ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES

CONTRACT SPECIFICATIONS MANUAL
PAYMENT PROVISIONS AND BUDGETS

FOR

Office of Administrative and Information Management Services (AIMS)
Area Agency on Aging (AAA)
Office of Behavioral Health (OBH)
Office of Intellectual Disability (OID)
Office of Children, Youth and Families (CYF)
Office of Community Services (OCS)

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INTRODUCTION

The Contract Specifications Manual on Payment Provisions, Budgets and Invoicing provides the special terms and conditions which are applicable to the service or services being provided through an agreement between the Allegheny County Department of Human Services (hereinafter DEPARTMENT) and a contracted Service Provider. By reference throughout the agreement and specifically in Exhibit B (Payment Provisions), the applicable chapters or provisions of this Contract Specifications Manual are incorporated therein.
Service Provider shall comply with Exhibit B of the agreement between SERVICE PROVIDER and the DEPARTMENT.
Further, the manual provides:

A. Specific Fiscal Requirements as determined by the source of the funds for the agreement and/or Allegheny County.

B. Forms which the provider must complete and return with the executable contract.

C. Instructions for invoicing

D. Sample of Forms for invoicing

E. Website address for accessing the manual (in PDF format): http://www.alleghenycounty.us/dhs/providermanuals.aspx and the budgeting and invoicing forms (in excel format).

The terms, conditions, forms, and procedures in this manual are subject to change, as required by law and shall be amended or modified by written notification from the COUNTY to the SERVICE PROVIDER. Said notification may come in the form of an email to the CFO of record for the SERVICE PROVIDER in the Allegheny County Master Provider Enterprise Repository (MPER); (see MPER Manual for details). Throughout the manual, the terms **COUNTY** and **DEPARTMENT** are used interchangeably and are meant to represent the same entity, that being the Department of Allegheny County known as the Allegheny County Department of Human Services and all of its subdivisions/offices collectively.

The provisions of this Chapter apply to services and/or goods purchased by the Allegheny County Department of Human Services through one or more of the following divisions:

- Executive Office
- Office of Administrative and Information Management Services
- Office of Community Relations
- Office of Data Analysis, Research and Evaluation (D.A.R.E.)

I. DEFINITIONS

The following definitions apply throughout this Chapter:

- **DEPARTMENT:** the Allegheny County Department of Human Services or any of the branches identified above.

- **SERVICE PROVIDER/VENDOR:** the *Individual* or *organization* contracting with the DEPARTMENT to provide goods and/or services either to the DEPARTMENT or to clients/consumers of the DEPARTMENT, hereinafter called SERVICE PROVIDER.

- **ORGANIZATION:** a group of people intentionally organized to accomplish an overall, common goal or set of goals; can range in size from two people to thousands.

- **INDIVIDUAL:** A specific person, distinct from an organization.

- **AGREEMENT:** A Contract or a Letter of Agreement binding the DEPARTMENT and SERVICE PROVIDER to specific terms and conditions.

II. GENERAL TERMS AND CONDITIONS

SERVICE PROVIDER shall comply with Exhibit B of the agreement between SERVICE PROVIDER and the DEPARTMENT.

DEPARTMENT will not pay/reimburse SERVICE PROVIDER for services not included in the Exhibit A, the Work Statement and Exhibit B Attachment 1 the Allocation Statement.

In consideration of the provisions of the services/goods described in Exhibit A of the agreement and agreed upon by the SERVICE PROVIDER, the DEPARTMENT agrees to pay the SERVICE PROVIDER according to the program and/or rate schedule included in Exhibit B Attachment 1, known as the Allocation Statement of the agreement.

All arrangements for payment are subject to financial approval and payment by the Commonwealth of Pennsylvania to Allegheny County (COUNTY) of funds allocated, to enable the DEPARTMENT, to reimburse this and other programs as mandated by law. Where said services are funded through a private grant, reimbursement is contingent upon receipt of funds from the grantor.

The amount reimbursed/paid hereunder to SERVICE PROVIDER for the term of this AGREEMENT shall be an amount in reimbursement for audited actual costs for services/materials actually provided and accepted in accordance with the allowable cost.

Should actual audited costs of services/materials provided and accepted in accordance with the allowable cost standards be less than costs previously reported and previously reimbursed, SERVICE PROVIDER agrees to reimburse DEPARTMENT for funds received in excess of actual audited costs.

SERVICE PROVIDER hereby grants COUNTY permission to audit any sister corporations, subsidiary corporations or related parties, profit or non-profit, that are financially or programmatically involved with SERVICE PROVIDER in the receipt, use or expenditure of Department of Human Services funds.

III. SPECIFIC FISCAL REQUIREMENTS

Each SERVICE PROVIDER shall conform to the budgeting, internal control procedures, accounting and financial reporting requirements established by the DEPARTMENT.

A. Where SERVICE PROVIDER is an organization, at a minimum, accounting procedures shall be established in compliance with the following standards:

B. The accounting system must provide for the following functions:

1. Recording transactions in books of original entry comprised of a cash receipt journal, cash disbursement journal, payroll journal and general journal

2. Summarizing transactions from books of original entry and posting to a general ledger.

3. Preparing required reporting and financial statements.

4. The accounting system must provide proper budgetary control for revenues and expenditures to permit a continuing comparison between budgeted and actual revenues and expenditures. Financial statements should include appropriate budgetary comparison.

5. Where indirect costs are charged to the DEPARTMENT, the SERVICE PROVIDER must submit an indirect cost allocation plan which clearly defines how expenses from various organization programs will be distributed to cover program costs.

C. Where SERVICE PROVIDER is an Individual the following standards shall apply:

1. SERVICE PROVIDER will maintain a record of service hours and/or goods provided and submit monthly reports.

2. SERVICE PROVIDER will define deliverables in the AGREEMENT and intended dates of delivery.

3. SERVICE PROVIDER will report monthly on progress toward deliverables.

4. SERVICE PROVIDER is responsible for all taxes due on funds received through this AGREEMENT.

D. Provisions for advance payment must be defined in the Allocation Statement, Exhibit B Attachment 1, and agreed upon by both the DEPARTMENT and SERVICE PROVIDER.

E. Unless otherwise stated in the AGREEMENT, DEPARTMENT will not pay for on-call or standby hours.

IV. TERMINATION OR REDUCTION OF AGREEMENT

If the SERVICE PROVIDER has received an advance for services that are being reduced or terminated with the prior approval of the COUNTY and/or at the direction of the COUNTY, the SERVICE PROVIDER shall refund to the DEPARTMENT those funds that have not been obligated and/or expended for appropriate program expense. SERVICE PROVIDER must submit documentation supporting the expense paid with advance funds for approval by the DEPARTMENT. If SERVICE PROVIDER provides multiple services through this AGREEMENT, the allocation for the specific services being reduced will also be reduced using a pro rata calculation established by the DEPARTMENT.
SERVICE PROVIDER does not have the authority to transfer allocated funds from the category of reduced services to other service categories/programs without prior written approval of the DEPARTMENT. Further, if the service is being terminated, the allocation for said services should be considered withdrawn.

V. INSTRUCTIONS FOR INVOICING

A. Invoices must be submitted monthly and upon completion of service unless otherwise stated in the AGREEMENT.

B. Invoices are due by the 7th of the month following service/goods delivery (example: services delivered in July must be invoiced by August 7).

C. Further, the DEPARTMENT may defer payment to the following month or a later date for billings not received in a timely manner.

D. The SERVICE PROVIDER will maintain a record of service/goods delivery and submit the record with the invoice.

E. The amount to be paid during the term of the agreement shall not exceed the allocation defined in Exhibit B of the agreement.

F. Invoices must include the Department Agreement/Contract Number and have a unique invoice number. Duplicate invoice numbers cause delays in payment.

G. Invoices must be submitted on SERVICE PROVIDER's business letterhead (or equivalent for individuals) and include an itemized detail of services/ goods provided, dollar value per line item and signature (in BLUE ink). SERVICE PROVIDER must ensure that all data is reported as required. Payments may be withheld until providers are in compliance with all requirements.

H. Invoices must be submitted to the following address:

Allegheny County Department of Human Services
Office of Administrative and Information Management Services
One Smithfield Street – Suite 500
Pittsburgh, PA 15222-2221
Attn: Randolph W. Brockington, Deputy Director

VI. PAYMENT METHODS

Reimbursement/payment to the SERVICE PROVIDER is to be made within a reasonable time by COUNTY upon approval of the Director of the Allegheny County Department of Human Services or their designee for services/ materials authorized and invoiced in a timely manner, provided there are no problems (duplicate invoice number, no signature, no agreement /contract number, missing documents, etc.) and no holidays or system disruptions.
Final payments will only be made after all required documents, and programmatic financial reports have been received.

I. SPECIFIC FISCAL REQUIREMENTS

In consideration of the provisions of the services described in Exhibit A of the agreement and agreed upon by the SERVICE PROVIDER, the DEPARTMENT agrees to pay the SERVICE PROVIDER according to the program and/or rate schedule included in Exhibit B of the agreement.

All arrangements for reimbursement are subject to financial approval and payment by the Commonwealth of Pennsylvania to Allegheny County (COUNTY) of funds appropriated, to enable the DEPARTMENT, to reimburse this and other programs as mandated by law.

SERVICE PROVIDER shall conform to the budgeting, internal control procedures, accounting and financial reporting requirements established by DHS/AAA.

At a minimum, accounting procedures shall be established in conformance with the following standards:

A. The accounting system must provide for the following functions:

   1. Recording transactions in books of original entry comprised of a cash receipt journal, cash disbursement journal, payroll journal and general journal.
   2. Summarizing transactions from books of original entry and posting to a general ledger.
   3. Preparing required reporting and financial statements. A double-entry accrual system shall be used.

B. The accounting system must provide proper budgetary control for revenues and expenditures to permit a continuing comparison between budgeted and actual revenues and expenditures. Financial statements should include appropriate budgetary comparison.

C. SERVICE PROVIDER shall comply with the Pennsylvania Department of Aging Program Directive (APD) ***Accounting Manual for Area Agency on Aging Programs*** and other subsequent revisions - ***Updates to Accounting Manual.***

Please copy and paste the following URL into your internet browser to access the complete description:

http://www.portal.state.pa.us/portal/server.pt?open=514&objID=616013&mode=2

1. 97-01-02 Accounting Manual for Area Agency on Aging Programs

2. Updates to Accounting Manual 7/21/2005

D. Where indirect costs are charged to the ACDHS/AAA contracts, SERVICE PROVIDER shall comply with the Pennsylvania Department of Aging Program Directive (APD) Indirect Cost Policy for Department of Aging Contracts; please use the aforementioned URL to access complete information:

1. 05-01-10 Indirect Cost Policy for Department of Aging Contracts

E. DHS/AAA Program Income Policies

1. Definition: Program Income is cash contributions and donations from service recipients or their families for services funded entirely or in part through DHS/AAA.

2. SERVICE PROVIDER shall comply with the Pennsylvania Department of Aging Program Directive (APD) Area Agency on Aging Program Income Policies; please use the aforementioned URL to access complete description:

   a. 05-01-11 Area Agency on Aging Program Income Policies

II. PAYMENT METHODS

A. **Reimbursement Method SAMS Invoicing** described herein

Program(s) including but not limited to:

- Adult Day Care
- Consumer Reimbursement
- Environmental Modifications
- Home Health
- Home Support
- Incontinence Supplies
- Medical Equipment & Supplies
- Overnight Shelter/Supervision
- Personal Assistance Services (PAS)
- Personal Care
- Personal Emergency Response System (PERS)

1. The SERVICE PROVIDER will record service delivery in SAMS at least weekly for services provided during the current billing month.

2. The SERVICE PROVIDER will generate an electronic invoice each month in SAMS by the seventh (7th) business day of the following month and notify the Area Agency on Aging (AAA) of its completion. The seventh (7th) business day of the following month will represent the close of the billing period. If the AAA has not received notification by the close of the billing period, the AAA may generate the invoice for the SERVICE PROVIDER or defer the invoice to the next billing period.

3. Services recorded after the close of the billing period (7th business day) will be included in the next month's invoice and will be considered to be "late billing".

4. Late billing may only be submitted one (1) invoice period after it is due at DEPARTMENT and may not exceed five percent (5%) of the total invoiced amount. Late billing which exceeds 5% of the total invoice may be subject to a penalty of 5%.

   Additional penalties of holding payments may be incurred until Service Providers are in compliance with scopes of Services, work statements,

contract, SAMS data, and administrative functions that support service delivery, as applicable.

B. Quarterly Advance with Monthly Billing/Payment thereafter as further described herein**.**

Program(s) including but not limited to:

- Education and Training

1. Upon receipt and approval of an invoice by the DHS/AAA Program Staff from the SERVICE PROVIDER, COUNTY will advance a prepayment of twenty-five percent (25%) of the actual contract award for the current fiscal year.

2. Thereafter, payments are to be made predicated upon SERVICE PROVIDER's submission of invoices for actual disbursements made. Payments and advance will be monitored so that advance will be utilized prior to final payment for contract expenditures.

C. Quarterly Prepayments Each Quarter as further described herein:

Program(s) including but not limited to:
- Apprise
- Care Management
- Center Clustered Services
- Consumer Legal Services
- Information & Referral
- Guardianship
- Home Delivered Meals
- Home Delivered Meals Management
- Neighborhood Legal Services
- Protective Services
- Outreach

1. Upon receipt of each quarterly advance invoice from SERVICE PROVIDER, COUNTY will advance each of three prepayments on a quarterly basis predicated upon the SERVICE PROVIDER's submission of monthly reports of actual expenditures and contingent upon the basis that such prepayments may be adjusted based on the DEPARTMENT's

projection. Provider shall submit appropriate invoices for each prepayment. DHS/AAA Program staff will approve invoices for payment.

