



# **ACS FISCAL MANUAL**

## **ADDENDUM: Limited Secure Placement & Aftercare Services**

**Issue Date: July 1, 2018**

**ADDENDUM: CLOSE TO HOME - Limited Secure Placement & Aftercare Services Fiscal Manual  
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## **SECTION 1 - BUDGET**

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### **1.0 ALLOCATION METHODOLOGY**

The annual operating Limited Secure Placement (LSP) budget will be based on the approved daily rate multiplied by the number of awarded slots multiplied by the number of days per year. The approved budget amount will become a set allocation allowing contractors, upon reconciliation at year end, to bill up to that amount for allowable expenses using their actual care days. Utilization rates will be reviewed and a determination will be made by ACS and OCFS (NYS Office of Children and Family Services) regarding number of beds, appropriate utilization and performance measures.

LSP Aftercare is a capped line-item budget for which contractors invoice ACS subsequent to the provision of services.

### **1.1 RATE AND ADD-ON AMOUNTS**

- All contractors will receive a per diem base rate, assuming that funds are spent on allowable expenses to support the program model.
- All NYC contractors will receive additional per diems based on the awarded service type.
- There will be no additional funding beyond the base rate, the agreed upon additional per diems, renovation funds and line-item budgets such as Aftercare unless there is a modification to the contract.
- Funding for items such as Special Payments, Preparing Youth for Adulthood (PYA) and Reinvestment do not apply to this program. All expenses are to be covered by the rate.

### **1.2 BUDGET SUBMISSION AND QUARTERLY FINANCIAL REPORTING**

- LSP Residential Budget Submission: At the start of every fiscal year, contractors will submit a line-item budget which supports each rate-based component. Contractors will be required to meet the programmatic guidelines and stay within the budget.
- LSP Aftercare Budget Submission: At the start of every fiscal year, contractors will submit a line-item budget to the ACS Budget Department. Contractors will be required to meet the programmatic guidelines and stay within the budget.
- LSP Residential Quarterly Expense Reporting: Contractors will be required to report quarterly expenses. This information will be submitted using the LSP Residential Budget Template (Appendix A). At the end of each Fiscal Year contractors will report their LSP Residential expenditures and income using the OCFS State Standard of Payment (SSOP) application and should report this information using the "Other" column of the template.
- LSP Aftercare Quarterly Expense Reporting: Contractors will be required to report quarterly expenses against their approved budget. This information will be submitted using the LSP Aftercare Budget Template (Appendix B.) LSP Aftercare expenses and income are NOT reported on the SSOP.

### **1.3 BUDGETED RATES**

- Residential Care: ACS will create an initial rate at the start of the each fiscal year which will be used for the billing process in SSPS. ACS will adjust the rate accordingly, if needed and work with OCFS for approval of those adjusted rates.
- Aftercare: Rate calculation is not applicable for aftercare.

### **1.4 UNSPENT FUNDS**

Upon audit, ACS will reconcile with contractors. All unspent funds will be recouped, as per ACS audit instructions.

### **1.5 MEDICAL EXPENSES**

LSP is not a Medicaid eligible program. Allowable medical expenses should be covered by the approved medical rate add-on.

### **1.6 LEGAL FEES**

Except as permitted by this Fiscal Manual and Federal, State and City regulations, legal fees and expenses are not allowable residential or aftercare expenses. Reasonable legal fees and expenses may be deemed allowable in ACS' sole determination provided that (1) ACS has given prior written authorization to incur such fees and expenses, and (2) the fees and expenses are related to the maintenance and care of youth placed with contractor. As per current fiscal policy, legal fees and expenses related to litigation covered under contractors' insurance policies will not be reimbursed, nor there reimbursement for any legal fees or expenses related to litigation where ACS is also named as a party.

## **SECTION 2 - PAYMENT AND MONTHLY INVOICING REQUIREMENTS**

Contractors are reminded that all expenditures are to be made in accordance with the terms and conditions of all Limited Secure Placement and Aftercare contracts.

