

INSTRUCTIONS

CONSOLIDATED SUPPORTS AND SERVICES (CSS) BILLING FORM

To be completed by the Financial Management Services (FMS) Agency for individuals receiving:

CSS (Monthly) Services PRIOR to 10/01/14

OR

Broker Start-Up Approved PRIOR to 10/01/14

Use one form per service month – multiple services provided to an individual during a service month may be claimed on the same billing form - with the exception of Start-up costs.

Multiple billing forms can be attached to **ONE** standard voucher (AC92) or Claim for Payment (AC3253S) for each billing

AGENCY NAME: Enter your full Agency name

FEDERAL EMPLOYER ID#: Enter your Agency's nine digit federal employer ID number

SFS VENDOR ID#: Enter your Agency's 10 digit Statewide Financial System (SFS) Vendor ID number

DDSO: Enter the name of the DDSO that is the contact for your Agency

AGENCY CONTACT PERSON: Enter the name of the person at your Agency who may be contacted to resolve any problems or questions regarding the billing form

PHONE#: Enter a phone number, including area code and any extension, at which the contact person can be reached

IS THIS START-UP COST? Indicate if the amount billed is for start-up costs. **In order to claim reimbursement, the Broker Start-Up must have been approved before 10/01/14**

MONTH / YEAR OF SERVICE: Enter the month AND year in which the service(s) that are being billed for were provided (service must be prior to 10/01/14). **Please note that initial claims submitted 10/01/13 or after for services more than 3 months past the service month must be accompanied by a letter explaining the late billing. OPWDD will only pay late submissions if the reason why submitted late was beyond provider's control.**

INDIVIDUAL NAME: Enter the name of the individual receiving the service during the month. The name should be entered Last Name, First Name and in alphabetical order

TABS ID: Enter the TABS (Tracking & Billing System) ID number for the participant. If unknown, contact your DDSO for the number

RATE CODE: Enter the rate code that is associated with the type of service delivered

AMT BILLABLE TO OPWDD: Enter the total amount that should be paid to your Agency for service(s) provided to the participant during the month of service. This amount is identified on the CSS Price Sheet as "Amount to be billed to OPWDD"

PAYEE SIGNATURE: The signature of your Executive Director or designee

TITLE: The title of the person signing the form

DATE: The date the Billing form was completed

ATTACH FORM(S) TO A COMPLETED STANDARD VOUCHER (AC92) OR CLAIM FOR PAYMENT (AC3253S) AND MAIL TO: NYS OPWDD

BUREAU OF CENTRAL OPERATIONS
PAYMENT PROCESSING UNIT – 4TH FL.
44 HOLLAND AVENUE
ALBANY, NEW YORK 12229