2. Providers must ensure that all SAMS data is entered within the required timeframe. Payments may be withheld until providers are in compliance.

3. Monthly expenditure reports must be submitted by the seventh (7th) business day of the following month. Monthly expense detail shall be prepared in line-item format with corresponding dollar value.

4. The last quarterly advance will be two thirds (2/3) of the advance amount. The final quarter's actual expenses compared to the two thirds advance shall be reconciled upon receipt of the provider's final invoice.

5. Funds received from PDA must not be recognized as earned revenues until actual aging program services have been rendered and related costs have been incurred. If at the end of the contract period the AAA has not expended the funds received during the period, the unearned funds must be returned to the Department of Aging. They are not permitted to be carried forward into the next fiscal year.

6. Consequences of Contract Non-Compliance: In the event that a SERVICE PROVIDER does not comply with contract standards, the ACDHS/AAA has a progressive intervention plan with time frames and consequences that assures clarity for the SERVICE PROVIDER and the ACDHS/AAA.

D. Failure to submit reports per Contract Time Frame:

A SERVICE PROVIDER'S failure to submit reports required by the contract within the required time frame may result in the assessment of a penalty of up to five percent (5%) of the full applicable payment for each five business day period delayed. Then penalty amount will be applied as a decrease from the total current, pending of future invoice amount. (As one example, a SERVICE PROVIDER submits a report ten business days after the deadline stated in the contract. This results in a penalty of 10% of $10,000 of a Quarterly Payment of $100,000.00)

E. Failure to comply with Contract Service Standards:

In the instance when a SERVICE PROVIDER is deemed out of compliance with the Contract, ACDHS requires that the SERVICE PROVIDER develop

and submit an Improvement Plan to ACDHS/AAA within 5 business days of notification from ACDHS/AAA. The ACDHS/AAA approves the Improvement Plan within 5 business days and offers technical assistance. At the discretion of ACDHS/AAA, this step may also include the penalties of holding or reducing the invoice amount based upon the time period of the non-compliance.

F. Continued or Egregious Failure to Comply with the Contract Service Standards:

This step may occur with or without a prior SERVICE PROVIDER Improvement plan (reference B above), depending on the nature and scope of the non-compliance, particularly as the non-compliance impacts participants or the public. In the instance of a SERVICE PROVIDER'S egregious and or ongoing failure to comply with the contract, the ACDHS/AAA requires the SERVICE PROVIDER develop and submit a Formal Action Plan to ACDHS/AAA within 5 business days of notification from ACDHS/AAA to correct service and program deficiencies. The ACDHS approves the Formal Action Plan within 5 business days and offers technical assistance.

In any instance of continuous or egregious non-compliance, ACDHS/AAA can choose two possible consequences. In the instance of a SERVICE PROVIDER not providing a Contracted service for a specific time period, the SERVICE PROVIDER will not receive payment for the time period of non-performance, as this applies per day, month or quarter. The penalty amount will be assessed as a decrease from the total current, pending or future invoice amount. (As one example, a SERVICE PROVIDER does not provide a specific Contract service for one month of a quarter. This results in a penalty of 33% or $6,000 of the $18,000Quarterly payment for that specific service.) In the second option, the SERVICE PROVIDER is not in compliance to the submitted Formal Action Plan. The ACDHS/AAA will hold the Quarterly Advance until the SERVICE PROVIDER performs per the approved Formal Action Plan.

G. Contract Termination for failure to Comply with Contract Standards:

If the SERVICE PROVIDER fails to fully implement the Formal Action Plan to correct non-compliance with the Contract, DS and AAA administration <u>has the right to terminate the agreement as per Article 20, Section 1.C Termination of cause.</u>

H. Reimbursement Method/Electronic Invoicing as described further herein

Program(s) including but not limited to:

- Accelerated Services to Older Persons
- Adult Immunization
- Asian American Programming
- Consultant Agreements
- County Legal Services
- Direct Care Workers
- Education and Training
- Emergency Placement
- Farmers Market Administration
- Financial Services
- Food Preparation and Nutrition
- Furniture Procurement
- Health Promotions Title III D
- Healthy Steps
- Legal Services
- Life Enrichment
- Messenger Services
- Money Management
- Nursing Home Transition
- On-Call
- Publication Services
- Parking Lease Agreements
- Purchased Services
- Senior Cultural Enrichment
- Senior Living Enhancement Program
- Senior Games
- Third Party Banking
- Training
- Translation Services
- Transportation
- Volunteer
- Volunteer Recognition

1. When services are rendered and expenses incurred, invoices with accompanying Monthly Expenditure Reports must be submitted by the seventh (7th) business day of the following month. Monthly expense detail shall be prepared in line-item format or itemized units of service with corresponding dollar value. DHS/AAA Program staff will approve invoices for payment. (Note: For Health Promotion Title III D, monthly invoices that are below $500.00, it may be more efficient and practical to combine up to three months together on one invoice.)

2. Service Providers must ensure that all SAMS data is entered within the required timeframe. Payments may be withheld until providers are in compliance.

3. Failure to submit reports within the required time frame may result in a penalty assessed up to five percent (5%) of the invoiced amount for each five business day period delayed, which amount will be decreased from

the total invoice amount, unless waived in writing by the Administrator of the DEPARTMENT's Area Agency on Aging.

4. Additional penalties of up to five percent (5%) of the current monthly invoice may be incurred until providers are in compliance with scopes of services, work statements, contract, SAMS data, and administrative functions that support service delivery, as applicable.

5. Final payments will only be made after all programmatic and financial reports have been received

I. Financial Services: Payee Advances

Program(s) including but not limited to:

- Financial Services:
- Family Caregiver Support Program
- Senior Community Service Employment Program

1. Upon receipt of an invoice from the SERVICE PROVIDER, COUNTY will advance a maximum prepayment of twenty-five percent (25%) of the actual contract award for the current fiscal year.

2. Service provider must submit bi-weekly or monthly program expenditure report detail on actual third-party payments and charges. These expenditures will be applied against specific program funds and determine future advances to SERVICE PROVIDER. Upon receipt of Provider's invoices and expenditure reports, advances will be released to allow timely processing of disbursements to program enrollees/recipients.

III. REQUIRED BUDGET FORMS

A. Required forms which the Service Provider must complete and return with the executable contract.

B. Contract Budget Summary

This form is prepared by the Program Office staff and sent to the Service Provider with the initial contract packet. It is incorporated within Exhibit B of the AGREEMENT.

C. Detailed, Summary and Consolidated Budgets – Program Funded

1. The SERVICE PROVIDER shall prepare the detailed budget according to the services they are authorized to render through Exhibit A of the AGREEMENT. The detailed budget must also include all other sources of funding under In-Kind Contribution, Program Income and Cash Match.

   The budget must be submitted no later than June 1 of each year. DHS/AAA Program and Fiscal Staff will review and approve budgets prior to initial payment.

2. Electronic forms should be submitted to the appropriate AC/DHS/AAA Program and/or Financial Staff.

3. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form for 2013/2014. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

D. Administrative Detail

SERVICE PROVIDER shall not utilize more than 10% of AC/DHS/AAA funding for administrative costs. The Administrative Detail form should be submitted on or before June 1 documenting how the 10% shall be used. The electronic version verifies the 10% based on the Service Provider's completion of the detailed budget first.

All of the above forms are available on the DEPARTMENT Website:
http://www.alleghenycounty.us/dhs/providerforms.aspx#aaa

IV. INSTRUCTIONS FOR INVOICING

All invoices, with the exception of those generated in SAMS, and the necessary backup documentation should be emailed to your designated contact for approval and processing in the DHS OnBase System. As this process does not require a signature, please be sure to use the invoice form included with the updated forms.

A. SERVICE PROVIDER will submit DHS/AAA Provider Invoice and/or SAMS-generated invoice in accordance with payment provisions. The SERVICE PROVIDER will record consumer service and program data in SAMS as required. All data must be recorded in SAMS by the 7th business day of the month following service month. If SERVICE PROVIDER fails to comply, payments will be withheld until all invoice and payment requirements are met.

B. Failure to submit program or financial reports within the required timeframe will result in a penalty assessed at five percent (5%) of the invoiced amount for each five business day period delayed, which amount will be decreased from the total invoice amount, unless waived in writing by the Administrator of the AC/DHS/AAA or their designee.

C. Failure to comply with Work Statements and Scopes of Services will result in a penalty assessed at five percent (5%) of the invoiced amount for the period the SERVICE PROVIDER remains noncompliant.

D. Final programmatic and financial reports must be submitted within 15 calendar days of the term of the agreement. Final payments will only be made after all programmatic and financial reports are received and approved.

E. In the event of termination and where the SERVICE PROVIDER has received an advance, the SERVICE PROVIDER is liable for repayment of prepaid amounts.

V. FORMS FOR SAMS AND ELECTRONIC INVOICING

A. Invoice – The consumer services invoice will be generated as a SAMS Service report, which applies the DHS format to the invoice generated in SAMS. For all other services, the DHS/AAA Provider Invoice should be used.

B. Consultant's Activity Log and Summary – The Summary is the same for all consultants; the activity log differs for direct service consultants vs. administrative support consultants.

C. Monthly Expenditures Reports – The format in excel version can be found on the DHS website.

VI. WEBSITE ADDRESS

For accessing the manual (in PDF format) and the budgeting and invoicing forms (in excel format) electronic versions may be found on the DHS website at: http://www.alleghenycounty.us/dhs/providermanuals.aspx.

When using the electronic version; the SERVICE PROVIDER should hide those columns that are not applicable to their service(s).

VII. SAMPLE FORMS

A. BUDGET FORMS

1. CONTRACT BUDGET SUMMARY

ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES
AREA AGENCY ON AGING
BUDGET SUMMARY

This Contract Budget Summary is incorporated as part of Exhibit B of the AGREEMENT between the organization named below and the ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES (ACDHS). A detailed budget must be prepared for all program-funded services and submitted to the Fiscal Management Unit at least 30 days prior to the start of the fiscal period below to support the program-funded figures contained herein. ACDHS shall use said detailed budgets for program evaluation of budget allocations as compared to scope of service performance requirements and reporting to the appropriate funding source.

Fee-based/unit-funded services do not require the completion of a separate budget.

Agency _____

Fiscal Period: July 1, 20XX through June 30, 20XX

This Contract is (check all that apply)		
		Uncapped Fee Based Service
		Program Funded/Not to Exceed
		Capped Fee Based Service

PROGRAM FUNDED AND/OR CAPPED FEE SERVICES

Service	Unit Rate	AMOUNT NOT TO EXCEED
	Total	$0.00

UNCAPPED FEE BASED SERVICES

Service	Unit Rate	ESTIMATED ANNUAL BUDGET
	Total*	$0.00

*Total: If this is an uncapped fee based contract, the estimated annual budget does not cap the contract amount. If throughout the term of the agreement the services is used more or less than initially estimated, the budgeted amount may be increased or decreased without modification to the agreement

If the Unit Rate and/or Service Category / Name / Definition are set by the Commonwealth of Pennsylvania and changed at any time during the term of this contract, the contracted rate and/or service may be adjusted to comply with the Commonwealth without written amendment to the contract.

This Contract Budget Summary must be returned with other contract documents.

The Program-Funded Detailed Budget must be submitted by **June 1, 20XX**. Instructions for completing the Detailed Budget will be presented at the Department of Human Services' Technical Assistance training sessions. Detailed Budget Forms can be found on the ACDHS Website at the following address:

www.alleghenycounty.us/dhs/providerforms.aspx

Failure to complete a Detailed Budget where required is cause for termination of the contract.

