report presents the total Medicaid expenditures by the federal, state and districts. Each of these areas are reported in the following categorizes by source:

- This Month
- Current. 12 Months
- Previous 2 Months
- Year-To-Year Expenditure Difference
- Year-To-Year % Difference

03/27/04	MR-0-72 88 BLOOM		MAR04		PAGE NO.0001
MONTH OF MARCH	MR-0-72				
COUNTY - BLOOM	NEW YORK STATE DEPARTMENT OF HEALTH				
	MEDICAL SYSTEMS EXPENDITURES BY SOURCE OF FUNDS				
	CURRENT PAYMENTS				
	THIS MONTH	CURR. 12 MONTHS	PREV. 12 MONTHS	YR-TO-YR EXPEND DIFF.	YR-TO-YR % DIFF.
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	FEDERAL	FEDERAL	FEDERAL	FEDERAL	FEDERAL
	STATE	STATE	STATE	STATE	STATE
	LOCAL	LOCAL	LOCAL	LOCAL	LOCAL
HOSPITAL INPATIENT	4,081,066	38,899,533	37,210,545	1,688,988	4.5
	1,839,947	17,963,188	17,114,587	848,602	5.0
	1,149,770	10,871,072	10,325,121	545,952	5.3
	1,091,349	10,065,273	9,770,838	294,434	3.0
GENERAL	3,018,261	27,990,659	25,260,803	2,729,857	10.8
	1,509,023	13,969,581	12,602,515	1,367,066	10.8
	775,123	7,244,097	6,437,523	806,575	12.5
	734,115	6,776,981	6,220,765	556,216	8.9
PUBLIC	16,9	517,308	191,543	325,765	170.1
	8,315	258,654	99,091	159,563	161.0
	4,157	129,327	50,099	79,228	158.1
	4,157	129,327	42,353	86,973	205.4
PRIVATE-PROPRIETARY	41,1	239,824	185,326	54,498	29.4
	20,581	119,912	92,663	27,249	29.4
	11,211	61,992	47,639	14,352	30.1
	9,371	57,921	45,024	12,897	28.6
PRIVATE-VOLUNTARY	2,960,469	27,233,528	24,883,933	2,349,594	9.4
	1,480,127	13,591,015	12,410,7	1,180,254	9.5
	759,755	7,052,779	6,339,784	712,994	11.2
	720,587	6,589,733	6,133,388	456,346	7.4
PSYCHIATRIC/DEVELOPMENT- ALLY DISABLED	661,636	7,986,579	9,028,796	1,042,217-	11.5-
	330,924	3,993,607	4,508,492	514,885	11.4-
	174,06	2,1,664	2,427,881	265,217-	10.9-
	156,650	1,830,308	2,092,423	2,115-	12.5-
PSYCHIATRIC	861,835	7,657,297	8,714,921	1,057,4-	12.1-
	431,023	3,828,756	4,351,555	522,798-	12.0-
	224,113	2,080,449	2,349,412	268,964-	11.4-
	206,699	1,748,092	2,013,954	265,8-	13.2-
OMH-ST-REG	28,408	430,671	530,814	,143-	18.9-
	14,204	215,335	265,407	50,072-	18.9-
	14,204	215,335	265,407	50,072-	18.9-
	0	0	0	0	0.0

## **Medical System Expenditures By Source of Funds - Retro Payments Report: MR-0-73**

The Medical System Expenditures By Source of Funds - Retro Payments report is in the functional area of administration. The purpose of the report is to provide a retro medical systems expenditure report by source of funds.

The Medical System Expenditures By Source of Funds - Retro Payments report presents the total Medicaid expenditures by the federal, state and districts. Each of these areas are reported in the following categorizes by source:

- This Month
- Current 12 Months
- Previous 2 Months
- Year-To-Year Expenditure Difference
- Year-To-Year % Difference

RUN DATE 03/27/04		MR-0-73 88 BLOOM			MAR04		PAGE NO.0001	
MONTH OF MARCH		MR-0-73						
COUNTY - BLOOM		NEW YORK STATE DEPARTMENT OF HEALTH						
		MEDICAL SYSTEMS EXPENDITURES BY SOURCE OF FUNDS						
		RETRO PAYMENTS						
	THIS MONTH	CURR 12 MONTHS	PREV 12 MONTHS	YR-TO-YR EXPEND DIFF	YR-TO-YR % DIFF.			
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL			
	FEDERAL	FEDERAL	FEDERAL	FEDERAL	FEDERAL	FEDERAL	FEDERAL	
	STATE	STATE	STATE	STATE	STATE	STATE	STATE	
	LOCAL	LOCAL	LOCAL	LOCAL	LOCAL	LOCAL	LOCAL	
HOSPITAL INPATIENT	88,7	588,930	383,0	205,310	53.5			
	10,593-	223,052	129,667		93,385		72.0	
	49,752	194,008	125,697		68,312		54.3	
	49,469	171,869	128,255		43,614		34.0	
GENERAL	77,319-	368,276	105,315	2,961	249.7			
	38,638-	184,001	52,866		131,135		248.1	
	19,632-	95,353	23,171		72,182		311.5	
	19,049-	88,922	29,279		59,644		203.7	
PUBLIC	1,869-	4,111-	1,112	5,223-	469.8-			
	934-	2,056-	556		2,612-		469.8-	
	467-	1,028-	278		1,306-		469.8-	
	467-	1,028-	278		1,306-		469.8-	
PRIVATE-PROPRIETARY	697	639	2,598-	3,237	124.6-			
	349	319	1,299-		1,618		124.6-	
	174	160	637-		797		125.1-	
	174	160	6-		821		124.1-	
PRIVATE-VOLUNTARY	76,148-	371,749	106,801	264,947	248.1			
	38,053-	185,737	53,608		132,129		246.5	
	18,756-	89,791	29,6		60,128		202.7	
PSYCHIATRIC/DEVELOPMENT-	55,980	77,992	153,422	75,430-	49.2-			
ALLY DISABLED	27,990	38,996	76,711		37,715-		49.2-	
	14,405	26,220	40,130		13,910-		34.7-	
	13,585	12,776	36,581		23,805-		65.1-	
PSYCHIATRIC	39,829	67,193	165,117	97,923-	59.3-			
	19,915	33,597	82,558		48,9-		59.3-	
	10,367	23,520	43,054		19,534-		45.4-	
	9,548	10,077	39,505		29,428-		74.5-	
OMH-ST-REG	0	23,457	5,874	17,583	299.4			
	0	11,728	2,937		8,792		299.4	
	0	11,728	2,937		8,792		299.4	
	0	0	0		0		0.0	

## Quarterly Management and Administrative Reporting System Reports

The quarterly MARS of MMIS produces four reports developed by the New York State Department of Health, Office of Medicaid Management. Questions regarding these reports should be directed to Richard Johnson at 518-474-4055.

The NYS Department of Health request that source information be identified when using data.

A further description of each quarterly MARS reports listed below is provided:

- MR-0-19 Provider Ranking List

- MR-0-64 Overburden Quarterly Computation of Federal, State, and County Share For the Mentally Disabled
- MR-0-65 Quarterly Computation of Federal, State, and County Share Recipient Specific Overburden Aid For the Mentally Disabled
- MR-0-67 MA Overburden Statistical Report

## **Providers Ranking List: MR-0-19**

The Providers Ranking List report is a quarterly report. The purpose of the report is to provide fiscal year to date expenditure report by provider type.

The fiscal statistical data on the Providers Ranking List (MR-0-19) is presented in numbers, percentages, dollars, averages and ranking areas by provider type. The districts are provided this information as a tool for better fiscal management of their accounts. The data areas are reported in the following categorizes:

- Total Claims
- % Claims This Provider Type
- Retro Dollars
- Supplemental Payments
- Other Dollars
- Total Payment Dollars
- Average Payment
- Rank by Payment
- Also provided is a sample list of the majority of provider types utilized by the districts.

RUN DATE 03/30/04	MR-0-19 88 BLOOM	MAR04	PAGE NO.0001				
PERIOD: JAN 04 - MAR 04	MR-0-19						
NEW YORK STATE DEPARTMENT OF HEALTH							
PROVIDER RANKING LIST							
FISCAL YEAR TO DATE							
COUNTY: BLOOM							
PROVIDER TYPE: HOSPITAL INPATIENT							
PROVIDER	* SUPPLEMENTAL		TOTAL		RANK		
NUMBER	TOTAL PROVIDER CLAIMS	RETRO PAYMENTS	OTHER DOLLARS	PAYMENT DOLLARS	AVERAGE PAYMENT	BY	
00888888 BLOOM MEDICAL CTR HOSPITAL	1,130	35.6%	19,685	223,331	3,928,115	4,171,131	3691.27
							1
PROVIDER TYPE: HOSPITAL OUTPATIENT							
00888888 BLOOM MEDICAL CTR HOSPITAL	7,865	33.3%	3,562	18,676	457,963	480,202	61.06
							1
PROVIDER TYPE: O.P. METHADONE CLINIC							
00888883 ST BLOOM HOSPITAL	2,800	33.6%	0	13,350	222,992	236,343	84.41
							1
GRAND TOTAL FOR ALL PROVIDER TYPES							
	11,795		23,247	255,357	4,604,070	4,887,676	1278.91

MR-0-19 Sample of Provider Types

PROVIDER TYPE LIST  
PROVIDER TYPE: SNF  
PROVIDER TYPE: ICF-DD  
PROVIDER TYPE: CLINIC - FREESTANDING  
PROVIDER TYPE: PHYSICIAN-PRIMARY CARE  
PROVIDER TYPE: PPAC PHYSICIANS  
PROVIDER TYPE: SURGEON  
PROVIDER TYPE: OTHER SPECIALISTS  
PROVIDER TYPE: PHYSICIAN LAB & X-RAY  
PROVIDER TYPE: PSYCHIATRISTS  
PROVIDER TYPE: METHADONE MAINT.  
PROVIDER TYPE: C/THP  
PROVIDER TYPE: DENTAL  
PROVIDER TYPE: ORTHODONTISTS  
PROVIDER TYPE: OPTICIANS  
PROVIDER TYPE: OPTOMETRISTS  
PROVIDER TYPE: PODIATRISTS  
PROVIDER TYPE: CLINICAL PSYCHOLOGY  
PROVIDER TYPE: NURSES  
PROVIDER TYPE: NURSE PRAC OTHER THAN C/THP  
PROVIDER TYPE: CLINICAL SOCIAL WORKERS  
PROVIDER TYPE: CHIROPRACTORS  
PROVIDER TYPE: CHILD CARE MED. PER DIEM  
PROVIDER TYPE: PERSONAL CARE-REG  
PROVIDER TYPE: PERSONAL CARE-LTHHC  
PROVIDER TYPE: HOME HEALTH AID-REG  
PROVIDER TYPE: HOME HEALTH AID-LTHHC  
PROVIDER TYPE: HOME NURSING-REG  
PROVIDER TYPE: ASSISTED LIVING PROGRAM  
PROVIDER TYPE: PERS-TOTAL  
PROVIDER TYPE: LTHHC WAIVED SERVICES  
PROVIDER TYPE: HCBS WAIVED SERVICES  
PROVIDER TYPE: REHAB-REG  
PROVIDER TYPE: REHAB-LTHHC  
PROVIDER TYPE: PHYSICAL THERAPY  
PROVIDER TYPE: OMH REHAB OPTION SVCS  
PROVIDER TYPE: PRESCHOOL  
PROVIDER TYPE: SCHOOL SUPPORTIVE  
PROVIDER TYPE: EARLY INTERVENTION  
PROVIDER TYPE: DRUGS AND SUPPLIES  
PROVIDER TYPE: EYE APPLIANCES & DME  
PROVIDER TYPE: MANAGED CARE PLANS  
PROVIDER TYPE: CASE MANAGEMENT PLANS  
PROVIDER TYPE: PRE-PAID MENTAL HEALTH PLAN  
PROVIDER TYPE: AMBULANCE  
PROVIDER TYPE: INVALID COACH  
PROVIDER TYPE: TAXI AND LIVERY  
PROVIDER TYPE: FREESTANDING LAB  
PROVIDER TYPE: HOSPICE  
PROVIDER TYPE: OTHER

## **Mentally Disabled Funding**

Once a quarter, the districts receive a check from the State, which represents the additional State share reimbursement due for Mentally Disabled (MD) expenditures qualifying under Section 368-a (1)(h) of Social Services Law. There is a two-quarter lag for payments. For example, October – December service is paid during the April to June quarter as provided for by the Long Term Care legislation. These funds should be recorded in the Revenue Account A-3602-Medical Assistance (MMIS), unless the check is deposited into the district's MMIS Escrow Account, utilized to satisfy the requirements of the Inter-Governmental Transfer.

State DOH also sends districts a separate letter with calculation details for each MD payment issued. In addition, three MARS reports that provide additional details on MD qualifying expenditures are available to districts. These reports are the MR-0-64, MR-0-65, and MR-0-67.

The districts are to be sent, separately, a Notice of Claim Settlement (LDSS-907). Three other MARS reports are available at the district, the MR-0-64, MR-0-65 and MR-0-67 reports. These three reports follow:

### **Overburden Aid for the Mentally Disabled (MR-0-64) Report**

The Recipient Specific Overburden Aid for the Mentally Disabled (MR-0-64) report details in total the expenditures made for Services to Federal Charges, Family Planning Services, and All Other Services. Descriptions of these expenditures are totaled and a federal, state and local shares computation is performed.

### **Overburden Aid for the Mentally Disabled (MR-0-65) Report**

The MR-0-65 contains printout sheets identified as Recipient Specific Overburden Aid for the Mentally Disabled Report for each district listing the recipient identification number of Mentally Disabled clients, the total payments made for each client during the quarter, and the federal, state and local shares of each payment. These amounts are combined into a county total for each heading.

### **MA Overburden Statistical Report (MR-0-67)**

The MR-0-67 contains printout sheets identified as the MA Overburden Statistical Report for each district listing the total payments made for each Aid Category during the quarter, by dollars, beneficiaries, service units, federal share, state share and local shares.

RUN DATE 04/07/04		MR-0-64 88 BLOOM		MAR04		PAGE NO.0001			
QUARTER ENDING: 03/31/04						MR-0-64			
NEW YORK STATE DEPARTMENT OF HEALTH									
OVERBURDEN QUARTERLY COMPUTATION OF FEDERAL, STATE, AND COUNTY SHARE FOR THE MENTALLY DISABLED									
EXPENDITURES ALL SERVICES FOR COUNTY BLOOM		TOTAL EXPENDITURES		TOTAL FFP		TOTAL FNP		TOTAL NR	
1. SERVICES TO FEDERAL CHARGE		.00		.00		N/A		N/A	
A. MA ONLY		.00		.00		N/A		N/A	
B. SBD/CCA SLIP STATE FACILITY		.00		.00		N/A		N/A	
C. SBD/CCA SLIP NON-STATE FACILITY		.00		.00		N/A		N/A	
2. FAMILY PLANNING SERVICE		6,205.36		6,205.36		.00		.00	
A. MA ONLY		5,757.09		5,757.09		.00		.00	
B. MANAGED CARE		448.27		448.27		.00		.00	
C. SBD/CCA SLIP STATE FACILITY		.00		.00		.00		.00	
D. SBD/CCA SLIP NON-STATE FACILITY		.00		.00		.00		.00	
3. ALL OTHER SERVICES		12,764,840.42		12,764,840.42		.00		.00	
A. MA ONLY		11,887,221.72		11,887,221.72		.00		.00	
B. MANAGED CARE		526,582.86		526,582.86		.00		.00	
C. LONG TERM CARE - PRE 1994		.00		.00		.00		.00	
D. LONG TERM CARE - 1994		351,035.84		351,035.84		.00		.00	
E. SBD/CCA SLIP STATE FACILITY		.00		.00		.00		.00	
F. SBD/CCA SLIP NON-STATE FACILITY		.00		.00		.00		.00	
4. TOTAL EXPENDITURES		12,771,045.78		12,771,045.78		.00		.00	
5. LESS: EMERGENCY ELIG - LOCAL		.00		N/A		N/A		.00	
6. NET REIMBURSABLE EXPENDITURES		12,771,045.78		12,771,045.78		.00		.00	
*****									
FEDERAL SHARE COMPUTATION:				TOTAL		FEDERAL HOLD		ADJUSTED TOTAL	
7. SERVICES TO FEDERAL CHARGES				.00		.00		.00	
8. FAMILY PLANNING				5,584.82		.00		5,584.82	
9. ALL OTHERS				6,382,871.53		.00		6,382,871.53	
10. TOTAL FEDERAL SHARE				6,388,456.35		.00		6,388,456.35	
STATE SHARE COMPUTATION									
11. AMOUNT ELIGIBLE FOR STATE SHARE				6,382,589.43					
12. STATE SHARE				3,191,294.71					
13. ADDITIONAL STATE SHARE FOR STATE CHARGES				375,002.98					
13A. ADDITIONAL STATE SHARE LONG TERM CARE P94				.00					
13B. ADDITIONAL STATE SHARE LONG TERM CARE 1994				54,831.80					
13C. ADDITIONAL STATE SHARE MANAGED CARE				.00					
13D. ADDITIONAL STATE SHARE FNP RELATED PARENT				.00					
14. STATE SHARE FOR SBD/CCA AND SLIP				.00					
16. TOTAL STATE SHARE				3,621,129.49		.00		3,621,129.49	
17. LOCAL SHARE				2,761,459.94		.00		2,761,459.94	

RUN DATE 04/07/04 MR-0-65 88 BLOOM MAR04  
QUARTER ENDING : 03/31/04

PAGE NO.0001  
MR-0-65

NEW YORK STATE DEPARTMENT OF HEALTH  
QUARTERLY COMPUTATION OF FEDERAL, STATE, AND COUNTY SHARE

COUNTY: BLOOM RECIPIENT SPECIFIC OVERBURDEN AID REPORT FOR THE MENTALLY DISABLED

RECIPIENT ID	TOTAL PAYMENT	FEDERAL SHARE	STATE SHARE	LOCAL SHARE	HOW QUAL
AA88887G	21,940.49	10,970.25	5,485.12	5,485.12	4
AA88886V	13,250.00	6,625.00	3,312.50	3,312.50	R
AA88886M	15,026.95	7,513.48	3,756.74	3,756.74	H
AA88882J	446.73	223.37	111.68	111.68	1
AB88880G	0.00	0.00	0.00	0.00	
AB88888C	0.00	0.00	0.00	0.00	
AB88886M	30,992.88	15,496.44	7,827.39	7,669.05	1
AB88886B	0.00	0.00	0.00	0.00	
AC88886X	0.00	0.00	0.00	0.00	
AC88882A	10,996.94	5,498.47	2,749.24	2,749.24	R
AC88894F	8,810.68	4,405.34	2,202.67	2,202.67	4
AC88814M	12,043.61	6,021.81	6,021.81	0.00	4
AC88883H	5,394.69	2,697.35	2,697.35	0.00	R
AC88824Y	13,381.94	6,690.97	6,690.97	0.00	4
AC88820F	10,324.89	5,162.45	5,162.45	0.00	R
AC88837M	840.11	420.06	420.06	0.00	4
AC88858A	9,320.59	4,660.30	4,660.30	0.00	R
AC88836W	10,348.77	5,174.39	5,174.39	0.00	4
AC88882H	9,183.64	4,591.82	4,591.82	0.00	R
AC88806A	3,656.40	1,828.20	1,828.20	0.00	H
AC88854H	12,952.60	6,476.30	6,476.30	0.00	4
AD88859G	5,494.88	2,747.44	1,373.72	1,373.72	R
AD88873M	12,952.60	6,476.30	6,476.30	0.00	4
AD88875E	15,005.07	7,502.54	7,502.54	0.00	4
AD88842T	5,394.69	2,697.35	2,697.35	0.00	R
AD88872W	790.06	395.03	197.52	197.52	4
AD88829H	13,172.34	6,586.17	6,586.17	0.00	4
AD88846F	12,952.60	6,476.30	6,476.30	0.00	4
AD88865Z	17,743.10	8,871.55	8,871.55	0.00	4
AD88848U	30,207.67	15,103.84	7,551.92	7,551.92	2
AD88861G	13,277.60	6,638.80	6,638.80	0.00	4
AD88825R	0.00	0.00	0.00	0.00	

RUN DATE 04/07/04		MR-0-67 88 BLOOM		MAR04		PAGE NO.0001	
MONTH OF: MARCH						MR-0-67	
NEW YORK STATE DEPARTMENT OF HEALTH							
MA OVERBURDEN STATISTICAL REPORT							
COUNTY BLOOM							
AID CATEGORY							
		CASE MANAGE PLN	C/THP-CLINICS	C/THP OUTPAT HOSP	C/THP-PHYSICIAN	C/THP NURSE PRAC	
FFP - RECEIVING CASH							
SSI							
DOLLARS	208,033.80	.00	2,573.89	97.26	.00		
BENEFICIARIES	369	0	4	2	0		
SERVICE UNITS	1,332	0	30	3	0		
FEDERAL SHARE	104,016.90	0.00	1,286.94	48.63	0.00		
STATE SHARE	52,008.45	0.00	643.47	24.31	0.00		
LOCAL SHARE	52,008.45	0.00	643.47	24.31	0.00		
AGED							
DOLLARS	3,093.85	.00	.00	.00	.00		
BENEFICIARIES	6	0	0	0	0		
SERVICE UNITS	16	0	0	0	0		
FEDERAL SHARE	1,546.92	0.00	0.00	0.00	0.00		
STATE SHARE	773.46	0.00	0.00	0.00	0.00		
LOCAL SHARE	773.46	0.00	0.00	0.00	0.00		
BLIND							
DOLLARS	2,292.15	.00	.00	.00	.00		
BENEFICIARIES	4	0	0	0	0		
SERVICE UNITS	11	0	0	0	0		
FEDERAL SHARE	1,146.07	0.00	0.00	0.00	0.00		
STATE SHARE	573.03	0.00	0.00	0.00	0.00		
LOCAL SHARE	573.03	0.00	0.00	0.00	0.00		
DISABLED							
DOLLARS	202,647.80	.00	2,573.89	97.26	.00		
BENEFICIARIES	359	0	4	2	0		
SERVICE UNITS	1,305	0	30	3	0		
FEDERAL SHARE	101,323.90	0.00	1,286.94	48.63	0.00		
STATE SHARE	50,661.95	0.00	643.47	24.31	0.00		
LOCAL SHARE	50,661.95	0.00	643.47	24.31	0.00		
TANF ADULTS W/ DEPRIVATION							
DOLLARS	.00	.00	.00	.00	.00		
BENEFICIARIES	0	0	0	0	0		
SERVICE UNITS	0	0	0	0	0		
FEDERAL SHARE	0.00	0.00	0.00	0.00	0.00		
STATE SHARE	0.00	0.00	0.00	0.00	0.00		
LOCAL SHARE	0.00	0.00	0.00	0.00	0.00		

## **Medical Assistance Reimbursement Detail Form (LDSS-3870EL)**

The LDSS-3870EL, Medical Assistance Reimbursement Detail Form provides the district with a remittance form to inform the vendor the amount that is paid related to Medical Assistance.

### **Instructions for Completion of the Medical Assistance Reimbursement Detail Form**

**District**

Enter the name of the district providing the remittance.

**Recipient Name**

Enter the Vendor Name.

**Date of Bill**

Enter the date printed by the provider on the submitted bill.

**Name of Provider/Description of Service**

Enter name of the service provider. Provide a brief explanation of the medical services provided.

**Amount of Bill**

Enter the amount of money that was entered on the bill submitted by the vendor.

**Maximum Payable by Medical Assistance**

Enter the amount of payment allowed under medical assistance legislation.

**Spend Down Amount**

Enter a deductible provided by a third party health insurance provider or client's spend down amount.

**Amount We Pay**

The maximum Medical Assistance allowable less any third party health insurance provided.

**Other**

Allow the district to identify any particular reason a portion of the entire billed amount was not paid.

Department of Health

Recipient Name:

[illegible]

In conformance with federal regulations, the district must submit each quarter to the OTDA Office of Finance a detailed accounting and corresponding summary providing information on the source and use of all health care provider related cash donations. These cash donations include federally permissible (bona fide and presumed to be bona fide) cash donations, federally permissible cash donations for outstation eligibility workers, and federally impermissible cash donations made by health care providers.

## Instructions for Completing Provider Related Cash Donation Form (LDSS-4549)

**Date of Release: December 31, 2024**

donations, Permissible cash donations for outstation eligibility workers and Impermissible cash donations. These types of cash donations are defined as follows:

## **Category A**

### **Permissible Bona fide Cash Donations for Federal Reimbursement**

A bona fide cash donation means a provider related cash donation made to the district or unit of the local government that has no direct or indirect relationship to Medicaid payments made to:

- The health care provider
- Any related entity providing health care items and services
- Other providers furnishing the same class of items or services as the provider or entity

Provider related donations have no direct or indirect relationship to Medicaid payments if those donations are not returned to the individual provider, the provider class, or related entity under a hold harmless provision or practice. A hold harmless provision or practice exists when:

- The amount of the payment received (other than federal amounts provided under Title XIX of the Act) is positively correlated either to the amount of the donation or to the difference between the amount of the donation and the amount of the payment received under the State plan.
- All or any portion of the payment made under Medicaid to the donor, the provider class, or any related entity varies based only on the amount of the total donation received.
- The district receiving the donation provides for any payment, offset, or waiver that guarantees to return any portion of the donation to the provider.

To the extent a donation contains the above noted hold harmless provision, it will not be bona fide.

Provider related donations are also considered bona fide if the voluntary payments, including, but not limited to, gifts, contributions, presentations or awards, made by or on behalf of individual health care providers to the district does not exceed:

- \$5,000 per year in the case of an individual provider donation or
- \$50,000 per year in the case of a donation from any health care organizational entity defined as an organization, association, corporation or partnership formed by or on behalf of a health care provider.

Provider donations in excess of the \$5,000/\$50,000 annual limit noted above must be prior authorized by the Health Care Financing Administration (HCFA) and NYS Office of Temporary and Disability Assistance (OTDA) before they can be considered bona fide. Therefore, written authorization should be obtained from the ODTA Office of Finance before acceptance of any donation in excess of regulatory limits.

If a cash donation by a provider is bona fide, enter category A in column 1 of the Report of Provider Related Cash Donations by project/organization. In column 2, enter the provider name. In column 3, enter the district project/organization for which the donation is being made. In column 4, enter the actual cash donations received during the quarter.

## **Category B**

### **Permissible Cash Donations for Outstation Eligibility Workers (for Federal Reimbursement)**

Cash donations to a district made by a hospital, clinic, or similar entity (such as a federally qualified health center) for the direct costs of district personnel who are stationed at the facility to determine eligibility (including eligibility redeterminations) of individuals for Medicaid or to provide outreach services to eligible (or potentially eligible) Medicaid individuals are also reported on the Report of Provider Related Cash Donations by Project/Organization.

Direct costs of outstationed eligibility workers refers to the costs of training, salaries and fringe benefits associated with each outstationed worker and similarly allocated costs of district support staff and a prorated cost of outreach activities applicable to the outstation workers at these sites.

The prorated costs of outreach activities is calculated by taking the percentage of district outstationed workers in the facility to total outstation eligibility workers in the district and multiplying the percentage by the total cost of outreach activities in the district. Provider donations for district overhead are not permissible under federal regulations nor is provider office space. Training and fringe benefits costs are allowable for reimbursement and are not part of overhead. The space related to providers is not allowable since these costs are already included in the facility per diem rate.

The maximum amount of provider related donations for outstation eligibility workers that all districts may receive without a reduction in FFP may not exceed 10% of statewide medical assistance administrative costs (both federal and state shares) excluding the costs of family planning activities.

Project/Organization (LDSS-4549EL) should code permissible cash donations for outstationed workers as category B on the Report of Provider Related Cash Donations. In column 2, enter the provider making the cash donation. In column 3, enter the project/organization for which the donation was made. In column 4, enter the actual cash donation received during the quarter.

## **Category C**

### **Impermissible Donations (for Federal Reimbursement)**

Federal reimbursement is not available for the following types of cash donations:

- Provider cash donations involving provider personnel as outstationed workers
- Provider cash donations for outstationed district agency workers in excess of eligible direct administrative costs and prorated activity costs applicable to these workers
- Provider donations of office space for any outstationed workers,
- Provider cash donations made for district agency overhead
- Donations provided pursuant to a hold harmless provision, as described in the permissible bona fide donation section of this letter

Impermissible cash donations should appear in column 1 as category C on the Report of Provider Related Cash Donations by Project/Organization. In column 2, enter the provider making the cash donation. In column 3 enter the project / organization for which the cash donation is made. In column 4, enter the actual cash donation received during the quarter.



be eligible for some reimbursement for the claim, the federal government would reimburse up to a 2 year period from the payment date of the claim.

When the case category of a Medical Assistance (MA) recipient changes retroactively, it may be necessary to adjust Federal, State and local shares of the MMIS expenditures made for that case during the retroactive period.

The Department has conducted various audits and case reviews which have indicated that when a category of reimbursement should change from a Federally Non Participating (FNP) funded category to a Federally Participating (FP) funded category, the precipitating change in recipient circumstances may occur months before it becomes known to the districts. In these situations, it is the policy of the Department to retroactively establish federal participation and claim federal money on any Medicaid expenditures made during the earlier period. To maximize federal Medical Assistance, participating districts must request the FNP to FP retroactive adjustments through the submission of the form, LDSS-3586 Retroactive Aid Category Changes, to the Regional Coordinator's Office from the Department of Health. When this form is submitted, prior medical assistance expenditures paid in a FNP funded category are reclassified to an FP category. Any changes to reimbursement are reflected as adjustments to future claim settlements.

## Instructions for Completing Form LDSS-3586

### Recipient Number

Enter the client identification number (CIN) or individual number (NYC).

### Eligibility Period

Enter the eligibility period, which represents both the beginning and ending dates of disability. The district must be aware of the end date error rule guidelines below, so that retroactive aid category changes can be accurately reported.

New	Definition	End Date Rule
11	FA individuals in receipt of cash assistance	Should not be 9999
12	Medicaid Only; FA related individuals	Should not be 9999
13	Medicaid Only; aged, blind, or disabled individuals (SSI recipients): Group 1- lifetime disability	Should be 9999
13	Medicaid Only; aged, blind, or disabled individuals (SSI recipients): Group 2 - limited time period	Should not be 9999
14	Pregnant Women	Less than 12 months from beginning date
15	Safety Net; Disabled individuals (Group1)	Should be 9999
16	Safety Net; Disabled individuals (Group2)	Should not be 9999
17	Long Term Care (LTC) Nursing Homes	Should not be 9999
18	EAF (Based on authorization period)	Should not be 9999

## Category Codes

Use only the following codes and not the WMS codes.

