

INSTRUCTIONS FOR COMPLETING STATE PAID SERVICES BILLING FORM FOR FIRE SAFETY UPGRADES

ONLY ONE INDIVIDUAL MAY BE ENTERED ON THE FORM.

Please note that each CR/ IRA's fire safety upgrade must be entered on a separate billing form, accompanied by its own Claim for Payment Form (AC3253-S) or Standard Voucher (AC92). Submit vouchers for payment no earlier than the first day of the month following completion of the fire safety upgrade.

AGENCY NAME: Enter your full Agency name.

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

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 can 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.

MONTH / YEAR OF SERVICE: Enter the month and year in which the fire safety upgrades being billed for was completed. If fire safety upgrade completed during month of February of a non-leap year and fire safety upgrade cost exceeded \$57,000 then TWO claims must be submitted, one for month of February with 28 units and one for month of March with 1 unit – this is the only situation when claim for a site is made over two months. 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 the provider's control.

SERVICE TYPE: **AS** (Assistive Supports – Fire Safety Upgrade; 3rd letter of the Price ID is S)

INDIVIDUAL NAME: Enter the name of the person in the IRA who was enrolled in CSEP to be associated with the fire safety upgrade Assistive Support service. The name should be entered Last Name, First Name.

TABS ID: Enter the TABS (Tracking & Billing System) ID number for the participant. (If unknown your DDSO contact will be able to supply you with this number).

PRICE ID: Enter the Assistive Support price ID number that has been provided by your DDSO for fire safety upgrades.

UNITS: Enter the total number of Units of Service corresponding to the total to be reimbursed by taking the total value of the fire safety upgrade for this home and dividing by the 2000. If result is a whole number, use as the units, but if result has decimal of .5 or less round down to nearest whole number or if result has decimal greater than .5 round up to nearest whole number (e.g.: a fire safety upgrade cost of \$12,899 divided by 2000 would yield 6.4495 and would be rounded down to 6 units; a fire safety upgrade cost of \$13,019 divided by 2000 would yield 6.51 and would be rounded up to 7 units).

FEE: The fee for fire safety upgrades is set at \$2,000 per unit.

AMOUNT PAYABLE: Enter the total amount that should be paid to your Agency for fire safety upgrades completed during the month of service. The amount payable is the number of Units multiplied by the Fee.

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

MAIL COMPLETED BILLING FORM TO:

BUDGET SERVICES, 3rd FLOOR
NYS OPWDD
44 HOLLAND AVENUE
ALBANY, NEW YORK 12229