



Ronald E. Richter  
Commissioner

February 22, 2013

Susan Nuccio  
Deputy Commissioner  
Chief Financial Officer  
Financial Services

To Chief Financial Officers,  
Close to Home Provider Agencies

Richard Beck  
Assistant  
Commissioner  
Payment Services

**Re: Close to Home Placements, Coding, Billing and Payment Method**

150 William Street  
9<sup>th</sup> Floor  
New York, NY 10038

This memorandum serves to clarify the Close to Home (C2H) billing and payment process and should be read in conjunction with the memorandum issued on October 18<sup>th</sup>, 2012 (attached).

Children Residing in a C2H placement (Coded with a "J code")

For Fiscal Year 2013 C2H expenses will be paid using each provider's set allocation. During this period, children who reside in a C2H placement, and are, therefore, coded with a "J code", will not be paid through SSPS. Care and maintenance for these children will be paid through the off-line set allocation payments.

C2H Children Residing in Foster Care Placements (Coded with an "O" or an "A")

For Fiscal Year 2013 children who have remained in placement with foster care providers while awaiting a transfer to a C2H placement, and are coded with either an "O" or an "A", will be paid through SSPS. Expenses will subsequently be offset from the C2H set allocation payments.

ACS will reconcile all payments based on the process delineated above.

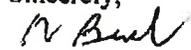
For Fiscal Year 2014, ACS plans for all C2H children to reside in C2H placements. C2H children will be coded with a "J code" and care and maintenance for these children will be billed through SSPS.

Payment Instructions

Provider agencies should continue to submit separate payment request forms for each program (e.g., General, Substance Abuse, etc.). Please be advised that a General Ledger is no longer required.

For questions or concerns, please contact Ron Kuch at (212) 676 – 9130 or e-mail him at [Ronald.Kuch@dfa.state.ny.us](mailto:Ronald.Kuch@dfa.state.ny.us) .

Sincerely,

  
Richard Beck

Cc: S. Nuccio  
J. Mercado  
J. Berger



**Ronald E. Richter**  
Commissioner

**Susan Nuccio**  
Deputy Commissioner  
Chief Financial Officer  
Financial Services

**Richard Beck**  
Assistant Commissioner  
Payment Services  
150 William Street, 9<sup>th</sup> fl.  
New York, NY 10038

**TO:** Chief Financial Officers  
Close to Home Provider Agencies

**FROM:** Richard Beck

**DATE:** October 18, 2012

**RE: SUBMISSION OF CLOSE TO HOME EXPENSES**

This memo is sent to clarify how your agency will receive payment for the Close to Home program. The process involves the following steps:

**Step 1 - CLOSE TO HOME RATES / BICS**

ACS has entered Close to Home rates into the Benefit Issuance and Control System (BICS). The Close to Home rates entered into BICS are for certified facilities. This was done to test the system and to correct the discrepancies (e.g., Close to Home rates not found in BICS) which previously occurred when some provider agencies submitted expenses for their Close to Home population on an initial SSPS upload. Rate information was conveyed to your agency by e-mail on Friday, October 12, 2012.

It is important that provider agencies continue to use BICS on a monthly basis to enter care days for Close to Home youth under your agency's care. ACS will be monitoring BICS in order to ensure that BICS is recording the proper information (i.e., payments will not be made through BICS). ACS will be using invoices submitted by your agency to pay for Close to Home care days.

**REMINDER - J INDICATOR / SSPS UPLOAD**

A "J" indicator must be used to identify your Close to Home youth population on the final SSPS upload (care days).

**Step 2 - PAYMENT REQUEST FORMS**

Attached for your reference are instructions and request forms previously e-mailed to your agency on September 12, 2012. Provider agencies are required to use the attached payment request forms for submitting Close to Home expenses. The expenses for each Close to Home Program should be submitted on the payment request form specific to that program (e.g., General, Developmental Disabilities, Substance Abuse, etc.). Payment requests must be based on actual expenses.

Payment request forms must be submitted within 30 days of the end of the service period but not more than 90 days after the end of the applicable service period.

Please contact Ron Kuch, Executive Director of Child Welfare Payments at 212-676-9130 or email him at [ronald.kuch@dfa.state.ny.us](mailto:ronald.kuch@dfa.state.ny.us) for questions regarding the above information.

**Administration For Children's Services**  
**Close To Home**  
**Non-Secure Placement**  
**Contracted Expenses**

Below please find the instructions for the submission of your contracted expenses related to the Close to Home/Non-Secure Placement program.

1. A separate payment request must be submitted for each program.
2. Requests should be submitted within 30 days of the end of the service period but not more than 90 days.
3. Demographic information
  - a. enter name of the provider agency
  - b. enter address of the main/business office of the provider agency
4. Service period
  - a. enter the From date as the beginning of the period you are requesting payment for
  - b. enter the To date as the end of the period you are requesting payment for
5. Fill in the actual expenses incurred for the service period being requested.
  - a. subtotal Personnel Services (PS)
  - b. subtotal Other Then Personnel Services (OTPS)
  - c. total PS & OTPS together
  - d. provide grand total
6. Submit the General Ledger to support the above program expenses for the payment being requested.
7. The vendor must retain copies of invoices, receipts, and checks with the monthly expense reports, these records and your accounting books are subject to audit and must be available for review by the Administration for Children's Services, New York City Comptroller's Office, and the New York State Comptroller's Office.
8. Contact person – enter the name and phone number of a person who may be called if there is a question about the payment request
9. Chief Financial Officer's certification must be completed.

Administration for Children's Services

**Close To Home**

Non-Secure Placement

Contracted Expenses

Program Type: General

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Street

\_\_\_\_\_ City

\_\_\_\_\_ N. Y.

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Service Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Contract Number: \_\_\_\_\_

CATEGORY	AMOUNT
Salary	
Fringe Benefits	
<b>PS Subtotal</b>	
Consultant	
Rent and Utilities	
Other OTPS	
<b>OTPS Subtotal</b>	
PS & OTPS Subtotal	
Overhead	
<b>GRAND TOTAL</b>	

Contact Person: \_\_\_\_\_

Telephone \_\_\_\_\_

**Chief Financial Officer/Fiscal Officer's Certification**

I hereby certify that, to the best of my 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 report and will be available for audit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date