Old	Definition
01	Safety Net and HR Interim individual
02	Medicaid Only in HR situations individuals
03	Medicaid in Catastrophic situations
04	Individuals in Presumptive FA categories
05	Individuals in Public Homes
New	Definition
11	FA individuals in receipt of cash assistance
12	Medicaid Only; FA related individuals
13	Medicaid Only; aged, blind, or disabled individuals (SSI recipients)
14	Pregnant Women
15	Safety Net; Disabled individuals (Group1)
16	Safety Net; Disabled individuals (Group2)
17	Long Term Care (LTC) Nursing Homes
18	EAF (Based on authorization period)

## Date of Determination

If the change is being initiated for client disability, enter the date the disability review team made the present disability determination.

## Impairment Listing

This is for non-SSI disability cases only. The code(s) entered should reflect the specific listing(s) of impairments evaluated, as contained in the MA Disability Manual and indicated on the Disability Review Team Certificate (DSS639.)

## Control Number

Control number(s) are entered by state staff, when the form is generated by regional office activity.

## Signature

The person completing the form should sign and date the form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Chapter 6: Automated Support Collection Unit Collection Rolls

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## Child Support Management System Collection Rolls

The Automated State Support Enforcement and Tracking System (ASSETS) [https://intranet.otda.ny.gov/assets/pages/PDFs/Systems\\_-\\_ASSETS/ASSETS\\_User\\_Guide.pdf](https://intranet.otda.ny.gov/assets/pages/PDFs/Systems_-_ASSETS/ASSETS_User_Guide.pdf), is the software application that child support workers in New York State use to process and track child support cases.

In 1998, the Division of Child Support Enforcement (DCSE) of New York State's Office of Temporary and Disability Assistance (OTDA) released the Automated State Support Enforcement and Tracking System (ASSETS), a Microsoft Windows-based interface to the agency's legacy Child Support Management System (CSMS).

### Composition of the Roll

Collections are recorded in ledgers within CSMS that define the type of collection. Ledgers are identified by six characters (the first two characters are numeric followed by four alpha characters). The beneficiary of the collection is determined by the first position of the ledger type, for example, custodial parent, DSS, third or fourth party. The remaining codes further describe the type of collection.

Collections for a particular ledger combination and FIPS (Federal Information Processing Standards) Code appear together on each type of roll. The FIPS Code is required on all CSMS accounts. Each FIPS Code consists of six digits which indicate whether the collection account is for retained or referred collections (first digit), the state the collections are made by or referred to (second and third digits), and the county that collects the retained or to which the collection is referred (4th, 5th and 6th digits).

The Child Support Management System (CSMS) collection rolls list collections by client ID within program type (IV-D/IV-A, Non IV-A/IV-D, Non IV-D) for a monthly period. Currently, CSMS collection rolls identify IV-A rolls as ADC (Aid to Dependent Children). System generated rolls are produced for each below category:

- IV-D/IV-A, also known as IV-D/TANF, represents child support collections for children receiving Title IV-A Family Assistance. Amounts reported as IV-D/IV-A will be retained by the social services district (district) as repayment of assistance for IV-A payments.
- IV-D/Non IV-A, also known as IV-D/Non TANF, represents child support collections for children who are not receiving Title IV-A Family Assistance, for which a Child Support Services and Application/Referral for Child Support Services (LDSS-4882) is on file. The reported collections are distributed to the beneficiary (custodial parent, district, third or fourth party). Collections distributed to the district may be retained as repayment of assistance for payments such as IV-E Foster Care, Safety Net, and/or Medical Assistance.
- Non IV-D represents collections in which a child support case or legal order is privately entered into (often entered into during divorce proceedings). A Child Support Services and Application/Referral for Child Support Services (LDSS-4882) or an approved equivalent is not on file. The reported collections are distributed to the beneficiary (custodial parent, district, a third or fourth party).

The rolls are further divided into retained collection rolls and referred collection rolls, which are described below. The term recipient of services refers to the one for whom the account is established; the term respondent refers to the one responsible for the payments, usually a non-custodial parent.

Collections are termed “Retained” (first digit of FIPS Code is 1) when the recipient of services (support case) resides in the reporting district regardless of where the collection is made. This roll contains:

- Collections made and retained by the reporting county
- Collections made in other NYS counties and retained by the reporting county
- Collections made out-of-state and retained by the reporting county

Collections are termed “Referred” (first digit of FIPS Code is 2) when the recipient of services (support case) resides outside the reporting district, and the respondent (non-custodial parent) is making the payment to the reporting district for the recipient of services. The referred rolls contain:

- Collections made in the reporting county and referred to other NYS counties
- Collections made in the reporting county and referred to other states

The CSMS collection rolls summarize the monthly collection and disbursement activities of the support collection unit.

## **Reporting of the Rolls on the RF-2A, LDSS-2517 “Schedule A-1, Summary of Collection and Distributions”**

The rolls support the CSMS Schedule A-1, Section 1 Available Collections and Section 2 Distributed Collections. The CSMS Schedule A-1, Section 1 includes IV-A and Non IV-A retained and referred collections reported in the Amount Received columns of the rolls. Non IV-D collections reported in the Amount Received columns for cases having a child support ledger are also included on the CSMS Schedule A-1. Non IV-D collections for cases not having a child support ledger are excluded from the CSMS Schedule A-1. These Non IV-D collections may need to be manually reported on other claims, if necessary.

The retained collection roll’s Repayment of Assistance section supports the CSMS Schedule A-1 Section 2 Distributed Collections. CSMS Schedule A-1 IV-A (Current IV-A and Former IV-A Assistance) Distributed Collections are posted using the current and arrears IV-A Repayment of Assistance amounts ledger information and FIPS code appearing on the Monthly IV-D/IV-A Child Support Collection Rolls. The other CSMS Schedule A-1 Section 2 distributed collections (including some Non IV-A collections for former IV-A Assistance) are posted by ledger type and FIPS Code using the Monthly Non IV-A/IV-D Child Support Collection Roll Repayment of Assistance ledger information and the Non IV-D ledger information for cases. For example, roll amounts reported for Non IV-A Repayment of Assistance for Title IV-E cases (collections with Title IV-E ledger types) also appear on the CSMS Schedule A-1 Title IV-E columns (Current and Former Title IV-E Assistance). Roll amounts including Non IV-A Repayment of Assistance for Medical Assistance (collections with MA ledger types) are reported distributed as Medical Support on the CSMS Schedule A-1, Section 2.

Roll amounts reporting Non IV-A collections distributed to beneficiaries other than district are also identified on CSMS Schedule A-1, Section 2 as former Title IV-E Assistance, former Title IV-A Assistance, current Title IV-E Assistance, current Title IV-A Assistance, Safety Net FNP Assistance, Medicaid Never Assistance, or Other Never Assistance collections, depending on the client’s ledger type. Non IV-D collections on cases that have a child support ledger are reported on the CSMS Schedule A-1, Section 2 in the same manner as described for Non IV-A collections. These amounts are not reported on the CSMS Schedule A-1 as Non IV-D collections.

Non IV-D collections on strictly Non IV-D cases (having no child support ledger) are the only type of collection that is not reported on the CSMS Schedule A-1, Sections 1 and 2.

Monthly amounts reported on the CSMS Schedule A-1 are posted to the RF-2A, LDSS-2517 "Schedule A-1 Title IV-D Summary of Collections and Distributions" (RF-2A, Schedule A-1) that is included with the RF-2A, LDSS-1272A "Monthly Statement of Administrative Expenditures Federal and State Aid (RF-2A)" (RF-2A, RF-2A).

Instructions for completing the RF-2A, Schedule A-1 appear in [Chapter 3](#) of this manual.

## **Monthly IV-D/IV-A Child Support Collection Roll Collections Made and Retained by County**

The Monthly IV-D/IV-A (IV-D/TANF) Child Support Collection Roll for Family Assistance collections made and retained by the reporting county appears below. The collections are then disbursed to the appropriate county finance office and credited to the appropriate repayment of assistance accounts or the pass-through/disregard account. The report lists each individual collection made in the county and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Column 1 includes collections made and retained by the reporting NYS county. There are two lines for each account; the top line lists the county name (the Reporting County) and under that is the FIPS Code for the county.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS CAN/Client ID Number**

Column 3 includes the WMS CAN (Case Number) used when the Public Assistance (PA) case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific IV-A ledger type within the account for the month.

**Column 7 - Amount Received**

Column 7 includes the amount credited to each specific IV-A ledger type within the account for the month.

**Column 8 - Under the heading "Repayment of Assistance" - Total**

Column 8 includes the total amount of the collections applied to each specific IV-A Family Assistance ledger type within the account for the month.

**Column 9 - Under the heading "Repayment of Assistance" - Current**

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month on each specific IV-A ledger type within the account.

**Column 10 - Under the heading "Repayment of Assistance" - Past**

Column 10 includes the amount of the collections for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX				COUNTY				RUN 11/27/13			
ACSU 370 MTHLY ROLLS. A1				*** SUPPORT COLLECTION UNIT ***				PAGE 12			
KEY: 3575/136117				MONTHLY IV-D ADC CHILD SUPPORT COLLECTION ROLL							
				COLLECTIONS MADE & RETAINED BY COUNTY CLIENT SUPPORT IN WEDLOCK							
COLLECTIONS	ASCU	WMS CAN/	CLIENT NAME	NO	AMOUNT	AMOUNT	REPAYMENT OF ASSISTANCE				
MADE IN	ACCOUNT	CLIENT-ID	RESPONDENT NAME	OF	DUE	RECEIVED	Total	CURRENT	PAST		
STATE OF NEW YORK		NUMBER		DC							
CNTY				01	280.00	280.00	0.00	0.00	0.00		
FIPS CODE:136075											
CNTY				01	300.00	300.00	0.00	0.00	0.00		
FIPS CODE:136075											
CNTY				03	280.00	280.00	0.00	0.00	0.00		
FIPS CODE:136075											
CNTY		35		01	180.00	180.00	180.00	0.00	0.00		
FIPS CODE:136075											
CNTY				02	125.00	125.00	125.00	0.00	0.00		
FIPS CODE:136075											
CNTY				02	300.00	300.00	300.00	0.00	0.00		
FIPS CODE:136075											
CNTY				01	200.00	200.00	200.00	0.00	0.00		
FIPS CODE:136075											
CNTY				01	70.00	70.00	70.00	0.00	0.00		
FIPS CODE:136075											
CNTY				00	120.00	120.00	120.00	0.00	0.00		
FIPS CODE:136075											
COUNTY TOTALS				NO OF ACCTS	NO OF DC	AMOUNT DUE	AMOUNT RECEIVED	REPAYMENT OF ASSISTANCE			
				163	314	27399.65	27399.65	Total	CURRENT	PAST	
									0.00	0.00	

## **Monthly IV-D/IV-A Child Support Collection Roll Collections Made in Other Counties and Retained by County**

The Monthly IV-D/IV-A (IV-D/TANF) Child Support Collection Roll for Family Assistance collections made in other NYS counties and retained by the reporting county appears below. The collections are then disbursed to the appropriate county finance office and credited to the appropriate repayment of assistance accounts or the pass-through/disregard account. There is a separate report for each NYS county referring payments to the reporting county. The reports list each individual collection made in the respective county and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Column 1 includes collections made in other NYS counties and retained by the reporting county. There are two lines for each account; the top line lists the county name (the Reporting County) and under that is the FIPS Code for the county.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS/CAN Client ID Number**

Column 3 includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific IV-A ledger type within the account for the month.

#### **Column 7 - Amount Received**

Column 7 includes the amount credited to each specific IV-A ledger type within the account for the month.

#### **Column 8 - Under the heading "Repayment of Assistance" - Total**

Column 8 includes the total amount of the collections applied to each specific IV-A Family Assistance ledger type within the account for the month.

Column 9 - Under the heading "Repayment of Assistance" - Current

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month on each specific IV-A ledger type within the account.

Column 10 - Under the heading "Repayment of Assistance" - Past

Column 10 includes the amount of collection for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX ASCU 370 MTHLY ROLLS, AI KEY:3575/136117										COUNTY *** SUPPORT COLLECTION UNIT *** MONTHLY IV-D ADC CHILD SUPPORT COLLECTION ROLL COLLECTIONS MADE IN OTHER NYS COUNTIES & RETAINED BY COUNTY D.S.S.										RUN 11/30/03 PAGE 28	
COLLECTIONS MADE IN STATE: OF NEW YORK		ASCU ACCOUNT NUMBER	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME	NO OF DC	AMOUNT DUE	AMOUNT RECEIVED	REPAYMENT OF ASSISTANCE		TOTAL		CURRENT	PAST								
MTY			35		05	100.00	75.00	75.00	75.00	0.00	0.00										
FIPS CODE:136117																					
MTY					01	0.00	40.00	40.00	0.00	40.00											
FIPS CODE:136117																					
MTY			35		03	0.00	16.00	16.00	0.00	16.00											
FIPS CODE:136117																					
MTY			35		03	125.00	90.00	90.00	90.00	0.00											
FIPS CODE:136117																					
MTY			35		04	104.00	0.00	0.00	0.00	0.00											
FIPS CODE:136117																					
MTY			35		02	125.00	0.00	0.00	0.00	0.00											
FIPS CODE:136117																					
COUNTY TOTALS			06		18	454.00	221.00	221.00	165.00	56.00											

## **Monthly IV-D/IV-A Child Support Collection Roll Collections Made Out-Of-State Retained by County**

The Monthly IV-D/IV-A (IV-D/TANF) Child Support Collection Roll for Family Assistance collections made out of state and retained by the reporting county appears below. The collections are then disbursed to the appropriate county finance office and credited to the appropriate repayment of assistance accounts or the pass-through/disregard account. There is a separate report for each State referring payments to the reporting county. The reports list each individual collection made in the respective State and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Column 1 includes collections made out of state and retained in the reporting NYS county. There are two lines for each account; the top line lists the State (the Reporting State) and under that is the FIPS Code for the state.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS/CAN/Client ID Number**

Column 3 includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific IV-A ledger type within the account for the month.

#### **Column 7 - Amount Received**

Column 7 includes the amount credited to each specific IV-A ledger type within the account for the month.

#### **Column 8 - Under the heading "Repayment of Assistance" - Total**

Column 8 includes the total amount of the collections applied to each specific IV-A Family Assistance ledger type within the account for the month.

Column 9 - Under the heading "Repayment of Assistance" - Current

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month on each specific IV-A ledger type within the account.

Column 10 - Under the heading "Repayment of Assistance" - Past

Column 10 includes the amount of the collection for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX ASCU 370 MTHLY ROLLS. AI KEY:3575/142011									
COUNTY *** SUPPORT COLLECTION UNIT ***									
MONTHLY IV-D ADC CHILD SUPPORT COLLECTION ROLL									
COLLECTIONS MADE OUT OF STATE & RETAINED BY COUNTY D.S.S.									
COLLECTIONS MADE IN	ASCU ACCOUNT NUMBER	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME	NO OF DC	AMOUNT DUE	AMOUNT RECEIVED	REPAYMENT OF ASSISTANCE		
							TOTAL	CURRENT	PAST
STATE		35		02	420.00	0.00	0.00	0.00	0.00
FIPS CODE:142011									
STATE		35		03	74.00	91.00	91.00	74.00	17.00
FIPS CODE:142069									
STATE		35		05	120.00	170.00	170.00	120.00	50.00
FIPS CODE:142089									
STATE		35		02	250.00	250.00	235.00	235.00	0.00
FIPS CODE:142091									
STATE		35		02	114.00	114.00	114.00	114.00	0.00
FIPS CODE:142127									
STATE TOTALS		05	NO OF ACCTS	14	AMOUNT DUE	978.00	AMOUNT RECEIVED	610.00	REPAYMENT OF ASSISTANCE TOTAL CURRENT PAST
									543.00 67.00

RUN 11/30/03

PAGE 23

## **Monthly IV-D/IV-A Child Support Collection Roll Collections Made in County and Referred to Other Counties**

The Monthly IV-D/IV-A (IV-D/TANF) Child Support Collection Roll for Family Assistance collections made in the reporting county and referred to other NYS counties appears below. These collections are disbursed to the appropriate county. There is a separate report for each NYS county to which a collection is referred. The reports list each individual collection referred to the respective county and the total of those collections.

### **Columns Across the Report**

#### **Column 1 - Collections Made In**

Column 1 includes collections made in the NYS reporting county and referred to other NYS counties. There are two lines for each account; the top line lists the county name (the Referred County) and under that is the FIPS Code for the county.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS CAN/Client ID Number**

Column 3 includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific IV-A ledger type within the account for the month.

#### **Column 7 - Amount Received**

Column 7 includes the amount credited to each specific IV-A ledger type within the account for the month.

#### **Column 8 - Under the heading "Repayment of Assistance" - Total**

Column 8 includes the total amount of the collections applied to each specific IV-A Family Assistance ledger type within the account for the month.

#### **Column 9 - Under the heading "Repayment of Assistance" - Current**

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month on each specific IV-A ledger type within the account.

Column 10 - Under the heading "Repayment of Assistance" - Past

Column 10 includes the amount of collection for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX										COUNTY										*** SUPPORT COLLECTION UNIT ***										RUN 11/31/03																																																																																																			
ASCU 370 MTHLY ROLLS. A1										MONTHLY IV-D ADC CHILD SUPPORT COLLECTION ROLL										PAGE 1																																																																																																													
KEY: 3575/236089										COLLECTIONS MADE IN COUNTY & REFERRED TO COUNTIES D.S.S.																																																																																																																							
COLLECTIONS										WMS CAN/										CLIENT NAME										NO										AMOUNT										REPAYMENT OF ASSISTANCE																																																																															
MADE IN										CLIENT-ID										RESPONDENT NAME										OF										DUE										RECEIVED										TOTAL										CURRENT										PAST																																																	
STATE: OF NEW YORK										NUMBER																				DC																				20.00										0.00										0.00										0.00										0.00																																							
CNTY																														01																																																																																																			
FIPS CODE:236089																																																																																																																																	

## **Monthly IV-D/IV-A Child Support Collection Roll Collections Made in County and Referred to Other States**

The Monthly IV-D/IV-A (IV-D/TANF) Child Support Collection Roll for Family Assistance collections made in the reporting county and referred to other states appears below. These collections are disbursed to the appropriate state. There is a separate report for each state to which a collection is referred. The reports list each individual collection referred to the respective state and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Column 1 includes collections made in reporting NYS county and referred to other states. There are two lines for each account; the top line lists the state name (the Referred State) and under that is the FIPS Code for the state.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Column 3 includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific IV-A ledger type within the account for the month.

#### **Column 7 - Amount Received**

Column 7 includes the amount credited to each specific IV-A ledger type within the account for the month.

#### **Column 8 - Under the heading "Repayment of Assistance" -Total**

Column 8 includes the total amount of the collections applied to each specific IV-A Family Assistance ledger type within the account for the month.

#### **Column 9 - Under the heading "Repayment of Assistance" -Current**

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month on each specific IV-A ledger type within the account.

Column 10 - Under the heading "Repayment of Assistance" -Past

Column 10 includes the amount of collection for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX  
ASCU 370 MTHLY ROLLS, A1  
KEY:3575/205001

COLLECTIONS MADE IN

STATE FIPS CODE:205001

STATE FIPS CODE:205001

ASCU ACCOUNT NUMBER

WMS CAN/ CLIENT-ID NUMBER

CLIENT NAME

NO OF DC

AMOUNT DUE

AMOUNT RECEIVED

REPAYMENT OF ASSISTANCE

TOTAL CURRENT PAST

STATE TOTALS

NO OF ACCTS

NO OF DC

AMOUNT DUE

AMOUNT RECEIVED

REPAYMENT OF ASSISTANCE

TOTAL CURRENT PAST

STATE TOTALS

COUNTY

\*\*\* SUPPORT COLLECTION UNIT \*\*\*

MONTHLY IV-D ADC CHILD SUPPORT COLLECTION ROLL

COLLECTIONS MADE IN COUNTY & REFERRED TO OTHER STATES D.S.S.

RUN 11/30/03

PAGE 1

## **Monthly Non IV-A Support Collection Roll Collections Made and Retained by County**

The Monthly Non IV-A Support Collection Roll for Non Family Assistance collections made and retained by the reporting county appears below. The district Non IV-A collections are then disbursed to the appropriate county finance office and credited to the appropriate repayment of assistance accounts or the pass-through/disregard account. Other collections are disbursed directly to the family. The report lists each individual collection made in the county and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Column 1 includes collections made and retained by the reporting NYS county. There are two lines for each account; the top line lists the county name (the Reporting County) and under that is the FIPS Code for the county.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Column 3 includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific Non IV-A ledger type within the account for the month.

#### **Column 7 - Amount Received**

Column 7 includes the amount credited to each specific Non IV-A ledger type within the account for the month.

#### **Column 8 - Under the heading "Repayment of Assistance" - Total**

Column 8 includes the total amount of the collections applied to each specific Non IV-A ledger type within the account for the month.

#### **Column 9 - Under the heading "Repayment of Assistance" - Current**

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month for each specific Non IV-A ledger type within the account.

Column 10 - Under the heading "Repayment of Assistance" - Past

Column 10 includes the amount of collections for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX ASCU370 MTHLY ROLLS: A1 KEY:3575/136075										COUNTY *** SUPPORT COLLECTION UNIT *** MONTHLY NON ADC SUPPORT COLLECTION ROLL COLLECTIONS MADE & RETAINED BY COUNTY CLIENT SUPPORT IN WEDLOCK										RUN 11/30/02 PAGE 12	
COLLECTIONS MADE IN		ASCU ACCOUNT NUMBER	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME	NO OF DC	AMOUNT DUE	AMOUNT RECEIVED	REPAYMENT OF ASSISTANCE													
STATE OF NEW YORK								TOTAL	CURRENT	PAST											
CNTY					01	280.00	280.00	0.00	0.00	0.00											
FIPS CODE:136075																					
CNTY					01	300.00	300.00	0.00	0.00	0.00											
FIPS CODE:136075																					
CNTY					03	280.00	280.00	0.00	0.00	0.00											
FIPS CODE:136075																					
CNTY			35		01	180.00	180.00	180.00	0.00	0.00											
FIPS CODE:136075																					
CNTY					02	125.00	125.00	125.00	0.00	0.00											
FIPS CODE:136075																					
CNTY					02	300.00	300.00	300.00	0.00	0.00											
FIPS CODE:136075																					
CNTY					01	200.00	200.00	200.00	0.00	0.00											
FIPS CODE:136075																					
CNTY					01	70.00	70.00	70.00	0.00	0.00											
FIPS CODE:136075																					
CNTY					00	120.00	120.00	120.00	0.00	0.00											
FIPS CODE:136075																					
COUNTY TOTALS		163	314	27399.65	27399.65	27399.65	27399.65	27399.65	0.00	0.00											
		NO OF ACCTS	NO OF DC	AMOUNT DUE	AMOUNT RECEIVED	REPAYMENT OF ASSISTANCE TOTAL		REPAYMENT OF ASSISTANCE CURRENT	REPAYMENT OF ASSISTANCE PAST												

## **Monthly Non IV-A Support Collection Roll Collections Made in Other NYS Counties and Retained by County**

The Monthly Non IV-A Support Collection Roll for Non Family Assistance collections made in other NYS counties and retained by the reporting county appears below. The district Non IV-A collections are then disbursed to the appropriate county finance office and credited to the appropriate repayment of assistance accounts or the pass-through/disregard account. Other collections are disbursed directly to the family. There is a separate report for each NYS county referring payments to the reporting county. The reports list each individual collection made in the respective county and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Column 1 includes collections made in other NYS counties and retained by the reporting county. There are two lines for each account; the top line lists the county name (the Reporting County) and under that is the FIPS Code for the county.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Column 3 includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific Non IV-A ledger type within the account for the month.

#### **Column 7 - Amount Received**

Column 7 includes the amount credited to each specific Non IV-A ledger type within the account for the month.

#### **Column 8 - Under the heading "Repayment of Assistance" - Total**

Column 8 includes the total amount of the collections applied to each specific Non IV-A ledger type within the account for the month.

Column 9 - Under the heading "Repayment of Assistance" - Current

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month for each specific Non IV-A ledger type within the account.

Column 10 - Under the heading "Repayment of Assistance" - Past

Column 10 includes the amount of collection for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX  
ASCU 370 MTHLY ROLLS. A1  
KEY:3575/136053

COUNTY  
\*\*\* SUPPORT COLLECTION UNIT \*\*\*  
MONTHLY NON ADC CHILD SUPPORT COLLECTION ROLL  
COLLECTIONS MADE IN OTHER NYS COUNTIES & RETAINED BY COUNTY D.S.S. MEDICAL ASSISTANCE

RUN 11/30/03  
PAGE 1

COLLECTIONS MADE IN STATE OF NEW YORK	ASCU ACCOUNT NUMBER	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME	NO OF DC	AMOUNT DUE	AMOUNT RECEIVED	REPAYMENT OF ASSISTANCE TOTAL	REPAYMENT OF ASSISTANCE CURRENT	REPAYMENT OF ASSISTANCE PAST
CNTY		35		02	60.00	60.00	60.00	0.00	0.00
FIPS CODE: 136053									
COUNTY TOTALS	01	2			60.00	60.00	60.00	0.00	0.00

## **Monthly Non IV-A Support Collection Roll Collections Made Out-of-State and Retained by County**

The Monthly Non IV-A Support Collection Roll for Non Family Assistance collections made in other out of state and retained by the reporting county appears below. The district Non IV-A collections are then disbursed to the appropriate county finance office and credited to the appropriate repayment of assistance accounts or the pass-through/disregard account. Other collections are disbursed directly to the family. There is a separate report for each state referring payments to the reporting county. The reports list each individual collection made in the respective county and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Column 1 includes collections made out of state and retained in the reporting NYS county. There are two lines for each account; the top line lists the State (the Reporting State) and under that is the FIPS Code for the state.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Column 3 includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific Non IV-A ledger type within the account for the month.

#### **Column 7 - Amount Received**

Column 7 includes the amount credited to each specific Non IV-A ledger type within the account for the month.

#### **Column 8 - Under the heading "Repayment of Assistance" - Total**

Column 8 includes the total amount of the collections applied to each specific Non IV-A ledger type within the account for the month.

Column 9 - Under the heading "Repayment of Assistance" - Current

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month for each specific Non IV-A ledger type within the account.

Column 10 - Under the heading "Repayment of Assistance" - Past

Column 10 includes the amount of collection for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX ASCU 370 MTHLY ROLLS. A1 KEY:3575/113153										COUNTY *** SUPPORT COLLECTION UNIT *** MONTHLY NON ADC SUPPORT COLLECTION ROLL COLLECTIONS MADE OUT OF STATE & RETAINED BY COUNTY CLIENT UNKNOWN P.A. CATEGORY										RUN 11/30/03 PAGE 1									
COLLECTIONS MADE IN		ASCU ACCOUNT NUMBER	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME	NO OF DC	AMOUNT DUE	AMOUNT RECEIVED	REPAYMENT OF ASSISTANCE		TOTAL		CURRENT	PAST																
STATE					01	275.00	275.00			275.00		0.00	0.00																
FIPS CODE:113153																													
STATE					01	172.00	172.00			172.00		0.00	0.00																
FIPS CODE:113153																													
STATE TOTALS		02	NO OF ACCTS	NO OF DC	1	AMOUNT DUE 447.00	AMOUNT RECEIVED 447.00	REPAYMENT OF ASSISTANCE		TOTAL		CURRENT	PAST																
										447.00		0.00	0.00																

## **Monthly Non IV-A Support Collection Roll Collections Made in County and Referred to Other NYS Counties**

The Monthly Non IV-A Support Collection Roll for Non Family Assistance collections made in the reporting county and referred to other NYS counties appears below. These district Non IV-A collections are disbursed to the appropriate county. Other collections are disbursed directly to the family. There is a separate report for each NYS county to which a collection is referred. The reports list each individual collection referred to the respective county and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Column 1 includes collections made in reporting NYS County and referred to other counties. There are two lines for each account; the top line lists the county name (the Referred County) and under that is the FIPS Code for the county.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Column 3 includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific Non IV-A ledger type within the account for the month.

#### **Column 7 - Amount Received**

Column 7 includes the amount credited to each specific Non IV-A ledger type within the account for the month.

#### **Column 8 - Under the heading "Repayment of Assistance" -Total**

Column 8 includes the total amount of the collections applied to each specific Non IV-A ledger type within the account for the month.

#### **Column 9 - Under the heading "Repayment of Assistance" -Current**

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month for each specific Non IV-A ledger type within the account.

Column 10 - Under the heading "Repayment of Assistance" -Past

Column 10 includes the amount of collection for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX ASCU 370 MTHLY ROLLS. A1 KEY:3575/236007										COUNTY *** SUPPORT COLLECTION UNIT *** MONTHLY NON ADC SUPPORT COLLECTION ROLL COLLECTIONS MADE IN COUNTY & REFERRED TO OTHER NYS COUNTIES CLIENT										RUN 11/30/03 PAGE 2	
COLLECTIONS MADE IN STATE OF NEW YORK		ASCU ACCOUNT NUMBER	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME	NO OF DC	AMOUNT DUE	AMOUNT RECEIVED	REPAYMENT OF ASSISTANCE													
								TOTAL	CURRENT	PAST											
CNTY					01	140.00	140.00	140.00	0.00	0.00											
FIPS CODE:236011																					
CNTY					00	100.00	100.00	100.00	0.00	0.00											
FIPS CODE:296011																					
CNTY					00	120.00	120.00	120.00	0.00	0.00											
FIPS CODE:236011																					
CNTY					00	40.00	40.00	40.00	0.00	0.00											
FIPS CODE:296011																					
CNTY					01	24.00	24.00	24.00	0.00	0.00											
FIPS CODE:296011																					
COUNTY TOTALS		05	2	424.00	424.00	424.00	0.00	0.00													

## **Monthly Non IV-A Support Collection Roll Collections Made in County and Referred to Other States**

The Monthly Non IV-A Support Collection Roll for Non Family Assistance collections made in the reporting county and referred to other states appears below. These district Non IV-A collections are disbursed to the appropriate state. Other collections are disbursed directly to the family. There is a separate report for each state to which a collection is referred. The reports list each individual collection referred to the respective state and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Column 1 includes collections made in reporting NYS county and referred to other states. There are two lines for each account; the top line lists the state name (the Referred State) and under that is the FIPS Code for the state.

#### **Column 2 - CSMS Account Number**

Column 2 includes the number assigned by the CSMS system when the IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Column 3 includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Column 4 includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Column 5 includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Due**

Column 6 includes the amount due for each specific Non IV-A ledger type within the account for the month.

#### **Column 7 - Amount Received**

Column 7 includes the amount credited to each specific Non IV-A ledger type within the account for the month.