2. PROGRAM FUNDED PERSONNEL BY POSITION

Alleg. Cty. Dept. of Human Services		
Area Agency on Aging	**Center Clustered Services**	
Prog. Funded Detailed Budget		
AGENCY:	AAA Funds Center Services	Other Support Center Services
PERIOD: July 1, 20XX through June 30, 20XX		
1. PERSONNEL		
(Identify by Position, Title, FT, PT, Vol, Site; add rows as needed)		
Professional Staff		
Subtotal Professional Staff	-	-
Program Staff		
Subtotal Program Staff	-	-
Clerical Staff		
Subtotal Clerical Staff	-	-
Other Staffing		
Subtotal Other Staffing	-	-
Administrative Staff		
Subtotal Administrative Staff	-	-
TOTAL PERSONNEL:	-	-

3. PROGRAM FUNDED: BUDGET DETAIL REPORT

Allegheny County Department of Human Services

Area Agency on Aging Program Funded Detailed Budget AGENCY: SITE: PERIOD: July 1, 2012 through June 30,2013	Center Clustered Services				
	AAA Funds Center Services	Other Support Center Services	AAA Funds Information and Referral	Other Support Information and Referral	AAA Funds Outreach Program
1. PERSONNEL					
Include only totals for each category; complete Personnel By Position Report to Support this section					
Professional Staff	-	-	-	-	-
Program Staff	-	-	-	-	-
Clerical Staff	-	-	-	-	-
Other Staffing	-	-	-	-	-
Administrative Staff	-	-	-	-	-
PERSONNEL SUB-TOTAL:	-	-	-	-	-
F: OTHER PERSONNEL COSTS					
FICA	-	-	-	-	-
Workers Compensation	-	-	-	-	-
Unemployment Compensation	-	-	-	-	-
Life Insurance	-	-	-	-	-
Health Insurance	-	-	-	-	-
Disability Insurance	-	-	-	-	-
Professional Liability Ins	-	-	-	-	-
Pension Plans					
Retirement Plan	-	-	-	-	-
Pension Plan	-	-	-	-	-
401 K Plan	-	-	-	-	-
Volunteer In-Kind:		-		-	
_____ Hours @ $ _____ per/hr					
Other Employee Benefits	-	-	-	-	-
OTHER PERSONNEL SUB-TOTAL (this section)	-	-	-	-	-
PERSONNEL SUB-TOTAL: (1st section)	-	-	-	-	-
PERSONNEL TOTAL:	-	-	-	-	-
2. COMMUNICATIONS					
Telephone	-	-	-	-	-
Cellular Phone	-	-	-	-	-
Postage/Mailing	-	-	-	-	-
Internet	-	-	-	-	-
Other	-	-	-	-	-

Allegheny County Department of Human Services

Area Agency on Aging Program Funded Detailed Budget AGENCY: SITE: PERIOD: July 1, 2012 through June 30,2013	Center Clustered Services				
	AAA Funds Center Services	Other Support Center Services	AAA Funds Information and Referral	Other Support Information and Referral	AAA Funds Outreach Program
TOTAL COMMUNICATIONS:	-	-	-	-	-
3. CONTRACTED SERVICES					
Purchased Janitorial	-	-	-	-	-
Auditor	-	-	-	-	-
Accounting	-	-	-	-	-
Contingency Fund	-	-	-	-	-
Purchased Professional(s)	-	-	-	-	-
Other	-	-	-	-	-
TOTAL CONTRACTED SERVICES:	-	-	-	-	-
4. OCCUPANCY					
Utilities	-	-	-	-	-
Building Maintenance	-	-	-	-	-
Building Rent/Lease	-	-	-	-	-
Building Insurance	-	-	-	-	-
In-Kind		-		-	
Other	-	-	-	-	-
TOTAL OCCUPANCY	-	-	-	-	-
5. SUPPLIES and MINOR EQUIPMENT					
Office Supplies	-	-	-	-	-
Program Supplies	-	-	-	-	-
Computer Equipment/Software	-	-	-	-	-
Minor Equipment	-	-	-	-	-
Equipment Maintenance/Repair	-	-	-	-	-
Leased Equipment	-	-	-	-	-
Copier(s)	-	-	-	-	-
Raw Food Product	-	-	-	-	-
Other	-	-	-	-	-
TOTAL SUPPLIES and MINOR EQUIPMENT	-	-	-	-	-
6. TRANSPORTATION					
Travel, Local:	-	-	-	-	-
_____ miles @ $ _____ mile					
Travel, Out-Of-Town	-	-	-	-	-
_____ miles @ $ _____ mile					
Motor Vehicle Maintenance	-	-	-	-	-

Allegheny County Department of Human Services

Area Agency on Aging Program Funded Detailed Budget AGENCY: SITE: PERIOD: July 1, 2012 through June 30,2013	Center Clustered Services				
	AAA Funds Center Services	Other Support Center Services	AAA Funds Information and Referral	Other Support Information and Referral	AAA Funds Outreach Program
Motor Vehicle Insurance	-	-	-	-	-
Motor Vehicle Operating Cost	-	-	-	-	-
Fuel	-	-	-	-	-
Other	-	-	-	-	-
TOTAL TRANSPORTATION	-	-	-	-	-
7. OTHER OPERATING EXPENSES					
Advertising	-	-	-	-	-
Bond Premium (if applicable)	-	-	-	-	-
Printing & Duplicating	-	-	-	-	-
Associations	-	-	-	-	-
Membership Dues	-	-	-	-	-
Staff Recruitment and Development	-	-	-	-	-
Subscriptions	-	-	-	-	-
Conferences	-	-	-	-	-
Training	-	-	-	-	-
Advisory Board Expenses	-	-	-	-	-
Indirect Costs	-	-	-	-	-
Other	-	-	-	-	-
TOTAL OTHER OPERATING EXPENSES	-	-	-	-	-
8. FIXED ASSETS					
(Itemize if over $5,000)					
Leasehold Improvements	-	-	-	-	-
Fixtures	-	-	-	-	-
Furniture	-	-	-	-	-
Other: (list)	-	-	-	-	-
	-	-	-	-	-
TOTAL FIXED ASSETS:	-	-	-	-	-
GRAND TOTAL EXPENDITURES:	-	-	-	-	-
TOTAL AGING FUNDS	-		-		-
Other Support:					
In-Kind Contribution		-		-	
Program Income		-		-	
Cash Match/Other Funds		-		-	
TOTAL OTHER FUNDS					

Allegheny County Department of Human Services

Area Agency on Aging Program Funded Detailed Budget AGENCY: SITE: PERIOD: July 1, 2012 through June 30,2013	Center Clustered Services				
	AAA Funds Center Services	Other Support Center Services	AAA Funds Information and Referral	Other Support Information and Referral	AAA Funds Outreach Program
	-	-	-	-	-
GRAND TOTAL RESOURCES	-	-	-	-	-

4. PROGRAM FUNDED: ADMINISTRATIVE DETAIL

ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE OF THE AREA AGENCY ON AGING
SUMMARY OF ADMINISTRATIVE CHARGES

Agency:
Period: July 1, 2012 through June 30, 2013
Amount May Not Exceed 10% of total DHS/AAA budget: 0

	DHS/AAA Reimbursable					
	Advocacy,CM & PS	**Entry SVS**	**Independent Svs**	**Long Term Care**	**Service Provider ADM**	**Total Adm Cost**
Personnel						
Executive Director						
Executive Secretary						
Bookkeeper						
Accountant						
Other: (list)						
Benefits						
Administration						
Equipment						
Supplies						
Occupancy						
Other Costs (list)						
Indirects Costs (list)						
Total Administrative Costs						
Total AC/AAA Funding						
Administrative Percent of Funding						

(Maximum allowed is 10% of Budgeted Funding)

B. INVOICE FORMS AND REPORTS

1. PROVIDER ELECTRONIC INVOICE

ALLEGHENY COUNTY DEPT OF HUMAN SERVICES
AREA AGENCY ON AGING
INVOICE

INVOICE NO. _____

Contract No. _____
Date Prepared _____
Amount _____

Provider Name: _____

Provider: Name and Address (on contract), to whom payment is to be made:

Payment Method:

- ☐ Initial Advance: Appropriate Comparison Budget Required
- ☐ Reimbursement for Period: Expenditure Detail Required
- ☐ Quarterly Advance: Appropriate Comparison Budget Required
- ☐ Other Expenditure: Appropriate Detail Required

Date From _____ Date To _____

PROGRAM/SERVICE	NO. OF UNITS & RATE (IF APPLICABLE)	AMOUNT

2. PROVIDER ELECTRONIC INVOICE-MONTHLY EXPENDITURE DETAIL

MONTHLY EXPENDITURES REPORT

PROGRAM: _____ INVOICE #: _____
CONTRACT NO. _____
AGENCY NAME: _____
ADDRESS: _____
_____
_____

THIS REPORT COVERS THE MONTH OF: _____

LINE ITEM SUMMARY	EXPENDITURES
1. WAGES/SALARIES	
2. FRINGE BENEFITS	
3. COMMUNICATIONS	
4. RENT/OCCUPANCY	
5. UTILITIES	
6. CONTRACTED SERVICES	
7. STAFF TRAVEL - LOCAL	
8. STAFF TRAVEL - OUT/COUNTY	
9. EQUIPMENT RENTAL OR LEASE	
10. SUPPLIES/MATERIALS	
11. NON-FIXED ASSETS	
12. FIXED ASSETS	
13 MISCELLANEOUS SPECIFY:	
_____	
_____	
_____	
_____	
TOTAL EXPENDITURES	0

3. COMPARISON BUDGETED & ACTUAL EXPENSE REPORTS

SERVICE PROVIDER
FISCAL YEAR 20xx/20xx

COMPARISON OF BUDGETED AND ACTUAL EXPENDITURES
CONTRACT NUMBER

REIMBURSEMENT EXPENDITURES	ACCOUNT #	BUDGET AMOUNTS	EXPENSES 07/xx	EXPENSES 08/xx	EXPENSES 09/xx	EXPENSES TO DATE	BALANCES REMAINING	% CONTRACT SPENT
Salaries						0	0	0.00%
Benefits						0	0	0.00%
Communication						0	0	0.00%
Contract Services						0	0	0.00%
Occupancy						0	0	0.00%
Supplies/M&E						0	0	0.00%
Transportation						0	0	0.00%
Other Operating						0	0	0.00%
Fixed Assets						0	0	0.00%
Total		0	0	0	0	0	0	0.00%

IN-KIND PROVIDER
FISCAL YEAR 20XX/20XX

COMPARISON OF BUDGETED AND ACTUAL IN-KIND EXPENDITURES

IN-KIND EXPENDITURES	ACCOUNT #	BUDGET AMOUNTS	EXPENSES 07/XX	EXPENSES TO DATE	BALANCES REMAINING	% CONTRACT SPENT
Center Services	25900XXX.63010.250			0	0	0.00%
I&R	25900XXX.63010.320			0	0	0.00%
Outreach	25900XXX.63010.330			0	0	0.00%
Volunteer	25900XXX.63010.380			0	0	0.00%
Cong. Meals	25900XXX.63010.400			0	0	0.00%
Home Delivered Meals	25900XXX.63010.520			0	0	0.00%
Health Promotion	25900XXX.63010.251			0	0	0.00%
Apprise	25900XXX.63010.321			0	0	0.00%
Assessments	25900XXX.63010.290			0	0	0.00%
Care Management	25900XXX.63010.300			0	0	0.00%
Care Mgnt Prot. Svs.	25900XXX.63010.303			0	0	0.00%
Prot. Svs. Intake/Invest	25900XXX.63010.350			0	0	0.00%
Legal	25900XXX.63010.370			0	0	0.00%
Adult Day Care	25900XXX.63010.610			0	0	0.00%
				0	0	0.00%
				0	0	0.00%
				0	0	0.00%
Total In-Kind Expenditures		0	0	0	0	0.00%

CASH MATCH
PROVIDER
FISCAL YEAR 20XX/20XX

COMPARISON OF BUDGETED AND ACTUAL CASH MATCH EXPENDITURES

CASH EXPENDITURES	ACCOUNT #	BUDGET AMOUNTS	EXPENSES 07/XX	EXPENSES TO DATE	BALANCES REMAINING	% CONTRACT SPENT
Salaries	25900XXX.63010.250.2000			0	0	0.00%
Benefits	25900XXX.63010.250.2000			0	0	0.00%
Communication	25900XXX.63010.250.3000			0	0	0.00%
Contract Services	25900XXX.63010.250.3300			0	0	0.00%
Occupancy	25900XXX.63010.250.3400			0	0	0.00%
Supplies/M&E	25900XXX.63010.250.4000			0	0	0.00%
Transportation	25900XXX.63010.250.5000			0	0	0.00%
Other Operating	25900XXX.63010.250.6000			0	0	0.00%
Fixed Assets	25900XXX.63010.250.7000			0	0	0.00%
Total Center	**25900XXX.63010.250**	0	0	0	0	0.00%
Salaries	25900XXX.63010.320.2000			0	0	0.00%
Benefits	25900XXX.63010.320.2000			0	0	0.00%
Communication	25900XXX.63010.320.3000			0	0	0.00%
Contract Services	25900XXX.63010.320.3300			0	0	0.00%
Occupancy	25900XXX.63010.320.3400			0	0	0.00%
Supplies/M&E	25900XXX.63010.320.4000			0	0	0.00%
Transportation	25900XXX.63010.320.5000			0	0	0.00%
Other Operating	25900XXX.63010.320.6000			0	0	0.00%
Fixed Assets	25900XXX.63010.320.7000			0	0	0.00%
Total I&R	**25900XXX.63010.320**	0	0	0	0	0.00%

Guardianship | Legal | In-Kind | **Cash Match**

4. 20XX- 20XX CONSOLIDATED BUDGET

Name of the Service Provider: _____

20XX-20XX CONSOLIDATED BUDGET

JDE# _____ **CONTRACT #** _____

ALLOCATION/REVENUES		COST DISTRIBUTION/EXPENSES						
		Program/Direct Service Costs			Administration/In-Direct Service Costs			TOTAL
DHS Program Offices/Bureaus/Services	**Allocation**	Direct Service Staff Costs	Other Direct Service Costs	Total Direct Costs	Admin Staff Costs	Other Admin Costs	Total Indirect Costs	
Area Agency Aging								
Advocacy, Protection & Care Management				0			0	0
Entry Services				0			0	0
Independent Services				0			0	0
Long Term Services				0			0	0
Service Provider Admin				0			0	0
TOTAL - AAA	0	0	0	0	0	0	0	0
Behavioral Health								
Drug & Alcohol Services	0			0			0	0
Mental Health	0			0			0	0
Early Intervention	0			0			0	0
Intellectual Disability	0			0			0	0
Children, Youth & Families								
CYF				0			0	0
Juvenile Court				0			0	0
TOTAL - CYF	0	0	0	0	0	0	0	0
Community Services								
Affordable Housing, Urban Development & Homeless Development Funds				0			0	0
Employment & Training				0			0	0
Family and Community Services				0			0	0
Housing & Hunger				0			0	0
Outreach & Prevention				0			0	0
TOTAL - CS	0	0	0	0	0	0	0	0
DHS Central Services (Please list ALL DHS Project Fundings too)								
				0			0	0
				0			0	0
				0			0	0
TOTAL - Central Services	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0

*NOTE: JDE# and CONTRACT# to be added by DHS

I. COMPENSATION, GENERAL TERMS AND CONDITIONS

In consideration of the provisions of the services described in Exhibit A of the agreement and agreed upon by the provider by the SERVICE PROVIDER, the DEPARTMENT (hereinafter meaning the Allegheny County Department of Human Services, Office of Behavioral Health, Bureau of Drug and Alcohol Services) agrees to pay the SERVICE PROVIDER according to the allocation included in Exhibit B of the agreement.