### **2.0 RESIDENTIAL EXPENSES**

- i) **SSPS Submissions** – In order to comply with contractual obligations and to ensure the accuracy of financial reporting, each contractor must submit their care day data via the Statewide Services Payment System (SSPS) and comply with all OCFS and ACS requirements.
  - a. DEMOC file should contain all the demographic information for children that were in the contractor's care during the service month.
  - b. MOVEC file should contain all movements that occurred during the service month and any changes to prior service periods.
  - c. Both DEMOC and MOVEC files need to be submitted concurrently for the payments to be processed.
- ii) **Due Dates**
  - a. **Initial upload** is due by the 5<sup>th</sup> business day of each month. This allows contractors to view any payment discrepancies between the contractor's request for payment and ACS' systems of record. Contractors can work with the ACS Systems Support Office (SSO) Reconciliation Center to resolve any discrepancies prior to the final upload.
  - b. **Final upload** is due by the 7<sup>th</sup> business day before the end of the month. A contractor's payment will be based on the matching records in this submission.
  - c. **Intermittent uploads** may be done at any time. Data submitted will only be compared to ACS' systems of record on the 5<sup>th</sup> business day, the 10<sup>th</sup> business day and the 7<sup>th</sup> business day before the end of the month.

### **2.1 AFTERCARE EXPENSES**

- Aftercare expenses are reported based on actual cash disbursements. The original Monthly Expense Report, the Child-Specific Schedules, and the Summary Child Specific Schedules are all needed for payment processing and reimbursement of programmatic expenditures. All allowable expenses will be reimbursed up to the amount of the Aftercare Budget with reconciliation occurring on an as-needed basis.
- Aftercare services should be billed within 30 days of the completion of the service month. The invoices should be submitted to ACS DYFJ for review and approval.

### **2.2 FISCAL YEAR END INVOICING**

Contractor should close their financial books at the end of each fiscal year, June 30. Invoices for actual expenses incurred in June of each fiscal year shall be submitted to ACS by the contractor within thirty (30) days after the end of the fiscal year which such expenses were incurred. If the contractor fails to provide ACS with the required invoices for the amounts incurred sixty (60) days after the date the invoices are due and/or if the contractor fails to provide invoices in a manner acceptable to ACS in accordance with this Fiscal

Manual sixty (60) days after the date the invoices are due, ACS, may, at its sole discretion, disallow such invoices.

In the event that ACS deems it necessary to request additional documentation from the contractor in order to process the year-end payment, ACS will send a request letter to the contractor. Requested documentation must be received by ACS no later than thirty (30) days from the date of the ACS request letter was emailed. If the contractor fails to provide ACS with the requested documentation within the timeframe provided, ACS may at its sole discretion, disallow such invoices.

## **APPENDICES**

**Appendix A: LSP Residential Budget Template**

**Appendix B: LSP Aftercare Budget Template**

Limited Secure Placement Annual Budget

Provider: LBP  
 Program: General Services  
 Service Type: General Services  
 Site Address: 0  
 Slots: 0  
 CTS: 0  
 \*Please see attached rates applicable to services to be provided.

Rate Category	These rates are based on per slot per day							AC Rate is based on per slot			
	Base Rates	*Medical Health Add-on (City-based \$38.00 Non-City-based \$38.34)	*Franchise Model Approach Training Coaching (City-based \$ 38.00 Non-City-based \$ 38.34)	*Teacher Ratio Add-on (City-based \$0 Non-City-based \$17.81)	*Supplemental Add-on Rental (City-based \$0 Non-City-based \$ 29.42)	*General Room Add-on	*Medical Services Add-on (\$122 for non city-based and \$82.00 for city-based sites)	Medication & Lab Work	COLA Add-on	Total Excl. AG	After Care (AC)
Rates	443.00	0.00	0.00	17.81	29.42	31.04	0.00		903.18	0.00	0.00
# of slots	0	0	0	0	0	0	0	0	0	0	0
Total Budget	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Cost</b>											
Administrative Overhead, 10%											
IT Services											
Laboratory Services											
<b>Total Budget</b>											