#### **Column 8 - Under the heading "Repayment of Assistance" -Total**

Column 8 includes the total amount of the collections applied to each specific Non IV-A ledger type within the account for the month.

#### **Column 9 - Under the heading "Repayment of Assistance" -Current**

Column 9 includes the amount of the collections for the month applied toward current amounts due for the month for each specific Non IV-A ledger type within the account.

Column 10 - Under the heading "Repayment of Assistance" -Past

Column 10 includes the amount of collection for the month applied toward delinquencies, arrears, or past due amounts.

There are totals at the end of the report for:

- Number of accounts
- Number of dependent children
- Amount due
- Amount received
- Repayment of assistance - total
- Repayment of assistance - current
- Repayment of assistance - past

STATE OF NEW YORK-DSS 25XX ASCU 370 MTHLY ROLLS. AI KEY:3575/201073				COUNTY *** SUPPORT COLLECTION UNIT *** MONTHLY NON ADC SUPPORT COLLECTION ROLL COLLECTIONS MADE IN COUNTY & REFERRED TO OTHER STATES CLIENT				RUN 11/30/03 PAGE 5			
COLLECTIONS MADE IN	ASCU ACCOUNT NUMBER	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME	NO OF DC	AMOUNT DUE	AMOUNT RECEIVED	REPAYMENT OF ASSISTANCE				
							TOTAL	CURRENT	PAST		
STATE				01	210.00	210.00	210.00	0.00	0.00		
FIPS CODE:206037											
STATE				02	160.00	160.00	160.00	0.00	0.00		
FIPS CODE:206037											
STATE				02	40.00	40.00	40.00	0.00	0.00		
FIPS CODE:206037											
STATE				01	140.00	140.00	140.00	0.00	0.00		
FIPS CODE:206037											
STATE				03	120.00	120.00	120.00	0.00	0.00		
FIPS CODE:206037											
STATE				00	160.00	160.00	160.00	0.00	0.00		
FIPS CODE:206037											
STATE				01	120.00	120.00	120.00	0.00	0.00		
FIPS CODE:206037											
STATE				01	46.16	46.16	46.16	0.00	0.00		
FIPS CODE:206037											
STATE TOTALS				08	996.16	996.16	996.16	0.00	0.00		

## **Monthly Non IV-D Support Collection Roll Collections Made and Retained by County**

The Monthly Non IV-D Support Collection Roll for collections made and retained by the reporting county appears below. The report lists each individual collection made in the county and the total of those collections. These collections are disbursed to the beneficiary, which could be the custodial parent, a third or fourth party, or district, as a repayment of non IV-D assistance.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Includes collections made and retained by the reporting NYS county. There are two lines for each account; the top line lists the county name (the Reporting County) and under that is the FIPS Code for the county.

#### **Column 2 - CSMS Account Number**

Includes the number assigned by the CSMS system when the Non IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Received**

Includes the amount credited to each specific Non IV-D ledger type within the account for the month.

#### **Column 7 - Amount Applied**

Includes the total amount of collections applied to each specific Non IV-D ledger type within the account for the month.

#### **Column 8 - Amount Disbursed**

Includes the total amount of collections for the month that is disbursed to the beneficiary.

There are totals at the end of the report for each ledger type for:

- Number of accounts
- Number of dependent children
- Amount received

- Amount applied
- Amount disbursed

STATE OF NEW YORK-DSS 25XX  
ASCU 370 MTHLY ROLLS. A1  
KEY:3575/136091

COUNTY  
\*\*\* SUPPORT COLLECTION UNIT \*\*\*  
MONTHLY NON IV-D SUPPORT COLLECTION ROLL  
COLLECTIONS MADE IN REPORTING COUNTY & RETAINED BY COUNTY CLIENT ALIMONY

RUN 11/30/03  
PAGE 1

COLLECTIONS MADE IN	ASCU ACCOUNT NUMBER	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME	NO OF DC	AMOUNT RECEIVED	AMOUNT APPLIED	AMOUNT DISBURSED
CNTY				00	120.00	120.00	120.00
FIPS CODE:136091							
		NO OF ACCTS	AMOUNT RECEIVED	NO OF DC	AMOUNT APPLIED	TOTAL DISBURSED	
	COUNTY TOTALS	01	120.00	0	120.00	120.00	

## **Monthly Non IV-D Support Collection Roll Collections Made in Other NYS Counties and Retained by County**

The Monthly Non IV-D Support Collection Roll for collections made in other NYS counties and retained by the reporting county appears below. These collections are disbursed to the beneficiary, which could be the custodial parent, a third or fourth party, or district, as a repayment of Non IV-D assistance. There is a separate report for each NYS county referring payments to the reporting county. The reports list each individual collection made in the respective county and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Includes collections made in other NYS counties and retained by the reporting county. There are two lines for each account; the top line lists the county name (the Reporting County) and under that is the FIPS Code for the county.

#### **Column 2 - CSMS Account Number**

Includes the number assigned by the CSMS system when the Non IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Received**

Includes the amount credited to each specific Non IV-D ledger type within the account for the month.

#### **Column 7 - Amount Applied**

Includes the total amount of collections applied to each specific Non IV-D ledger type within the account for the month.

#### **Column 8 - Amount Disbursed**

Includes the total amount of collections for the month that is disbursed to the beneficiary.

There are totals at the end of the report for each ledger type for:

- Number of accounts
- Number of dependent children
- Amount received

- Amount applied
- Amount disbursed

STATE OF NEW YORK-DSS 25XX									
ACSU 370 MTHLY ROLLS. A1									
KEY: 3575/136091									
COUNTY									
*** SUPPORT COLLECTION UNIT ***									
MONTHLY NON IV-D SUPPORT COLLECTION ROLL									
COLLECTIONS MADE IN OTHER NYS COUNTIES & RETAINED BY COUNTY CLIENT ALIMONY									
COLLECTIONS MADE IN	ASCU ACCOUNT Number	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME	NO OF DC	AMOUNT RECEIVED	AMOUNT APPLIED	AMOUNT DISBURSED		
CNTY				00	120.00	120.00	120.00		
FIPS CODE:136091									
		NO OF ACCTS	NO OF DC	AMOUNT RECEIVED	AMOUNT APPLIED	TOTAL DISBURSED			
COUNTY TOTALS		01	0	120.00	120.00	120.00			

RUN 11/27/13  
PAGE 1

## **Monthly Non IV-D Support Collection Roll Collections Made Out-of-State and Retained by County**

The Monthly Non IV-D Support Collection Roll for collections made in out of state and retained by the reporting county appears below. These collections are disbursed to the beneficiary, which could be the custodial parent, a third or fourth party, or district, as a repayment of Non IV-D assistance. There is a separate report for each state referring payments to the reporting county. The reports list each individual collection made in the respective state and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Includes collections made out of state and retained in the reporting NYS county. There are two lines for each account; the top line lists the State (the Reporting State) and under that is the FIPS Code for the state.

#### **Column 2 - CSMS Account Number**

Includes the number assigned by the CSMS system when the Non IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Received**

Includes the amount credited to each specific Non IV-D ledger type within the account for the month.

#### **Column 7 - Amount Applied**

Includes the total amount of collections applied to each specific Non IV-D ledger type within the account for the month.

#### **Column 8 - Amount Disbursed**

Includes the total amount of collections for the month that is disbursed to the beneficiary.

There are totals at the end of the report for each ledger type for:

- Number of accounts
- Number of dependent children
- Amount received

- Amount applied
- Amount disbursed

STATE OF NEW YORK-DSS 25XX										RUN 11/30/03									
ASCU 370 MTHLY ROLLS. A1										PAGE 1									
KEY:3575/142103																			
										COUNTY									
										*** SUPPORT COLLECTION UNIT ***									
										MONTHLY NON IV-D SUPPORT COLLECTION ROLL									
										COLLECTIONS MADE OUT OF STATE & RETAINED BY COUNTY CLIENT ALIMONY									

COUNTY \*\*\* SUPPORT COLLECTION UNIT \*\*\*  
MONTHLY NON IV-D SUPPORT COLLECTION ROLL  
COLLECTIONS MADE OUT OF STATE & RETAINED BY COUNTY CLIENT ALIMONY

RUN 11/30/03  
PAGE 1

## **Monthly Non IV-D Support Collection Roll Collections Made in County and Referred to Other NYS Counties**

The Monthly Non IV-D Support Collection Roll for collections made in the reporting county and referred to other NYS counties appears below. These collections are disbursed to the beneficiary, which could be the custodial parent, a third or fourth party, or district, as a repayment of Non IV-D assistance. There is a separate report for each NYS county to which a collection is referred. The reports list each individual collection referred to the respective county and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Includes collections made in the reporting NYS county and referred to the other NYS counties. There are two lines for each account; the top line lists the county (the Referred County) and under that is the FIPS Code for the county.

#### **Column 2 - CSMS Account Number**

Includes the number assigned by the CSMS system when the Non IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Received**

Includes the amount credited to each specific Non IV-D ledger type within the account for the month.

#### **Column 7 - Amount Applied**

Includes the total amount of collections applied to each specific Non IV-D ledger type within the account for the month.

#### **Column 8 - Amount Disbursed**

Includes the total amount of collections for the month that is disbursed to the beneficiary.

There are totals at the end of the report for each ledger type for:

- Number of accounts
- Number of dependent children
- Amount received

- Amount applied
- Amount disbursed

STATE OF NEW YORK-DSS 25XX										COUNTY										RUN 11/30/03																																																																					
ASCU 370 MTHLY ROLLS: A1										*** SUPPORT COLLECTION UNIT ***										PAGE 1																																																																					
KEY:3575/236049										MONTHLY NON IV-D SUPPORT COLLECTION ROLL																																																																															
										COLLECTIONS MADE IN COUNTY & REFERRED TO OTHER NYS COUNTIES CLIENT																																																																															
COLLECTIONS MADE IN										ASCU ACCOUNT NUMBER										WMS CAN/ CLIENT-ID NUMBER										CLIENT NAME RESPONDENT NAME										NO OF DC										AMOUNT RECEIVED										AMOUNT APPLIED										AMOUNT DISBURSED																			
CNTY																														01										60.00										60.00										60.00																													
FIPS CODE:236049																																																																																									
										NO OF ACCTS										NO OF DC										AMOUNT RECEIVED										AMOUNT APPLIED										TOTAL DISBURSED																																							
COUNTY TOTALS										01										0										60.00										60.00										60.00																																							

RUN 11/30/03  
PAGE 1

## **Monthly Non IV-D Support Collection Roll Collections Made in County and Referred to Other States**

The Monthly Non IV-D Support Collection Roll for collections made in the reporting county and referred to other states appears below. These collections are disbursed to the beneficiary, which could be the custodial parent, a third or fourth party, or district, as a repayment of Non IV-D assistance. There is a separate report for each state to which a collection is referred. The reports list each individual collection referred to the respective state and the total of those collections.

### **Columns Across the Roll**

#### **Column 1 - Collections Made In**

Includes collections made in the reporting NYS county and referred to the other states. There are two lines for each account; the top line lists the state (the Referred State) and under that is the FIPS Code for the state.

#### **Column 2 - CSMS Account Number**

includes the number assigned by the CSMS system when the Non IV-D account is initiated.

#### **Column 3 - WMS CAN/Client-ID Number**

Includes the WMS CAN (Case Number) used when the PA case number is known. Otherwise, the Client-ID Number is used, which is system generated at the time the CSMS account is initiated. It consists of the CSMS Account Number without the self-checking letter in the eighth position of the account number.

#### **Column 4 - Client Name/Respondent Name**

Includes the client's name (recipient of services), which is listed first, and the respondent's name (non-custodial parent), which is listed slightly indented underneath.

#### **Column 5 - Number of DC (Dependent Children)**

Includes the number of associated dependent children in the account. This only includes the dependent children of the recipient of services for which the respondent is responsible, not the number of children in the Family Assistance case.

#### **Column 6 - Amount Received**

Includes the amount credited to each specific Non IV-D ledger type within the account for the month.

#### **Column 7 - Amount Applied**

Includes the total amount of collections applied to each specific Non IV-D ledger type within the account for the month.

#### **Column 8 - Amount Disbursed**

Includes the total amount of collections for the month that is disbursed to the beneficiary.

There are totals at the end of the report for each ledger type for:

- Number of accounts
- Number of dependent children
- Amount received

- Amount applied
- Amount disbursed

STATE OF NEW YORK-DSS 25XX ASCU 370 MTHLY ROLLS. A1 KEY:3575/212021		COUNTY *** SUPPORT COLLECTION UNIT *** MONTHLY NON IV-D SUPPORT COLLECTION ROLL COLLECTIONS MADE IN COUNTY & REFERRED TO OTHER STATES CLIENT		RUN 11/30/03 PAGE 1	
COLLECTIONS MADE IN	ASCU ACCOUNT NUMBER	WMS CAN/ CLIENT-ID NUMBER	CLIENT NAME RESPONDENT NAME DC	NO OF DC	AMOUNT RECEIVED APPLIED DISBURSED
STATE				01	160.00
FIPS CODE:212021					160.00
STATE TOTALS		NO OF ACCTS 01	AMOUNT RECEIVED 160.00	AMOUNT APPLIED 160.00	TOTAL DISBURSED 160.00

## **Pass-Through Payments Welfare Management System Reports and Disregard Special Payment Rolls**

Provisions under the Deficit Reduction Act (DRA) of 2005 and New York State Law 111-c(2)(d) and 131-a(8)(v) changed the method used to determine whether a family is entitled to a pass-through payment. Effective January 1, 2010, the number of active children on a PA case must be evaluated by IV-A staff to determine the maximum appropriate pass-through amount for which a family may be eligible. Families with one active child in a PA case receive a maximum of up to \$100 pass-through payment and disregard amount. Families with two or more children, who are active PA recipients, receive a maximum of up to \$200 pass-through payment and disregard amount.

The State prepares, from the WMS database, a case by case listing of IV-A cases authorized to receive a pass-through payment for the month, as well as the “IV-D Exception Listing” which lists cases (including Safety Net cases) that may be eligible for a pass-through payment. Both reports are sent to the districts through BICS. From these reports the district determines the correct pass-through payment for each case. Authorization pay lines are entered in WMS. The Special Payment roll for pass-through payments (disregards) is produced automatically upon request by BICS from the authorizations. For non-BICS districts, the special payment roll is produced manually. (See [FRM Volume 1](#), Chapter 7 for a further explanation of pass-through payments).

The CSMS system does not consider pass-through payments when determining the repayment of assistance to the district. Pass-through (disregard) payments are reported on the RF-2A, Schedule A-1, Section 3. There are no pass-through (disregard) payments for Non-IV-D support cases.

WMRIV2 MASS REBUDGETING RESULTS - ELIGIBLE LIST FOR IVD

PAGE 6

DISTRICT	CASE NAME	OFFICE	UNIT C	WORKER 15	CASE NUMBER ORDER	07/10/02
	PA CASE NO OTHER INF	PREV IVD OLD ELMT	CURR IVD NEW ELMT	NET CHNG	SPEC ALERT REJECT FLAG	
		2500	5000		1	
		5000	0		7	
		5000	5000		X	
		1500	3000		1	
		4000	4000		1	
		5000	5000		2	
		5000	5000		2	
		5000	5000			
		5000	5000		2	
		5000	5000		2	
		5000	5000		2	
		3000	0			
		15200	16100	+00900		
		4000	5000		1	

MRIV1 MASS REBUDGETING RESULTS – EXCEPTION LIST FOR IVD

PAGE 6

DISTRICT	OFFICE	UNIT IVD	WORKER	CASE NUMBER	ORDER	07/10/02
CASE NAME	PA CASE #	OTHER INF	PRE IVD	CURR IVD	EXCEPTION REASON	
			0	0	NEGATIVE PAYMENT	
			0	5000	MULTIPLE CANS	
			5000	0	MULTIPLE CANS	
			0	1000	MULTIPLE CANS	
			5000	4500	MULTIPLE CANS	
			5000	5000	MULTIPLE CANS	
			0	0	MULTIPLE CANS	
			5000	5000	MULTIPLE CANS	
			5000	0	NEGATIVE PAYMENT	
			5000	0	MULTIPLE CANS	
			5000	5000	MULTIPLE CANS	
			5000	5000	MULTIPLE CANS	
			5000	0	NEGATIVE PAYMENT	



# Chapter 7: Assigned Assets

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Assigned Asset Record Card (LDSS-723).....7-2

Assigned Asset Register.....7-5

## ASSIGNED ASSET RECORD CARD (LDSS-723)

### Overview

When a social services district (district) official takes an assignment on real or personal property of an applicant/recipient of Public Assistance and care in accordance with Social Services Law Sections 106 and 360 at least three parties have an interest in the proper accounting for such assignments. These are the applicant/recipient or their estate, the district, and the State Office of Temporary and Disability Assistance. When federally-aided programs are involved, the Department of Health and Human Services of the federal government becomes an interested fourth party. To protect the interests of all parties, the district shall maintain proper records of all assignments made of real and personal property.

An Asset Assignment Record Card, Form LDSS-723, or an approved equivalent, shall be maintained for each recipient who has assigned real or personal property or rights to the real or personal property. All the assets shall be listed on a single card for that recipient and the card shall be given a serial number.

Please note that effective April 1, 2022, Social Services Law §106 was repealed. See [22-ADM-11](#) and [22-TA/DC037](#) for additional information.

### Instructions for Completing and Maintaining Asset Assignment Record Card (LDSS-723)

The district should complete the top of the form by entering the name of the county, the name of the recipient assigning the property and his/her address, the case number and type of assistance rendered (such as FA, SN, etc.) the assigned serial number, and card number if more than one card is used (for example card 1 of 2).

#### Section I Real Property

The following should be described in Section 1:

- The location should be as shown in the county clerk's records
- The description of the property should include the following:
  - ♦ The number and types of structures
  - ♦ The lot size or acreage of land
  - ♦ The general condition of the property expressed from the viewpoint of the need for repairs, as "good", "fair", or "poor".

The assessed valuation from the Property Tax Rolls should be recorded along with an Estimated Market Value of the property.

Prior Encumbrances to the Social Services deed/mortgage should be recorded (such as the bank mortgage and tax liens) along with their dollar amounts.

The estimated equity is the estimated value minus the total of all prior encumbrances. The type of conveyance (deed, first mortgage, second mortgage, other (specify)) should be indicated along with the

date of conveyance and the date it is recorded with the County Clerk. If the conveyance is not recorded, a reason should be indicated on the record.

## **Section II Life Insurance**

Particular care should be taken to record correctly the entire policy number and any prefix. The Status (Paid up, Extended, Current Premium) should be recorded. The "Estimated Value" should be the amount payable upon the termination of the insurance contract, taking into consideration any loans or other liens, and accumulated dividends.

Districts are not allowed to take an assignment on life insurance policies. The cash value of a life insurance policy should be applied towards the \$1,000 resource limit.

## **Section III Other Assets**

This section is for recording such other assets as stocks, bonds, and mortgages at an estimated fair market value. At times, the district takes an assignment on an income producing asset. Net income (the difference between gross income and essential charges) from an asset assigned to the agency shall be deemed as current income and shall be applied against current needs. It may not be applied as a recovery of prior assistance rendered as long as current needs remain unmet. Such income includes the following:

- Rental income from assigned real property
- Disability or annuity income or benefits under an insurance policy
- Interest from assigned mortgage
- Dividends or interest from assigned stocks or bonds, and
- Any other assigned assets that may become income producing

## **Section IV Asset Released**

This section is for use in those instances in which the recipient, after giving a deed, mortgage or lien for their care at public expense, exercises their right to redeem such assets under the provisions of Section 106 of the Social Services Law by the payment of any expense incurred for their support and for disbursements made for repairs and taxes on such property. It is also for recording the release of an asset which upon competent appraisal has proven valueless.

## **Section V Summary of Reports of Recovery**

This section provides for the summary of funds recovered, expended and distributed as listed in detail on Recovery Reports (LDSS-712). Please see Fiscal Reference Manual Volume 1 Chapter 10 for a description of the Recovery Reports process and Fiscal Reference Manual Volume 2 Chapter Eight for Recovery Report forms.

When the liquidation of the assigned assets of an individual recipient has been completed and distribution of the proceeds has been recorded, the asset assignment record card should be transferred to an inactive file.

LDSS-723 (Rev. 5/79)

ASSET ASSIGNMENT RECORD

Agency

I. REAL PROPERTY

Description (Location, Type, Condition)

Lib. (Volume)

Page

Assessed Valuation \$

Estimated Value (a) \$

PRIOR ENCUMBRANCES

Description

Amount

\$

Real Property Balance - Estimated Equity (a-b) \$

TYPE OF CONVEYANCE ACCEPTED BY AGENCY

☐ Deed
☐ 1st Mtge.
☐ 2nd Mtge.
☐ Other (Specify)

Date of Conveyance

Date Recorded

Reason, if not recorded

II. LIFE INSURANCE

Name

Place of Residence

Case No.

Serial No.

Name of Company

Policy No.

Name of Assured

Status\*

Date Assign.

Est. Value

1

2

3

4

5

6

7

\* Status Code:

Paid Up - P.U.

Extended - Ext.

Current Premium - C.P.

Total Estimated Value

\$

III. OTHER ASSETS

Description

Estimated Value

Ref.

Prior Encumbrances

Amount

1

2

3

4

5

6

7

8

9

10

11

IV. ASSET RELEASED

Name of Asset

Explanation:

Date

V. SUMMARY OF REPORTS OF RECOVERY

Asset

Date of Reports

Total Recoveries (A)

Asset

Date of Reports

Total Recoveries (A)

New York State Office of Temporary and Disability Assistance

Page 7-4

Date of Release: December 31, 2024

## **Assigned Asset Register**

The districts should maintain a central register of all assigned assets. This register should be in serial number sequence as a method of controlling these assets for the eventual disposition of which the agency is responsible, and to facilitate the periodic review of the assets not disposed of at any given date. As an additional control, through internal checks, it is suggested that this register be maintained by personnel in another unit, rather than in the Resource Unit. The register should preferably be a bound record with the following columns as a minimum:

- Serial Number (consecutive)
- Case Number (with category prefix)
- Case Name
- Type of Asset (This may be a series of columns in which check marks can be placed)
- Remarks

Each asset in the register should be clearly marked when liquidated so that unliquidated assets can be easily identified at all times.

## **Liquidating Assets**

Provision should be made for a systematic procedure whereby the Resource Unit is routinely notified by the Program Divisions or the Accounting Division of all case closings. As a further control, the Resource Unit should periodically review the Asset Assignment Record Cards with the Accounting Division to ensure there are no closed cases where assigned assets have not been and should be liquidated. Necessary steps should be taken to assure liquidation of the assets of all closed cases at the appropriate time.



# Chapter 8: Recovery Reports

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Report of Recovery (LDSS-712).....8-2

Monthly Summary of Recovery Collections (LDSS-949EL) .....8-7

Table of Distributive Shares in Recovery Collections .....8-10

## **Report of Recovery (LDSS-712)**

### **Overview**

The social services district (district) prepares a recovery report upon receipt of the recovery. With the exception of Aid to the Aged, Blind and/or Disabled (AABD) and repatriated citizens recoveries, the district credits the net amount of the recovery (after allowable deductions) on the monthly reimbursement claim for the month in which the recovery was made. Concurrently, the amounts held for the local government and any residue belonging to the client or their estate is paid.

Recovery collections, in each case in which reimbursable assistance or care has been granted, are recorded on the Report of Recovery (LDSS-712) as instructed below.

A district must make adjustment or recovery for medical assistance correctly paid from:

- The estate of a client who was 55 years of age or older when (s)he received such assistance, who has no surviving spouse and no surviving children who are under 21 years of age, blind, or certified disabled.
- The sale of real property subject to a lien imposed on the real property of a client who is an in-patient in a nursing facility, intermediate care facility for the mentally retarded, or other medical institution, and who is not reasonably expected to be discharged and returned home or the estate of such person.

A district may make adjustment or recovery for medical assistance correctly paid from a legally responsible relative of an MA client, for the amount of the MA granted, provided the relative has sufficient income and resources that (s)he fails, or refuses, to make available. Another way for a district to make adjustment or recovery for medical assistance correctly paid is from funds voluntarily turned over to the district by, or on behalf of, a client.

Refer to 02 OMM ADM-3 for information on Medicaid Liens and Recoveries.

The Report of Recovery (LDSS-712) form should be prepared for recoveries made as follows:

For recoveries received on a recurring basis, such as rentals or installment payments, this form should be prepared semi-annually, not later than July 31 for the first half, and January 31 for the second half, of the calendar year. The final report of such recurring recoveries is prepared not later than the end of the month following that in which the collection was made.

For recoveries received on a non-recurring basis, such as the sale of real estate or the payment of insurance, this form should be prepared before the end of the month following that in which the collection was made.

### **Line By Line Instructions**

An individual LDSS-712 is prepared for each recovery amount collected, exception that if two or more recoveries for the same client are made at the same time, they may be reported on one form.

Social Services Agency

Enter district's name.

**State Charge Yes-No**

Indicate if the recovery was for a state charge case or not.

**Type of Assistance**

Indicate the type of assistance program in the "SPECIFY" box the recovery collection was made in accordance with the following:

- If the client received Assistance to the Aged, Blind or Disabled (AABD) at any time, the collection is classified as AABD and is reported under the regulations governing this program. The AABD classification governs, even though the client may have been in receipt of assistance under another program, such as FA (formerly ADC) or SNFP, in the past, or even though, at the time of collection or the termination of eligibility, the client may have been in assistance and care under another program.
- If a person received assistance under FA (formerly ADC) or SNFP and any non-federal program, the recovery is classified and reported under, the FA or SNFP program.

**Federal Charge Yes-No**

Indicate if the recovery was for a Federal Charge (e.g. refugees) case or not.

**Name of Grantee**

Enter the client's name on whose behalf the recovery has been made.

**Case Number**

Enter the client's district assigned case number.

**Present Status of Case**

Indicate if the case is open with assistance being continued or if the case is closed. If the case is closed, a reason for the closing, such as the death of the client, must be stated and the date of the case closing entered.

**Section A - Statement of Amounts Received**

**Date Received**

Enter the date the recovery was received.

**Nature of Recovery**

Enter the nature of the recovery (sale of real estate, proceeds of a life insurance policy, etc.)

**Amount**

Enter the total gross dollar amount of recovery.

**Less Deductions**

Enter the amount deducted from the recovery before remittance is made to the district. These deductions may be broker's fees, first mortgages, tax liens, etc.

**Actual Amount Received by Agency Reporting**

Enter the result of the gross recovery amount less any deductions made. This amount should correspond with that shown in the cash receipt book.

## **Section B - Statement of Expenses**

The districts should enter in this section any expenditures made, or reserves established, in connection with the asset being liquidated.

Date Paid

Enter the date the expenditure was made.

Name of Payee

Enter the name of the payee.

Nature of Expense

Enter the nature of the expenditure (for example, protection, maintenance, liquidation of the asset, and burial expenses etc.)

Amount

Enter the dollar amount of the expenditure. NOTE: the district cannot spend more than \$500 for burial expenses from any assets assigned or transferred to that district by a client of public assistance with the exception of certain burial reserves of SSI clients. The districts may claim up to \$900 of burial expenditures from the state. For more information on burials, please see Fiscal Reference Manual Volume 1, Chapter 1.

## **Section C - Net Recovery**

Deduct the expenses in Section B from the recovery collection shown in Section A and enter the result in this section.

## **Computation of Distributive Shares**

The net amount of recovery collections, after deduction of authorized expenses and reserves, is applied in chronological sequence (oldest first) to all assistance granted. Distribution of the respective shares thus determined is made among the federal, state and local governments.

## **Section D - Assistance Granted Prior to Federal Participation**

From-To

Enter the periods covered by assistance granted prior to federal participation.

Type of Assistance

Enter the type of assistance (for example, SNFNP, MA, etc.)

State Share

Enter the amount of the state share.

Local Share

Enter the amount of the local share.

Total

Enter total assistance granted.

**Totals**

Enter the total state share, local share and total amount columns in the corresponding boxes on this line.

**Section E - Balance of Recovery**

Enter the balance of the recovery in excess of the amount determined in section D, if any, and enter that amount on this line.

**Section F - Total Assistance After Federal Participation**

If there is no balance remaining in Section E, districts need not continue any further with this form other than to sign and date it. The amounts on the "TOTALS" line of Section D is carried over to the Monthly Report of Recovery Collections (LDSS-949) to be distributed to the state and local governments.

If there is a balance remaining in Section E, districts complete Section F by entering on the line the dollar amount of federal share, state share, local share and total expenditures.

**Section G - Balance of Recovery After Satisfaction of Local, State and Federal Claims**

If it is determined at this point that the dollar amount of the net recovery in Section C is greater than all assistance granted to the client as reported in Sections D and F, the excess should be reported in this section and paid either to the client or their estate before distributing the shares to the various governments. Districts should transfer the excess amount to the Monthly Report of Recovery Collections (LDSS-949), section F total column.

If the recovery amount is less than the assistance granted amount, districts should transfer the recovery amount to the Monthly Report of Recovery Collections (LDSS-949), section E. When the Report of Recovery (LDSS-712) is completed, it should be signed and dated by the Administrative Official. If the Recovery Report is for an Aid to the Aged, Blind and Disabled (AABD) or Repatriated Citizen Case, one copy must be submitted to the state. If the Recovery Report is for recovery of other program's assistance, it must be kept on file in the district as documentation of the disposition made of recovery funds.

**Retention**

This report (except for AABD or Repatriated Citizens cases) is not submitted by the district, but kept on file for 10 years as documentation to support the disposition of the recovery funds.

LDSS-712EL (Rev. 4/02)

### REPORT OF RECOVERY

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

PRESENT STATUS OF CASE		<input type="checkbox"/> OPEN and assistance being continued	<input type="checkbox"/> CLOSED REASON	DATE CLOSED
SOCIAL SERVICES AGENCY				STATE CHARGE [ ] YES [ ] NO
TYPE OF ASSISTANCE		SPECIFY		FEDERAL CHARGE [ ] YES [ ] NO
NAME OF GRANTEE				CASE NO.

#### A. STATEMENT OF AMOUNTS RECEIVED

DATE RECEIVED	NATURE OF RECOVERY	AMOUNT
		\$
Less Deductions:		
Actual Amount Received by Agency Reporting		\$

#### B. STATEMENT OF EXPENSES

DATE PAID	NAME OF PAYEE	NATURE OF EXPENSE	AMOUNT
		Burial	\$
		Less: Amt. Sub to claim - Sch. A & C	\$
TOTAL EXPENSES			\$
C. NET RECOVERY			\$

#### COMPUTATION OF DISTRIBUTIVE SHARES

#### D. ASSISTANCE GRANTED PRIOR TO FEDERAL PARTICIPATION

FROM	TO	TYPE OF ASSISTANCE	STATE SHARE	LOCAL SHARE	TOTAL
			\$	\$	\$
TOTALS			\$	\$	\$

#### E. BALANCE OF RECOVERY

C MINUS TOTAL OF D

F. TOTAL ASSISTANCE AFTER FEDERAL PARTICIPATION	FEDERAL SHARE	\$	\$	\$
G. BALANCE OF RECOVERY AFTER SATISFACTION OF LOCAL, STATE AND FEDERAL CLAIMS				\$

I hereby certify that the above report of recovery showing amounts received and expended, assistance and relief granted, and distributive local, state and federal shares is true and correct.