Federal, State and County funds received under this AGREEMENT shall be promptly deposited in an insured, interest-bearing account. All SERVICE PROVIDERS, except fee-for-service providers, that derive interest income from BDAP funds provided to SERVICE PROVIDER by the COUNTY shall be required to utilize such income before BDAP funding is utilized or to secure additional eligible drug and alcohol services.

SERVICE PROVIDER shall submit reports, which are deemed necessary by the COUNTY or BDAP or required for federal reporting requirements, any other reports including, but not limited to, assets, property and supplies, research financial status on SERVICE PROVIDER operations, personnel monitoring, and any other such reports as the COUNTY or BDAP may require.

Upon request, and in a manner prescribed by the COUNTY or BDAP, SERVICE PROVIDER shall provide a written report indicating the extent to which the SERVICE PROVIDER and its subcontractors have met their obligations to pay the employer's share of, and to withhold and remit from employees' salaries, the correct amount of income taxes, F.I.C.A. taxes, unemployment and worker's compensation taxes or premiums, and any other obligations to the appropriate federal, state and local governmental agencies.

SERVICE PROVIDER hereby grants COUNTY permission to audit any sister corporations, subsidiary corporations or related parties, profit or non-profit, that are financially or programmatically involved with SERVICE PROVIDER in the receipt, use or expenditure of Department of Human Services funds.

If COUNTY determines that the SERVICE PROVIDER has spent funds in contradiction with this AGREEMENT, or any state or federal law or regulation, COUNTY shall notify SERVICE PROVIDER of the disallowed expenditure and offset it against any monies payable to SERVICE PROVIDER.

SERVICE PROVIDER must obtain prior written approval from the COUNTY to reallocate funding of 10% or more of the existing allocation in the receiving category among service categories (e.g. "Treatment" category to "Other Intervention" category). Such request should be submitted in writing to the COUNTY, Bureau of Drug and Alcohol Services, Administrator. Failure to submit request and receiving subsequent COUNTY approval will result in denial of payment for the specific unauthorized drug and alcohol services.

II. REQUEST FOR CONTRACT ADVANCE PAYMENT AND REPAYMENT RECONCILIATION

A. ADVANCE PAYMENT REQUEST:

SERVICE PROVIDER can request an initial prepayment equal to two (2) months of the **original** contract amount. Initial payment should be calculated based on the following formula: Total contract amount divided by 12 x 2.

Example: Total Contract = $600,000.00/12 = $50,000.00

$50,000.00 x 2 = $100,000.00 Pre-payment amount.

Reconciliation of the advance payment will begin in January of the current fiscal year with a reduction in the reimbursement for January expenses, both program funded and fee for service. Reductions will continue monthly until the advance payment is fully recovered. The recovery of any amounts due to the Department of Human Services (DHS) will not exceed (6) months.

Providers can establish a payback plan with DHS for repayment of the advance starting January of the current contract period by contacting the Behavioral Health/Intellectual Disability Fiscal Manager.

This reconciliation process will be applied to Intellectual Disability, Early Intervention, Mental Health and Drug Alcohol providers. All payment plans should be submitted via email or letter. Each plan will be reviewed by the DHS Fiscal Manager and approved by the DHS Fiscal Administrator. Our response will be communicated in writing.

1. If the SERVICE PROVIDER has received an advance for services that are being reduced or terminated with the prior approval of the COUNTY and/or at the direction of the COUNTY, the SERVICE PROVIDER shall

refund to the COUNTY those funds that have not been obligated and/or expended for appropriate program expenses. SERVICE PROVIDER must submit documentation supporting the expense paid with advance funds for approval by the COUNTY. If SERVICE PROVIDER provides multiple services through this AGREEMENT, the allocation for the specific services being reduced will also be reduced using a pro rata calculation established by the COUNTY.

B. ADDITIONAL PAYMENTS TO SERVICE PROVIDER will be made according to the conditions set forth below.

1. SERVICE PROVIDER agrees to provide COUNTY with a monthly submission of actual cost reimbursed expenditures to be sent to COUNTY no later than the 10th of the following month.

2. For all fee-for-service service activities, SERVICE PROVIDER agrees to submit claims forms to Community Care.

III. YEAR END/CLOSING

A. For all cost reimbursement service activities SERVICE PROVIDER agrees to provide COUNTY with a copy of its year-end fiscal report currently identified as Form AC-17 including all appropriate supporting documentation (as detailed in the Allegheny County Drug and Alcohol Billing Instructions) as required within thirty (30) days of the close of the contract year, all of which is subject to amendment at any time within the contract year. Said report shall be prepared in accordance with generally accepted accounting principles consistently applied by SERVICE PROVIDER, and in accordance with the Drug and Alcohol SCA Fiscal Manual and the Allegheny County Drug and Alcohol Billing Instructions. Said report shall be sufficient to accurately reflect the business conducted by SERVICE PROVIDER during the fiscal year, and/or any extension, and shall have been prepared from such records as would normally be examined by an independent certified public accountant in performing an audit of business conducted by SERVICE PROVIDER. Should Provider fail to provide its year-end fiscal report as aforementioned, COUNTY shall be permitted, at its option, to have an agent of COUNTY prepare same; and said Agent of COUNTY shall be permitted access to all necessary records for such purpose; and COUNTY may withhold any further funding pending receipt of said year-end fiscal report and impose penalties.

B. For all fee-for-service service activities, yearend closing information will be obtained only from the claims submitted to Community Care Behavioral Health and the DA Outstanding Claims form.

C. Because of state reporting deadlines, COUNTY will use information provided by CCBH/ALDA as of their July Report. This report will be shared with the Service Provider. At this time, Service Provider will have the opportunity to submit the DA Outstanding Claims form. The DA Outstanding Claims form is due thirty (30) days after the close of the contract year. It should include all claims of service provided in contract year that are not included in the July CCBH/ALDA report.

IV. INSTRUCTIONS FOR COMPLETING THE DRUG AND ALCOHOL FINANCIAL FORMS

A. Every Provider of drug and alcohol services holding a contract with Allegheny County, Department of Human Services, must complete and submit the following forms as part of their contract submission:
   - Fee-For-Service Worksheet
   - Budget By Program Activity

   The organization name and contract period must be provided on each form.

   Only typed or computer generated forms will be accepted; handwritten forms will be returned to the provider for resubmission in a typed format.

   In addition to the above forms, the following are the forms needed to request payments from the county.

   1. Behavioral Health and Intellectual Disability Advance Request Form
   2. Drug and Alcohol Monthly Expenditure Report

B. The below forms and reports are required for the providers yearend report submission and will be used to determine the providers year end contract.

   1. AC-17 Year End Reports (Program funded cost centers only)
   2. Form 15 Roster of Personnel
   3. Form 16 Purchase Personnel
   4. AM 17 Indirect Cost Centers
   5. Form 18 Schedule of Equity
   6. Form 19, 19FE, and 19 NC Fixed Assets Purchased
   7. Drug and Alcohol Outstanding Claims Form

C. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form for 2011/2012. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service

providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

All of the above forms can be found on the county website:
http://www.alleghenycounty.us/dhs/providerforms.aspx#obh

I. COMPENSATION / GENERAL TERMS AND CONDITIONS

In consideration of the provisions of the services described in Exhibit A of the agreement and agreed upon by the provider by the SERVICE PROVIDER, the DEPARTMENT (hereinafter meaning the Allegheny County Department of Human Services, Office of Behavioral Health, Bureau of Adult Mental Health Services) agrees to pay the SERVICE PROVIDER according to the allocation included in Exhibit B of the agreement.

If the SERVICE PROVIDER received an advance for services that are being reduced or terminated with the prior approval of the COUNTY, the SERVICE PROVIDER shall refund to the COUNTY those funds that have not been obligated and/or expended for appropriate program expense. SERVICE PROVIDER must submit documentation supporting the expense paid with advance funds for approval by the COUNTY. If SERVICE PROVIDER provides multiple services through this AGREEMENT, the allocation for the specific services being reduced will also be reduced using a pro rata calculation established by the COUNTY.

SERVICE PROVIDER does not have the authority to transfer allocated funds from the category of reduced services to other service categories/programs without prior written approval of the COUNTY. Further, if the service is being terminated, the allocation for said services should be considered withdrawn.

The amount reimbursed hereunder to SERVICE PROVIDER for the term of this AGREEMENT shall be an amount in reimbursement for audited actual costs for services/materials actually provided and accepted in accordance with the allowable cost standards in section 4300.82 through 4300.118 and Section 4300.158 of the Department of Public Welfare's Chapter 4300 County MH/OID Program Fiscal Manual, not to exceed the amount previously stated. When permitted by applicable law and regulations, should revenue generated by the Mental Health components of SERVICE PROVIDER vary from the anticipated revenue stated herein, COUNTY in its discretion may adjust proportionally its reimbursement herein under to SERVICE PROVIDER. The previously stated amount is the anticipated revenue to SERVICE PROVIDER from the said Mental Health component for the term of this AGREEMENT and is subject to available funding.

Should actual audited costs of services/materials provided and accepted in accordance with the allowable cost standards in sections 4300.82 through 4300.118 and section 4300.158 of the Department of Public Welfare's Chapter 4300 County

MH/OID Program Fiscal Manual be less than costs previously reported and previously reimbursed with Mental Health funds, SERVICE PROVIDER agrees to reimburse COUNTY for Mental Health funds received in excess of actual audited costs.

II. REQUEST FOR CONTRACT ADVANCE PAYMENT AND REPAYMENT RECONCILIATION

A. ADVANCE PAYMENT REQUEST:

SERVICE PROVIDER can request an initial prepayment equal to two (2) months of the **original** contract amount. Initial payment should be calculated based on the following formula: Total contract amount divided by 12 x 2.

Example: Total Contract = $600,000.00/12 = $50,000.00

$50,000.00 x 2 = $100,000.00 Pre-payment amount.

Reconciliation of the advance payment will begin in January of the current fiscal year with a reduction in the reimbursement for January expenses, both program funded and fee for service. Reductions will continue monthly until the advance payment is fully recovered. The recovery of any amounts due to the Department of Human Services (DHS) will not exceed (6) months.

Providers can establish a payback plan with DHS for repayment of the advance starting January of the current contract period by contacting the Behavioral Health/Intellectual Disability Fiscal Manager.

This reconciliation process will be applied to Intellectual Disability, Early Intervention, Mental Health and Drug Alcohol providers. All payment plans should be submitted via email or letter. Each plan will be reviewed by the DHS Fiscal Manager and approved by the DHS Fiscal Administrator. Our response will be communicated in writing.

B. ADDITIONAL PAYMENTS:

Program Funded Cost Centers – Additional payments to SERVICE PROVIDER will be made monthly upon receipt of a monthly invoice for actual expenditures incurred for the preceding month. This invoice for reimbursement of actual expenses is due by the 10th of the month. Also, units of service are required to

be entered into DHS eCAPS system for all program funded cost centers except for Community Services. The units of service entered into eCAPS are due by the 15th of the following month.

Example: Expenses incurred in July are due by August 10th on a monthly expenditure report.

Fee for Service cost centers: Payments to SERVICE PROVIDER will be made monthly upon information provided by SERVICE PROVIDER through the eCAPS System.

Example: Units of services rendered in July must be entered in eCAPS by August 15th.

C. RETAINED REVENUE:

SERVICE PROVIDER will be permitted to budget a retained revenue allowance up to three percent (3%) of gross eligible expenditures, not to exceed the total amount of the provider contract for program funded cost centers, except Community services. Retained revenue is awarded as an incentive for agencies to operate efficiently and pursue third-party revenue or is allowed to be used in combination as a budget item and efficiency incentive.

Determination of the amount of retained revenue to be included in the final Allocation will be made by the County upon receipt of the SERVICE PROVIDER'S final AC-17 invoice depicting gross eligible expenditures. The awarding of retained revenue may be subject to verification of gross eligible expenditures reported. Retained revenue will be based on prudent management practice and not as the result of savings realized through a reduction in service.

All decisions relating to retained revenue will be made by the Allegheny County Department of Human Services and will comply with the Commonwealth of Pennsylvania, Department of Public welfare, County Fiscal Manual, title 55, Chapter 4300.108.

III. YEAR END/CLOSING

A. SERVICE PROVIDER agrees to provide COUNTY with a copy of its year-end fiscal report currently identified as Form AC-17 including all appropriate supporting documentation (as detailed in the Allegheny County Department of

Human Services MH/OID Program year-end billing instructions) as required within forty five (45) days of the close of the contract year, all of which is subject to amendment at any time within the contract year. Said report shall be prepared in accordance with generally accepted accounting principles consistently applied by SERVICE PROVIDER, and in accordance with the Allegheny County Department of Human Service MH/OID year-end billing instructions and the Department of Public Welfare's Chapter 4300 County MH/OID Program Fiscal Manual, and all Allegheny County MH/OID Board directives. Said report shall be sufficient to accurately reflect the business conducted by SERVICE PROVIDER during the fiscal year, and/or any extension, and shall have been prepared from such records as would normally be examined by an independent certified public accountant in performing an audit of business conducted by SERVICE PROVIDER.

Also, all cost centers (except Community Services) require submission of units of services into our eCAPS system. The units must be entered within forty-five (45) days of the close of the contract year to be considered for year-end close. However, units can be submitted after the 45 day period to be considered for audit purposes.