Expense Detail Sheet

Invoice #		1		From:		To:						
Service Period:		0										
Contract #		0										
Rate Category		Base Rates	*Mental Health Add-on (City-based \$58.72/Non City- Leased \$79.34)	*Practice Model Approach Teaching/Coaching (City- based \$ 38.82/Non City- based 30.85)	*Teacher Ratio Add-on (City-based \$0 ; Non City-based \$17.81)	*Supplemental Add-on Rental (City-based \$0 ; Non City-based \$ 20.43)	Central Room Staff Add-on	*Medical Services Add-on (\$123 for non city-based and \$80.00 for city-based staff)	Medication & Lab Work	Total Incl AC	After Care (AC)	Total Incl AC
Rate		\$443.00	\$0.00	\$0.00	\$17.81	\$20.43	\$21.84	\$0.00	\$5.00	\$523.18	\$5,483.00	\$0.00
# of spots		0	0	0	0	0	0	0	0	0	0	0
Annual Budget		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TRM	FTE	Annual Salary										
<b>Salaries:</b> Social Services Director, Residential Programs Director - Child In Home Programs Social Worker supervisor Case Manager Intake worker PIC Director SGM, Trainers GI Supervisor M&E/PIC Supervisor Children ESN Director Therapist Supervisor Youth Supervisor <b>After Care</b> PIC Supervisor PIC Therapist <b>Substance</b> Certified Teacher Education Specialist Child Specialist Maintenance Cook Kitchen Assistant <b>Support</b> Central Room Staff Medical Services Add-on Pediatric Medical Director (MD) Psychiatric Nurse Practitioner Therapist Assistant Nurse - RN LPN <b>Mental Health</b> Mental Health Administrator Clinician/SARAC Residential Specialist Care Coordinator (CPN) Family Worker <b>Administration</b> Assistant Case Director Child Welfare Data Entry Accountant Human Resource Specialist Administrative Specialist <b>Total Salaries</b> <b>Charge</b> <b>Total Salary &amp; Fringe</b>												
<b>OT/PT</b> Consultant Psychiatrist Dental & Dental Ass Instructor Recreational Therapist, Occupational Therapist and Therapist/therapist Other services contracted administrative Psychologist												



Administration For Children's Services

Invoice #	1													
Service Period:	From:	To:												
Contract #	0													
Family														
Food														
Utilities														
Offsite Family rental														
Insurance														
Insurance - auto														
Fire Insurance														
Security Services														
Classes & Workshops/Conferences														
Services to Youth														
Recreation & Sport Activities														
Participation Travel														
Conferences														
Travel														
Laundry Services														
Food														
Household supplies														
Books & Supplies														
Other QTPS														
Staff Recruitment														
Staff Travel														
Construction - capital/improvement														
Supplies - Medical														
Supplies & equipment office														
Supplies & equipment - recreation														
Printing & related supplies														
Telephone & Internet														
Printing														
Other Information Systems														
<b>Total QTPS</b>														
<b>Total Cost</b>														
Administrative Overhead 10%														
Medical														
Laboratory Services														
<b>Total Cost (PS - QTPS - Other QTPS)</b>														
<b>Balance</b>														







**Appendix B: Limited Secure Placement (LSP) Aftercare Services  
MONTHLY EXPENSE INVOICE**

AGENCY NAME: \_\_\_\_\_  
 BOROUGH SERVED: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_

CONTRACT NO.: \_\_\_\_\_  
 TAX ID NO.: \_\_\_\_\_  
 AGENCY INVOICE NUMBER/  
 was BUDGET ID: \_\_\_\_\_  
 MONTH/YEAR: \_\_\_\_\_