SIGNATURE OF ADMINISTRATIVE OFFICIAL

DATE

Routing Copies	<input type="checkbox"/> N.Y.S Office of Temporary and Disability Assistance	<input type="checkbox"/> N.Y.S Office of Temporary and Disability Assistance	<input type="checkbox"/> Local Social Services Agency	<input type="checkbox"/> Local Fiscal Officer
----------------	------------------------------------------------------------------------------	------------------------------------------------------------------------------	-------------------------------------------------------	-----------------------------------------------

## **Monthly Summary of Recovery Collections (LDSS-949EL)**

### **Overview**

Each Report of Recovery, form LDSS-712 is entered on the Monthly Summary of Recovery Collections form LDSS-949EL identified by program. Districts must report recovery collections (with the exceptions of AABD recoveries and those related to repatriated citizens) with refunds on current claiming schedules. This monthly summary will serve as a refund roll for those recoveries being reported as refunds. A separate summary should also be used to transmit AABD Recoveries to the State. Districts prepare a separate report for each case when submitting claims for reimbursement for Repatriated Citizens expenditures.

As each case is separately reported, the districts need not prepare a summary form for Repatriated Citizen recoveries but should submit these recoveries directly to the state on an individual basis. The Office of Temporary and Disability Assistance (OTDA) will continue to deduct from settlements of the district claims, the state and federal share of recoveries under AABD or under the repatriated citizens program.

### **Heading Instructions**

The districts complete the LDSS-949EL by entering in the heading the district name, the month and year of the report and the program, such as FA (formerly ADC), AABD, SNFNP, that the recovery was made under. Use the guidelines for determining program classification. For example, if there is a recovery made for both SN and FA, the recovery is reported as FA so that only one report needs to be completed.

### **Columnar Instructions**

Column 1 No.

Enter the district assigned case number.

Column 2 Name

Enter the district assigned case name.

Column 3 Net Amount Recovered

Enter the Net Recovery amount located on LDSS-712, Section C.

In the section Portion of Recovery Applicable to Non-Federal Assistance, enter the amounts in the total line of Section D - Assistance Granted Prior to Federal Participation of the LDSS-712 as follows:

Column 4 Total

Enter the total amount of Section D.

Column 5 State Share

Enter the state share column total of Section D.

Column 6 Local Share

Enter the local share column total of Section D.

**Column 7 Balance Applicable to Federal Assistance**

Enter an amount in this column if the assistance granted was greater than the recovery made amount in Section E – Balance of Recovery of the LDSS-712. If the amount of the recovery is greater than the amount of assistance granted, then the amount entered is the total column of Section F - Total Assistance After Federal Participation of the LDSS-712. NOTE: columns 3-7 on the LDSS-949 should be totaled before completing the distribution section.

**Line by Line Instructions****Line a Distribution Percentages**

Enter amounts for FA and SNFP recoveries at 100% federal. Enter amounts for SNFP recoveries at 29% state and 71% local shares. AABD distribution percentages were established at the time the program became SSI. These percentages are county specific and are listed at the end of this chapter.

**Line b Distribution of Federal Participating Recovery**

Districts using these distribution percentages multiply the total amount in column 7, times these percentages and enter the result on Line b. The districts are reminded to follow the rounding procedures detailed as follows:

NOTE: all recovery reports must have the distributed amounts rounded to the nearest dollar amount as follows:

- Forty-nine cents (\$.49) or less should be rounded down to the next lower whole dollar amount.
- Fifty cents (\$.50) or more should be rounded up to the next higher dollar amount.

In no instance should the sum of the distributed amounts be greater than the total recovery amount. Make any necessary adjustments to the largest shares amount.

**Line c Prior Expenses for State Charges**

Enter any prior expenses for state charge cases.

**Line d (optional) Prior Expenses Not Previously Claimed**

Enter prior expenses that were not previously claimed (optional.)

**Line e Distribution of Non-Federal Participating Recovery**

Enter the amounts from columns 4, 5 and 6 in the totals line above.

**Line f Total Distribution**

Enter the result of adding lines b and line e together. This is the total amount of recoveries for the report month listed as refunds on the current claim schedules. AABD and repatriated citizens summaries are transmitted to the state.

When completed, the Monthly Summary of Recovery Collections should be signed by the designated administrative official.

LDSS-949EL

MONTHLY SUMMARY OF RECOVERY COLLECTIONS

CASE IDENTIFICATION				PORTION OF RECOVERY APPLICABLE TO NON-FEDERAL ASSISTANCE			DISTRICT	
							MONTH/YEAR	
							PROGRAM	
NO.	NAME	NET AMOUNT RECOVERED	TOTAL	STATE SHARE	LOCAL SHARE	BALANCE APPLICABLE TO FEDERAL ASSISTANCE		
1	2	3	4	5	6	7		
	Brought Forward							
TOTALS								
<b>CERTIFICATE</b> I hereby certify that the above report of recovery collections showing amounts received, amounts expended and/or reserved for the purposes herein designated and the net recovery distributed is true and correct.  Signature _____  Title _____		ITEM 1	TOTALS 2	FEDERAL SHARE 3	STATE SHARE 4	LOCAL SHARE 5		
		a. Distribution Percentages						
		b. Distribution of Federal Participating Recovery, Col. 7, above						
		c. Prior Expenses for State Charges	xxx	xxx				
		d. For Optional Local Use: Prior Expenses Not Previously Claimed		xxx	xxx			
		e. Distribution of Non-Federal Participating Recovery, Cols 4, 5, 6 above		xxx				
Off of Temp and Disab Assist	Off of Temp and Disab Assist	Administrative Agency	Fiscal Officer	f. Total Distribution Lines b and e				
Name of Agency _____ Month of _____ 20____ Page _____								

## Table of Distributive Shares in Recovery Collections

Old Aged Assistance (OAA)      Aid to the Blind (AB)      Aid to the Disabled (AD)

District	Federal	State	Local
Albany	42.42	27.33	30.25
Allegany	42.42	17.71	39.87
Broom	42.42	27.29	30.29
Cattaraugus	42.42	30.70	26.88
Cayuga	42.42	28.95	28.63
Chautauga	42.42	32.65	24.93
Chemung	42.42	28.26	29.32
Chenango	42.42	29.56	28.02
Clinton	42.42	32.16	25.42
Columbia	42.42	30.36	27.22
Cortland	42.42	30.55	27.03
Delaware	42.42	28.45	29.13
Dutchess	42.42	29.91	27.67
Erie	42.42	20.	36.96
Essex	42.42	30.89	26.69
Franklin	42.42	31.92	25.66
Fulton	42.42	32.80	24.78
Genesee	42.42	29.75	27.83
Greene	42.42	30.61	26.97
Hamilton	42.42	29.07	28.51
Herkimer	42.42	31.20	26.38
Jefferson	42.42	30.54	27.04
Lewis	42.42	30.78	26.80
Livingston	42.42	30.39	27.19
Madison	42.42	28.76	28.82
Monroe	42.42	29.40	28.18
Montgomery	42.42	30.18	27.40
Nassau	42.42	20.31	37.27
New York City	42.42	30.14	27.44
Niagara	42.42	27.94	29.64
Oneida	42.42	31.24	26.34
Onondaga	42.42	27.91	29.67
Ontario	42.42	24.83	32.75
Orange	42.42	32.31	25.27
Orleans	42.42	31.52	26.06
Oswego	42.42	23.92	33.66
Otsego	42.42	28.23	29.35
Putnam	42.42	28.	28.96
Rensselaer	42.42	26.41	31.17

**Table of Distributive Shares in Recovery Collections cont.**

Old Aged Assistance (OAA)      Aid to the Blind (AB)      Aid to the Disabled (AD)

District	Federal	State	Local
Rockland	42.42	30.95	26.63
St. Lawrence	42.42	29.17	28.41
Saratoga	42.42	27.74	29.84
Schenectady	42.42	21.44	36.14
Schoharie	42.42	30.31	27.27
Schuyler	42.42	29.24	28.34
Seneca	42.42	31.16	26.42
Steuben	42.42	30.30	27.28
Suffolk	42.42	29.71	27.87
Sullivan	42.42	28.55	29.03
Tioga	42.42	32.24	25.34
Tompkins	42.42	23.	33.96
Ulster	42.42	29.54	28.04
Warren	42.42	26.88	30.70
Washington	42.42	31.87	25.71
Wayne	42.42	29.	27.96
Westchester	42.42	32.03	25.55
Wyoming	42.42	29.02	28.56
Yates	42.42	31.44	26.14



# Chapter 9: Family Assistance/Safety Net Non-Cash Overpayment Report

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Monthly Report of Collections of Overpayments for Family Assistance and  
Safety Net Non-Cash (LDSS-3803) .....

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Overview .....

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Instructions Across the Report.....

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Instructions Down the Report .....

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Additional Instructions .....

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## **Monthly Report of Collections of Overpayments for Family Assistance and Safety Net Non-Cash (LDSS-3803)**

### **Overview**

Section 402(a)(22) of the Social Security Act requires agencies administering or supervising the administration of the Family Assistance Program (FA) under Title IV-A of the Social Security Act to recover overpayments from current and former recipients.

Department Regulation 18NYCRR 352.31(d) states social services districts (districts), in part, that districts shall take all reasonable steps necessary to promptly correct any overpayments, including overpayments resulting from assistance paid pending a hearing decision, subject to the following conditions:

Districts shall recover an overpayment from:

- the assistance unit which was overpaid,
- any assistance unit of which a member of the overpaid assistance unit has subsequently become a member; or
- any individual members of the overpaid assistance unit whether or not currently a recipient.

An overpayment is that part of an assistance payment to or for a case or an assistance unit which exceeds the amount for which the assistance unit is eligible.

The districts are no longer required to report to the State the collections of overpayments. It is no longer necessary to send to the state the report entitled, "Monthly Report of Collections of Overpayments for Family Assistance (FA) and Safety Net Non-Cash (SNNC)" (LDSS-3803). However, the CAMS system-generated LDSS-3803 report should be kept on file by the district.

### **Instructions Across the Report**

#### **FA**

##### **Column 1 - Current Cases**

Enter the number of FA cases currently receiving FA assistance for which there is an outstanding overpayment balance.

FA overpaid cases are those assistance units who have balances of overpayments of public assistance and who currently are receiving FA payments.

##### **Column 2 - Closed Cases**

Enter the number of FA cases no longer receiving public assistance for which there is an outstanding overpayment balance. This number would include cases currently receiving another category of assistance, such as SNAP or Medical Assistance.

Closed FA overpaid cases are those cases with an identified outstanding FA overpayment balance that, at one time, received FA payments, but are no longer receiving public assistance. This category would include former FA cases that are redetermined eligible as SNAP Only and/or Medical Assistance Only cases as well as those closed to all categories of assistance.

**Column 3 - Amounts for Current Cases**

Enter the total whole dollar amount of the outstanding overpayment balances (or of the transactions pertaining to these balances) for the FA cases reported in column 1 of this line.

**Column 4 - Amounts for Closed Cases**

Enter the total whole dollar amount of the outstanding overpayment balances (or the transactions pertaining to these balances) for the FA cases reported in column 2 of this line.

**Safety Net Non-Cash**

**Column 5 - Current Cases**

Enter the number of SNNC cases currently receiving Safety Net Non-Cash assistance for which there is an outstanding overpayment balance.

SNNC overpaid cases are those assistance units who have balances of overpayments and who are currently receiving Safety Net Non-Cash-assistance payments.

**Column 6 - Closed Cases**

Enter the number of SNNC cases no longer receiving public assistance for which there is an outstanding SNNC overpayment balance. This may include cases closed for Safety Net Non-Cash, but are currently receiving another category of assistance such as Medical Assistance or SNAP.

Closed SNNC overpaid cases are those cases with an identified outstanding Safety Net Non-Cash overpayment balance that, at one time, received SNNC payments, but are no longer receiving public assistance. This category would include former SNNC cases that are redetermined eligible as SNAP Only and/or Medical Assistance Only cases, as well as those closed to all categories of assistance.

**Column 7 - Amounts for Current Cases**

Enter the total whole dollar amount of the outstanding overpayment balances for the SNNC cases reported in column 5 of this line.

**Column 8 - Amounts for Closed Cases**

Enter the total dollar amount of the outstanding overpayment balances for the SNNC cases reported in column 6 of this line.

**PG-ADC**

**Column 9 - Current Cases**

PG-ADC benefits are no longer issued. Therefore, there will be no current cases to report in this column.

**Column 10 - Closed Cases**

Enter the number of PG-ADC cases no longer receiving public assistance for which there is an outstanding overpayment balance. This number would include cases currently receiving another category of assistance, such as SNAP or Medical Assistance.

Closed PG-ADC overpaid cases are those cases with an identified outstanding PG-ADC overpayment balance that, at one time, received PG-ADC payments, but are no longer receiving public assistance. This category would include former PG-ADC cases that are redetermined eligible

as SNAP Only and/or Medical Assistance Only cases as well as those closed to all categories of assistance.

**Column 11 - Amounts for Current Cases**

PG-ADC benefits are no longer issued. Therefore, there will be no amounts for current cases to report in this column.

**Column 12 - Amounts for Closed Cases**

Enter the total whole dollar amount of the outstanding overpayment balances (or the transactions pertaining to these balances) for the PG-ADC cases reported in column 10 of this line.

## **Instructions Down the Report**

**Line 1 - Balance of overpayments at beginning of month**

Enter the number of cases at the beginning of the month that have an outstanding balance for an overpayment(s) and the total whole dollar amount of these balances. This line should be equal to the ending balance (line 9) of the report for the previous month.

**Line 2 - Transfer of Overpayment Balances and Cases Between Categories + or (-)**

Enter the number of cases and the dollar amount of any outstanding overpayment balances in the proper columns that have been reported under one category and should now be transferred to another category (i.e. FA to SNNC or Open to Close under the same assistance category). The sum of the entries for cases should add across on this line to equal zero. The sum of the entries for the dollar amounts should also equal zero when added across. Balances and cases would be transferred between the categories of FA, SNNC and PG-ADC if the assistance unit's current eligibility has been redetermined and the type of assistance it is receiving has changed. Cases should only be counted once for purposes of this report. Closed cases and their related overpayment amounts should be reported under the category for which it was closed.

**Line 3 - Subtotal of lines 1 and 2**

Enter for each column on line 3 the sum of the number on line 1 under the respective column to the corresponding entry on line 2.

**Line 4 - Overpayments identified during month**

Enter the number of cases and dollar amounts for any additional overpayments identified during report month.

**Line 5 - Repayments made by reduction of assistance payments (Recoupments)**

Enter the number of cases and dollar amounts of recoupments made by a reduction in public assistance grants.

WMS has the capability to generate a monthly recoupment report. The report is produced from the ABEL flat file and identifies the PA cases with stored budgets that have recoupments at the time the flat file is created. The report is sorted by case type and provides in case name order: the case number, recoupment type, recoupment balance, monthly amount being recouped for each of up to three occurrences, and the total monthly amount being recouped. This report is a tool to aid districts in completing this line of the report, but because it is taken from the flat file it may not identify all the cases with recoupments made during the period covered by this report.

**Line 6 - Repayments made by cash collections**

Enter the number of cases and dollar amounts of repayments that were made by a cash collection.

**Line 7 - Overpayments for which collections will not be pursued**

Enter the number of cases and dollar amounts of overpayment balances for which the collection will not be pursued in accordance with Department Regulations 352.31(d).

**Line 8 - Overpayments fully repaid**

Enter the number of cases for which the overpayment has been fully repaid.

**Line 9 - Balance of Overpayments at end of the month**

For dollar amounts, add lines 3 and 4 and subtract lines (5, 6 and 7) and enter balance in the proper column. For case counts, add lines 3 and 4 and subtract lines 7 and 8 and enter the balance in the proper column. These figures will become the "Balance of Overpayments at Beginning of Month" line for the next report.

**Line 10 - Memo Entry For Reclassifications of Previous Collections**

Enter the previously reported amounts of repayments for cases that have been incorrectly reported under one category and should have been reported under another. When added across, the sum of the entries on this line should equal zero.

## **Additional Instructions**

### **Dollar Amounts**

All dollar amounts should be rounded to the nearest whole dollar amount. (If dollar amount is .49 or less round down to the nearest whole number, if dollar amount is .50 or above, round up to the nearest whole number.)

### **Case Counts**

When overpayments are identified for a case that was overpaid more than once during the month, or previously identified cases which were overpaid again during the current month, count the case once only for the purpose of this report. The additional overpayment amounts should be identified on Line 4 during the current month. A closed case should be counted under the program category it was in when it closed.

### **Correcting or Supplemental Adjustments**

When adjustments to previously submitted reports are necessary, these adjustments should be made to the current month's report figures rather than by submitting a corrected or supplemental report for that previous period. As an example, two cases that should have been reported for the first time on January's report are not discovered until April. These two cases should be included on Line 4, "Overpayments identified during month" of the April report. As an opposite example, a case that was fully repaid during March was not determined to be repaid until June. This case should be reported on Line 8, "Overpayments Fully Repaid" on the June report.

For adjustments regarding case categories, line 2, "Transfer of Overpayment Balances and Cases Between Categories," and/or Line 10, "Memo Entry for Reclassifications of Previous Collections", should be used as explained in the line by line instructions. See the examples of common situations at the end of the chapter.

### **Case Moving to Another District**

When a case with an outstanding overpayment balance moves to another district, the former district should transfer the claim for repayment to the new district and report the closing on Line 7, "Overpayments for which Collections will not be Pursued," and the new district will include the case on Line 4, "Overpayment identified during the Month."

### **Overpayments Resulting from Incorrect IV-D Pass-Through Disregard Payments**

This report should not include any overpayments made to cases as disregard payments that were incorrectly made by the district. Because disregard payments are not considered to be assistance, overpayments of this nature and any subsequent collections/recoupments should be excluded from this report.

REPORT DATE 11/10/13	Bloom	COUNTY DEPARTMENT OF SOCIAL SERVICES										PAGE 1					
MONTHLY REPORT OF COLLECTIONS OF OVERPAYMENTS FOR FAMILY ASSISTANCE (FA)																	
AND SAFETY NET NON-CASH (SNNC) - DSS-3803																	
BICS REPORT CAMS0002																	
PRINTFILE: DSS-3803																	
MONTH COVERED: 10/13																	
**** SUMMARY DATA ****																	
ITEMS	****	FA	****	AMOUNTS		****	CASES		****	SAFETY NET NON-CASH AMOUNTS		****	PG-ADC		****	AMOUNTS	
	CASES																
	CURRENT																
	CLOSED																
1. BEGIN BALANCES	10	5	2,500	1,500	5	3	1,200	950	0	0	0	0	0	0	0	0	
2. TRANSFER OF BALS/CASES BETWEEN CATS	0	0	-200	+200	0	0	0	0	0	0	0	0	0	0	0	0	
3. SUBTOT,1 & 2	10	5	2,300	1,700	5	3	1,200	950	0	0	0	0	0	0	0	0	
4. PLUS O'PYMNTS ID'D IN MONTH	1	3	100	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. LESS RECOUPS	0	0	1,000	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. LESS CASH COLS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. LESS O'PYMNTS NOT PURSUED	*****	0	*****	200	*****	0	*****	0	*****	0	*****	0	*****	0	*****	0	
8. LESS FULLY REPAID	0	0	*****	*****	0	0	*****	*****	0	*****	0	*****	0	*****	*****	*****	
9. EOM BALANCES	11	8	1,400	1,500	5	3	1,200	950	0	0	0	0	0	0	0	0	
10. MEMO ENTRY	REFER TO FOLLOWING PAGES FOR DETAILED SUPPORTING INFORMATION																



# Acronyms

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## - A -

**AABD**

Aid to Aged, Blind or Disabled; replaced by [SSI](#)

**ABAWD**

Able Bodied Adults without Dependents

**ABEL**

Automated Budgeting and Eligibility Logic

**ABH**

Agency Boarding Home

**ACD**

Agency for Child Development (NYC)

**ACF**

Adjudicated Claims File

**ACF**

Administration for Children and Families (federal)

**ACF**

Authorization Change Forms

**ACH**

Automated Clearing House

**ACME**

Automated Case Management Evaluation

**ACS**

Administration for Children's Services (NYC)

**ACS**

Automated Claiming System

**ADC**

Aid to Dependent Children; prior to [TANF](#)

**ADJ**

Adjudicated Claim Fiche

**ADM**

Administrative Directive Memo

**AE**

Agency Error

**AFCARS**

Adoption & Foster Care Analysis and Reporting

**AFDC**

Aid to Families with Dependent Children

**AFIS**

Automated Finger Imaging System

**AG**

(NYS) Attorney General

**AIDS**

Acquired Immune Deficiency Syndrome

**ALEC**

Awaiting Local Error Correction

**AMR**

Automated Mass Rebudgeting

**ANSI**

American National Standards Institute

**AOBH**

Agency Operated Boarding Home

**APD**

Advanced Planning Document

**APHSA**

American Public Human Services Association

**AppReg**

Application Registration

**APPRS**

Absent Parent Resource Reporting System

**APP-TAD**

Application Turnaround Document

**A&QC**

Audit and Quality Control (OTDA); now known as [A&QI](#)

**A&QI**

Bureau of Audit and Quality Improvement; formerly [A&QC](#)

**A/R**

Applicant/Recipient

**ARC**

AIDS Related Complex

**AREERA**

Agricultural Research, Extension and Education Reform Act

**ASAW**

Additional Special Agricultural Worker

**ASCU**

Automated Support Collections Unit

**ASFA**

Adoption and Safe Families Act (federal)

**ATM**

Automated Teller Machine

**- B -**

**BENDEX**

Beneficiary Data Exchange

**BFS**

Bureau of Financial Services (OTDA)

**BG**

Block Grant

**BICS**

Benefit Issuance and Control Systems

**BILT**

Building Independence for the Long Term

**BOCES**

Boards of Cooperative Educational Services

**BPR**

BICS Production Requests

**BRIA**

Bureau of Refugee and Immigrant Assistance; formerly Bureau of Refugee and Immigration Affairs or [ORIS](#)

**BRO**

Buffalo Regional Office

**BSE**

Bureau of State Expenditures (NYS)

**BSPP**

BICS Services Payment Processing

**BT**

Bureau of Training

**- C -**

**CAH**

Care At Home

**CAHWP**

Care At Home Waiver Program

**CAMS**

Cash Management Subsystem

**CAN**

Case Number

**CAP**

Child Assistance Program

**CAP**

Corrective Action Plan

**CAP**

Cost Allocation Plan

**CASE**

Case Type

**CASE NO**

Case Number

**CASSPP**Comprehensive Annual Social Services  
Program Plan**CBIC**

Common Benefits Identification Card

**CBVH**Commission for the Blind and Visually  
Handicapped**CCBG**

Child Care Block Grant

**CCF**

Congregate Care Facility

**CCRS**

Child Care Reporting System

**CCWB**Center for Child Well-Being; now known as  
[CSS](#)**CDR**

Claims Detail Report

**CEES**Center for Employment and Economic  
Supports; now known as [EISP](#)**CEOSC**Comprehensive Employment Opportunity  
Support Center**CEP**

Comprehensive Employment Program

**CFCIP**

Chafee Foster Care Independence Program

**CFR**

Code of Federal Regulations

**CG**

Cash Grant

**CHAP**Child Health Assurance Program (Child Health  
Plus)**CHCEP**

Catastrophic Health Care Expense Program

**CHEP**

Cuban/Haitian Entrant Program

**CHIP**

Children's Health Insurance Program

**CHP**

Child Health Plus

**CIAB**

Connections in a Box

**CIN**

Client Identification Number

**C/M**

Case Month

**CMCM**

Comprehensive Medicaid Case Management

**CMS**Centers for Medicare and Medicaid Services  
(federal)**CNS**

Client Notice System

**COB**

Close of Business

**COCAP**

Central Office Cost Allocation Plan

**COFCCA**

Council of Family and Child Caring Agencies

**COH**

Committee on the Handicapped; now known as [CSE](#)

**COLA**

Cost of Living Adjustment

**COLD**

Computer Output to Laser Disk; replaced by [WARM](#)

**COPS**

Certificates of Participation

**COPS**

Community Optional Preventive Services

**CP**

Custodial Parent

**CPS**

Child Protective Services

**CSE**

Committee on Special Education; formerly [COH](#)

**CSE**

Child Support Enforcement program

**CSEU**

Child Support Enforcement Unit

**CSMS**

Child Support Management System

**CSP**

Consolidated Services Plan

**CSPC**

Child Support Processing Center

**CSPIA**

Child Support Performance and Incentive Act

**CSS**

Child Support Services; formerly [CCWB](#)

**CST**

Community Solutions for Transportation

**CTH**

Close to Home

**C/THP**

Child/Teen Health Plan

**CU**

Certification Unit

**CW**

Child Welfare

**CWEP**

Community Work Experience Program

**CWFC**

Child Welfare Foster Care

**CWS**

Child Welfare Services

**CY**

Calendar Year

**- D -**

**DAAD**

Daily Account Activity Detail

**DAB**

Department of Health and Human Services Appeals Board

**DAM**

Data Access Module

**DAP**

Disability Advocacy Program

**DAR**

Daily Activity Report

**DBFDM**

Division of Budget, Finance and Data Management; [OBFDM](#)

**DC**

Dependent Children

**DCC**

Day Care Center

**DCJS**

Department of Criminal Justice Services

**DCSE**Division of Child Support Enforcement; now known as [CSS](#)**DDD**

Division of Disability Determination (OTDA)

**DEFRA**

Deficit Reduction Act

**DETS**Division of Employment and Transitional Supports; now known as [EISP](#)**DFA**

Department of Family Assistance (NYS)

**DFR**

District of Fiscal Responsibility

**DFY**

Division for Youth; prior to consolidation with OCFS

**DHHS**

Department of Health and Human Services (federal)

**DHS**

Department of Homeless Services (NYC)

**DMU**

Data Management Unit

**DOB**

Division of the Budget (NYS)

**DOH**

Department of Health (NYS)

**DOJ**

Department of Justice

**DOL**

Department of Labor (state or federal)

**DPA**

Deferred Payment Agreement

**DPA**

Direct Payment Authorization

**DRS**

Division of Rehabilitative Services

**DSH**

Disproportionate Share Hospital (allotment)

**DSS**

Department of Social Services (prior to split into OTDA and OCFS)

**DV**

Domestic Violence

**DVA**

Division of Veterans Affairs

**DVL**

Domestic Violence Liaison

**DVRP**

Domestic Violence Residential Programs

**DVSAR**

Domestic Violence State Aid Rates

**- E -****E/IM**

Eligibility/Income Maintenance

**EAA**

Emergency Assistance for Adults

**EAFF**

Emergency Assistance to Families

**EAPP**

Employment Alternatives Partnership Program

**EBT**

Electronic Benefits Transfer

**EDGE**

Education for Gainful Employment

**EDP**

Electronic Data Processing

**EEO**

Equal Employment Opportunity

**EFT**

Electronic Funds Transfer

**EHR**

Emergency Home Relief

**EI**

Early Intervention

**EIC**

Earned Income Credit

**EID**

Earned Income Disregard

**EIN**

Employer Identification Number

**EISP**

Employment and Income Support Programs;  
formerly [CEES](#))

**EITC**

Earned Income Tax Credit (federal or state)

**EM**

Emergency Foster Boarding Home Care

**EM**

Employment Manual

**EODD**

Office of Equal Opportunity and Diversity  
Development

**EP**

Employability Plan

**EP**

Essential Person

**EPFT**

Electronic Payment File Transfer System

**EPSDT**

Early Periodic Screening, Diagnosis and  
Treatment

**ERO**

Eastern Regional Office

**ERT**

Employment Readiness Training

**ES**

Employment Search

**ESGP**

Emergency Shelter Grants Program

**ESL**

English as a Second Language

**ESNA**

Emergency Safety Net Assistance

**EITC**

Earned Income Tax Credit

**ETV**

Education and Training Voucher (program)

**EW**

Eligibility Worker

**- F -**

**FA**

Family Assistance

**FAD/FAHD**

Foster and Adoptive Home Development

**FA-FP**

Family Assistance – Federally Participating

**FAP**

Food Assistance Program (ended October 1,  
2005)

**FBH**

Foster Boarding Home

**FC**

Foster Care

**FCA**

Family Court Act

**FCI**

Foster Care Issues

**FCS**

Department of Agriculture's Food and Consumer Service

**FDC**

Family Day Care

**FEDS**

Front End Detection System

**FFFS**

Flexible Fund for Family Services

**FFP**

Federal Financial Participation

**FFPSA**

Family First Prevention Services Act

**FFY**

Federal Fiscal Year (Oct 1 - Sept 30)

**FICA**

Federal Insurance Contributions Act (Social Security) Indicator

**FIFO**

First In – First Out

**FIPS Code**Federal Information Processing Standards Code ([ASCU](#))**FMS**

Department of Treasury's Financial Management Service

**FNP**

Federally Non-Participating

**FNS**

Food and Nutrition Service

**FP**

Federally Participating

**FPL**

Federal Poverty Level

**FPLS**

Federal Parent Locator Services

**FPO**

For-Profit Organization

**FR**

Federal Register

**FRM**

Fiscal Reference Manual

**FS**Food Stamps; now known as [SNAP](#)**FSB**Food Stamp Benefit; now known as [SNAP](#)**FSET**Food Stamp Employment and Training Program; now known as [SNAP E&T](#)**FSICS**

Food Stamp Issuance and Control Subsystem

**FSNEP**Food Stamp Nutrition Education Program; now known to as [SNAP-Ed](#)**FSSB**

Food Stamp Source Book; now known as SNAP Source Book

**FTE**

Full-time Equivalent

**FTOP**

Federal Treasury Offset Program

**FUFF**

Finance Unit Fact Flash

**FV**

Family Violence Indicator

**FVO**

Family Violence Option

**- G -**

**GAAP**

Generally Accepted Accounting Principles

**GAGD**

Grants of Assistance for Guide/Service Dogs

**GAO**

Government Accounting Standards

**GASB**

Governmental Accounting Standards Board

**GE**

Emergency Group Care Program

**GFDC**

Group Family Day Care

**GH**

Group Home

**GIS**

General Information System

**GR**

Group Residence

**- H -**

**HANYS**

Hospital Association of New York State

**HAP**

Housing Assistance Project

**HCFA**

Health Care Financing Administration (federal, replaced by Centers for Medicare and Medicaid Services – CMS)