Should SERVICE PROVIDER fail to provide its year-end fiscal report as aforementioned, COUNTY shall be permitted, at its option, to hire an agent of COUNTY to prepare same, with costs to be billed to SERVICE PROVIDER; and said Agent of COUNTY shall be permitted access to all necessary records for such purpose; and COUNTY may withhold any further funding pending receipt of said year-end fiscal report, or impose a penalty.

B. REQUIRED FORMS

The following are the forms that are required in order to complete your contract, to receive payments and to complete year end reports:

1. Mental Health Budget Form
2. Behavioral Health and Intellectual Disability Advance Request Form
3. MH Monthly Expenditure Report (Program funded cost centers only)
4. AC-17 Year End Reports (Program funded cost centers only)
5. Form 15 Roster of Personnel
6. Form 16 Purchase Personnel
7. Form AM 17 Indirect Cost Centers

8. Form 18 Schedule of Equity
9. Form 19, 19FE, and 19 NC Fixed Assets Purchased

C. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form for 2011/2012. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

All of the above forms can be found on the county website:
http://www.alleghenycounty.us/dhs/providerforms.aspx#obh

I. COMPENSATION/GENERAL TERMS AND CONDITIONS

In consideration of the provisions of the services described in Exhibit A of the agreement and agreed upon by the provider by the SERVICE PROVIDER, the DEPARTMENT (hereinafter meaning the Allegheny County Department of Human Services, Office of Behavioral Health, Bureau of Child and Adolescent Mental Health Services) agrees to pay the SERVICE PROVIDER according to the allocation included in Exhibit B of the agreement.

If the SERVICE PROVIDER received an advance for services that are being reduced or terminated with the prior approval of the COUNTY, the SERVICE PROVIDER shall refund to the COUNTY those funds that have not been obligated and/or expended for appropriate program expense. SERVICE PROVIDER must submit documentation supporting the expense paid with advance funds for approval by the COUNTY. If SERVICE PROVIDER provides multiple services through this AGREEMENT, the allocation for the specific services being reduced will also be reduced using a pro rata calculation established by the COUNTY.

SERVICE PROVIDER does not have the authority to transfer allocated funds from the category of reduced services to other service categories/programs without prior written approval of the COUNTY. Further, if the service is being terminated, the allocation for said services should be considered withdrawn.

The amount reimbursed hereunder to SERVICE PROVIDER for the term of this AGREEMENT shall be an amount in reimbursement for audited actual costs for services/materials actually provided and accepted in accordance with the allowable cost standards in section 4300.82 through 4300.118 and Section 4300.158 of the Department of Public Welfare's Chapter 4300 County MH/OID Program Fiscal Manual, not to exceed the amount previously stated. When permitted by applicable law and regulations, should revenue generated by the Mental Health components of SERVICE PROVIDER vary from the anticipated revenue stated herein, COUNTY in its discretion may adjust proportionally its reimbursement herein under to SERVICE PROVIDER. The previously stated amount is the anticipated revenue to SERVICE PROVIDER from the said Mental Health component for the term of this AGREEMENT and is subject to available funding.

Should actual audited costs of services/materials provided and accepted in accordance with the allowable cost standards in sections 4300.82 through

4300.118 and section 4300.158 of the Department of Public Welfare's Chapter 4300 County MH/OID Program Fiscal Manual be less than costs previously reported and previously reimbursed with Mental Health funds, SERVICE PROVIDER agrees to reimburse COUNTY for Mental Health funds received in excess of actual audited costs.

II. REQUEST FOR CONTRACT ADVANCE PAYMENT AND REPAYMENT RECONCILIATION

A. ADVANCE PAYMENT REQUEST:

SERVICE PROVIDER can request an initial prepayment equal to two (2) months of the **original** contract amount. Initial payment should be calculated based on the following formula: Total contract amount divided by 12 x 2.

Example: Total Contract = $600,000.00/12 = $50,000.00

$50,000.00 x 2 = $100,000.00 Pre-payment amount.

Reconciliation of the advance payment will begin in January of the current fiscal year with a reduction in the reimbursement for January expenses, both program funded and fee for service. Reductions will continue monthly until the advance payment is fully recovered. The recovery of any amounts due to the Department of Human Services (DHS) will not exceed (6) months.

Providers can establish a payback plan with DHS for repayment of the advance starting January of the current contract period by contacting the Behavioral Health/Intellectual Disability Fiscal Manager.

This reconciliation process will be applied to Intellectual Disability, Early Intervention, Mental Health and Drug Alcohol providers. All payment plans should be submitted via email or letter. Each plan will be reviewed by the DHS Fiscal Manager and approved by the DHS Fiscal Administrator. Our response will be communicated in writing.

B. ADDITIONAL PAYMENTS:

Program Funded Cost Centers – Additional payments to SERVICE PROVIDER will be made monthly upon receipt of a monthly invoice for actual

expenditures incurred for the preceding month. This invoice for reimbursement of actual expenses is due by the 10th of the month.

Example: Expenses incurred in July are due by August 10th on a monthly expenditure report.

Fee for Service cost centers: Payments to SERVICE PROVIDER will be made monthly upon information provided by SERVICE PROVIDER through the Pelican System.

C. RETAINED REVENUE:

SERVICE PROVIDER will be permitted to budget a retained revenue allowance up to three percent (3%) of gross eligible expenditures, not to exceed the total amount of the provider contract for program funded cost centers. Retained revenue is awarded as an incentive for agencies to operate efficiently and pursue third-party revenue or is allowed to be used in combination as a budget item and efficiency incentive.

Determination of the amount of retained revenue to be included in the final allocation will be made by the County upon receipt of the SERVICE PROVIDER'S final AC-17 invoice depicting gross eligible expenditures. The awarding of retained revenue may be subject to verification of gross eligible expenditures reported. Retained revenue will be based on prudent management practice and not as the result of savings realized through a reduction in service.

All decisions relating to retained revenue will be made by the Allegheny County Department of Human Services and will comply with the Commonwealth of Pennsylvania, Department of Public welfare, County Fiscal Manual, title 55, Chapter 4300.108.

III. YEAR END/CLOSING

A. SERVICE PROVIDER agrees to provide COUNTY with a copy of its year-end fiscal report currently identified as Form AC-17 including all appropriate supporting documentation (as detailed in the Allegheny County Department of Human Services MH/OID Program year-end billing instructions) as required within forty five (45) days of the close of the contract year for Program funded

cost centers, all of which is subject to amendment at any time within the contract year. Said report shall be prepared in accordance with generally accepted accounting principles consistently applied by SERVICE PROVIDER, and in accordance with the Allegheny County Department of Human Service MH/OID year-end billing instructions and the Department of Public Welfare's Chapter 4300 County MH/OID Program Fiscal Manual, and all Allegheny County MH/OID Board directives. Said report shall be sufficient to accurately reflect the business conducted by SERVICE PROVIDER during the fiscal year, and/or any extension, and shall have been prepared from such records as would normally be examined by an independent certified public accountant in performing an audit of business conducted by SERVICE PROVIDER.

Should SERVICE PROVIDER fail to provide its year-end fiscal report as aforementioned, COUNTY shall be permitted, at its option, to hire an agent of COUNTY to prepare same, with costs to be billed to SERVICE PROVIDER; and said Agent of COUNTY shall be permitted access to all necessary records for such purpose; and COUNTY may withhold any further funding pending receipt of said year-end fiscal report, or impose a penalty.

B. REQUIRED FORMS:

The following are the forms that are required in order to complete your contract, to receive payments and to complete year end reports:

1. Early Intervention Budget Form
2. Behavioral Health and Intellectual Disability Advance Request Form
3. EI Monthly Expenditure Report (Program funded cost centers only)
4. AC-17 Year End Reports (Program funded cost centers only)
5. Form 15 Roster of Personnel
6. Form 16 Purchase Personnel
7. Form AM 17 Indirect Cost Centers
8. Form 18 Schedule of Equity
9. Form 19, 19FE, and 19 NC Fixed Assets Purchased
10. Units of Services with Rates Render by Provider and its subcontractors

C. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form for 2011/2012. Each program funded service provider is required to complete this document with the information prepared

on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

All the above forms can be found on the county website:
http://www.alleghenycounty.us/dhs/providerforms.aspx#obh

I. GENERAL TERMS AND CONDITIONS

SERVICE PROVIDER shall comply with Exhibit B of the agreement between SERVICE PROVIDER and the COUNTY.

COUNTY will not pay/reimburse SERVICE PROVIDER for services not included in the workstatement (Exhibit A) and the allocation document. Further, the COUNTY may defer payment to the following month or a later date for billings not received in a timely manner.

If the SERVICE PROVIDER has received an advance for services that are being reduced or terminated with the prior approval of the COUNTY and/or at the direction of the COUNTY, the SERVICE PROVIDER shall refund to the COUNTY those funds that have not been obligated and/or expended for appropriate program expense. SERVICE PROVIDER must submit documentation supporting the expense paid with advance funds for approval by the COUNTY. If SERVICE PROVIDER provides multiple services through this AGREEMENT, the allocation for the specific services being reduced will also be reduced using a pro rata calculation established by the COUNTY.

SERVICE PROVIDER does not have the authority to transfer allocated funds from the category of reduced services to other service categories/programs without prior written approval of the COUNTY. Further, if the service is being terminated, the allocation for said services should be considered withdrawn.

The amount reimbursed hereunder to SERVICE PROVIDER for the term of this AGREEMENT shall be an amount in reimbursement for audited actual costs for services/materials actually provided and accepted in accordance with the allowable cost standards in section 4300.82 through 4300.118 and Section 4300.158 of the Department of Public Welfare's Chapter 4300 County MH/OID Program Fiscal Manual, not to exceed the amount previously stated. When permitted by applicable law and regulations, should revenue generated by the Intellectual Disability components of SERVICE PROVIDER vary from the anticipated revenue stated herein, COUNTY in its discretion may adjust proportionally its reimbursement herein under to SERVICE PROVIDER. The previously stated amount is the anticipated revenue to SERVICE PROVIDER from the said Intellectual Disability component for the term of this AGREEMENT and is subject to available funding.

SERVICE PROVIDER shall disclose to the COUNTY any related party as defined by the Department of Public Welfare's Chapter 4300 County MH/OID Program Fiscal Manual and hereby grants COUNTY permission to audit any sister corporations, subsidiary corporations or related parties, profit or non-profit, that are financially or programmatically involved with SERVICE PROVIDER in the receipt, use or expenditure of Allegheny County Department of Human Service Funds.

Should actual audited costs of services/materials provided and accepted in accordance with the allowable cost standards in sections 4300.82 through 4300.118 and section 4300.158 of the Department of Public Welfare's Chapter 4300 County MH/OID Program Fiscal Manual be less than costs previously reported and previously reimbursed with Intellectual Disability funds, SERVICE PROVIDER agrees to reimburse COUNTY for Intellectual Disability funds received in excess of actual audited costs.

II. REQUEST FOR CONTRACT ADVANCE PAYMENT AND REPAYMENT RECONCILIATION

A. ADVANCE PAYMENT REQUEST

SERVICE PROVIDER can request an initial prepayment equal to two (2) months of the **original** contract amount. Initial payment should be calculated based on the following formula: Total contract amount divided by 12 x 2.

Example: Total Contract = $600,000.00/12 = $50,000.00

$50,000.00 x 2 = $100,000.00 Pre-payment amount.

Reconciliation of the advance payment will begin in January of the current fiscal year with a reduction in the reimbursement for January expenses, both program funded and fee for service. Reductions will continue monthly until the advance payment is fully recovered. The recovery of any amounts due to the Department of Human Services (DHS) will not exceed (6) months.

Providers can establish a payback plan with DHS for repayment of the advance starting January of the current contract period by contacting the Behavioral Health/Intellectual Disability Fiscal Manager.

This reconciliation process will be applied to Intellectual Disability, Early Intervention, Mental Health and Drug Alcohol providers. All payment plans

should be submitted via email or letter. Each plan will be reviewed by the DHS Fiscal Manager and approved by the DHS Fiscal Administrator. Our response will be communicated in writing.

B. $50,000.00 x 2 = $100,000.00 Pre-payment amount. ONGOING PAYMENT

Additional payments to SERVICE PROVIDER will be made monthly upon receipt of their client services as entered in the state's Promise system. Promise will send the SERVICE PROVIDER's data to COUNTY's eCAPS system. eCAPS will generate a report on a monthly basis which will be used to make payments to SERVICE PROVIDER. SERVICE PROVIDER must have the services entered into Promise by the close of business on the Friday before the 12th of the following month.

C. RETAINED REVENUE

SERVICE PROVIDER will be permitted to budget a retained revenue allowance up to three percent (3%) of gross eligible expenditures, not to exceed the total amount of the provider contract for program funded cost centers. Retained revenue is awarded as an incentive for agencies to operate efficiently and pursue third-party revenue or is allowed to be used in combination as a budget item and efficiency incentive.

Determination of the amount of retained revenue to be included in the Final Allocation will be made by the County upon receipt of the SERVICE PROVICER'S final AC-17 invoice depicting gross eligible expenditures. The awarding of retained revenue may be subject to verification of gross eligible expenditures reported. Retained revenue will be based on prudent management practice and not as the result of savings realized through a reduction in service.

All decisions relating to retained revenue will be made by the Allegheny County Department of Human Services and will comply with the Commonwealth of Pennsylvania, Department of Public Welfare, County Fiscal Manual, Title 55, and Chapter 4300.108.