**Limited -Secure Placement (LSP) Aftercare Services**

(A) Budget Category	(B) Expenditures This Service Period	(C) Prior Months Total Expenditures	(D) Expenditures Y-T-D (B + C)	(E) Budget	(F) Remaining Balance (E - D)
<b>PERSONNEL SERVICES (PS)</b>					
<b>TOTAL SALARIES</b>					
Program Director			\$0.0		\$0.0
Supervisor			\$0.0		\$0.0
Therapist			\$0.0		\$0.0
Foster Recruiter/PDR caller			\$0.0		\$0.0
Admin Assist			\$0.0		\$0.0
Skills Coaches			\$0.0		\$0.0
FRINGE BENEFITS (76.5%)	\$0.0	\$0.0	\$0.0		\$0.0
<b>SUBTOTAL PS COSTS</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>
<b>OTHER THAN PERSONNEL SERVICES (OTPS)</b>					
<b>CONSULTANTS</b>					
Training			\$0.0		\$0.0
Mental Health			\$0.0		\$0.0
Substance Abuse			\$0.0		\$0.0
<b>DIRECT CLIENT SERVICES</b>					
Educational			\$0.0		\$0.0
Vocational			\$0.0		\$0.0
Mental Health and Clinical Services			\$0.0		\$0.0
Substance Abuse Treatment			\$0.0		\$0.0
Foster Parent per diem (\$85 per day)			\$0.0		\$0.0
Foster Parent Stipends (\$25 per day up to 90 days)			\$0.0		\$0.0
Recruitment			\$0.0		\$0.0
Other			\$0.0		\$0.0
<b>RENT AND UTILITIES</b>			\$0.0		\$0.0
<b>SUBTOTAL OTPS</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL PS &amp; OTPS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>ADMINISTRATIVE OVERHEAD 10%</b>	<b>\$0.0</b>	<b>\$0.0</b>			
<b>GRAND TOTAL:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**TOTAL:**

Limited Secure Placement (LSP) Aftercare (AC)	TOTAL AMOUNT SUBMITTED FOR LSP AC FOR CURRENT SERVICE PERIOD	\$ -
	ADJUSTMENTS	\$ -
	<b>GRAND TOTAL</b>	<b>\$ -</b>

We hereby certify that, to the best of our knowledge and belief, the information contained herein is correct, that it corresponds with the books and records of this agency, that the expenditures reported were in compliance with the intent of the program objectives approved by ACS, and that documentation is available to support this and will be available for audit.

NAME OF PREPARER \_\_\_\_\_

SIGNATURE OF PREPARER \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF FISCAL DIRECTOR \_\_\_\_\_

SIGNATURE OF FISCAL DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_



**Limited Secure Placement (LSP): Aftercare Services  
MONTHLY EXPENSE INVOICE**

Agency Name: 0  
Service Period: \_\_\_\_\_  
Borough Served: 0

**Limited -Secure Placement (LSP) Aftercare Services**

Category	# of Children (Autosum)	% (Autopopulate)	Total Expenses (Autosum)
1 Youth on Trial OR Final Discharge to Parent (s)/Guardian			
(A) Under 16 years old	0		\$ -
(B) Over 16 years old	0		\$ -
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>



**Limited Secure Placement Aftercare Services Under the Close To Home Initiative  
CONTRACT AGENCY CHILD SPECIFIC SCHEDULE**

Agency Name: 0  
 Service Period: January 1900  
 Service Category #1: Youth on Trial OR Final Discharge to Parent (s)/Guardian  
 Borough Served: 0

Serial #	Child Last Name	Child First Name	CIN #	D.O.B. (mm/dd/yyyy)	WMS Case ID#	Service Date(s)	Types of Services	(A) Under 16*	(B) Over 16*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
<b>TOTAL:</b>								<b>0</b>	<b>0</b>

\*Field will autopopulate based on D.O.B. entered for the child.



**Limited Secure Placement Aftercare Services Under the Close To Home Initiative  
CONTRACT AGENCY CHILD SPECIFIC SCHEDULE**

Agency Name: 0  
 Service Period \_\_\_\_\_  
 Service Category #1: Youth on Trial OR Final Discharge to Foster Care Facility  
 Borough Served: 0

Serial #	Child Last Name	Child First Name	CIN #	D.O.B. (mm/dd/yyyy)	WMS Case ID#	Service Date(s)	Types of Services	(A) Under 16*	(B) Over 16*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
<b>TOTAL:</b>								<b>0</b>	<b>0</b>

\*Field will autopopulate based on D.O.B entered for the child.