**HEA**

Home Energy Allowance

**HEAP**

Home Energy Assistance Program

**HEAP-ADM**

Home Energy Assistance Program - Administration

**HEAP-NPA**

Home Energy Assistance Program - Non-Public Assistance

**HEAP-PA**

Home Energy Assistance Program - Public Assistance

**HEAP-SSI**

Home Energy Assistance Program - Supplemental Security Income

**HH**

Household

**HHAP**

Homeless Housing and Assistance Program

**HHS**

Department of Health and Human Services (federal)

**HIP**

Homelessness Intervention Program

**HIV**

Human Immune Deficiency Virus

**HMO**

Health Maintenance Organization

**HR**

Home Relief Program (replaced by SNA - Safety Net Assistance)

**HRA**

Human Resources Administration (NYC)

**HRF**

Health Related Facilities

**HSE**

High School Equivalency

**HSEN**

Human Services Enterprise Network

**HTLV**

Human T Lympho Virus

**HTP**

Hard-to-Place

**HUD**

Housing and Urban Development

**- I -****ICF**

Intermediate Care Facility

**I/CM**

Intake/Case Maintenance

**ICM**

Intensive Case Management

**ICMFASA**Intensive Case Management for Families  
Affected by Substance Abuse**I/CM-RMS**Intake/Case Maintenance Random Moment  
Study**ID**

Identification Card

**IDA**

Individual Development Account

**IHE**

Inadvertent Household Error (SNAP)

**ILP**Independent Living Program (also called  
Chafee)**IM**

Income Maintenance

**IMU**

Issuance Monitoring Unit

**INA**

Immigration and Naturalization Act

**INF**

Informational Letter

**INS**

Immigration and Naturalization Services

**IPPS**

Indirect Payment Processing Subsystem

**IPV**

Intentional Program Violation

**IRAP**

Indochinese Refugee Assistance Program

**IRCA**

Immigration Reform and Control Act of 1986

**IRS**

Internal Revenue Service (federal)

**IV-B**Title IV-B of the SSA (federal funding for child  
welfare Services)**IV-D**

Title IV-D of the SSA (child support)

**IV-E**Title IV-E of the SSA (federal funding for foster  
care and adoption subsidies)**- J -****JD**

Juvenile Delinquent

**JD/PINS**

Juvenile Delinquent/Persons in Need of Supervision

**J/O**

Job Opportunity Program

**JOBS**

Jobs, Opportunities and Basic Skills (defunct federal program)

**JTPA**

Job Training Partnership Act

**JTPC**

Job Training Partnership Council

**- L -**

**LAC**

Local Action Code

**LAF**

Local Administration Fund

**LAN**

Local Area Network

**LCM**

Local Commissioner's Memorandum

**LDF**

Local Data Feedback

**LDFFBH**

Local District Foster Family Boarding Home

**LDSS**

Local Department of Social Services (also known as district)

**LEIA**

Local Early Intervention Agency

**LIF**

Low Income Family

**LIHEAA**

Low-Income Home Energy Assistance Act

**LIHEAP**

Low-Income Home Energy Assistance Program

**LIVES**

Local Interagency VESID Employment Services

**LRR**

Legally Responsible Relative

**LTC**

Long Term Care

**LTHHCP**

Long Term Home Health Care Program

**LTR**

Lawful Temporary Residents

**- M -**

**M**

Maternity

**MA**

Medical Assistance

**MABEL**

Medicaid Automated Budget and Eligibility Logic

**MAP**

Medical Assistance Program

**MAPP**

Model Approach to Parenting Program (FAD)

**MAR**

Mass Reauthorization

**MARG**

Medical Assistance Reference Guide

**MARS**

Management and Administrative Reporting Subsystem (of [MMIS](#))

**MARS/SURS**

Management and Administrative Reporting  
Subsystem/Surveillance and Utilization  
Review System

**MD**

Mentally Disabled

**MICS**

Management Information and Control  
Subsystem

**MLR**

Maintenance in Lieu of Rent

**MMIS**

Medicaid Management Information System

**MOE**

Maintenance of Effort (spending minimums)

**MOP**

Method of Payment

**MOU**

Memorandum of Understanding

**MRA**

Mass Reauthorization (system generated  
3209s)

**MRB/A**

Mass Rebudgeting/Reauthorization

**MRO**

Metropolitan Regional Office

**MSAR**

Maximum State Aid Rate

**MSE**

Medical Support Enforcement

**- N -****NCP**

Noncustodial Parent

**NPA**

Non-Public Assistance; also known as [NTA](#)

**NR**

Non-Reimbursable

**NSF**

Non-Sufficient Funds

**NTA**

Non Temporary Assistance; also known as  
[NPA](#)

**NYC**

New York City

**NYCRR**

New York Code of Rules and Regulations  
(Green Books)

**NYS**

New York State

**NYSCCBG**

New York State Child Care Block Grant

**NYSDSS**

New York State Department of Social Services  
(now OTDA/ OCFS)

**NYSNIP**

New York State Nutritional Improvement  
Project

**NYSRRAP**

NYS Refugee Resettlement Assistance  
Program

**NYSSHPP**

New York State Supportive Housing Program

**NYWBG**

New York Works Block Grant (DOL grants)

**- O -****OASAS**

Office of Alcohol and Substance Abuse  
Services (NYS)

**OASDI**

Old-Age, Survivors and Disability Insurance

**OBFDM**

Office of Budget, Finance and Data Management; now known as [DBFDM](#)

**OBRA**

Omnibus Budget Reconciliation Act

**OCFS**

Office of Children and Family Services (NYS)

**OCSE**

Office of Child Support Enforcement; now known as [CSS](#)

**OFA**

Orphan Foundation of America

**OFT**

Office of Technology (NYS)

**OGS**

Office of General Services (NYS)

**OJT**

On the Job Training

**OMB**

Office of Management and Budget (federal)

**OMH**

Office of Mental Health

**OMRDD**

Office of Mental Retardation and Developmental Disabilities; now known as [OPWDD](#)

**OPS**

Division of Operations and Program Support; formerly [PSQI](#)

**OPWDD**

Office for People with Developmental Disabilities; formerly [OMRDD](#)

**ORIS**

Office of Refugee and Immigrant Services, now known as [BRIA](#)

**OSC**

Office of the State Comptroller (NYS)

**OTDA**

Office of Temporary and Disability Assistance (NYS)

**OTG**

Other than Grantee (payment on behalf of client)

**OVESID**

Office of Vocational and Educational Services for Individuals with Disabilities

**OVR**

Office of Vocational Rehabilitation

**- P -**

**PA**

Public Assistance, also known as [TA](#)

**PAB**

Public Assistance Benefit

**PCA**

Personal Care Agency

**PCAP**

Prenatal Care Assistance Program

**PCC**

Primary Client Category

**PG**

Predetermination Grant (obsolete)

**PG-ADC**

Predetermination Grant - Aid to Families with Dependent Children (obsolete)

**PICS**

Payment Issuance and Control Subsystem

**PID**

Person Identification Number in CONX

**PIN**

Personal Identification Number

**PINS**

Persons in Need of Supervision

**PLS**

Parent Locator Service

**PNA**

Personal Needs Allowance

**POC**

Pending Issuance of Operating Certificate

**POS**

Purchase of Services

**PRUCOL**Permanently Residing in the United States  
Under Color of Law**PRWORA**Personal Responsibility and Work Opportunity  
Reconciliation Act**PSA**

Protective Services for Adults

**PSC**

Public Service Commission

**PSHSP**Preschool Supportive Health Services  
Program**PSQI**Program Support & Quality Improvement; now  
known as [OPS](#)**PWA**

Public Works Administration

**PWP**

Public Work Program

**- Q -****QC**

Quality Control

**QER**Quarterly Expenditure Reports (submitted by  
NYS to the Federal Government)**QMB**

Qualified Medicaid Benefits

**QR**

Quarterly Report

**- R -****RAP**

Refugee Assistance Program

**RAW**

Replenishment Agricultural Worker

**RCA**

Refugee Cash Assistance

**RF**

Reimbursement Forms

**RFP**

Request for Proposal(s)

**RIN**

Recipient Identification Number (NYC)

**RMA**

Refugee Medical Assistance

**RMS**Random Moment Study; see [I/CM-RMS](#) or  
[SRMS](#)**RMTS**

Random Moment Time Study (obsolete)

**ROS**

Rest of the State

**RRP**

Recipient Restriction Program

**RSDI**

Retirement Survivors Disability Insurance

**RSSP**

Refugee Social Services Program

**RSVP**

Residences for Survivors of Violence Program

**RTA**

Raise the Age

**RTF**

Residential Treatment Facility

**- S -**

**SACC**

School-Age Child Care

**SACWIS**

Statewide Automated Child Welfare  
Information System

**SAP**

Substance Abuse Program

**SAU**

Separate Administrative Unit

**SAW**

Special Agricultural Worker

**S/CC**

Single/Childless Couples

**SCHIP**

State Children's Health Insurance Plan

**SCU**

Support Collection Unit

**SDA**

State Data Exchange

**SDVA**

State Division of Veterans Affairs

**SDX**

State Data Exchange

**SDU**

State Disbursement Unit

**SEAMC**

Statement of Estimated Annual Maintenance  
Costs

**SED**

State Education Department (NYS)

**SEMI**

PA Semi-Monthly Cash Grant Amounts

**S/FED**

Services Financial Eligibility Display  
Turnaround

**SFED/T**

Services Financial Eligibility Display /  
Turnaround Document

**SFY**

State Fiscal Year (April 1 - June 30)

**SHEA**

Supplemental Home Energy Allowance

**SHFYA**

Supported Housing for Families and Young  
Adults; replaced by [NYSSHP](#)

**SILP**

Supervised Independent Living Program

**SIR**

System Information Request

**SLEB**

State Law Enforcement Bureau

**SLIAG**

State Legalization Impact Assistance Grants  
(obsolete)

**SNA**

Safety Net Assistance; replaced [HR](#)

**SNA-FP**

Safety Net Assistance – Federally  
Participating

**SNAP**

Supplemental Nutrition Assistance Program;  
formally [FS](#)

**SNAP-Ed**

Supplemental Nutrition Assistance Program  
Education; formally [FSNEP](#)

**SNAP E&T**

Supplemental Nutrition Assistance Program  
Employment and Training; formally [FSET](#)

**SNF**

Skilled Nursing Facility

**SN-FNP**

Safety Net – Federally Non-Participating

**SN-MOE**

Safety Net – Maintenance of Effort

**SOB**

Start of Business (day)

**SPARCS**

Statewide Planning and Research  
Cooperative System

**SPLO**

State Parent Locator Service

**SRM**

System Reference Manual

**SRMS**

Services Random Moment Survey

**SR****Special Report****SRO**

Single Room Occupancy Support Services  
Program; replaced by [NYSSH](#)

**SRO**

Syracuse Regional Office

**SS**

Social Services

**SSA**

Social Security Act

**SSA**

Social Security Administration (federal)

**SSB**

Social Security Benefits (federal program of  
income support based on work history)

**SSBG**

Social Services Block Grant (Title XX)

**SSD**

Social Services District; also known as district

**SSDB**

Social Security Disability Benefits

**SSHSP**

School Supportive Health Services Program

**SSI**

Supplemental Security Income (federal);  
replaced [AABD](#)

**SSL**

Social Services Law

**SSN**

Social Security Number

**SSRR**

Social Services Reporting Requirements, now  
known as [SRMS](#)

**STEHP**

Solutions to End Homelessness Program

**SUA**

Standard Utility Allowance

**S/UR**

Surveillance and Utilization Review

**SURS**

Surveillance and Utilization Review System

**SWIB**

State Workforce Investment Board

**- T -**

**TA**

Temporary Assistance; also known as [PA](#)

**TA**

Trust Account

**TANF**

Temporary Assistance for Needy Families

**TANF-EAF**

Temporary Assistance for Needy Families -  
Emergency Assistance to Families

**TANF-MOE**

Temporary Assistance for Needy Families -  
Maintenance of Effort

**TAP**

Teenage Parent Day Care

**TASA**

Teenage Services Act

**TASB**

Temporary Assistance Source Book

**TEAP**

Transitional Employment Advancement  
Program; formerly Training and Employment  
Assistance Program

**TEM**

Temporary Form

**Title XX**

Social Services Block Grant (federal funding  
for services)

**Title XX Below 200%**

TANF Funds transferred to Title XX for families  
with income below 200% of the federal  
poverty level (allowed by federal law, state  
option)

**TMA**

Transitional Medicaid

**TOP**

Transitional Opportunity Programs

**TOP**

Treasury Offset Program

**TPHI**

Third Party Health Insurance

**TPR**

Third Party Resource

**TRACS**

Temporary Assistance for Needy Families  
Reporting and Control System

**TSP**

Transitional Supports and Policy

**- U -**

**UIB**

Unemployment Insurance Benefits

**UIFSA**

Uniform Interstate Family Support Act

**UREMP**

Unaccompanied Refugee/Entrant Minors  
Program

**URES**

Uniform Reciprocal Enforcement of Support  
Act

**USCIS**

United States Citizenship and Immigration  
Services

**USDA**

United States Department of Agriculture

**UTX**

Utility Tape Exchange

**- V -**

**VA**

Veterans Administration

**VA**

Voluntary Agency

**VA**

Veterans Assistance

**VAWA**

Violence Against Women Act

**VB**

Visual Basic

**VITA**

Volunteer Income Tax Assistance

**- W -****WARM**Workspace Archival & Retrieval Manager;  
replaced [COLD](#)**WEP**

Work Experience Program

**WFW**

Wheels for Work

**WIA**Workforce Investment Act; replaced by [WIAO](#)**WIAO**Workforce Innovation and Opportunity Act;  
replaces [WIA](#)**WIC**

Women, Infants and Children

**WMS**

Welfare Management System

**WRAP**

Weatherization Referral and Packaging

**WRM**

Worker's Reference Manual

**WRR**

Worker Recruitment and Retention

**WRTS**

Welfare Reporting and Tracking System

**WSP**

Wage Subsidy Program

**WSP**

Work Supplementation Program

**WtW**

Welfare to Work

**WtWBG**

Welfare to Work Block Grant (federal)

**- Y -****YIP**

Youth Internship Program

**YOP**

Youth Opportunity Program

**YRO**

Yonkers Regional Office

**YWS**

Youth Work Skills Program



# Glossary

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## - A -

### **Able Bodied Adults Without Dependents (ABAWDs)**

ABAWDs are certain Supplemental Nutrition Assistance Program (SNAP) work registrants without children who are subject to additional work requirements to maintain their eligibility for SNAP.

### **Academic Support Services**

These services are provided to support the completion of a foster child's formal education through either completion of a high school degree program or equivalency program.

### **Accrual Basis**

The accrual basis of accounting is a process in which revenues are recorded when earned or when levies are made and expenditures are recorded as soon as they result in liabilities for benefits received even if the receipt of the revenue or the payment of the expenditure will take place, in whole or in part, in another accounting period.

### **Accounting**

Accounting is an information processing system designed to capture and measure the economic essence of events that affect an entity and to report their economic effects on that entity to decision makers.

### **Accounting Principles**

Accounting Principles are guidelines established by accountants to direct the way they record and report accounting information. New York State (NYS) uses the Uniform System of Accounts for Counties as their principles.

### **Acquisition Of Space**

The social services district's (district) official consults with the NYS Office of Temporary and Disability Assistance (OTDA) before commitments are made regarding the construction, reconstruction, conversion or purchase of a public building in which the district is to occupy space for the purpose of determining that the proposed plans will adequately meet the needs of such agency in administering public assistance and care.

### **Adjudicated Claim Fiche (Adj)**

Adjudicated Claim Fiche reflects the amount paid directly to the medical provider for their services.

### **Adjustment Claim**

An adjustment claim is a form of supplemental claim, generally used when the district is adjusting estimated claim costs to actual expenditures for the past year.

### **Adjustment To Prior Years Costs**

An adjustment to prior years costs is an adjustment in the amount of a particular cost item that was previously claimed under an interim rate and which rate is later determined to be different than originally claimed.

### **Administrative Cap (NYS)**

The Administrative Cap is no longer in use.

### **Advance**

An advance is funds furnished to a district before a claim is submitted.

### **A-87 Expenditures**

Indirect/administrative costs incurred by local governmental agencies in support of district operations are eligible for federal

reimbursement, according to Office of Management and Budget Uniform Guidance. Such costs are now referred to as central services costs.

#### **A-400 Account**

The A-400 account is an accounts receivable asset account used to record the amount of federal and state aid owed to the district

#### **A-522 Expenditures**

The A-522 account is the social services account to report changes in expenditures.

#### **A-980 Revenues**

The credit of this account represents net receipts and accruals of county revenues.

#### **Affidavit**

A written statement of facts made voluntarily under oath.

#### **Aftercare Services**

Services provided to youth discharged or deemed to be discharged to independent living are called aftercare services. Aftercare services include casework contacts and the provision of services consistent with the child's service needs as identified in the UCR (Uniform Case Record) for a child on trial discharge who remains in the custody of the Commissioner.

#### **Agency Boarding Home**

An agency boarding home is a family type home for the care and maintenance of not more than six children operated by an authorized agency, in quarters or premises owned, leased or otherwise under the control of such agency, except that such a home may provide care for more than six brothers and sisters of the same family.

#### **Aid To Dependent Child (ADC)**

Also known as Aid to Families with Dependent Children (AFDC), Aid to Dependent Children is the pre-TANF federally funded entitlement program which provided cash assistance to eligible needy families that include a minor

child living with a parent(s) or caretaker relative.

#### **Alien**

An alien is an individual who was lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law.

#### **Allocation**

A share or portion of program or administrative funds distributed to districts according to formula.

#### **Ambulatory**

A person who has the ability to walk on level surfaces and to negotiate stairs and ramps independent of human assistance or supervision is considered ambulatory.

#### **Applicant**

An applicant is an individual who has applied to receive benefits, by completing the state prescribed form and applying to a district official either directly or by a representative, and for whom a decision is pending as to whether or not the individual is eligible to receive assistance.

#### **Application**

Application is an action by which a person indicates in writing on the state-prescribed form a desire to receive assistance and/or care or to have his/her eligibility considered by a district official.

#### **Application Turnaround Document (APP-TAD)**

The APP-TAD is the full data entry document which is used at the time of application to determine eligibility for Public Assistance and/or SNAP.

#### **Appraisal Letter (Maintenance in Lieu of Rent)**

An appraisal letter is a statement from a qualified agency on the market value of office space in the area.

#### **Appropriation**

An appropriation is an authorization for administrators to incur on behalf of the

governmental unit liabilities for goods, services, or facilities to be used for purposes specified in the statute, in amounts not in excess of those specified for each purpose.

**Arrearages**

Arrearages are unpaid child support for past periods owed by a parent who is obligated, under court order, to pay.

**Assessment/Employability Development Planning**

Client's skills are evaluated prior to any specific employment activity.

**Asset**

An asset is an item of value that is owned.

**Asset Released**

When the asset is redeemed by the recipient under provisions of Section 106 of the NYS Social Services Law (SSL) by payment of all assistance granted and any expenses for repairs and taxes on the property, it is then referred to as released.

**Assigned Asset Register Card**

An assigned asset register card is a record of each recipient who has assigned real or personal property or rights to real or personal property to the public welfare official for the recovery of burial and assistance costs.

**Assigned Assets**

Assigned assets are all recipient-owned real or personal property which has been deeded, mortgaged, assigned or otherwise turned over to the public welfare official for the recovery of burial and assistance costs.

**Assistance**

Assistance for federal purposes consists of any payment or benefit designed to meet ongoing basic needs - food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses. Assistance also includes supportive services such as transportation or childcare provided to unemployed recipients who need the services in order to participate in other work activities

such as job search, community services, education, training or respite care. Assistance paid to an FA or Non-Cash SNA/FP recipient is counted toward the 60-month TANF time limit. Assistance counts toward the support offset. Payment types defined as assistance, when paid to a trackable person in a trackable case type (FA, Cash SNA, Non-Cash SNA/FP) will trigger time limit counts, be reported to DHHS as assistance, and be counted toward the support offset.

**Audit Exception**

An audit exception is a proposed adjustment by the responsible audit agency to any expenditures claimed by a governmental unit.

**Auditing**

Auditing refers to the systematic process of objectively obtaining and evaluating evidence regarding assertions about economic actions and events to ascertain the degree of correspondence between those assertions and established criteria and communicating the results to interested users.

**Audit Procedures**

Audit procedures are the methods and techniques used by the auditor in the conduct of the examination.

**Authorization**

There are two categories of authorizations:

1. Non-services authorization - is used to authorize recurring assistance (cash grants, vouchers, SNAP benefits, or medical assistance), emergency assistance, interim or "once only" assistance, changes of grants, suspension of assistance, discontinuance of assistance, transmission of changes in identification information such as a name, address and family composition and transmission of changing eligibility information such as date of death and limitations on assistance.
2. Services authorization – is used to authorize Purchase of Services (POS) for Child Care, Foster Care, Adoption,

Institutional Care, Protective and Preventive Care, changes in individual demographic data such as the addition or deletion of an individual from the case, and change of address, changes in eligibility due to changes in income data, changes in Purchase of Services, deletion of completed or non-received services and addition of any new service, discontinuation of Services, changes in Direct Services such as the actual service provided and the goal status of the primary recipient, and reauthorization at Recertification - every six months and whenever factors change which may affect eligibility.

**Automated Budgeting And Eligibility Logic (ABEL)**

ABEL, a subsystem of the Welfare Management System, is designed to help county workers in completing Public Assistance and SNAP budget calculations.

**Automated Claiming System (ACS)**

The ACS performs mathematical calculations using the "prime" expenditure data entered by the district accounting staff to determine federal, state and local share and related statistical information for the major claim packages, RF-2, RF-2A, RF-3MH, RF-3ST, RF-6REF, RF-8, RF-9. The completed ACS claims are transmitted to OTDA Finance for settlement purposes.

**Automated Support Collection Unit (ASCU)**

ASCU is a data processing system that monitors and controls the accounting and disbursement functions of the local Support Collection Unit.

**Available Income**

Income which may be used to reduce or eliminate an individual's need for public assistance is considered available.

**- B -**

**Bad Debt and Charity Pool**

This pool helps to offset the costs of bad debt and charity care, aid hospitals suffering severe fiscal hardships because of insufficient resources to cover financial losses, and assist hospitals severely negatively impacted by the inclusion of Medicare in the state's prospective reimbursement system and by shift in payer liability.

**Basis of Accounting**

The basis of accounting is the type of accounting system an organization adopts for recording their financial transactions.

**Bed Capacity**

Bed capacity refers to the number of resident accommodations which a facility can provide.

**Benefit Issuance and Control Subsystem (BICS)**

BICS is the state's automated payment and issuance system driven by Welfare Management System (WMS) input.

**BICS Child Care Roster**

This report is produced by BICS and identifies Purchase of Services (POS) lines listed on the services authorization (LDSS-2970) to initiate payments to vendors for childcare services provided.

**Block Grant**

A block grant is the total amount of federal funds available for Title XX, TANF, Child Care or HEAP services.

**Bottom Line Adjustment**

This refers to the upward or downward adjustments made on the notice of claim settlement which impact the amount a district paid.

**Bridge**

The Bridge program provides welfare-to-work activities and services to TANF recipients through a network of institutions of the State

University of New York (SUNY) comprised primarily of Educational Opportunity Centers (EOCs) and community colleges.

### **Budget Deficit**

Budget deficit is the amount by which an applicant's or a recipient's needs exceed his or her income.

### **Budget Month**

With respect to retrospective budgeting, this is the month two months prior to the payment month. This is the calendar month from which income and circumstances are used to compute a household's Public Assistance grant to be issued in the corresponding payment month two months later. It is also the calendar month for which a recipient completes a monthly report form.

### **Budget Surplus**

Budget surplus refers to the amount by which an applicant's or recipient's income exceeds his/her needs.

### **Budgeting**

Budgeting is the process by which the district determines:

1. an applicant's/recipient's financial eligibility for Public Assistance, and
2. the amount of his public assistance grant.

### **Bureau of Refugee and Immigrant Assistance (BRIA)**

BRIA is OTDA's office responsible for programs that serve refugees, immigrants, unaccompanied refugee and entrant minors, human trafficking victims, and repatriated US citizens (Formerly the Bureau of Refugee and Immigration Affairs and the Office of Refugee and Immigrant Services).

### **Burial Costs**

Burial costs includes all reasonable expenditures incidental to the proper burial of a deceased, indigent person, including such items as the purchase of plot, clothing, transportation of the body to place of burial,

mortician service, and preparation and closing of the grave.

## **- C -**

### **Calendar Fiscal Year (CFY)**

The Calendar Fiscal Year refers to the annual time period used to track/report spending and collection of revenue. The CFY runs January 1 to December 31.

### **Calendar Quarter**

Calendar quarter refers to the period of three consecutive months ending on June 30, June 30, September 30, or December 31.

### **Capped**

An upper limit; a ceiling.

### **Cancellation Abstract**

This is the second part of the cancellation roll. It identifies by Appropriation Account the amount of monies to be replenished into each account. The amount will be the same as the original funding unless the payment was cancelled as a prior year refund, or the payment was modified through accounts adjustments as a correction. The report should be signed, dated and sent to the Fiscal Officer along with the cancellation roll and cancelled checks. Two copies of the report should be produced. One is retained in Accounting and the other forwarded to the County Fiscal Officer.

### **Case Composite Roll**

A Case Composite Roll is a detailed listing of the case expenditures which are being claimed for the month, grouped according to reimbursement item. The composite summary of the listings is produced with the composite roll.

### **Case Count**

Case count consists of the number of people in the household who are applying for or receiving public assistance, plus any non-applying, legally responsible relative with income sufficient to meet their needs.

**Case Record**

A case record includes all written material concerning an applicant or recipient, including the application form, the case history, budget and authorization forms, medical, resource and financial records.

**Cash Grant (CG)**

A direct cash payment to the client is called a cash grant.

**Center for Child Well-Being (CCWB)**

Now known as [Child Support Services \(CSS\)](#).

**Center for Employment and Economic Supports (CEES)**

Now known as [Employment and Income Support Programs \(EISP\)](#).

**Centers for Medicare and Medicaid Services (CMS)**

CMS is the federal agency responsible for oversight of the Medicaid Program. Formerly referred to as the Health Care Finance Administration.

**Central Office Cost Allocation Plan (COCAP)**

COCAP is a state administration cost allocation plan developed yearly by the state and approved by the Federal Government. The plan supports the allocation of administrative costs to federal, state and local programs.

Funding is provided based on the level of administrative effort devoted to specific functions that are federally reimbursable. Cost pools are established and expenditures are allocated to program areas based on methodologies that incorporate staffing levels, caseload, etc.

**Central Services Costs**

Indirect/administrative costs incurred by local governmental agencies in support of district operations are eligible for federal reimbursement, according to Office of Management and Budget Uniform Guidance. Such costs were previously referred to as "A-87" costs.

**Certification Guide (LDSS-3570)**

This guide is used for the collection of data needed to complete the APP-TAD.

**Certified Day Care**

Day Care must be certified when care is provided for three or more children away from their own home for less than 24 hours per day in a family home which is operated for such purpose, for compensation, or otherwise for more than five hours per week. A family day care provider may care for up to eight children at any one time if at least two of the children are of school age, the school-age children receive care primarily during non-school hours in accordance with the regulations of the NYS Office of Children and Family Services (OCFS) and the authorized agency which certified the provider, or the department, has determined that the provider can adequately care for the additional children.

**Charity Pool**

A charity pool helps to offset the costs of bad debt and charity care, aid hospitals suffering severe fiscal hardships because of insufficient resources to cover financial losses, and assist hospitals severely negatively impacted by the inclusion of Medicare in the state's prospective reimbursement system and by shifts in payer liability.

**Chart of Accounts**

Chart of accounts refers to a systematic arrangement of accounts based upon a definite scheme.

**Check Cancellation Roll**

This report identifies by BICS category, cancelled checks that are within the selection dates specified through BICS Production Request #41. Two copies of the report should be produced. One is retained in Accounting for audit purposes and one sent to the Fiscal Officer along with the cancelled checks.

**Check Control Report**

The check control report identifies the range of check numbers used within the BPR month.

**Child**

The definition of child varies depending on the purposes for which the term is used:

1. SSI – For the purposes of evaluating income and resources in the SSI program, a child is a person who is:
  - a. Unmarried
  - b. Not the head of a household and
  - c. Either: under age 18 or under age 22 and a student, regularly attending an educational or vocational training institution in a course of study designed to prepare him or her for a paying job.
2. Public Assistance (PA and SNA) - A child is a person under 18 years of age or, if under age 19, a full-time student regularly attending a secondary school or in the equivalent level of vocational or technical training.
3. Emancipated minor – An emancipated minor, a person over 16 years of age who has completed his/her compulsory education, is living separate and apart from his family and is not in receipt of nor in need of foster care, is defined as an adult.
4. Filing Unit - For purposes of the “filing unit” provisions the following definitions shall apply:
  - a. Dependent Child - A child under 21 years of age living with parent(s) or other caretaker relative.
  - b. Minor Dependent Child - A dependent child who is under 18 years of age.
5. Legal Responsibility - For purposes of determining a parent's legal responsibility to support a child, a child is a person under the age of 21.
6. Other Programs - Other programs, such as services programs and federal benefit programs may use different definitions of child. Reference should be made to the rules and regulations governing the specific programs.

**Child Assistance Program (CAP)**

The CAP program, originally a demonstration program, is now available in any district that requests to participate in the program and receives OTDA approval. The CAP program provides a cash benefit and supportive services program designed to foster the federal and state welfare reform goals of work and self-sufficiency. Some of the key program features are an intensive case management component, an enhanced earnings disregard and potential Transitional Medicaid eligibility, and an eligibility threshold designed to reduce recidivism.

**Child Support**

Child support refers to the legal obligation of a non-custodial parent to contribute to the economic maintenance of his/her child or the payments under that obligation.

**Child Support Collection Goals**

SSL requires that a statewide child support collections goal be established, that a portion of the statewide goal be allocated to each district, and provides that penalties be assessed against any district failing to meet its goal.

**Child Support Enforcement**

Enforcement is the action of obtaining payment of a child support or medical support obligation through administrative or judicial means.

**Child Support Enforcement Unit (CSEU)**

CSEU is the unit within the district designated to provide child support enforcement program services to establish paternity and to establish, adjust, modify and enforce child support orders.

**Child Support Management System (CSMS)**

The CSMS refers to the information system operated by the CSS that the district CSEU's and SCU's use to manage their child support caseload. The system contains a number of automated features which facilitate referrals from public assistance units of cases which

might qualify as IV-D cases, building and maintaining child support case files, and maintaining records of absent parents and putative fathers.