III. YEAR END/CLOSE

A. SERVICE PROVIDER agrees to provide COUNTY with a copy of its year-end fiscal report currently identified as Form AC-17 including all appropriate supporting documentation (as detailed in the Allegheny County Department of

Human Services MH/OID Program year-end billing instructions) as required within forty-five (45) days of the close of the contract year, all of which is subject to amendment at any time within the contract year. Said report shall be prepared in accordance with generally accepted accounting principles consistently applied by SERVICE PROVIDER, and in accordance with the Allegheny County Department of Human Service MH/OID year-end billing instructions and the Department of Public Welfare's Chapter 4300 County MH/OID Program Fiscal Manual, and all Allegheny County MH/OID Board directives. Said report shall be sufficient to accurately reflect the business conducted by SERVICE PROVIDER during the fiscal year, and/or any extension, and shall have been prepared from such records as would normally be examined by an independent certified public accountant in performing an audit of business conducted by SERVICE PROVIDER.

Should SERVICE PROVIDER fail to provide its year-end fiscal report as aforementioned, COUNTY shall be permitted, at its option, to hire an agent of COUNTY to prepare same, with costs to be billed to SERVICE PROVIDER; and said Agent of COUNTY shall be permitted access to all necessary records for such purpose; and COUNTY may withhold any further funding pending receipt of said year-end fiscal report, or impose a penalty.

B. REQUIRED FORMS

The following are the forms that are required in order to receive payments and to complete year end reports:

1. Intellectual Disability Budget Form
2. Behavioral Health and Intellectual Disability Advance Request Form
3. Office of Intellectual Disability Quarterly Service Report
4. Office of Intellectual Disability AC-17 Year End Report
5. Form 15 Roster of Personnel
6. Form 16 Purchase Personnel
7. AM 17 Indirect Cost Centers
8. Form 18 Schedule of Equity
9. Form 19, 19FE, and 19 NC Fixed Assets Purchased
10. Office of Intellectual Disability Form OID 20 Family Support Service
11. Office of Intellectual Disability Form OID 21 Community Residential Services

C. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form for 2011/2012. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

All of the above forms can be found on the county website:
http://www.alleghenycounty.us/dhs/providerforms.aspx#oid

I. GENERAL TERMS AND CONDITIONS FOR PROVISION OF PAYMENT OF SERVICES DOCUMENTED IN THE KEY INFORMATION & DEMOGRAPHICS SYSTEM "KIDS".

The SERVICE PROVIDER shall document all services in KIDS by the monthly processing date determined by the Office of Children, Youth and Families.

Reimbursement to the SERVICE PROVIDER is to be made within a reasonable time by COUNTY upon approval of the Director of the Allegheny County Department of Human Services or their designee for services/materials authorized and invoiced in a timely manner.

No changes can be made to the rate schedule and/or program funded allocations contained in Exhibit B without prior written agreement of both parties (COUNTY and SERVICE PROVIDER). In the event there are projected unspent funds in one program funded service, they may not be shifted to another program funded service without prior written approval of the COUNTY. Further, if a service is being terminated, the allocation for said services should be considered withdrawn.

In the event the agreement is modified for additional periods of time, unspent funds from any particular specified period may not be carried forward to the next period for which modification has been executed unless specifically stated within the modification.

II. GENERAL TERMS AND CONDITIONS FOR PROVISION OF PAYMENT OF PROGRAM FUNDED CONTRACTS (SERVICES NOT DOCUMENTED IN THE KEY INFORMATION & DEMOGRAPHICS SYSTEM "KIDS")

The SERVICE PROVIDER shall submit to the DEPARTMENT report of costs and revenues by service category for each service the DEPARTMENT purchases from the SERVICE PROVIDER. The costs and revenues shall be reported utilizing the forms provided by the DEPARTMENT.

Reimbursement to the SERVICE PROVIDER is to be made within a reasonable time by COUNTY upon approval of the Director of the Allegheny County Department of Human Services or their designee for services/materials authorized and invoiced in a timely manner.

No changes can be made to the rate schedule and/or program funded allocations contained in Exhibit B without prior written agreement of both parties (COUNTY and SERVICE PROVIDER). In the event there are projected unspent funds in one program funded service, they may not be shifted to another program funded service without prior written approval of the COUNTY. Further, if a service is being terminated, the allocation for said services should be considered withdrawn.

In the event the agreement is modified for additional periods of time, unspent funds from any particular specified period may not be carried forward to the next period for which modification has been executed unless specifically stated within the modification.

Final programmatic and financial reports/invoices must be submitted within 30 days of the term of the agreement (or within 30 days of the end of a fiscal period for multi-year agreements); final payments will only be made after all final programmatic and financial reports/invoices are received. Any exceptions to this provision must be requested by the SERVICE PROVIDER in writing and be agreed to by the COUNTY in writing

Each invoice submitted by SERVICE PROVIDER under the terms of the agreement must: Clearly identify the programs for which the invoice is being submitted; note if the SERVICE PROVIDER renders more than one program funded service, a separate invoice must be submitted for each program.

A. A unique invoice number (one which has never before been used by the PROVIDER throughout the life of the relationship between AC DHS and SERVICE PROVIDER).

B. Identify the month of service represented on the invoice; if the SERVICE PROVIDER is submitting for multiple months, a separate invoice is required for each month.

C. Provide the contract number.

D. Be submitted by the 10th of the month; note invoices for program funded services received after the 10th of the month may be subject to processing delays; per diem funded invoices received after the 10th of the month shall be paid in the following monthly payment cycle. If the 10th of the month falls on a

Saturday or Sunday, the invoice must be submitted electronically by the close of business Friday, before the 10th.

III. PAYMENT METHODS

SERVICE PROVIDER shall be paid at the corporate address identified on Page One (1) of the AGREEMENT unless SERVICE PROVIDER otherwise notifies COUNTY in writing.

IV. COMPENSATION

In consideration of the provisions of the services described in Exhibit A of the agreement and agreed upon by the provider by the SERVICE PROVIDER, the DEPARTMENT (hereinafter meaning the Allegheny County Department of Human Services, Office of Children, Youth and Families) agrees to pay the SERVICE PROVIDER according to the program and/or rate schedule included in Exhibit B of the agreement.

V. FIXED ASSETS

For services that are program funded or unit funded other than per diem, the following provisions shall apply:

A. SERVICE PROVIDER agrees to obtain all supplies, furnishings, and equipment for use in the performance of this AGREEMENT at the lowest practical cost and to purchase by means of a system of competitive bidding whenever practical.

B. Any purchases of vehicles must be included in the PROVIDER budget that is submitted with contract documents with a narrative as to the type of vehicle and proposed uses. Any vehicle purchase must also receive prior written approval from the Program Deputy and Administrator.

C. Any furnishings and/or equipment purchased by SERVICE PROVIDER with funds hereunder for use in the performance of this AGREEMENT shall be the property of DEPARTMENT and shall be delivered to the DEPARTMENT upon the termination or conclusion of this AGREEMENT.

D. SERVICE PROVIDER shall maintain and administer in accordance with sound business practice a program for the maintenance, repair, protection, preservation, and insurance of all furnishings and equipment belonging to the

DEPARTMENT and used by SERVICE PROVIDER in the performance of this AGREEMENT.

E. Any furnishings and/or equipment belonging to the DEPARTMENT and used by SERVICE PROVIDER in the performance of this AGREEMENT shall be used only in the performance of this AGREEMENT.

F. In the event the SERVICE PROVIDER is indemnified, reimbursed, or otherwise compensated for any loss or destruction of, or damage to, any furnishings or equipment belonging to the DEPARTMENT and used by SERVICE PROVIDER in the performance of this AGREEMENT, it shall use the proceeds to repair, renovate, or replace the DEPARTMENT property involved, or shall credit such proceeds against the cost of the work covered by the contract or shall otherwise reimburse the DEPARTMENT as directed by the Director.

G. SERVICE PROVIDER does not have the authority to transfer allocated funds from the category of reduced services to other service categories/programs without prior written approval of the COUNTY.

VI. BUDGET FOR OUT OF HOME PLACEMENT PROVIDERS (TITLE IV-E)

A. OUT of HOME PLACEMENT SERVICE PROVIDER agrees to submit to the DEPARTMENT a projected annual operating budget by type of service and per-diem or unit rate for review and approval prior to submission of the contract for execution. This Budget must be submitted on or before April 30, 2012 to the State Office of Children, Youth & Families at RA-ocyfcontracts@state.pa.us .

The budget form can be found on the DHS website in an excel format at URL: http://www.alleghenycounty.us/dhs/providerforms.aspx#cyf under the Office of Children, Youth and Families.

B. Agreements submitted without the required forms for the budget and Title IV-E information, if required, will not be executed until such form(s) is / are received by DHS from the SERVICE PROVIDER.

C. According to the mutually agreed upon time-line, the DEPARTMENT agrees to review the per diem/unit cost/program costs as submitted by the SERVICE PROVIDER.

D. The SERVICE PROVIDER shall adhere to the Budget(s) as submitted and mutually agreed upon by SERVICE PROVIDER and COUNTY. SERVICE PROVIDER must submit in writing a request for a re-budget among line items; the DHS Director or their designee shall respond to SERVICE PROVIDER's request in writing.

VII. BUDGET FOR NON-PLACEMENT PROVIDERS

A. NON-PLACEMENT SERVICE PROVIDER agrees to submit to the DEPARTMENT a projected annual operating budget by program by type of service for review and approval prior to submission of the contract for execution. This Budget must be submitted on or before June 30, 2012 to the Contracts Department of DHS.

The budget form can be found on the DHS website in an excel format at URL: http://www.alleghenycounty.us/dhs/providerforms.aspx under the Office of Children, Youth and Families.

B. Agreements submitted without the required forms for the budget and Title IV-E information, if required, will not be executed until such form(s) is / are received by DHS from the SERVICE PROVIDER.

C. According to the mutually agreed upon time-line, the DEPARTMENT agrees to review the per diem/unit cost/program costs as submitted by the SERVICE PROVIDER.

D. The SERVICE PROVIDER shall adhere to the Budget(s) as submitted and mutually agreed upon by SERVICE PROVIDER and COUNTY. SERVICE PROVIDER must submit in writing a request for a re-budget among line items; the DHS Director or their designee shall respond to SERVICE PROVIDER's request in writing.

E. All field trip items must be included in the budget and must have a narrative of the purpose, destination and participants as well as detailed costs.

VIII. INSTRUCTIONS FOR INVOICING

A. **Out of Home Placement Providers** are required to document services through the Key Information and Demographic System (KIDS). A mock invoice, exception report and an unprocessed active services report will be available through KIDS access on the third business day of each month

following the service month. The provider will have until the tenth business day of the month to fully document all items on the exception report and the unprocessed active claims report in order to be included on the final invoice. Payment will be made for all fully documented services on the final invoice. Any claims not fully documented by the tenth business day will remain on the exception report or the unprocessed active claims report for the next monthly cycle. When these claims are fully documented they will be paid in the next payment cycle.

B. **In Home Providers** using service reauthorizations are required to document through the Key Information and Demographic System (KIDS). A mock invoice, exception report and an unprocessed active services report will be available through KIDS access on the third business day of each month following the service month. The provider will have until the tenth business day of the month to fully document all items on the exception report and the unprocessed active claims report in order to be included on the final invoice. Payment will be made for all fully documented services on the final invoice. Any claims not fully documented by the tenth business day will remain on the exception report or the unprocessed active claims report for the next monthly cycle. When these claims are fully documented they will be paid in the next payment cycle.

C. **Prevention & Diversion Providers & Specialized Referral Providers** with contracted fees for services are required to document through the Key Information and Demographic System (KIDS). A mock invoice, exception report and an unprocessed active services report will be available through KIDS access on the third business day of each month following the service month. The provider will have until the tenth business day of the month to fully document all items on the exception report and the unprocessed active claims report in order to be included on the final invoice. Payment will be made for all fully documented services on the final invoice. Any claims not fully documented by the tenth business day will remain on the exception report or the unprocessed active claims report for the next monthly cycle. When these claims are fully documented they will be paid in the next payment cycle.

D. **Prevention & Diversion Providers with Program Funded Contracts** are required to submit a program funded invoice (Exhibit A) detailing their actual

costs in the service month. This invoice is due by the tenth business day of the month following the service month.

E. **VEHICLE & BUDGETED EQUIPMENT PURCHASES** must be submitted with a copy of the signed approval by the Program Deputy and Program Administrator, copies of at least three bids for vehicles and the invoice or bill of sale.

F. **Concrete Goods Requests** are required to be entered into the Key Information and Demographic System (KIDS). Original receipts and a Concrete Goods Procurement form that is printed from KIDS must be forwarded to the fiscal department. Each receipt must have the KIDS Procurement number written on each receipt.

G. **Staff Training Requests** are required to submit a Staff Training Invoice (Exhibit B) by the tenth business day of the month following the month in which the training occurred.

H. **Consolidated Budget** for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form for 2011/2012. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

IX. COMMENCEMENT OF SERVICE

The first day of a child's placement or the date services to the family begin.

X. DISCHARGE

The date of discharge shall be:

A. The date a child is removed from placement, either pursuant to the Family Service Plan/ Individual Service Plan or due to an emergency as defined in Chapters 3 and 5 of the Contract Specifications Manual.

B. The date the Court finalizes the child's adoption

C. The date the Court issues an order of Subsidized Legal Guardianship for the child's caregiver(s).

D. The last day of a child's 3 or 7 day absent/runaway period (per Chapter 3 § J (3) and Chapter 5 § N of the contract specifications manual) unless prior written approval has been given by the COUNTY to extend the absent/runaway period.

E. Admissions and discharges are to be indicated only for the month for which you are requesting payment.

F. All overnight absences are to be indicated by checking the appropriate dates in the blocks provided. If there are no absences, indicate "None.

G. Names of persons visited must be indicated. If child visits a person other than the natural parent, the relationship is to be stated. (Example: grandparent, aunt, uncle, host family.)

H. Complete all columns pertaining to number of days absent, number of days payment is to be suspended and number of days for which payment is due. If there are no numbers for these columns, indicate "0". Please do not leave blank spaces.

XI. IN-HOME OR UNIT RATE(S)

Statements of payment due the SERVICE PROVIDER shall be rendered by the SERVICE PROVIDER by the tenth (10th) day of the following month and payments therefore shall be made monthly by the DEPARTMENT during the period of this AGREEMENT. SERVICE PROVIDER shall submit to DEPARTMENT, a detailed invoice indicating the actual number of Direct Service Units and Client Specific Indirect Service Units provided for that month on forms designated by the DEPARTMENT.

Said invoicing form is available in an excel format on the DHS website at URL: http://www.alleghenycounty.us/dhs/providerforms.aspx#cyf under the Office of children, Youth and Families.

SERVICE PROVIDER shall submit a detailed invoice indicating concrete goods purchased for DEPARTMENT referred cases for that month on forms designated

by the DEPARTMENT where the purchase of concrete goods has been authorized by the DEPARTMENT.

SERVICE PROVIDER shall submit to DEPARTMENT, a detailed invoice indicating training provided to direct services staff for that month on forms designated by the DEPARTMENT. The SERVICE PROVIDER shall be reimbursed for services delivered not to exceed the full amount of this agreement at a unit rate agreed upon in Exhibit B of the agreement between the DEPARTMENT and the SERVICE PROVIDER.

OFFICE OF COMMUNITY SERVICES
ALL BUREAUS

The Office of Community Services consists of four bureaus: Bureau of Employment and Training Services, Bureau of Outreach and Prevention Services, Bureau of Family and Community Services, and Bureau of Homeless Services.

Program manuals can be located at:
http://www.alleghenycounty.us/dhs/providerforms.aspx#ocs.

Please review all material related to your program before submitting any paperwork to the county.

I. GENERAL INFORMATION

With the assistance of the Office of Information Management, the DHS Contracts Unit will facilitate the initial creation of your organization's Work Statement and Facilities Worksheet using information from the Master Provider Enterprise Repository (MPER).

The DHS Contracts Unit Supervisor assigned to your organization will then work with the appropriate DHS Program Office staff to pre-populate some Work Statement information. This step is internal to DHS.

After the initial preparation of the Budget, the Contracts Supervisor will email to your organization's the Contract package, including the Work Statement generated from MPER (which becomes Exhibit A of your contract) and the Facilities Worksheet (which becomes Exhibit A Attachment 1 of your contract), and the Budget/Invoice form (which becomes part of Exhibit-B).

When you have received the email, your organization's CPC will be expected to:

Review the Work Statement and complete the Budget using the program-specific guidelines contained later in this manual. Where information is pre-populated, the Service Provider should verify the accuracy of the information and request revisions if needed. Once you have completed your Budget and review the Work Statement, it should be emailed back to your DHS Contract Supervisor.

The DHS Contracts Supervisor will facilitate review by the DHS program offices. Please do not send your Work Statement/Budget(s) directly to the programs office; by sending it to the Contracts Supervisor, you assure we have a logged receipt and tracking for its approval.

Depending on the DHS Program Office Review, a dialogue may occur between you and DHS program offices to have the Work Statement/Budget(s) revised as needed. The DHS Program/Fiscal Offices must approve the Work Statement/Budget(s) before the contract can be executed. You should anticipate up to 10 days for the review/approval process before your contract is forwarded to the County for execution.

Review the Facilities Worksheet. If the Worksheet is accurate, the CPC should print that Worksheet and return it with your organization's signed contract. If the Worksheet is incorrect, the CPC should have your MPER information updated and request that a second version of the Facilities Worksheet be produced and sent to them.

Note: Services not included in a Work Statement/Budget(s) will not be eligible for reimbursement/payment.

Contracts will not be executed without approved Work Statement/Budget(s).

The County will monitor service providers for compliance with their Work Statement/Budget(s).

II. INVOICING INFORMATION

All invoices and back-up pages can be located at the following website: http://www.alleghenycounty.us/dhs/providerforms.aspx#ocs listed under Office of Community Services and the specific bureau. Below is a brief summary of what you will need to take advantage of our new invoicing procedures.

In November 2009, DHS implemented the use of an electronic voucher processing system called ONBASE. All invoices, with the exception of HUD, and the necessary backup documentation should now be emailed to your designated fiscal and program contacts for approval.

As the new process does not require a signature, please be sure to use the new invoice forms on the above website by the specific bureau. The only exception to this process will be HUD invoices.

All HUD contacts should disregard this procedure and continue to send hard copies of invoices to:

Allegheny County Department of Human Services
Office of Community Services
Attn: Rob Eamigh
One Smithfield Street, 2nd Floor
Pittsburgh, PA 15222-2221

A. All OCS invoices require an authorization number on the invoice for tracking purposes. If you do not have one please contact your fiscal representative for instructions on how to secure your authorization number. The rest of the County invoice process remains the same.

B. Invoices are due to the county by the tenth (10th) day of the following month unless other arrangements have been agreed upon.

C. Invoices generally take about two (2) weeks before they are paid if there are no problems (insurance expired, duplicate invoice number, no authorization number, no signature, etc…) and no holidays or system disruptions.

D. INVOICE NUMBERS MUST BE DIFFERENT ON EVERY INVOICE SUBMITTED. Duplicate numbers cause delays in payments.

E. Please make sure your insurance information is up-to-date in the MPER system. Expired insurance will cause delays in payments. Send Insurance Certificates to:

Allegheny County Department of Human Services
Office of Administrative and Information Management Services
Attn: Contracts Unit
One Smithfield Street, Suite 500
Pittsburgh, PA 15222-2221

F. All Agencies, please only show current month(s) to be paid on the invoice forms. Hide all other months.

G. Please make sure formulas produce correct totals. Sometimes rounding causes the totals to be off, which creates delays in payments.

H. All agencies please make sure invoices are free of handwritten corrections, invoice numbers, stray lines and white-out. Any of these can cause delays with your payment.

OFFICE OF COMMUNITY SERVICES
ALL BUREAUS

I. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

   If you have any questions, please contact your contract, program, and fiscal representatives.

I. CONTACT INFORMATION

Program Office: Manager/Planning & Operations, 412-350-3973, One Smithfield Street, 2nd Floor.

Fiscal Office: Financial Manager, 412-350-3178, One Smithfield Street, 5th Floor

Contracts Office: Contracts Manager, 412-350-5480, One Smithfield Street, 5th Floor

II. RECORDS RETENTION

Audit work papers and audit reports shall be retained by the auditor for a minimum of seven years from the date of issuance.

All books, records, and documents related to the agreement shall be retained by the provider for a period of time which is the greater of seven years from the agreement expiration date until all questioned costs or activities have been resolved to the satisfaction of the Commonwealth, or as required by applicable federal laws and regulations, whichever is longer.

If the contract is not renewed or the agency goes out of business the files must be given to the County and retained in accordance with the above policies.

III. PERFORMANCE NOTE

Performance invoices follow a different process, and are addressed through the Program Specs Manual.

IV. INVOICE INSTRUCTIONS

A. When using an invoice as a BUDGET form, first check the Pre-Contract Budget box at the top of the actual Part 1 invoice form. Next, check ONE of boxes that list programs/funding sources. Complete the Provider Name, Contract Period (usually July 20xx – June 20xx), Project Name, and Project Number fields. Fill in the appropriate Budget Column rows with your total allocation for the period of your contract. Back-up pages Part 2 (Start Salaries), Part 3 (Fringe Benefit Cost), and Part 4 (Rent/Lease/Use Allowance/ Utilities and Equipment Purchase) must be completed on the supporting documentation and must agree with Part 1.

1. For EARN and Work Ready BUDGET forms – input the Budget information into the "ANNUAL BUDGET" tab in the Excel workbook. The contract periods will be 7/1/2013 THROUGH 6/30/14 for EARN providers and 10/1/2013 THROUGH 9/30/14 for WORK READY providers. The other heading information needed should be self-explanatory. Regarding the financial information please input the figures into lines 55 – 213. Rows 18 – 50 are summary lines that will be filled in as you input into the detail lines 55 – 213.

B. When using as an INVOICE form, first check the Monthly Invoice box at the top of the actual Part 1 invoice form. Next, check ONE of boxes that list programs/funding sources. Complete the Provider Name and Contract Period (usually July 20xx – June 20xx) fields. Also, please include your Contract Number, a unique Invoice Number, and your approved authorization number. Make sure the Budget Column rows are completed with your total allocation for the period of your contract.

1. For EARN and Work Ready invoice forms – input the expense information into the "MONTHLY INVOICE" tab in the Excel workbook. The invoice periods will be the beginning and ending dates for the month being billed. The other heading information needed should be self-explanatory. It should be the same as the "ANNUAL BUDGET" page except for the addition of an invoice number. Regarding the financial information please input the figures into lines 55 – 213. Rows 18 – 50 are summary lines that will be filled in as you input into the detail lines 55 – 213.

   In order to do this, locate the authorization number request form on the DHS website. Complete this form and return to the OCS Fiscal office.

   a. OCS will assign the PROVIDER a unique number that you will include on all invoices submitted. This number is to replace the live signature previously required on invoices.

   b. Enter the amounts in the Monthly column. Under Categories of Expenditure, the month being invoiced and the budget amount should be completed based on your cost categories in your contract budget. The only month visible is July, but all other months are on the sheet, just hidden from view. To unhide a column, highlight both column "D" and column "P" by clicking the left mouse button

on the “D” cell and holding the button down while sliding the mouse over to the “P” cell. Then move the cursor so it is in either the “D” or “P” cell and click the right mouse button. At the bottom of the menu that appears, click Unhide. This will show all the months available for use on this invoice.

c. To hide unused columns, highlight all columns that should be hidden by clicking the left mouse button on the “D” cell and then holding down Ctrl on your keyboard and clicking on all other letter cells to be hidden. Then move the cursor so it is in one of the highlighted letter cells and click the right mouse button. At the bottom of the menu that appears, click Hide. This will hide all months except for the current month to be paid. ONLY THE CURRENT MONTH(S) TO BE PAID SHOULD BE VISIBLE.

d. All subtotals and Net/Total Expenditure cells will calculate automatically. If amounts involve cents, please round each amount to the next dollar.

e. The Service Provider must also complete the supporting documentation on Parts 2 through 4 with each invoice submitted. Totals on the supporting documentation should equal the total for that category on the actual invoice Part 1). Instructions for supporting documentation are listed on the forms themselves. Services Provider should include the same invoice number on all parts of the invoice.

f. For all WIA/EARN providers, an estimate is required and must be e-mailed on the first working day of the month for the previous month’s charges to Allegheny County DHS Fiscal unit. The form is listed on the website. Complete the fields for Funding Source, Provider Name, Contract Period, Project Name, Contract Number, Estimate Period, and Estimate Amount. The estimate is a best projection as of the first of the month and it is recognized that the estimate won’t necessarily match the invoice to be submitted by the 10th of the month. Repeat as needed for each funding source in each project budget.

C. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

Note: All agencies are required to submit invoices by the 10th day of each month for the prior month. The final reports and invoices are due to the county by July 15th each year.

I. CONTACT INFORMATION

Program Office: O&P Planner, 412-350-6617, One Smithfield Street, 2nd Floor

Fiscal Office: Financial Manager, 412-350-3178, One Smithfield Street, 5th Floor

Contracts Office: Contracts Manager, 412-350-5480, One Smithfield Street, 5th Floor

II. WORK STATEMENT BREAKOUT

The DHS Program Office and Program/Service are pre-populated, using your current MPER information. If any service is missing or a service is included that your organization does not deliver, contact the OCS Service Coordinator/Monitor.

Complete the following sections of the Work Statement:

Performance Evaluation

Each organization must establish specific measurable outcomes for the program/services to be provided. Outcomes must be able to be achieved, measured, tracked, and reported. OCS must agree with the outcome measures.

A. CSBG: Enter the outcomes/indicators selected from the Outcome Catalog, included in the CSBG Contracts Manual and the number of participants that you anticipate will achieve the outcome/indicator, as well as the number of the goal outcome indicator, e.g. 4 adult participants will achieve an educational or life skill goal (6.1.a)

B. CSBG Case Management providers must also report the number of participants that have increased five (5) points on the Family Profile Form (A DHS/OCS form) and the number of people who have moved above the 125% of the Federal Poverty Guidelines during the year. These do not have to be included in this section, but must be reported mid-year and at year-end.

C. CSBG Education providers must report the aggregated average attendance for the participants at mid-year and at year-end.

D. CSBG Employment providers must report the aggregated average attendance for the participants at mid-year and at year-end.

III. INVOICE INSTRUCTIONS

When using an invoice as a BUDGET form, first check the Pre-Contract Budget box at the top of the actual Part 1 invoice form. Next, check ONE of boxes that list programs/funding sources. Complete the Provider Name and Contract Period (usually July 20xx – June 20xx). Fill in the appropriate Budget Column rows with your total allocation for the period of your contract. Back-up pages must be completed on the supporting documentation and must agree with Part 1.