### **Child With Handicapping Condition**

This is a person between the ages of 5 and 21 who has been identified by a Committee on Special Education through appropriate evaluation and assessment as having a disability arising from cognitive, emotional or physical factors, or any combination thereof, which interferes with the child's ability to benefit from regular education.

### **Child Support Services (CSS)**

CSS is OTDA's division and the single state agency designated to supervise the administration of the NYS' child support enforcement program. The state CSS ensures that all federal and state requirements are being carried out by district child support enforcement programs by performing functions including: analyzing district performance, providing technical assistance and training, providing centralized services, operating the statewide computer system, issuing policy and procedures and administering program funding. This division is formerly known as the [Center for Child Well-Being \(CCWB\)](#).

### **Child Support Standards Act**

This law governs the determination of child support obligations: provides for the application of percentages to a parent's income. (For example: 17% of gross income for one child, 25% of gross income for two children, 29% of gross income for three children, 31% of gross income for four children, and no less than 35% of gross income for five or more children).

### **Child Welfare Foster Care (CWFC)**

CWFC refers to foster care that is provided to foster children who are non-Title IV-E eligible, but are eligible for child welfare services.

### **Claim**

A claim is an automated or manual submission of district expenditure information to the state for federal or state reimbursement. Expenditure information is reported on reimbursement claim forms.

### **Claims Against Household**

This report summarizes the type of SNAP claims according to the following breakdown: collected, the amounts collected during the month, and the form in which the collection was made.

### **Claims Control**

Districts are required to maintain a claims register to track (or control) submitted claims, advances received, settlements, and adjustments made to those claims and settlements.

### **Claims Detail Report (CDR)**

The CDR provides the actual cost to the Medicaid Program (Service plus Pools) for a claim.

### **Claims Register**

Districts are required to maintain a claims register, a tool for keeping an accurate balance in the A-400 account, to track submitted claims, advances received, settlements, and adjustments made to those claims and settlements.

### **Clean Copy Authorization**

A clean copy authorization is a resource document used to determine which applicants, if any, have a current or prior record of applying for or receiving assistance or care. (See also "Dirty Copy Authorization.")

### **Clearance Report**

This is a resource document used to determine which applicants, if any, have a current or prior record of applying for or receiving assistance or care.

**Close to Home (CTH)**

CTH provides for the placement of NYC adjudicated youth into the custody of NYC Administration for Children's Services. The goal of CTH is improved outcomes for children and this is predicated on their placement closer to their home communities in NYC.

**Collection Roll**

The collection roll lists child support collections by individual account for a monthly period. A roll is produced for each category: FA/IV-D, Non-FA/IV-D, and Non-IV-D.

**Committee On Special Education (CSE)**

This committee evaluates and recommends the appropriate educational services for children thought to be educationally handicapped,

**Common Application Form (LDSS-2921)**

The LDSS-2921 is completed when a client applies for Public Assistance, Medical Assistance and/or SNAP benefits.

**Community Service**

A community service program is designed by the district to address recipient and district needs while providing a service or usefulness to the community. Persons in households without dependent children who are providing care for a member of the household with a verified mental or physical impairment are considered as engaged in community service.

**Composite Summary**

The Benefits Issuance Control System (BICS) generates composite rolls and summaries for each claiming schedule (Schedules A, C, G, etc.) reporting expenditures made during the month. The report breaks the totals down into line items (for example: FA-FNP, SNA-FNP MOE) which relate to a line on the claiming schedule (Schedule A, C, G, etc). The schedules are electronically submitted to OTDA Finance each month.

Once the composite is balanced to the daily payment rolls, it becomes an important document of the claim reports. Any

transactions regarding payments that were manually transacted outside of BICS (off-line) should be added to (or subtracted from) the totals to be cleared. The composite report should be retained for six years.

**Computer Output to Laser Disk (COLD)**

COLD is an advanced electronic report management system. Mainframe computer-generated reports are automatically processed, indexed, compressed, stored and made available on the network. Multiple users can gain simultaneous access. Replaced by WARM.

**Congregate Care Facilities**

Congregate Care Facilities are non-medical residential facilities that provide care to individuals who are unable to live independently but do not need the type and degree of care provided in nursing homes or other comparable residential medical facilities.

**Connections**

The Connections Project is a statewide effort providing OCFS, districts and voluntary agencies with a uniform system to improve the quality and consistency of services to children and their families. The project automates Child Welfare record keeping and service delivery, provides case management support for direct caseworkers and decision-making support tools for managers, as well as allows appropriate access to client information for staff across NYS.

**Conservator**

An individual or, if no individual is willing, the district Commissioner appointed to manage the personal and financial well being of a person incapable of managing their person or property due to impairment or age.

**Cost Allocation Plan (CAP)**

A Cost Allocation Plan is a set of written procedures designed to meet the financial and management needs of a district. The financial need is to identify and allocate total salary, non-salary and indirect administrative costs of benefiting programs and ensure the proper

claiming of federal and state reimbursement. Managers rely on cost allocation information to make informed decisions, establish policies, set goals, check progress, determine improvements, and control the growth and direction of the programs.

### **Countable Income**

Countable income is net income which can be used in determining eligibility or degree of need for public assistance.

### **Court Ordered Retroactive Payment**

This payment can be either a retroactive payment the state makes to an assistance recipient or an individual under a federal or state court order, or a retroactive payment made by HHS under a federal court order.

### **Custodial Parent (CP)**

The custodial parent is the person with legal and primary custody as granted by valid agreement between the parties or by court order or decree and with whom the child lives. This person may be a parent, other relative or someone else.

### **CWR160A - Retroactive Adjustment Share Report**

The CWR160A shows any retroactive adjustment to the established MMIS rates for the providers listed.

### **CWR260G - Weekly Payment Summary**

The CWR260G breaks down the MA reimbursable expenditures into vendor type; the approved number of claims and payments for those claims, adjustments of voids, and the net total of claims and net payments for those claims.

### **CWR596A - Weekly Shares Report**

The CWR596A provides management with a concise summary of the medical assistance program's financial status for evaluating expenditures and budget data, monitoring expenditures and yielding data which is helpful for future budgeting.

## **- D -**

### **Day Care Attendance Form**

The must be submitted to accounting by the Day Care Center to support its billing for day care services.

### **Day Care Services**

Day Care Services refers to the service of caring for children, generally for working families.

### **Department of Family Assistance (DFA)**

The DFA encompasses two NYS agencies: OTDA and OCFS.

### **Department Of Health And Human Services (DHHS)**

DHHS is the federal agency which oversees the TANF program and the associated TANF Block Grant, and the Title IV-D (Child Support) and Title IV-E (Foster Care) programs.

### **Department Of Health (DOH)**

The NYS Department of Health is the state agency that protects and promotes the health of New Yorkers through prevention, science and the assurance of quality health care delivery.

### **Department of Labor (DOL)**

The NYS Department of Labor (DOL) is the state agency responsible for the administration of job preparation and placement activities, administration of the unemployment insurance program, and enforcement of NYS Labor Law. Work preparation and placement programs administered by DOL include programs authorized by the Workforce Investment Act including services for adults, dislocated workers, youth and veterans. DOL also provides labor market data for use by business leaders and other decision makers.

### **Depreciation**

Depreciation is the accounting process of allocating against periodic revenue the

periodic expiration of the cost of tangible property, plant and equipment.

**Direct Expenses**

Expenses that are clearly identifiable with a program area are considered direct expenses.

**Direct Payment Abstract**

The direct payment abstract shows the appropriation accounts for the amounts paid directly to cases.

**Direct Payment Advisory Report**

This report lists those cases which have the required data for check generation, but have insufficient or inappropriate data for the normal BICS processing.

**Direct Payment Check Register**

The check register is a print-out listing all checks produced, in check number order.

**Direct Payment Lines**

A direct payment line is the amount authorized through the Welfare Management System to be paid directly to the case.

**Direct Payment Roll For BICS Districts**

This is a print-out listing cases receiving benefits during a particular direct payment run.

**Dirty Copy Authorization**

The Authorization Change Form with the handwritten changes is considered dirty. (See also "Clean Copy Authorization.")

**Disregard Payment**

Now known as [Pass-Through Payment](#).

**Disregard Special Payment Roll from BICS**

This roll is a print-out listing cases receiving a disregard payment during a particular month.

**Diversion Payment**

A diversion payment is a non-recurring, short-term payment made directly in cash or indirectly through voucher or other means, to deal with a specific crisis situation or episode of immediate need, with the expectation that such diversion of the crisis will enable the

client to avoid the need for ongoing public assistance.

**Division of the Budget (DOB)**

The DOB is the Governor's primary instrument of financial planning and management.

**Division of Budget, Finance and Data Management (DBFDM)**

The Division of Budget Finance and Data Management is comprised of three bureaus within OTDA. The Bureau of Budget Management is responsible for developing OTDA's annual budget and monitoring expenses.

The Bureau of Data Management publishes official statistics and special analyses concerning Welfare Reform, agency expenditures, program participation, policy effectiveness and client demographics. Budget Management and Data Management oversee the department-wide development of its annual budget proposals, produce budget submission documents, maintain several special purpose databases, design and supervise research conducted by outside contractors, monitor key measures of district performance, and analyze published data from state and federal agencies and research organizations.

The Bureau of Financial Services is responsible for establishing fiscal policies for districts and other state agencies administering OTDA programs, for providing appropriate federal and/or state reimbursement to districts and other state agencies, for developing cost allocation plans for districts to follow, for providing technical assistance to districts on fiscal policies and procedures, for filing federal financial reports to the respective federal agencies, for overseeing the Intake/Case Management Random Moment Study (RMS), and for processing the financial transactions needed to meet OTDA's ongoing operational needs.

**Division of Cost Allocation (DCA)**

The DCA is a unit of the federal Department of Health and Human Services that reviews and

approves NYS' cost allocation plans for central office, the upstate districts and New York City (NYC) administrative costs.

**Division of Disability Determination (DDD)**

DDD is OTDA's Division that makes medical determinations on the claims of those persons who file for the Social Security Administration's Disability Insurance and Supplemental Security Income Disability programs.

**Division of Employment and Transitional Supports (DETS)**

Now known as the [Employment and Income Support Programs \(EISP\)](#).

**Domestic Violence Services**

Domestic Violence services involve identifying, assessing, providing and evaluating services to wives, husbands or persons living together, with or without children, to resolve the problems leading to violence, or to establish themselves independently, if necessary, to avoid violence.

**Donated/In-Kind Contributions**

Goods, services or cash donated to the district are referred to as donated or in-kind contributions.

**Drug and Alcohol (D/A) Screening and Assessment**

All adults and heads of household applying for public assistance are screened for drug and alcohol abuse. A positive screening results in an assessment of the individual by a certified drug/alcohol counselor. If a treatment program is indicated as a result of the assessment, the individual is referred to the appropriate credentialed substance abuse treatment program. In Medicaid, the D/A requirements apply to the Singles/Childless Couples category only.

**Duplicate Payment Lists**

The Duplicate Payment Report identifies all cases that received two or more checks with the same payment type during the check run. Accounting should determine from Public

Assistance or Services (depending on which unit wrote the payment line) if the payment is correct before it is released. Once the report has been reviewed and any necessary action taken, it doesn't need to be retained.

**- E -**

**Earned Income Disregards (EID)**

Earned income disregards are the allowable deductions and exclusions subtracted from the gross earnings. The resulting amount, or net income, is applied against the household's need. EIDs vary in amount and type, depending on category of the applicant and the program applied for.

**Earned Income Tax Credit (EITC)**

EITC is a refundable tax credit to which families with dependent children and limited incomes may be entitled on their income tax returns. Also referred to as Earned Income Credit.

**Edit Checks**

Edit checks are the systematic application of program standards which enforce and validate categorical and financial policies and regulations.

**Education and Training Voucher (ETV)**

The Education and Training Voucher program is designed to help youth aging out of foster care make the transition to self-sufficiency and receive the education, training and services necessary to obtain employment.

**Electronic Benefits Transfer (EBT)**

EBT refers to the debit card method whereby a recipient can access SNAP benefits, Family Assistance, Safety Net Assistance cash benefits and other benefits.

**Electronic Funds Transfer**

This is a transfer of money from one bank account to another or to a local Child Support Enforcement agency by electronic means.

**Eligibility**

Eligibility is a determination as to whether an individual meets defined criteria which entitle him or her to assistance under a specific program. In most assistance programs, there are two types of eligibility - financial eligibility and categorical eligibility. An applicant must meet both sets of eligibility criteria before being granted assistance.

Categorical Eligibility is the determination as to whether an individual is a member of the class of individuals whose needs are to be served under a specific assistance program.

Financial Eligibility is the determination as to whether an individual may be considered needy under a specific assistance program.

**Emancipated Minor**

An emancipated minor is a person over 16 years of age who has completed his compulsory education, who is living separate and apart from his or her family and is not in receipt of or in need of foster care.

**Emergency Assistance for Adults (EAA)**

EAA is the public assistance program that provides financial assistance to meet emergency needs of adults who are eligible for SSI. This program does not include assistance for medical care. When the person is in receipt of SSI, s/he receives Medicaid based on the receipt of SSI. If the individual is not in receipt of SSI, s/he must make a separate application to receive Medicaid.

**Emergency Assistance to Families (EAF)**

EAF provides assistance for families with children to deal with crisis situations threatening the family and meet emergent needs resulting from a sudden occurrence or set of circumstances demanding immediate attention. This program does not include assistance for medical care. The applicant must make a separate application to receive Medicaid.

**Emergency Safety Net Assistance (ESNA)**

ESNA is a public assistance program that provides financial assistance to meet

emergency needs of adults without minor children. This program does not include assistance for medical care. The applicant must make a separate application to receive Medicaid.

**Emergency Shelter Grants Program (ESGP)**

The purpose of the ESGP is to help improve the quality and quantity of emergency shelters for the homeless, help meet the cost of operating such shelters, provide essential social services to the homeless and avoid an initial occurrence of homelessness through the provision of preventive services.

**Employment and Income Support Programs (EISP)**

EISP is OTDA's center responsible for the development, implementation and monitoring of policies and procedures for employment and advancement services, HEAP, PA, SNAP, SSI, and SSI State Supplement Program which is provided to families and individuals in order to help them attain self-sufficiency. This center is formerly known as the [Center for Employment and Economic Supports \(CEES\)](#).

**Employment Readiness Training**

This employment training consists of group classroom training in the basic skills necessary to obtain and retain employment such as grooming, interviewing techniques, resume preparation, etc., including formal sessions that are intended to provide recipients with the skills necessary to conduct a job search.

**Employment Related Training**

Employment related training refers to group workshops held to prepare participants on how to approach an independent job search.

**Employment Services**

Employment services are activities intended to help an individual obtain or retain a job. Such services include, but are not limited to, employment assessment, employment readiness training, job placement and development, work activity assignments, education, training, and case management.

**Encumbrance**

Encumbrance refers to an accounting control to record the amount of goods or services chargeable against the appropriations, that have been ordered, but not yet received.

**Enterprise Funds**

The term Enterprise Funds refers to a self-balancing set of accounts used to record the economic activities for governmental agencies which operate very much like private businesses.

**Escheat**

Reversion of property to the state in the absence of legal heirs or claimants.

**Essential Person**

An essential person is an individual who qualifies for FA because he/she is essential for the well being of case members. It is also a term used to indicate an SSI essential person.

**Expenditures - Accrued**

Expenditures should be recognized in the accounting period in which the fund liability is incurred, if measurable, except for unmatured interest on general long-term liabilities, which should be recognized when due.

**- F -**

**Fair Hearing**

Fair Hearing is the formal procedure, provided by the Office of Administrative Hearings, by which an applicant or recipient may dispute a determination made by a district, or a review by OTDA of a decision made by a district. Fair Hearing also refers to the procedure by which inter-jurisdictional disputes are resolved between districts. The decision rendered as a result of a fair hearing is binding on all parties involved unless over-ruled through the judicial process.

**Family Assistance (FA)**

FA provides cash assistance to eligible needy families that include a minor child living with a parent(s) or caretaker relative. It is operated under the federal TANF rules and is funded

with federal money. Under FA, eligible adults are limited to receiving benefits for a total of 60 months in their lifetime, including months of TANF-funded assistance granted in other states. Once this limit is reached, that adult and all members of his or her household are ineligible to receive any more FA benefits. FA recipients receive Medicaid under the categorical group Low Income Families (LIF). FA and LIF financial eligibility is generally equivalent. There is no time limit for Medicaid.

**Family Planning**

Family planning services enable individuals to plan their families in accordance with their wishes to limit family size, space their children, correct infertility or prevent or reduce the incidence of unwanted pregnancies by arranging for and providing social and educational services as well as medical services.

**Family Violence Option (FVO)**

The PRWORA option that allows states to address the safety needs of domestic violence (DV) victims and their children within NYS' TANF state plan.

**Federal Fiscal Year (FFY)**

The FFY is the annual time period used to track/report federal spending and collection of revenue for budget purposes. The federal fiscal year runs October 1 to September 30 each year.

**Federal Income Tax Refund Offset Program**

A program under the U.S. Department of Treasury and the Federal Office of Child Support Enforcement which makes available to NYS CSE Agencies a route for securing the tax refund of parents who have been certified as owing substantial amounts of child support.

**Federal Open-Ended Funding**

Unlimited federal funding available for a program or service. Such funds existed for the Aid to Dependent Children program.

**Federal Parent Locator Service (FPLS)**

FPLS is a service operated by the Federal Office of Child Support Enforcement to help the states locate parents to obtain child support payments. It is also used in cases of parental kidnapping related to custody and visitation determinations. FPLS obtains address and employer information from federal agencies.

**Federal Poverty Level for Title XX Under 200%**

The U.S. Department of Health and Human Services (HHS) annually issues Federal Poverty Level (FPL) Guidelines. These guidelines serve as one of the indicators for determining Flexible Funds for Family Services (FFFS) eligibility.

A client whose income is under 200% of the FPL is eligible for FFFS funding. FFFS funding may be provided for non Title XX eligible services such as Child Preventive Services, Child Protective Services, Adoption Services, Adult Protective Services, Day Care Services, and Domestic Violence Services.

FFFS funds may also be combined with regular Title XX funds (according to the FFFS plan). These additional Title XX funds are available for Title XX clients whose income is under 200% of the FPL. All Title XX Rules apply to these funds.

**Federally-Assisted Foster Care**

Federally-assisted foster care is a program, funded in part by the Federal Government, under which a child is raised in a household by someone other than his or her own parent. The federal funds are provided through Title IV-E of the Social Security Act.

**Federally Non-participating (FNP) Employment**

This program assists clients in becoming self-sufficient by providing employment-related activities and supportive services that are funded by state and/or local dollars.

**Federally Participating (FP)**

A federally participating program is a local share program or administrative expense that is reimbursed with a federal share.

**Fee**

A fee is a payment made by a recipient of services to defray in whole or in part the cost of the services.

**File Maintenance Advisory Report**

This Benefits Issuance Control System (BICS) report compares the incoming WMS payment lines to the information that exists on the BICS database. If there are any discrepancies between new information and existing information, or if the pay line appears to be duplicate, this report will be available for printing to list such discrepancies. This report should be retained for six months. Workers should investigate advisories and take appropriate action.

**Financial Management Plans**

These plans are instigated, when necessary, between district staff and clients, usually elderly or impaired adults, to provide assistance in managing clients' personal finances. It is important that the least restrictive method be used and, to the extent possible, the recipient should be involved in the process of deciding how to deal with the problem.

**Financial Participation**

This term refers to the federal, state or local share of program cost of the social services programs.

**Financial Statements**

Financial statements and related footnotes are reports that claim to show financial position at a point in time, changes in financial position which relate to a period of time, or changes in owners' equity, or which make statements of income or retained earnings.

**Financially Distressed Pool**

This pool helps to offset the costs of bad debt and charity care, aid hospitals suffering severe fiscal hardships because of insufficient resources to cover financial losses, and assist hospitals severely negatively impacted by the inclusion of Medicare in the state's prospective reimbursement system and by shifts in payer liability.

**Flexible Fund for Family Services (FFFS)**

FFFS was enacted in the 2005-06 State Fiscal Year (SFY) budget, provides funding for nearly all TANF programs administered by the districts. FFFS allows districts to allocate federal funds in light of locally identified service needs and to determine the manner and amounts of funding distributions which will best respond to those needs.

**Food Assistance Program (FAP)**

FAP no longer exists as of October 1, 2005.

**Food Stamp Program (FS)**

As of October 1, 2008, SNAP is the name for the federal Food Stamp Program. SNAP is a federally funded program with the purpose of reducing hunger and malnutrition by supplementing the food purchasing power of eligible low income individuals.

**Food Stamp Employment And Training Program (FSET)**

The FSET program provides work preparation and support services to SNAP work registrants and is integrated with work programs serving recipients of TANF and Safety Net Assistance. The program ensures that able-bodied SNAP recipients are involved in meaningful work-related activities that eventually lead to unsubsidized employment and a decrease in dependency upon assistance programs. As of October 1, 2008, Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T) is the name for this program.

**Food Stamp Nutrition Education Program**

Effective FFY 2009 the program's name was changed to SNAP-Ed, but no longer exists as of October 1, 2014.

**Formula Grant Program**

Formula grant programs are non-competitive awards based on a predetermined formula. These programs are sometimes referred to as state-administered programs.

**Foster Boarding Home**

A foster boarding home is a residence owned, leased, or otherwise under the control of a single person or family who has been certified or approved by an authorized agency to care for not more than six children, is used by a local probation department, the NYS Office of Mental Health or OCFS to care for children and such person or family receives payment from the agency for the care of such children.

**Foster Care**

Foster care refers to the activities and functions provided for the care of a child away from his or her home, 24 hours per day in a foster family free home of a duly certified and approved foster family boarding home or a duly certified group home, agency boarding home, child care institution, health care facility or any combination thereof.

**Fund**

A fund is a fiscal and accounting entity with self-balancing accounts recording resources, liabilities and equity.

**- G -**

**Garnished Wages**

Income from work activity that has been attached through legal action to guarantee payment of a debt is referred to as garnished wages. The amount withheld usually represents a percentage of salary or wages.

**Garnishment**

Garnishment is the legal proceeding under which part of a person's wages and/or assets is withheld for payment of a debt.

**General Fund**

A general fund is the principal fund of the county. It includes all operations not required to be recorded in other funds.

**General Ledger**

The general ledger contains the control accounts for all assets, liabilities, owner's equity, revenue expenses, gains, and losses. The control accounts usually reflect summary information from subsidiary ledgers. Each subsidiary ledger has a related control account in the general ledger. However, each control account does not necessarily have a subsidiary ledger, especially if the transactions for a control account are not numerous.

**Genetic Testing**

Genetic testing refers to the analysis of inherited factors (usually by blood or tissue test) of mother, child, and all father, which can help to prove or disprove that a particular man fathered a particular child.

**General Information System (GIS) Messages**

These messages, in memo form, are issued by OTDA, OCFS and DOH to the districts and provide guidance or information on state and district issues.

**Grant Diversion**

Grant diversion is the use of funds that would otherwise be used to provide a public assistance grant to a household to pay an employer for hiring the public assistance recipient. Grant diversion is one method of funding a subsidized employment position.

**Gross Expenditures**

Gross expenditures consist of the total of federal, state and/or local spending for a program.

**Gross Income Test**

As a condition of PA eligibility, a household's total gross income, before application of any disregards or exclusions, cannot exceed 185% of the standard of need for a family of the same size.

**Gross Wages**

Gross wages equal the total earned income before applicable income exclusions and disregards have been subtracted.

**Group Home**

A group home is a family type home for the care and maintenance of not less than seven and not more than 12 children, who are at least five years of age, operated by an authorized agency, in quarters or premises owned, leased or otherwise under the control of such agency, except that such minimum age shall not be applicable to siblings placed in the same facility, nor to children whose mother is placed in the same facility.

**Guardian**

The term guardian refers to an individual other than a parent who is legally responsible for a child.

**Guardian Of The Mentally Disabled**

This guardian may be a court-approved parent, relative or interested person who is responsible for the personal and financial well-being of those functionally incapable of managing their person or property due to permanent mental impairment.

**- H -****Health Care Finance Administration (HCFA)**

Now known as the Centers for Medicare and Medicaid Services (CMS) effective July 1, 2001. See glossary entry for CMS.

**Health Related Facility**

A health related facility is an institution furnishing, on a regular basis, health related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designated to provide, but who, because of their mental or physical condition, require care and services (beyond the level of room and board) which can be made available to them through institutional facilities.

**Heretofore/Hereafter Language**

This language is used in the Department of Family Assistance appropriation bill which generally reads “for payment of aid heretofore accrued or hereafter to accrue to municipalities” and indicates that the appropriation may be used for prior year, current year, or future year (provided a re-appropriation keeps the appropriation alive) expenditures for that program.

**Home Day Care**

Home Day Care is care which is provided to a child(ren) in his/her own home.

**Home Energy Assistance (HEA) Detail Report**

The HEA detail report lists those cases which have received benefits under New York Home Energy Assistance grants computed in the ABEL budget.

**Home Energy Assistance Program (HEAP)**

HEAP is a DTA federally funded program that provides emergency and non-emergency energy assistance.

**HEAP Advisory Report**

The HEAP advisory report is a list of cases for which eligibility for additional reimbursement under HEAP cannot be determined.

**Home Energy Summary Report**

The Home Energy summary report identifies the amount of monies for the cases which are eligible for additional reimbursement for Home Energy Assistance.

**Home Energy Vendor**

A home energy vendor is an individual or entity selling electricity, natural gas, oil, wood, coal, propane, kerosene or any other fuel used for residential heating.

**Home Health Aides**

Home health aides are individuals who have successfully completed an approved basic training program, and who provide personal care under the supervision of a registered professional nurse from a certified home

health agency, and/or when the aide carries out procedures as an extension of physical, speech or occupational therapy, under the direction of the appropriate agency professional therapist.

**Home Management Services**

Home management services are formal or informal instruction and training in management of household budgets, maintenance and care of the home, preparation of food, nutrition, consumer education, child rearing and health maintenance.

**Home Relief (HR)**

Home Relief was the state and locally funded cash assistance program that existed before the Welfare Reform Act was implemented. It provided benefits to eligible needy single and childless couples. This program was replaced by the Safety Net Assistance program.

**Homeless Housing and Assistance Program (HHAP)**

The HHAP, administered by the Bureau of Housing Services (BHS), provides capital grants and loans to not-for-profit corporations, charitable and religious organizations, municipalities and public corporations to acquire, construct or rehabilitate housing for persons who are undomiciled and are unable to secure adequate housing without special assistance.

**Homelessness Intervention Program (HIP)**

Now known as the [Solution to End Homelessness Program \(STEHP\)](#).

**Homeless Person(s)**

A person(s) who is undomiciled or who is residing in some type of temporary accommodation such as a hotel or shelter is considered homeless.

**Hospital Financial Relief Legislation**

The hospital financial relief legislation established three “pools” from which hospitals can request, and if qualified, receive additional funds as a method of maintaining acceptable

levels of inpatient care in NYS. Also, general hospitals are required to provide excess medical malpractice insurance for those doctors and dentists who have designated that hospital as their primary affiliate.

**Household Count**

See [PA Household](#) for definition.

**Human Services Overburden Law**

This law helps to alleviate the fiscal overburden caused by the inordinate growth in the cost of providing medical assistance to certain persons within the state.

- | -

**Immigrant**

An immigrant is an alien who has been admitted for permanent residence.

**Incentive Payment**

An incentive payment is an amount paid to the reporting county for the successful enforcement and collection of the child support payment of both FA and non-FA recipients.

**Incidentals**

Incidentals include items such as transportation, recreation, and cultural activities.

**Independent Living Program (ILP)**

This program provides enhanced services and supportive services to teenagers in Foster Care with a goal of Independent Living.

**Indirect Expenses**

Costs not directly identifiable with a program area are considered indirect expenses.

**Indirect Payment Check Register**

An indirect payment check register is a permanent accounting record for the district of the checks issued to vendors for that BICS run.

**Indirect Payment Lines**

These lines are amounts authorized to be paid to vendors on Screens 6 and 9 of the WMS non-services system and by Sections 6 and 9 of the WMS Non-Services Authorization (LDSS-3209). These payment lines generate vouchers and eventually indirect checks. Indirect services payment are authorized in the Purchase of Services section of the Services Authorization.

**Indirect Payment Processing Subsystem**

The BICS indirect payment processing subsystem interprets pay line information and generates non-services vouchers, payments and associated rolls and reports for indirect payments.

**Indirect Or Vouchered Payment**

This is a payment which is made payable to someone other than the recipient for services provided on behalf of the recipient. The payment is usually made to the vendor through the voucher system.

**Intake/Case Maintenance - Random Moment Study (I/CM-RMS)**

RMS works to determine proper allocation of administrative costs within the I/CM function in three ways:

- Measuring percentage of worker time to be allocated between federally funded and non-federally funded programs.
- Measuring percentage of activities to be shared among mutually benefiting programs.
- Measuring amount of activity (previously considered as administrative) which can now be considered exempt from administrative cost caps and/or counted as program cost.

**Inter-District Jurisdictional Disputes**

An inter-district jurisdictional dispute is a dispute occurring between districts over financial responsibility for an assistance case.

**- J -**

**Jurisdiction**

Legal authority which a court has over particular persons, certain types of cases, and in a defined geographical area.

**Juvenile Delinquent/Persons in Need of Supervision (JD/PINS)**

JD/PINS is the term which combines juvenile delinquents and persons in need of supervision. A juvenile delinquent is a child between the ages of 7 and 16 who has committed an act that would be a crime if the act were committed by an adult. A person in need of supervision is defined as a person under the age of 16 who fails to attend school, behaves in a way that is out of control, often disobeys parents, guardians, or other authorities, is in possession of marijuana, and/or runs away or stays out late. A child is not labeled PINS until attempts to resolve the problems have been made and have failed.

**- L -**

**Legal Father**

A legal father is the man who is recognized by law as the male parent.

**Legal Guardian and Ward**

These terms are used only if a blood relationship [including a blood relationship to the child's adoptive parent(s)] does not exist between the individuals.

**Legally Responsible Relative**

A legally responsible relative is one who, by law, is responsible for the support and care of another person. Under the Medicaid program in NYS, spouses are responsible for each other and parents are responsible for their children under 21.

**Liability**

A liability is a probable future sacrifice of economic benefits arising from present obligations of a particular entity to transfer assets or provide services to other entities in

the future as a result of past transactions or events.

**Lien**

A lien is a claim upon real or personal property to prevent sale or transfer of the property until a debt has been satisfied.

**Liquidating**

Liquidating is the apportioning of assets toward discharging the indebtedness after determining liabilities.

**Local Administration Fund (LAF)**

The LAF is no longer in use effective with the enacted SFY 2009-10 budget. Funding has been shifted from LAF to the Flexible Fund for Family Services (FFFS).

**Local Data Feedback (LDF)**

Information entered into WMS is fed overnight to a district's own data processing system through the Local Data Feedback transmission.

**Local Data Feedback Report**

This is a cumulative total of all cases and individuals registered by case type after the LDF process.

**Lombardi Pool**

The Lombardi Legislation created three pools (the Bad Debt Pool, the Charity Pool and the Financially Distressed Rate Pool) from which payments are made to alleviate some of the financial difficulties hospitals found themselves in due to economic factors and increases in medical malpractice insurance rates.

**Long Term Home Health Care Program (LTHHCP)**

LTHHCP is a coordinated plan of care and services provided at home to invalid, infirmed or disabled persons who are medically eligible for placement in a skilled nursing facility or health related facility.

**Low Income Families (LIF)**

A category consisting of families with children, children under 21 who are not living with a caretaker relative, applying caretaker relatives (includes adult cases only) and pregnant women. Most Family Assistance recipients will meet the LIF requirements.

**Lump Sum Income**

Lump sum income is the receipt of any substantial, non-recurring/windfall amount of money, such as inheritance, gift, accident settlement, etc.

**- M -****Maintenance In Lieu Of Rent (MLR)**

The cost of service in public buildings is reimbursable when these costs can be identified as the expense of maintaining the space suitable for continuous occupancy and is referred to as maintenance in lieu of rent.

**Maintenance of Effort (MOE)**

The federally mandated level of spending that states are required to continue to provide to qualify for the receipt of federal funds. In NYS, this spending mandate is met through a combination of state and locally funded expenditures.

TANF MOE - the requirement is that spending must equal at least 80% of their base year expenditures (FFY 93-94). If the state achieves the required Work Participation Rates the requirement is that spending must at least equal 75% of base year spending.

MOE levels for NYS:

75% = \$1.718 Billion

80% = \$1.830 Billion

Child Care MOE - to access NYS Child Care Block Grant (NYSCCBG) subsidy funds, districts must maintain local spending for child care services at a level established by the state in accordance with state statute. MOE is calculated by totaling the district share of expenditures in federal fiscal year 1995 for child care services claimed under the following categories: NYS Low Income Day Care program and administrative costs; Transitional

Child Care; At Risk Low Income Child Care, Child Care and Development Block Grant; Emergency Assistance to Families; and JOBS-related child care and employment-related child care. In addition, the MOE for districts participating in the Child Assistance Program (CAP) were adjusted to reflect the district share for federal fiscal year 1997 of CAP child care expenditures included in their NYSCCBG allocation.

**Management And Administrative Reporting Subsystem (MARS)**

This Department of Health subsystem of the Medicaid Management Information System (MMIS) provides management with timely and meaningful Medicaid information reflecting the key areas of program activity.

**Manual Check Control Report**

This three page report lists the manual checks that are 1) pre-registered but not yet authorized in WMS and 2) registered but not yet on the manual check roll.

**Manual Check Direct Payment Roll**

This report lists all manually-issued checks that are both preregistered and have a valid authorization. Also, it must be run to update the BICS database with check and claiming data for manual issuances. For any payment that was prepared off-line, a separate roll should be prepared and kept with the BICS produced Manual Check Direct Payment Roll.

**Manual Check Issuance In LDF and BICS Districts**

Manual checks are prepared by accounting from a handwritten or typed and signed authorization submitted to them. As an alternative, an on-line authorization printed after the information has been entered into WMS, but before it is processed through LDF edits may suffice as the basis for preparing a manual check.

**Manual Check/Issued Summary**

This summary is a two page report. Page one contains a listing of all the manual checks issued. Page two is a summary sheet that

breaks down the manual checks into the different categories, total checks for each category and the total dollar amount for each of the categories.

### **Mass Reauthorization**

Mass reauthorization is an automated function of ABEL which is activated when a common factor of the eligibility process impacts the eligibility or benefit level of cases in several districts.

### **Medicaid**

Medicaid is a program to assist low income persons in attaining and paying for medical care. Districts, under the oversight of the Department of Health, Office of Medicaid Management, administer the program.

### **Medicaid Management Information System (MMIS)**

MMIS is a computerized system designed to process Medicaid payments to Medicaid providers at the state level. This system has been designed to verify the eligibility of the recipient of the medical services against the eligibility database before payment is issued. This system has also been designed to perform edits which exclude duplicate payments. This system entails edits which screen out billings for conflicting services or which are in excess of allowable rates or fees.

### **Medical Support**

Any medical, dental, optical, prescription drug, health care services, or other health care benefits made available to a child through a legally responsible relative.

### **Medically Needy**

An individual who is not eligible for, or in receipt of SSI or LIF, but who has insufficient income and/or resources to meet the cost of his/her necessary medical and remedial care and services as determined by state standards is described as medically needy. Such applicants/recipients must meet the categorical requirements for SSI or ADC.

### **Mental Hygiene Releasee**

Mental Hygiene Releasee refers to an eligible person who has been a patient in a NYS Office of Mental Health facility for a continuous period of five or more years, who has been discharged, released or conditionally released from the facility, or who has been discharged from conditional release, and, at the time of release, who is in need of Family Assistance, Safety Net Assistance, Medical Assistance or Services.

### **Mentally Disabled**

Any NYS resident who is eligible for federally approved categories of medical assistance is to be considered a member of the population of mentally disabled for whom the state will reimburse districts percent of the otherwise local share of Medicaid expenses as covered by Section 54-i of the NYS Finance Law ("Human Services Overburden"), if such resident falls within one or more of the following categories:

1. Any individual who is residing in a Residential Treatment Facility certified by the NYS Office of Mental Health or in an Intermediate Care Facility for the developmentally disabled certified by the NYS Office for People With Developmental Disabilities (OPWDD).
2. Any individual who has been discharged from a NYS Office of Mental Health psychiatric center or a NYS OPWDD developmental center from April 1, 1971 to December 31, 1982 and has 90 or more cumulative days of inpatient treatment.
3. Any individual who is a chronic client in community based facility as certified by the NYS Office of Mental Health or the OPWDD. This category includes individuals who have at least 45 visits in any calendar quarter during 1983 in day or continuing treatment programs (including Subchapter A), or who have received services in certified community residences, or who are residents of schools certified by OPWDD, or who are inpatients of Flower Hospital.

**Microfiche**

Microfiche is a high density file storage and retrieval system. Note: microfiche is no longer used in any capacity in the data migration process.

**Modified Accrual Basis Of Accounting**

The modified accrual basis of accounting requires:

- Revenues - to be recognized in the accounting period in which they become available and measurable.
- Expenditures - to be recognized in the accounting period in which the fund liability is incurred, if measurable, except unmatured interest on general long-term liabilities which should be recognized when due.

**Monthly Payment Statistics Report**

Produced with each Composite Summary, this report includes statistical information derived from all payments or case information.

**MR-0-01 - Medical Assistance Financial Status**

This report contains gross dollar amounts of current Medicaid payments for the most recent month, the month prior to the report, the corresponding month of the previous year and fiscal year to date payments.

**MR-0-01A - Medical Assistance Financial (Program) Status**

The MR-0-01A provides greater detail for the list of services provided in the MR-0-01.

**MR-0-13 - Rate of Adjustments Summary**

This is a summary of adjustments made due to retroactive increases and decreases in rates as determined by the NYS Department of Health, including total federal, state and local shares for the increases or decreases.

**MR-0-14 - Rate Adjustments Reports**

This report details the retroactive rate adjustments made based on information provided by NYS Health Department for a specific provider.

**MR-0-30 - Analysis of Assistance Payments**

The MR-0-30 presents total expenditures by type of service and FP/FNP/Non-reimbursable shares for local charges, state charges, and federal charges.

**MR-0-36 - MA Statistical Report**

This report provides, on a monthly basis, numbers of beneficiaries (unduplicated count), service units and expenditures by specific aid and service categories (data essential to the preparation of mandated federal reports, MA administrative expenditures reimbursement claims and state required statistical reports).

**MR-0-39 - Analysis of Medicaid Payments By Month Of Service**

The MR-0-39 supplies a breakdown by service type, or expenditures for the current month plus 26 previous calendar months, the number of claim lines processed per month, total expenditures and lag number of months between month of payment and month of service.

**MR-0-50 - Medical Assistance Program Statistics**

This report presents, by service listing, the count of beneficiaries receiving services and the number of service units actually rendered for different time periods.

**MR-0-51 - Breakdown of MA Services By Month Of Service**

The MR-0-51 contains unduplicated beneficiaries and unit of service by month of service.

**MR-0-54 - Total Analysis of Assistance Payments**

This report provides a detailed analysis of total MMIS Medical Assistance expenditures broken down by FP/FNP/Non-reimbursable categories.

**MR-0-72 - Medical Systems Expenditures by Source of Funds – Current Payments**

The MR-0-72 provides a non-retro medical systems expenditure report by source of funds.

**MR-0-73 - Medical Systems Expenditures by Source of Funds - Retro Payments**

The MR-0-73 provides a retro medical systems expenditure report by source of funds.

**MRPQ01 (MMIS Shares Report)**

The Quarterly Computation of Federal, State and County Share for the Mentally Disabled report is a breakdown of expenditures for all Long Term Care services into federal, state and local shares.

**MRPQ02 (MMIS Shares Report)**

The Quarterly Computation of Federal, State and County Share, Recipient Specific Overburden Aid Report lists the client by recipient ID#. The report breaks down the total payments to the recipient for that quarter into its federal, state and local shares.

**Monthly Summary of Recovery Collections (LDSS-949)**

This summary serves as a refund roll for those recoveries being reported as refunds.

**- N -****New York City Fiscal Year**

The NYC Fiscal Year refers to the annual time period used to track/report NYC spending and collection of revenue. The NYC Fiscal Year runs July 1 to June 30.

**Net Income**

Total earned income less income deductions and exclusions is referred to as net income.

**New York State Child Care Block Grant (NYSCCBG)**

In 1997, NYS combined six distinct funding programs for the subsidy of child care costs for low income families into a seamless funding source known as NYSCCBG.

NYSCCBG is comprised of federal funds appropriated under the Title IV-A of the Federal Social Security Act; any additional funds NYS opts to transfer from the federal TANF Block Grant; and any state funds appropriated for child care subsidies and for activities to increase the availability and quality of child care programs.

**New York State Nutrition Improvement Project (NYSNIP)**

NYSNIP is a priority initiative implemented to increase SNAP participation in NYS' SSI live alone population. The SSI live alone population is a categorically eligible population of the SNAP.

**New York State Refugee Resettlement Assistance Program (NYSRRAP)**

The purpose of NYSRRAP is to provide enhanced services to assist clients to obtain self-sufficiency and to reduce dependency on public assistance. Services may include, but are not limited to, case management, English as a Second Language, job training and job placement, post-employment services needed to assure job retention, and other services necessary to assist clients to establish and maintain permanent residence in NYS. NYSRRAP services are intended to supplement mainstream refugee services to fill in the gaps not covered by other programs and to extend services beyond the time limits (five years in the United States) imposed on other programs.

**New York State Supportive Housing Program (NYSSHP)**

Provides supportive services to eligible residents of supported housing in order to assist them in achieving as self-sufficient a life as possible. This program consolidates the Single Room Occupancy Support Services Program (SRO) and the Supported Housing for Families and Young Adults (SHFYA) into one unified program.

**Non-Assistance**

Non-assistance for federal purposes are benefits that are short-term and not recurring,

designated to meet a specific crisis of episode of need, not meeting recurrent or ongoing needs, and not extending beyond four months. In addition, non-assistance includes work subsidies and supportive services (transportation, child care) to employed recipients. Non-assistance paid to a recipient of TANF-funded assistance does not count toward the TANF 60-month time limit. Non-assistance does not count toward the support offset. Payments made through EAF are not considered assistance.

**Noncustodial Parent (NCP)**

An NCP is one who does not live with or have physical custody of the child, but is legally responsible for providing financial and medical support.

**Non-immigrant**

A non-immigrant is an alien admitted temporarily for specific purposes and specific periods of time.

**Non-Personal Work Expense**

A non-personal work expense is an expense which is incurred in connection with a particular job, such as union dues, cost of tools, materials, uniforms, and/or equipment not supplied by employer, and/or fees for licenses or permits required by law.

**Non-Service Authorization (LDSS-3209/for New York City LDSS-3517)**

A Non-service authorization is used to authorize recurring assistance (cash grants, vouchers, SNAP, or medical assistance), emergency assistance, interim or "once only" assistance, changes of grants, suspension of assistance, discontinuance of assistance, transmission of changes in identification information such as name, address and family composition and transmission of changing eligibility information such as date of death and limitations on assistance.

**Non-Services Direct Check Cancellation Abstract**

This abstract identifies the Appropriation Account to be credited by the County Fiscal

Officer when checks payable to cases are cancelled.

**Non-Services Direct Check Cancellation Roll**

This cancellation roll identifies checks that were cancelled within the selection dates specified through BICS Production Request #41.

**Non-Services Direct Payment (Check/Benefit)**

A non-services direct payment for authorized public assistance and care is paid directly to the applicant/recipient, the grantee in Family Assistance (FA), or an adult member of the household in Safety Net Assistance (SNA). There are no restrictions imposed by the district upon the recipient regarding the use of these payments.

**Non-Services Indirect Check Cancellation Abstract**

This abstract identifies the Appropriation Account to be credited by the County Fiscal Officer when checks to non-services vendors are cancelled.

**Non-Services Indirect Check Cancellation Roll**

This cancellation roll identifies indirect checks that were cancelled within the selection dates specified through BICS Production Request #41.

**Non-Services Indirect Payment Abstract**

The non-services indirect payment abstract identifies the monies spent in each appropriation account for the check run for payments to vendors.

**Non-Services Indirect Payment Category Summary**

This report identifies the total expenditures within each BICS category during the check run of payments to vendors.

**Non-Services Indirect Payment Roll**

The non-services indirect payment roll is a permanent record of the indirect payments made to vendors for the related cases for which services were provided.

**Non-Tax Levy Funds**

Non-tax levy funds are funds provided by or donated by someone other than the district or the recipient of services or from some source other than the tax levy made by the county for the support of family and children's services.

**Non-Title IV-E**

Non-Title IV-E children are those children who do not meet the eligibility requirements of Title IV-E, but who receive the same types of services.

**Non-Voluntary Placement**

A non-voluntary placement is when the child is being placed under a court order when the placement into foster care is deemed in the child's best interest.

**Notice of Claim Settlement (OTDA-591)**

The LDSS-591 is a computer generated form issued on a monthly basis to report settlement amounts for the RF-2 and RF-2A claim packages.

**Notice Of Claim Settlement Federal Share**

This notice of claim settlement is a computer generated form (LDSS-907) used to settle the federal share of claim packages other than the RF-2 and RF-2A.

**Notice Of Claim Settlement State Share**

The notice of claim settlement state share is a computer generated form (LDSS-901) used to settle the state share of claim packages other than the RF-2 and RF-2A.

**- O -**

**Object of Expenditure**

The digit to the right of the decimal point on an account number (such as in A6010.0) indicates the type of expense (such as salaries, contracts, etc).

**Obligation (or Support Obligation)**

An obligation is the amount of money to be paid as support by the legally responsible parent and the manner by which it is paid.

**Office of Children and Family Services (OCFS)**

OCFS is the office within DFA responsible for services to children and families. OCFS is committed to promoting the well-being and safety of children, families and communities.

**Office of Child Support Enforcement (OCSE)**

Now known as the [Child Support Services \(CSS\)](#).

**Office of Budget, Finance and Data Management**

Now known as the [Division of Budget, Finance and Data Management \(DBFDM\)](#).

**Office of Medicaid Management (OMM)**

OMM is an office within the NYS Department of Health which oversees the administration of the Medicaid program, including health coverage for families, children, single adults and childless couples, and persons who are a, blind or disabled, in both community-based and long-term care.

**Office of Refugee and Immigrant Services**

Now known as the [Bureau of Refugee and Immigrant Assistance \(BRIA\)](#).

**Office of Temporary and Disability Assistance (OTDA)**

OTDA is the agency under DFA which administers public assistance programs (such as FA, SNA, SNAP and HEAP), child support, transitional programs (for example: Drug/Alcohol screening & assessment, and Domestic Violence screening & assessment), Bureau of Refugee and Immigrant Assistance, and disability determinations.

**On-the-job Training**

On-the-job training is occupational training provided in an actual work setting through a contract with an employer. The trainee/employee learns by doing and receives a wage while the employer is reimbursed for training expenses. Employers eligible for on-the-job training may be in the private sector, or non-profit agencies, institutions or corporations.

**Order For Supplies/Services (Voucher)  
(LDSS-3546)**

This voucher is a state supplied pre-numbered four-part carbon form for ordering or reordering supplies or services delivered to a public assistance recipient.

**- P -****PA Household**

PA Household is the number used in the PA budgeting process to determine the total needs of a household. PA Household is also known as TA Household.

**Parent**

A parent is defined as a natural or adoptive mother or father of a child, but not stepparent.

**Parent Locator Service**

The parent locator service is a computerized information service which the child support enforcement program uses to locate non-custodial parents through state and federal records for the purpose of establishing paternity and establishing and enforcing child support.

**Pass-Through Payment**

Pass-through payment is the term given to the maximum amount of up to the first \$ or \$200, depending on the public assistance household composition, of (court ordered or voluntary) child support collected each month which must be disbursed to FA clients and SNA recipients. (Formerly referred to as Disregard Payment).

**Paternity**

Establishment of paternity is the legal determination of fatherhood.

**Payment Abstract**

This is the last page of the Direct Payment Roll. For indirect payments, this report is the last page of the Indirect Payment Category Summary. For both direct and indirect payments, the report shows the amount which should be applied to each appropriation account. This report is signed by the

commissioner or his/her designee and sent to the Fiscal Officer along with the actual checks. The Fiscal Officer should use the Abstract to charge the correct amount against each appropriation account listed on the report. The report should be retained for six years.

**Payment Category Control Report**

This report is a summary by claiming category of the payments and adjustments processed during the claiming month. The report provides a one page summary of the total expenditures and cancellations within the claim period. The report serves as a cover sheet to the Composite Rolls and must be retained for six years.

**Payment Category Summary**

This report identifies the amount of money spent in each BICS generated category during a check run. It identifies by category the direct, indirect and correction amounts within each category. When the Daily Rolls do not balance to the composite summary it is usually an adjustment/correction that has caused the problem. The Payment Category Summary identifies all corrections made during the month and can be used to track the corrections to the Composite Summary. This report should be retained for six years.

**Payment Check Register**

This is considered the Cash Disbursement Journal related to a particular check run. One copy should be sent to the Fiscal Officer along with the checks. The Fiscal Officer should use the register to compare the actual checks received and the total dollar amounts to what should have been received. Any discrepancies should be brought to the attention of the accounting office. The register should be retained for six years.

**Payment Control Advisory Report**

The Payment Control Advisory report lists cases which were processed during check production which had enough information on the authorization for check production but may lack other data that was necessary for the payment to be processed as expected. For

example, a payment line was written indicating the payee to be the associated name in the case but that field is blank on the authorization. BICS then defaults to the case name (secondary data) as payee to process the payment. When this happens a warning appears on the advisory report with the corresponding case information beneath the advisory statement. Once accounting has researched the advisory, and taken appropriate action, the report does not need to be retained.

### **Payment Month**

Payment month is the calendar month for which the district pays assistance based upon actual income and/or circumstance in the Budget Month.

### **Payment Roll**

This lists all cases which received benefits during the check run. The payment roll is important to the accounting unit in that it is the middle document in the audit trail from the authorization to the composites. The payment rolls are compared daily to the payment abstracts. At the end of the month, the abstracts are compared to the composites. The following is one example as to how the payment rolls could be used by accounting. A copy of the recurring check roll from the previous recurring check run is kept and any changes to the recurring amounts authorized are added to, deleted from, or modified on this run. The updated roll is then totaled. It is then compared to the total of the current recurring check pre-roll. These totals should equal each other. If there are any discrepancies it would be noticed before the actual checks were printed and appropriate action is taken to resolve the discrepancy. The Payment Rolls should be retained for six years.

### **Payment Summary by Case Type**

This report identifies all the payments in the check run by case type. The totals are by WMS case type, not claiming category. Since BICS uses special logic to distinguish between claiming category and case type, they may be different. Therefore, the totals will not coincide

with the totals produced on the Issuance Rolls or Composite Summaries.

### **Per Diem**

Per Diem refers to any rate (such as wages, benefits, or services) which is paid by the day.

### **Personal Property**

Generally, any item of value owned, other than real property or insurance, is considered personal property. Most commonly these are securities such as stocks and bonds, bank accounts, mortgages and promissory notes. Other forms of personal property are known as Goods and Effects. They include such things as automobiles, boats, equipment and tools, farm implements, and snowmobiles.

### **Personal Responsibility And Work Opportunity Reconciliation Act (PRWORA)**

PRWORA is the federal legislation that replaced the AFDC program with the federal TANF program funded through the TANF Block Grant.

### **Personal Work Expenses**

Personal work expenses include expenses such as federal, state and local taxes, withholding taxes such as social security, group insurance, meals and transportation, and child care.

### **Policy**

A policy is a set of rules and regulations under which a program of public assistance is administered.

### **Poverty Level**

This is the Federal Health and Human Services economic guidelines that are published yearly to determine households that are in poverty.

### **Poverty Level Guidelines**

The poverty level guidelines are a simplified version of the Federal Government's statistical poverty threshold used by the Bureau of the Census to prepare its statistical estimates of the number of persons and families in poverty. The poverty guidelines are used for

administrative purposes such as in determining whether a person or family is financially eligible for assistance under a particular federal program. The poverty level guideline is calculated annually and released between February and March.

**Power Of Attorney**

A legal instrument authorizing one to act as the attorney or agent of the grantor is called Power of Attorney.

**Prenatal Care Assistance Program (PCAP)**

A program providing comprehensive prenatal care to low income pregnant women. PCAP is funded through Medicaid.

**Preschool Supportive Health Services Program (PSHSP)**

This program, developed jointly by the NYS Department of Education and the NYS Department of Health, assists school districts and counties in obtaining federal Medicaid reimbursement for certain diagnostic and health supportive services provided to preschool students (ages 3-4 years) with, or suspected of, having disabilities.

**Presumptive Eligibility**

Presumptive eligibility provides that an individual, upon application for Medical Assistance, may be presumed eligible for a period of sixty days from the date of transfer from a general hospital, to a certified home health agency or long term home health care program, based on certain criteria.

**Private Proprietary Home for Adults**

An adult care facility which is operated for compensation and profit, established for the purpose of providing long term residential care, room, board, housekeeping, personal care, and supervision to five or more adults unrelated to the operator.

**Process Month**

This is the calendar month between the "Budget Month" and "Payment Month" during which the district shall determine the amount of grant to be issued in the "Payment Month"

based on the actual income and/or circumstances which existed in the "Budget Month".

**Protective Payment**

A protective payment is a check or warrant payable to an individual other than the recipient and other than the eligible relative in the case of FA when such payment is determined to be in the best interest of the recipient.

**Public Assistance (PA)**

PA is the "cash" assistance component of welfare. In NYS, temporary assistance includes Family Assistance, Safety Net Assistance, Emergency Assistance to Families, Emergency Safety Net Assistance and Emergency Assistance for Adults. PA is often referred to as "temporary assistance".

**PA Employment Program Under TANF**

This program's goal is to encourage, assist and require applicants for, and recipients of, Family Assistance to fulfill their responsibilities to support their children by preparing for, accepting, and retaining employment (also known as Temporary Assistance Employment Program Under TANF).

**Public Home**

A public home is defined as an adult care facility or a residential health care facility operated by a district to provide personal care and supervision to persons above the age of sixteen who are not in need of medical or nursing care.

**Public Institution**

A public institution is an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

**Public Work Program (PWP)**

PWP is a mandatory work experience for SNA recipients provided by municipalities, public agencies and non-profit institutions through agreements or contracts with the district or its designated project operator.

**Pure Rate**

Pure rate is the amount paid directly to a medical provider.

**Putative Father**

A putative father refers to a male against whom an allegation of paternity of a child born or to be born out of wedlock has been made, but for whom paternity has not been acknowledge or adjudicated.

**- Q -**

**Qualified Alien**

A qualified alien is a person who:

- has been lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);
- has been granted asylum under Section 208 of the INA;
- has been admitted to the United States as a refugee under Section 207 of the INA (including Amerasian immigrants admitted under the provisions of Public Law -202);
- has been paroled into the United States under Section 212(d)(5) of the INA for a period of at least one year;
- has had deportation withheld under section 243(h) or 241 (b)(3) of the INA;
- is a Cuban and Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980);
- has been granted conditional entry pursuant to section 203(a)(7) of the INA; or
- has been determined by the district to be in need of Medicaid as a result of being battered or subject to extreme cruelty in the United States by a spouse or a parent, or by a member of the spouse or parent's family residing in the same household as the alien.

**Quarterly Expenditure Report (QER)**

This report is an external report the state prepares for submission to the Federal Government to obtain federal funding.

**- R -**

**Raise the Age (RTA)**

Part WWW of Chapter 59 of NYS Laws of 2017 increased the age of criminal responsibility for non-violent crimes to 17 years of age effective October 1, 2018, and to 18 years of age effective October 1, 2019. Districts are deemed eligible in accordance with NYS Finance Law §54-m.

For the purpose of claiming, an RTA eligible youth means, effective October 1, 2018, a 16-year-old who commits an act that results in the youth being at risk of becoming or results in the youth being an alleged or adjudicated delinquent, and effective October 1, 2019, a 16 or 17-year-old who commits such an act, and the youth is receiving services solely as a result of committing such an act. For additional information see 18-OCFS-LCM-20.

**Random Moment Study (RMS)**

See [Intake/Case Maintenance - Random Moment Study \(I/CM-RMS\)](#) or [Services Random Moment Survey \(SRMS\)](#).

**Recertification**

Recertification is the process by which continuing eligibility for public assistance is established by investigation and documentation at specified intervals and which shall include reevaluation and reconsideration of all variable factors of need and other factors of eligibility and a decision made to continue, modify or discontinue the grant.

**Recertification Guide**

This guide is used to obtain information to be used to recalculate the Automated Budgeting and Eligibility Logic (ABEL) budget to continue or re-establish eligibility.

**Recipient**

A recipient is a person who has submitted an application for public assistance and who has been determined by the district to be eligible for a specific program. The term also includes those eligible individuals on whose behalf a

public assistance application was submitted by another person.

**Recoupment**

The method of recovering overpayments made to public assistance households by reducing the amount of their ongoing assistance grant is referred to as recoupment.

**Recoveries**

Recoveries are the monies collected by a district in repayment of public assistance and care granted and of expenses incurred in the protection and/or liquidation of an asset.

**Refugee**

A Refugee is any person who is outside his or her country of nationality or habitual residence, and is unable or willing to return to or seek protection of that country due to a well-founded fear or persecution based on race, religion, nationality, membership in a particular social group, or political opinion.

**Refugee Cash Assistance (RCA)**

RCA, which is administered by BRIA (Bureau of Refugee and Immigrant Assistance) in OTDA, is targeted to newly arriving refugees during their first twelve months after entry into the United States and to those who are determined to be eligible for cash assistance but not eligible for Family Assistance.

**Refugee Medical Assistance (RMA)**

RMA, which is administered by BRIA (Bureau of Refugee and Immigrant Assistance) in OTDA, is targeted to newly arriving refugees during their first twelve months after entry into the United States. These refugees are not related to a federal Medicaid category, but they otherwise meet the financial eligibility standards of the state's medically needy program.

**Refund**

Refunds of assistance and care expenditures are defined as monies repaid to the district to cancel or reduce specific items of assistance appearing on a previous or current payment roll. These refunds are recorded as revenues

by crediting them to the appropriate repayment accounts.

**Reimbursement Claim For Special Projects (LDSS-3922)**

The LDSS-3922 report permits the claiming of both program and administrative costs for special projects funded by OTDA and other state agencies. Beginning with October 2011 claims, this form was replaced with the RF-17 claim package.

**Reimbursement Form (RF)**

An RF is a document the districts use to claim expenditures for reimbursement.

**Removal**

A removal is a payment made for removal of individuals to another state or foreign country.

**Rent Supplement Program**

A rent supplement is a payment made to a landlord to correct housing code violations so suitable housing for individuals on public assistance is secured.

**Repatriate**

Repatriate means to restore or return a person to their country of origin, allegiance or citizenship.

**Repayment**

A repayment is money repaid to the district or collected by the district that is related to a specific client or case.

**Representative Payee**

The term representative payee refers to an individual approved by the Social Security Administration (SSA) to receive benefits on behalf of a person when there is positive legal, medical or other acceptable evidence which shows that the beneficiary is unable to manage their assets or protect their interests because of physical or mental impairment.

**Resources**

Resources include assets, income (in cash or in-kind), or other property which may be used to reduce or eliminate an

applicant's/recipient's need for public assistance.

### **Respite Care**

Respite care is substitute foster care services provided to a child during the period a foster parent is absent.

### **Restricted Payment**

A restricted payment is one made on behalf of a client to a vendor for assistance or services provided.

### **Revenue**

The total income produced by a given source is referred to as revenue.

### **Revolving Fund**

In some districts it is not possible for the fiscal officer to respond as quickly as might be desired with funds from trust accounts. With the consent of the county's legislative body, a revolving fund may be established from the trust account which would give the district Commissioner, or his/her designee, the authority to write checks to clients. The initial amount would be transferred from the general fund. At the end of each month, the revolving fund is replenished from the individual trust accounts involved for that month. Some districts might want to use the revolving fund only for emergencies, while others might want to use it for all transactions. The volume of transactions would dictate the size of the fund.

## **- S -**

### **Safety Net Assistance (SNA)**

SNA is a state and locally funded program that provides cash assistance to eligible individuals, couples and families that are not eligible for family assistance. Generally, SNA can be provided for a maximum of two years in a lifetime. After that, if eligibility continues, SNA will be provided in non-cash form, such as two-party check or a voucher. In addition, non-cash SNA is provided for families of persons who are unable to work due to the abuse of drugs or alcohol or for refusing

drug/alcohol screening, assessment or treatment.

The Medicaid eligibility category which most closely resembles SNA is Singles and Childless Couples (S/CC). It is for individuals ages 21 through 65 who are not certified blind or certified disabled and do not have a minor dependent child living with them.

### **Safety Net Assistance Program**

This program is state funding to selected districts for services and expenses related to programs serving Safety Net recipients unable to obtain or retain employment due to mental and/or physical disabilities.

### **Satisfactory Transmission Report**

This report can be used for tracking Welfare Management System authorizations and payments.

### **Schedule A - "Expenditures For Family Assistance (LDSS-187)"**

The Schedule A summarizes, on a monthly basis, expenditures made during the month for recipients of Family Assistance.

### **Schedule A-1 - "Title IV-D Summary Of Collections And Distributions (LDSS-2517)"**

The Schedule A-1 summarizes child support collections and distributions of those collections made during the month.

### **Schedule B - "Claiming For Adult Care, EAA, And Guide/Service Dogs (LDSS-4744)"**

The Schedule B summarizes the expenditures made during the month for Adult Care.

### **Schedule C (SNA) - "Expenditures For Safety Net Assistance (LDSS-1040)"**

The Schedule C is prepared to calculate state reimbursement of expenditures for assistance and care furnished to eligible recipients of SNA.

**Schedule D-17 - "Distribution Of Allocated Costs To Other Reimbursable****Schedule D - "DSS Administrative Expenses Allocation And Distribution By Function And Program (LDSS-2347)"**

The Schedule D is used to report, on a monthly basis, all salary costs and staff counts for each of the functions shown, fringe benefits (as a calculated percentage of total salaries - adjusted to actual after year end), non-salary costs from the LDSS-923, overhead and county-wide central services costs.

**Schedule D-1 - "Claiming Of Intake/Case Maintenance (I/CM) Expenditures (LDSS-2347-A)"**

The Schedule D-1 provides the basis for determining federal, state and local shares of Eligibility/Income Maintenance expenditures.

**Schedule D-2 "Allocation For Claiming General Services Administration Expenditures (LDSS-2347-B)"**

The Schedule D-2 distributes total General Services Administration Expenditures to appropriate categories such as Title XX, Title IV-E, etc.

**Schedule D-3 "Allocation And Claiming Of Administrative Costs For Employment Programs (LDSS-2347-B1)"**

The Schedule D-3 provides for reporting and allocating salary and fringe benefits, non-salary costs, and overhead costs among the employment program for TANF applicants and recipients, the SNAP E&T and the non-federal employment program.

**Schedule D-4 - "Calculation of Medical Assistance Eligibility Determination/Authorization/Payments Cost Shares (LDSS-2347-B2)"**

The Schedule D-4 is utilized for the distribution and claiming of federal and state reimbursement for the eligibility and authorization costs related to the Medical Assistance Program and it may also contain costs of processing medical assistance payments.

**Schedule D-5 - "Calculation Of Medical Assistance Policy Planning/Administration Cost Shares (LDSS-2347-B3)"**

The Schedule D-5 is utilized for the distribution and claiming of costs for skilled professional staff involved with Policy and Planning for the Medical Assistance Program.

**Schedule D-6 - "Reimbursement Claim For Training (LDSS-2347-C)"**

The Schedule D-6 allocates Training Expenditures including central services cost, to the appropriate functions and programs within those functions.

**Schedule D-7 - "Distribution Of SNAP Expenditures to Activities (LDSS-2347-E)"**

The Schedule D-7 calculates the USDA, state and local shares of SNAP administration costs.

**Schedule D-8 - "Allocation For Claiming Of Title IV-D Child Support Activities And Support Collection Unit Expenditures (LDSS-2547)"**

The Schedule D-8 allocates, segregates and distributes child support costs to the Title IV-D or Support Collection Units, among four types of providers and to federal and non-federal categories respectively.

**Schedule D-10 - "Claiming Of Fraud & Abuse Administrative Costs (LDSS-2347-F)"**

The Schedule D-10 is used for the distribution and claiming of federal and state reimbursement for costs related to fraud and abuse activities.

**Schedule D-17 - "Distribution Of Allocated Costs To Other Reimbursable Programs (LDSS-3274)"**

The Schedule D-17 segregates monthly the administrative costs to special programs not covered by the other functions. Beginning with October 2011 claims, the D-17 will be replaced by the RF-17 claim package.

**Schedule D-18 - "Distribution Of TANF Funded Services Expenditures to****Schedule D-18 - "Distribution Of TANF Funded Services Expenditures to Activities (LDSS-2347N)"**

The Schedule D-18 is utilized to allocate TANF Funded Services Expenditures, including central services costs, to the appropriate service categories. This schedule is effective beginning with October 2014 claims.

**Schedule E-1 - "Summary Of Refunds And Cancellations Decertified Facility Information And Rate Adjustments (LDSS-157A)"**

The Schedule E-1 provides a summary of refunds and cancellations of medical assistance, all payments made to a facility that has been decertified and payments made or refunds received due to rate adjustments.

**Schedule E - "Computation Of Federal And State Aid On Medical Assistance (LDSS-157)"**

The Schedule E-1 supports the claim for reimbursement of Medical Assistance furnished to eligible recipients that is not handled by MMIS.

**Schedule F - "Schedule of Costs for Emergency Assistance To Needy Families With Children (LDSS-1285)"**

The Schedule F consolidates emergency assistance expenditures made during the month for all aid, care and services granted to families with children (including migrant families) to deal with situations threatening the family and to meet urgent needs resulting from circumstances demanding immediate attention.

**Schedule G - "Title XX Services For Recipients (LDSS-1372)"**

The Schedule G is used to report expenditures for such social services as adoption services, day care, protective, preventive, homemaker, housekeeper/chore services, information and referral services, and others as provided by the district's Consolidated Services Plan.

**Schedule G-2 - "Summary Of All Payments For Day Care (LDSS-2109)"**

The Schedule G-2 summarizes net payment for day care by two methods of payments, either as part of a recipient's grant or paid as a purchased service from a provider and the reverse side provides statistical information on the children for whom day care was paid.

**Schedule H - "Non-Title XX Services For Recipients (LDSS-4283)"**

The Schedule H consolidates expenditures for non-Title XX services such as services related to EAF expenditures, FNP Adoption Services expenditures and for expenditures for the various types of day care programs made at the local level.

**Schedule K - "Reimbursement Claim For Foster Care And Adoption Expenditures (LDSS-3479)"**

The Schedule K is submitted for federal and state reimbursement of: maintenance and tuition expenditures for eligible foster care children under Title IV-E, and Non IV-E eligible foster care categories including foster care payments for Title IV-E eligible JD/PINS, adoption subsidy payments, certain medical subsidies for adopted children, maintenance costs of handicapped children placed by a local school district in approved residential schools and transitional care provided to mentally or developmentally disabled persons in foster care, but who are beyond the age limits generally set for foster care cases.

**Schedule N - "TANF Funded Services (LDSS-5045)"**

The Schedule N will be used to claim federal reimbursement for Temporary Assistance for Needy Families (TANF) funded program expenditures. Included in the Schedule N are TANF case specific program expenditures as well as contract services program and administrative expenditures provided through the Flexible Fund for Family Services (FFFS). Case specific expenditures are those that were previously claimed on the Schedule H in the EAF column but will now be claimed on

the Schedule N using new category distinctions.

**Schedule LDSS-3922 - "Reimbursement Claim For Special Projects"**

The LDSS-3922 permits the claiming of program and/or administrative expenditures for special projects funded by OTDA and other state agencies. Beginning with October 2011 claims, this form was replaced with the RF-17 claim package.

**Schedule RF-2 - "Monthly Statement Of Assistance Expenditures And Claims For Federal And State Aid (LDSS-1272)"**

The Schedule RF-2 is the basic claim form for summarizing and reporting federal and/or state reimbursement of public assistance and care expenditures, as well as purchase of service expenditures, made at the district level.

**Schedule RF-2A - "Monthly Statement Of Administrative Expenditures For Federal And State Aid (LDSS-1272A)"**

The Schedule RF-2A is the main claim form for federal and/or state reimbursement of program administrative expenditures made at the local level. This claim package must be submitted each month regardless of whether the district has any expenditures to report.

**Schedule RF-3 - "Adjustment Claim For Additional State Aid On Expenditures 100% Reimbursable (LDSS-843)"**

The Schedule RF-3 is submitted as two separate formats: one to claim state charges, and one to claim expenditures made on behalf of Mental Hygiene Releasees.

**Schedule RF-4 - "Independent Living Program For Foster Care Children (LDSS-3871)"**

The Schedule RF-4 involves reimbursement for All Independent Living Program Expenditures for foster care youth.

**Schedule RF-6 - "Monthly Claim For Reimbursement To Resettled Refugees (LDSS-1047)"**

The Schedule RF-6 is used to claim for additional federal reimbursement for the Refugee Program and Cuban/Haitian Entrants Program.

**Schedule RF-6A - "Federal Reimbursement For Refugees Or Cuban/Haitian Administrative Costs (LDSS-3510)"**

The Schedule RF-6A calculates the administrative costs related to either the Refugee Assistance Program or the Cuban/Haitian Program.

**Schedule RF-7 - "Expenditures Statement and Claim for Reimbursement - Assistance for U.S. Citizens Returned From Foreign Countries (LDSS-931)"**

The Schedule RF-7 is for claims for repatriation costs for qualified U.S. citizens returned from foreign countries.

**Schedule RF-8 "Monthly Statement Of Expenditures And Claims For The Home Energy Assistance Program (HEAP) (LDSS-3551)"**

The Schedule RF-8 claims payments of HEAP assistance made to the recipient or directly to a vendor for a recipient and HEAP administrative costs.

**Schedule RF-9 - "Computation And Claim For Additional State Reimbursement For Medical Assistance Under Long Term Care And Presumptive Eligibility (LDSS-3580)"**

The Schedule RF-9 claims enhanced state reimbursement for certain Long Term Care expenditures under Title XIX Medical Assistance.

**Schedule RF-17 Worksheet - "Distribution of Allocated Costs to Other Reimbursable Projects (LDSS-4975A)"**

The Schedule RF-17 is utilized for reporting other Reimbursable Program Expenditures. It replaces the Schedule D-17 and the paper

LDSS-3922 claims commencing with October 2011 claims.

### Schedule RF-17 Statement - “Monthly Statement of Special Project Claims (LDSS-4975)”

The Schedule RF-17 Statement lists all projects reported on the RF-17 Worksheet (LDSS-4975A); the certification page requires signature.

### School Supportive Health Services Program (SSHSP)

This program, developed jointly by the NYS Department of Education and the NYS Department of Health, assists school districts and counties in obtaining federal Medicaid reimbursement for certain diagnostic and health support services provided to school students (ages 5-21 years) with, or suspected of having, disabilities.

### State Children’s Health Insurance Program (SCHIP – MA)

This program is intended to provide targeted low-income children who are currently uninsured with health insurance coverage, through a combination of expansion of the Medicaid program and a separate Children’s Health Insurance Program (CHIP).

### Services (Non-Title XX)

Non-Title XX services include day care services provided under NYSCCBG, EAF services provided using FCBG funding and regular state funding. These services are claimed on the Schedule H – Non-Title XX Services for Recipients (LDSS-4283). EAF services provided using TANF funding are claimed on the Schedule N - TANF Funded Services (LDSS-5045).

### Services (Title IV-E)

Eligible foster care and adoption services are provided under Title IV-E of the Social Security Act. These amounts are claimed on the Schedule K – Reimbursement for Foster Care and Adoption Expenditures (LDSS-3479).

### Services (Title XX)

Title XX services, a matrix of general services, is provided by districts under Title XX of the Social Security Act. These services are provided as: Child Preventive, Child Protective, Adult Protective/Domestic Violence, and Other. Amounts are claimed on the Schedule G – Title XX Services for Recipients (LDSS-1372).

### Services Authorization (LDSS-2970)

The LDSS-2970 is the document used in all districts to authorize Services to eligible individuals and families

### Services Financial Eligibility Display/TurnAround Document (SFED/T)

This document is used to develop a Services Plan.

### Services Indirect Check Cancellation Abstract

This abstract identifies the appropriation account to be credited by the County Fiscal Officer.

### Services Indirect Check Cancellation Roll

This cancellation roll identifies indirect checks that were cancelled within the selection dates specified through BICS Production Request #41.

### Services Indirect Payment Abstract

This abstract identifies the monies spent in each appropriation account for the check run.

### Services Indirect Payment Category Summary

This report summarizes the total indirect expenditures within each BICS services category during the check run.

### Services Indirect Payment Roll

The services indirect payment roll provides Accounting with detailed information for all clients associated with that check production run.

**Services Random Moment Survey (SRMS)**

SRMS works to determine proper allocation of administrative costs within the Services function in three ways:

- Measuring percentage of worker time to be allocated between federally funded and non-federally funded programs.
- Measuring percentage of activities to be shared among mutually benefiting programs.
- Measuring amount of activity (previously considered as administrative) which can now be considered exempt from administrative cost caps and/or counted as program cost.

**Settlement**

A settlement is a reconciliation process that involves matching advance payments to regular and supplemental claim expenditures and adjustments and either paying the difference, or applying the difference to other administrative or program expenditure claims.

**Singles/Childless Couples (S/CC)**

Single individuals or members of childless married couples who are (1) at least 21, but not yet 65; (2) not certified blind or certified disabled; (3) not pregnant; and (4) not caretaker relatives of children under age 21.

**Social Services Block Grant (SSBG)**

The SSBG is the total amount of federal funds available for Title XX services.

**Solution to End Homelessness Program (STEHP)**

STEHP is administered by the Bureau of Housing Services (BHS) to provide assistance for individuals and families to remain in or obtain permanent housing, and assistance with supportive services during their experience of homelessness, the eviction process and housing stabilization. [Formally referred to as the Homelessness Intervention Program (HIP).]

**SR Schedule - "Summary of Expenditures for CTH/JD/PINS (LDSS-4990)"**

This report is no longer utilized as of July 2014.

**Standard Of Payment System**

The standard of payment system sets the standards for state aid for the foster care of children. This involves the development of policies and the establishment of state aid rates toward the goal of achieving permanence for children by providing the kind of programs in foster care that will achieve a return home, adoption or other permanent placement for children as quickly as possible.

**State Charges**

State charges are defined as needy Indians and members of their families residing on an Indian reservation in NYS even though such Indians may have state residence. An Indian residing off the reservation has the same status as any other person.

**State Children's Health Insurance Program (SCHIP – MA)**

This program is intended to provide targeted low-income children who are currently uninsured with health insurance coverage, through a combination of expansion of the Medicaid program and a separate Children's Health Insurance Program (CHIP).

**State Fiscal Year (SFY)**

SFY refers to the annual time period used to track/report state spending and collection of revenue. The NYS fiscal year runs April 1 to June 30 each year.

**Statement Of Estimated Annual Maintenance Costs (SEAMC)**

This statement supports claims for reimbursement for maintenance costs in lieu of rent.

**State Parent Locator Service (SPLS)**

SPLS is a service operated by NYS Child Support Enforcement Agencies to locate non-custodial parents to establish paternity

and establish and enforce child support obligations.

**Stipends**

Stipends are financial incentives provided to foster children over the age of sixteen for whom Independent Living has been identified as the permanency goal of the child's case plan or for children deemed to have the goal of independent living.

**Subsidiary Ledger**

Each subsidiary ledger has a related control account in the general ledger. The control account reflects summary information, whereas the subsidiary ledger reflects the details that support the control account.

**Subsidized Employment**

Subsidized employment occurs when an employer receives a subsidy in exchange for hiring a public assistance recipient. The subsidy payment may offset the employer's costs of providing wages, fringe benefits or training or for other purposes. Funds used to subsidize a position may include welfare funds, such as those made available through grant diversion, or other funding sources. Subsidized employment is a public assistance work activity.

**Substitute Care**

Other care provided to recipients in a home due to scheduled absences of the operator is considered substitute care.

**Supervised Independent Living Program (SILP)**

This program supports the creation of independent living structures in apartments or homes that more closely approximate the type of living quarters that foster children will be residing in after they are discharged.

**Supplant**

To replace current spending with another funding source.

**Supplemental Claim**

A supplemental claim may be filed (up to twenty-two months after the date of the original expenditure) for expenditures made during a previous month or period because they were not claimed at that time or that were incorrectly claimed and need to be corrected.

**Supplemental Nutrition Assistance Program (SNAP)**

As of October 1, 2008, SNAP is the name for the federal Food Stamp Program. SNAP is a federally funded program with the purpose of reducing hunger and malnutrition by supplementing the food purchasing power of eligible low income individuals.

**Supplemental Nutrition Assistance Program Education (SNAP-Ed)**

This program no longer exists as of October 1, 2014.

**Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)**

The SNAP E&T program provides work preparation and support services to SNAP work registrants and is integrated with work programs serving recipients of TANF and Safety Net Assistance. The program ensures that able-bodied SNAP recipients are involved in meaningful work-related activities that eventually lead to unsubsidized employment and a decrease in dependency upon assistance programs.

**Supplemental Security Income (SSI)**

SSI is a cash assistance program administered by the social security administration which provides a nationwide minimum income to needy, blind and disabled persons. In NYS, SSI recipients are eligible for Medicaid.

**SSI-Related**

SSI-related refers to a medically needy Medicaid category for the a (65 and over), certified blind or certified disabled.

**Support Collection Unit (SCU)**

The support collection unit is the part of the child support enforcement program responsible for administration, collection, monitoring, and disbursement of support payments.

**Support Hearing**

A support hearing is a proceeding to examine the facts regarding financial support for a child.

**Support Obligation**

The amount a non-custodial parent is ordered to pay for child support is referred to as support obligation.

**Support Order**

A support order is a court order establishing a child support obligation.

**Support Petition**

A formal written application to a court requesting judicial action on a matter of child support is called a support petition.

**- T -****TANF Block Grant**

The TANF block grant is the money that DHHS gives to a state to help pay for the state's TANF federally funded program.

**TANF Data Collection and Reporting**

Detailed statistical information is required as a result of the federal welfare reform legislation and the subsequent federal regulations that were issued. For aid categorized as "Assistance," well over data elements must be collected monthly for each recipient and reported on each quarter. Lack of compliance with these requirements can result in severe financial penalties to the state.

**TANF Maintenance of Effort (TANF MOE)**

MOE for the TANF block grant is the federally mandated level of spending that states are required to continue to spend to continue to qualify for TANF funds. The requirement is that spending must equal at least 80% of the

state's base year expenditures (FFY 93-94). If the state achieves the required Work Participation Rates, the requirement is that spending must at least equal 75% of base year spending. In NYS, this is a combined state and local requirement.

**TANF Reporting and Control System (TRACS)**

TRACS is a web based system used by district's to report on individual TANF Services Plan projects.

**TANF State Plan**

The TANF state plan is the document which describes a state's TANF federally funded program which is submitted to the Federal Department of Health and Human Services and in turn allows the state to access its TANF Block Grant.

**Teenage Services Act (TASA)**

The Teenage Services Act, enacted in 1984, focuses on the needs of pregnant or parenting adolescents in receipt of public assistance and recognizes these teens as having special needs for a wide variety of services. Services provided under TASA are directed at ensuring that the participating teenagers have access to the range of services needed to achieve self-sufficiency and family stability, including, but not limited to medical care for the teen and the child(ren), educational assistance, responsible family planning counseling, and assistance with meeting the basic needs of housing, nutrition and clothing.

**Temporary Assistance (TA)**

TA is the "cash" assistance component of welfare. In NYS, temporary assistance includes Family Assistance, Safety Net Assistance, Emergency Assistance to Families, Emergency Safety Net Assistance and Emergency Assistance for Adults. TA is often referred to as "public assistance".

**Temporary Assistance (TA) Household**

TA Household is the number used in the PA budgeting process to determine the total needs of a household. TA Household is also known as PA Household.

**Temporary Assistance Employment Program Under TANF**

This program's goal is to encourage, assist and require applicants for, and recipients of, family assistance to fulfill their responsibilities to support their children by preparing for, accepting, and retaining employment (also known as Public Assistance Employment Program Under TANF).

**Temporary Assistance For Needy Families (TANF)**

TANF is a federally funded Block Grant which was created by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. TANF is operated by the states, using federal funds to provide supportive services and federal benefits to assist families with children.

**Time Limit**

Assistance will count towards a time limit (TANF 60-month, state 60-month, or state 24-month) when made to a trackable individual in a trackable case type (FA, non-cash SNA/FP, cash SNA).

Non-assistance to the same individual in the same case type will not count toward a time limit. Any payment to the same individual in any case type other than a trackable type will not count toward a time limit. Medicaid is not time limited.

**Time Limit Exemptions**

Federal law allows for up to 20% of the TANF caseload to have exceeded their 5 year limit. Acceptable exemptions include:  
Incapacitated/Disabled for more than 6 months, needed in home to care for incapacitated household member, incapacitated SSI application filed, and victim of domestic violence. Each recipient who nears the sixty-month time limit must have an individual evaluation to insure that his or her employability code is correct.

**Title IV-D (Child Support Services)**

Title IV-D is a federal child support program.

**Title IV-E**

Title IV-E is a federal program for the maintenance and administrative costs for eligible children in foster care.

**Title XIX (Medicaid)**

Medicaid covers expenditures for medical services provided to eligible clients.

**Title XX (Services)**

Title XX programs provide general services to those persons in need.

**Training And Employment Assistance Program (TEAP)**

Now known as [Transitional Employment Advancement Program \(TEAP\)](#).

**Training/Rehabilitation**

Vocational skill training is designed to provide individuals with the technical skills and information required to perform a specific job or group of jobs. Such training includes, but is not limited to, licensing or degree programs and skills refresher training.

**Transitional Employment Advancement Program (TEAP)**

TEAP refers to an activity in which employment skills training is provided in an actual work setting wherein work performance in a given occupation is done under the guidance and supervision of a trained worker or instructor, and employer expenses for training are reimbursed through grant diversion. Formerly known as Training And Employment Assistance Program.

**Transitional Services**

Transitional services include employment-related expenditures such as uniform allowances, disability or payroll insurance, tools, license fees, or other items offered to a client, who is no longer in receipt of ongoing TANF, to enable the client to maintain employment. Transportation expenses are not included in this category.

**Transition Pool**

A transition pool helps in offsetting the costs of bad debt and charity care. The transition pool can also aid hospitals suffering severe fiscal hardships because of insufficient resources to cover financial losses and assist hospitals severely negatively impacted by the inclusion of Medicare in the state's prospective reimbursement system and by shifts in payer liability.

**Transitional Medicaid (TMA)**

TMA is an extension of Medicaid coverage when LIF eligibility is lost due to new employment or increased earnings of the caretaker relative and: (1) there is a dependent child living at home; and (2) the family has received LIF in three out of six preceding months prior to losing LIF eligibility. The initial six months is generally guaranteed. There is a possible additional six months if other criteria are met, including responding to quarterly mailers.

**Transmission Report**

This BICS report gives a listing of satisfactory cases and unsatisfactory cases transmitting from WMS into BICS. Cases listed on the unsatisfactory list include those cases with a BICS advisory edit message and those cases processed with a BICS error edit message. Satisfactory cases passed BICS edits.

**Transmission Statistics Report**

This report identifies by case type all transactions received by BICS.

**Treasury Offset Program (TOP)**

The Treasury Offset Program (TOP) is used to collect delinquent SNAP overpayment claims. Under TOP, there are more than seventy federal payment sources under which an ex-client's debt can be collected. Sources include IRS tax refunds, railroad retirement payments, and federal Salary.

**Trust And Agency Account**

A trust and agency account is provided for transactions relating to cash and other assets

received or accepted in escrow by the Fiscal Officer in his official capacity to be held for trust for subsequent distributions, transmittal or release to other governments, persons, or funds.

**Trust And Agency Fund**

A trust and agency fund is an account for assets held by the county in a trustee capacity or as an agent for individuals, private organizations, other governmental units or other funds.

- U -

**Unaccompanied Refugee Minor (URM)**

An unaccompanied refugee minor is defined as a child under the age of 18 deemed to be unaccompanied by a responsible adult. URM's may be identified by either of two federal agencies. The Department of State may identify eligible refugee children overseas. Upon arrival in the U.S., the refugee child is placed in the URM program to receive foster care and other services and benefits. Refugee children who enter the U.S. with a parent, but are unable to remain with the parent, may be eligible to participate in the URM program as determined by the federal Office of Refugee Resettlement.

**Unaccompanied Refugee/Entrant Minors Program (URMP)**

The Unaccompanied Refugee Minors Program assists unaccompanied minor refugees and entrants in developing appropriate skills to enter adulthood and to achieve economic and social self-sufficiency. The URMP establishes legal responsibility, under state law, to ensure that the unaccompanied minor refugees and entrants receive the full range of assistance, care and services to which all children in the state are entitled, including English language training, career planning, health/mental health needs, education and training, residential or foster care, and socialization skills/adjustment training.

**Uncapped**

To remove the ceiling, no funding limit.

**Uniform Interstate Family Support Act (UIFSA),  
and Uniform Reciprocal Enforcement of  
Support Act (URESA)**

These laws enacted at the state level provide mechanisms for establishing and enforcing support obligations when the non-custodial parent lives in one state and the custodial parent and children live in another.

**Uniform System of Accounts for Counties**

The uniform system of accounts for counties is based on the following twelve accounting principles:

- Accounting and reporting capabilities
- Fund accounting
- Types of funds of self-balancing groups of accounts
- Number of funds
- Accounting for fixed assets
- Validation of fixed assets
- Depreciation of fixed assets
- Accounting basis
- Annual budgets should be adopted for every operating fund
- Transfer, revenue and expenditure classification
- Common terminology and classification
- Interim and annual financial reports

**United States Department Of Agriculture  
(USDA)**

USDA is the federal agency which oversees the SNAP.

**Unliquidated Obligations**

Amounts that have been committed for expenditure (through allocation to localities or signing of contracts with vendors) but have not yet been disbursed are referred to as unliquidated obligations.

**Unobligated Balances**

Unobligated balances are funds that have not been committed to a specific program initiative.

**Unsatisfactory Report**

The unsatisfactory report identifies those cases that have been rejected by BICS. It is used mainly by the workers to correct errors on the authorization. Payments will not be produced by BICS until the errors for that payment have been corrected. Once the errors are corrected the report need not be retained.

**- V -**

**Vendor Remittance Statement**

This report is produced for each indirect check requested. Since one payment may include several vouchers, the remittance statement is included to provide the details of that indirect check composition.

**Violation Petition**

A violation petition is a formal written application to a court requesting judicial action on the matter of non-payment of court-ordered child support.

**Visitation**

Visitation is the right of a non-custodial parent to visit or spend time with his or her children.

**Vocational Skills**

Vocational skills are activities which measure abilities to perform occupational tasks to determine if training is needed.

**Vocational Training**

The vocational training component requires registrants to participate in instruction of either a specific skill, occupation, or program with a specific vocational objective. It is generally conducted in an institutional setting. For example, training may be provided by an instructor in a classroom or other non-work site setting, but may also include on-site observation of a work place as part of the training activity.

**Voluntary Acknowledgement of Paternity**

Voluntary acknowledgement of paternity is a written acknowledgement by both parties, provided on the appropriate form, that the man is the father of a child. This acknowledgement establishes paternity of a child without a court hearing.

**Voluntary Placement**

Voluntary foster care placement is recognized by Title IV-E of the Social Services Act and is subject to reimbursement, so long as a court determines within 180 days of such placement, that the placement is in the child's best interest and the family meets eligibility requirements.

**- W -****Wage Subsidy**

A wage subsidy is a payment made to a public or private employer to subsidize an employee's wage or fringe benefits. A wage subsidy may be offered as an incentive for an employer to hire a welfare recipient. Funds used to provide wage subsidies may be made available through diversion of the public assistance grant or other funds.

**Wage Withholding**

Wage withholding is a procedure by which automatic deductions are made from wage or income to pay some debt such as child support; may be voluntary or involuntary.

**Welfare Management System (WMS)**

WMS is a management information system developed to improve the administration and control of social services programs (Public Assistance, Medical Assistance, SNAP, and Services) in NYS. WMS collects, stores, validates and processes basic demographic and eligibility data, which is used to calculate assistance, produce statistical and management reports, detect clients already receiving assistance, and interface with other state information systems (for example, the Child Support Management System, the Medicaid Management System, Wage Reporting System, Unemployment Insurance

Benefit System). (Also known as SWMS – Statewide Welfare Management System).

**Welfare Reporting and Tracking System (WRTS)**

WRTS is the Welfare Reporting and Tracking System, originally created to meet federal reporting needs. It is a joint project between OTDA, OCFS, DOH, and DOL. This information base includes non-services, services, Medicaid, HEAP and other data from WMS and other state agency applications. WRTS also provides ad hoc reporting.

**Welfare-to-Work Block Grant (WtWBG)**

This program ended in January 2004.

**Welfare-To-Work Division (WWD)**

WWD falls under the Employment and Advancement services Bureau which is responsible for oversight of the PA and SNAP employment program which is operated through the Family Assistance, Safety Net Assistance, and SNAP. Oversight includes policy development, technical assistance to districts and provider agencies, contract reporting and monitoring, program oversight of state initiatives, and supervision of district operations.

**Work Activity**

A program or job to which an applicant or recipient of public assistance is assigned by a social services official. All unsubsidized employment is considered a work activity. Public assistance recipients may be assigned to a work activity or a combination of activities for a maximum of 40 hours weekly. A list of work activities is included in Office regulations (18 NYCRR 385.9). Districts are authorized to establish additional activities through the local employment plan process. A district must indicate its local employment plan which work activities are available in the district.

Not all work activities count toward TANF or Safety Net Assistance participation rates. Certain activities never count toward participation and others count for a limited number of weekly hours or months. Specific

information regarding the extent to which an activity counts toward a participation rate can be found in Office regulations (18 NYCRR 385.8).

The number of hours an individual may be assigned to a work experience is limited by the value of the public assistance and SNAP benefits divided by the minimum wage.

**Workspace Archival & Retrieval Manager (WARM)**

WARM is an advanced electronic report management system. Mainframe computer-generated reports are automatically processed, indexed, compressed, stored and made available on the network. Multiple users can gain simultaneous access. Replaced COLD.

system to train economically disadvantaged persons and others for permanent, private sector employment. One of the programs under WIOA, the Job Corps, is a no-cost education and vocational training program administered by the U.S Department of Labor that helps young people ages 16 through 24 improve the quality of their lives through vocational and academic training.

**Work Experience Program (WEP)**

The work experience program is designed to improve the job readiness of participants through actual work experience. Participants may be assigned to public or private nonprofit agencies. Work experience may be combined with other activity assignments including education, training, or job search. A work experience assignment is limited to the number of hours derived by dividing the value of the public assistance and SNAP (SNAP) benefits by the minimum wage.

**Work Experience Activities**

Work Experience Activities are defined as the placement of an individual in a clearly defined and meaningful work assignment in which there exists the opportunity to conserve or develop work habits and skills.

**Workforce Investment Act (WIA)**

This program was replaced by the Workforce Innovation and Opportunity Act (WIOA) effective July 15, 2015.

**Workforce Innovation and Opportunity Act (WIOA)**

Formerly known as the Workforce Investment Act (WIA) or the Job Training Partnership Act (JTPA) – WIOA is a program and delivery

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