A. When using as an INVOICE form, first check the Monthly Invoice box at the top of the actual Part 1 invoice form. Next, check ONE of boxes that list programs/funding sources. Complete the Provider Name and Contract Period (usually July 20xx – June 20xx) fields. Also, please include your Contract Number, a unique Invoice Number, and your approved authorization number. Make sure the Budget Column rows are completed with your total allocation for the period of your contract.

   a. In order to do this, locate the authorization number request form on the DHS website. Complete this form and return to the OCS Fiscal office.

   b. OCS will assign to you a unique number that you will include on all invoices submitted. This number is to replace the live signature previously required on invoices.

   c. Enter the amounts in the Monthly column. Under Categories of Expenditure, the month being invoiced and the budget amount should be completed based on your cost categories in your contract budget. The only month visible is July, but all other months are on the sheet, just hidden from view. To unhide a column, highlight both column “D” and column “P” by clicking the left mouse button on the “D” cell and holding the button down while sliding the mouse over to the “P” cell. Then move the cursor so it is in either the “D” or “P” cell and click the right mouse button. At the bottom of the menu that appears, click Unhide. This will show all the months available for use on this invoice.

   d. To hide unused columns, highlight all columns that should be hidden by clicking the left mouse button on the “D” cell and then holding down Ctrl on your keyboard and clicking on all other letter cells to be hidden.

Then move the cursor so it is in one of the highlighted letter cells and click the right mouse button.

e. At the bottom of the menu that appears, click Hide. This will hide all months except for the current month to be paid. ONLY THE CURRENT MONTH(S) TO BE PAID SHOULD BE VISIBLE.

f. All subtotals and Net/Total Expenditure cells will calculate automatically. If amounts involve cents, please double check that the cell is formatted to accept cents or the subtotal and Total/Net Expenditure totals will be off due to rounding. To check cell formatting, right click the mouse in the cell you want to check. Click on Format Cells. Click on the Number tab. Choose Accounting. Check to see if the Decimal Places is set to two (2).

g. Read the Certification Statement at the bottom of the invoice. If this Statement is correct, have an authorized person sign and date on the line provided. Then print Name, Title, and Phone Number on the provided lines. Sign the invoice with a live signature, preferably in blue ink. Anyone who is authorized to sign checks for your agency is authorized to sign the invoice forms.

h. The Service Provider must also complete the supporting documentation on Parts 2 through 4 with each invoice submitted. Totals on the supporting documentation should equal the total for that category on the actual invoice (Part 1). Instructions for supporting documentation are listed on the forms themselves. Services Provider should include the same invoice number on all parts of the invoice.

B. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

Note: All agencies are required to submit invoices by the 10th day of each month for the prior month. The final reports and invoices are due to the county by July 15th each year.

OFFICE OF COMMUNITY SERVICES
BUREAU OF FAMILY AND COMMUNITY SERVICES

I. CONTACT INFORMATION

Program Office: Bureau Administrator, 412-350-6485, One Smithfield Street, 1st Floor

Fiscal Office: Financial Manager, 412-350-3178, One Smithfield Street, 5th Floor

Contracts Office: Contracts Manager, 412-350-5480, One Smithfield, Street, 5th Floor

II. WORK STATEMENT BREAKOUT

The Administrator of the Bureau of Family & Community Services will pre-populate the Work Statement Budget/Invoice Forms, and Allocation Statement.

Contractors must review accuracy of the Facilities Worksheet, make any required changes in MPER and advise the Bureau Administrator of any necessary changes.

Contractors have been requested to submit to the Bureau Administrator detailed line-item budgets and other related contract documents and attachments for review/approval.

III. INVOICE INSTRUCTIONS

A. When using an invoice as a BUDGET form, first check the Pre-Contract Budget box at the top of the actual Part 1 invoice form. Next, check ONE of boxes that list programs/funding sources. Complete the Provider Name, Contract Period (usually July 20xx – June 20xx), Project Name, and Project Number fields. Fill in the appropriate Budget Column rows with your total allocation for the period of your contract. Back-up pages Part 2 (Start Salaries), Part 3 (Fringe Benefit Cost), and Part 4 (Rent/Lease/Use Allowance/ Utilities and Equipment Purchase) must be completed on the supporting documentation and must agree with Part 1.

B. When using as an <u>INVOICE</u> form, first check the Monthly Invoice box at the top of the actual Part 1 invoice form. Next, check ONE of boxes that list programs/funding sources. Complete the Provider Name, Contract Period (usually July 20xx – June 20xx), Project Name, and Project Number fields. Also, please include your Contract Number, Authorization Number and a

unique Invoice Number. Make sure the Budget Column rows are completed with your total allocation for the period of your contract.

a. In order to do this, locate the authorization number request form on the DHS website. Complete this form and return to the OCS Fiscal office.

b. OCS will assign to you a unique number that you will include on all invoices submitted. This number is to replace the live signature previously required on invoices.

c. Enter the amounts in the Monthly column. Under Categories of Expenditure, the month being invoiced and the budget amount should be completed based on your cost categories in your contract budget. The only month visible is July, but all other months are on the sheet, just hidden from view. To unhide a column, highlight both column "D" and column "P" by clicking the left mouse button on the "D" cell and holding the button down while sliding the mouse over to the "P" cell. Then move the cursor so it is in either the "D" or "P" cell and click the right mouse button. At the bottom of the menu that appears, click Unhide. This will show all the months available for use on this invoice.

d. To hide unused columns, highlight all columns that should be hidden by clicking the left mouse button on the "D" cell and then holding down Ctrl on your keyboard and clicking on all other letter cells to be hidden. Then move the cursor so it is in one of the highlighted letter cells and click the right mouse button. At the bottom of the menu that appears, click Hide. This will hide all months except for the current month to be paid. ONLY THE CURRENT MONTH(S) TO BE PAID SHOULD BE VISIBLE.

e. All subtotals and Net/Total Expenditure cells will calculate automatically. If amounts involve cents, please round each amount to the next dollar.

f. The Service Provider must also complete the supporting documentation on Parts 2 through 4 with each invoice submitted. Totals on the supporting documentation should equal the total for that category on the actual invoice (Part 1). Instructions for supporting

documentation are listed on the forms themselves. Services Provider should include the same invoice number on all parts of the invoice.

g. Expenditures cannot exceed any line item on your budget. Any budget modification must be approved by the Program Office. There is a form on the web site for budget modification.

h. For all providers, an estimate is required and must be e-mailed on the first working day of the month for the previous month's charges to Allegheny County DHS Fiscal unit. The form is listed on the website. Complete the fields for Funding Source, Provider Name, Contract Period, Project Name, Contract Number, Estimate Period, and Estimate Amount. The estimate is a best projection as of the first of the month and it is recognized that the estimate won't necessarily match the invoice to be submitted by the 10th of the month. Repeat as needed for each funding source in each project budget.

i. The HeadStart program should follow invoicing procedures established by the OCS Program Administrator and the funding source.

C. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form for 2011/2012. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

Note: All agencies are required to submit invoices by the 10th day of each month for the prior month. The final reports and invoices are due to the county by July 15th each year.

OFFICE OF COMMUNITY SERVICES
BUREAU OF HOMELESS SERVICES

I. CONTACT INFORMATION

Program Office: Administrator, 412-350-5606, One Smithfield Street, 2nd Floor

Fiscal Office: Financial Manager, 412-350-3178, One Smithfield Street, 5th Floor

Contracts Office: Contracts Manager, 412-350-5480, One Smithfield Street, 5th Floor

II. WORK STATEMENT BREAKOUT

A. DHS Program Office

Office of Community Services – Homeless Services

B. Program / Service

Homeless Assistance Program (Emergency Shelter, Bridge Housing, Penn Free Bridge Housing, Rental Assistance, Innovative Supportive Housing Service).

C. Operating Procedure

Same as you put in last year's Request for Proposal (RFP) type of service, number of clients, where service is located, etc.

D. Unit of Service Definition

Not Applicable To Homeless Assistance Program (HAP)

E. Performance Evaluation

Our Monitors will conduct quarterly client file reviews; also safety inspection for shelters.

Note: No Fields Will Be Pre-populated By Homeless Services

III. INVOICE INSTRUCTIONS

A. Advance / Prepay

a. Service Provider may request an advance for one or multiple programs/agreements on the same form. Service Provider should complete the contract amount column, contract number and contract period for each program for which they are invoicing for an advance. The advance column will calculate using the pre-populated formula. An advance is only allowed if it is specified in your contract.

b. If a pre-pay (advance) was paid at the beginning of the fiscal year, remember that actual expenditures must be provided by the end of the fiscal year to cover this amount. If this amount is not covered, the money must be refunded to the county.

B. Non-HUD Programs

a. When using an invoice as a BUDGET form, first check the Pre-Contract Budget box at the top of the actual Part 1 invoice form. Next, check ONE of boxes that list programs/funding sources. Complete the Provider Name and Contract Period (usually July 20xx – June 20xx). Fill in the appropriate Budget Column rows with your total allocation for the period of your contract. If your program requires back-up pages, they must be completed on the supporting documentation and must agree with Part 1.

b. All non-HUD Agencies are to submit their invoices by email to their Fiscal contact.

c. In order to do this, locate the authorization number request form on the DHS website. Complete this form and return to the OCS Fiscal office.

d. OCS will assign to you a unique number that you will include on all invoices submitted. This number is to replace the live signature previously required on invoices.

e. Enter the amounts in the Monthly column. Fields that is highlighted will calculate automatically. Under Categories of Expenditure, the month

being invoiced and the budget amount should be completed based on your cost categories in your contract budget. The only month visible is July, but all other months are on the sheet, just hidden from view. To unhide a column, highlight both column "D" and column "P" by clicking the left mouse button on the "D" cell and holding the button down while sliding the mouse over to the "P" cell. Then move the cursor so it is in either the "D" or "P" cell and click the right mouse button. At the bottom of the menu that appears, click Unhide. This will show all the months available for use on this invoice.

f. To hide unused columns, highlight all columns that should be hidden by clicking the left mouse button on the "D" cell and then holding down Ctrl on your keyboard and clicking on all other letter cells to be hidden. Then move the cursor so it is in one of the highlighted letter cells and click the right mouse button. At the bottom of the menu that appears, click Hide. This will hide all months except for the current month to be paid. ONLY THE CURRENT MONTH(S) TO BE PAID SHOULD BE VISIBLE.

g. All subtotals and Net/Total Expenditure cells will calculate automatically. If amounts involve cents, please double check that the cell is formatted to accept cents or the subtotal and Total/Net Expenditure totals will be off due to rounding. To check cell formatting, right click the mouse in the cell you want to check. Click on Format Cells. Click on the Number tab. Choose Accounting. Check to see if the Decimal Places is set to two (2).

h. The Service Provider must also complete the supporting documentation on Parts 2 and 3 (if applicable) with each invoice submitted. Totals on the supporting documentation should equal the total for that category on the actual invoice (Part 1). Instructions for supporting documentation are listed on the forms themselves. Services Provider should include the same invoice number on all parts of the invoice.

i. Expenditures cannot exceed any line item on your budget. Any budget modification must be approved by the Program Office. There is a form on the web site for budget modification.

Note: All agencies are required to submit invoices by the 10th day of each month for the prior month. The final reports and invoices are due to the county by July 15th each year.

C. **HUD Programs**

a. When using an invoice as a BUDGET form, first check the Pre-Contract Budget box at the top of the actual Part 1 invoice form. Next, check ONE of boxes that list program types. Complete the Provider Name and address, HUD Project Number, and Contract Period. Fill in the Grant / Contract Amount rows with your total allocation for the period of your contract. If your program requires back-up pages, they must be completed on the supporting documentation and must agree with Part 1.

b. When using as an INVOICE form, first check the Monthly Invoice box at the top of the actual Part 1 invoice form. Next, check ONE of boxes that list program types. Next, complete the Provider Name and address, HUD Project Number and Contract Period fields. Also, please include your Contract Number, Expense/Reporting Period, and a unique Invoice Number. Make sure the Budget Column rows are completed with your total allocation for the period of your contract.

c. Input amounts in all the highlighted rows on the invoice that has "INPUT" written next to them. All subtotals and Net/Total Expenditure cells will calculate automatically. Please round off all values to the nearest whole dollar. To check cell formatting, right click the mouse in the cell you want to check. Click on Format Cells. Click on the Number tab. Choose Accounting. Check to see if the Decimal Places are set to zero.

d. The Service Provider must also complete the supporting documentation (if applicable) with each invoice submitted. Totals on the supporting documentation should equal the total for that category on the actual invoice (Part1). Instructions for supporting documentation are listed on the forms themselves. Services Provider should include the same invoice number on all parts of the invoice.

e. Expenditures cannot exceed any line item on your budget. Any budget modification must be approved by the Program Office. There is a form on the web site for budget modification.

f. HUD Agencies remember that every time you get a new HUD Grant Number you will have a new Contract/Order number. Please make sure this is the number on your invoices.

D. Consolidated Budget for use by each program office: Under the forms section of the DHS Website is an excel spreadsheet which contains the DHS Consolidated Budget form. Each program funded service provider is required to complete this document with the information prepared on each service area's required budget forms. The budget information should be collapsed into two classifications: Directed service costs (which include all direct service program costs) and administrative/indirect service costs (which should contain all other costs). Only program funded service providers are required to complete the consolidated budget forms and return them with the other contract information via e-mail to DHS.

Note: All agencies are required to submit invoices by the 10th day of each month for the prior month.

I. GENERAL TERMS AND CONDITIONS FOR PROVISION OF PAYMENT

The SERVICE PROVIDER shall submit to the DEPARTMENT report of costs and revenues by service category for each service the DEPARTMENT purchases from the SERVICE PROVIDER. The costs and revenues shall be reported utilizing the forms provided by the DEPARTMENT.

SERVICE PROVIDER agrees to seek all possible sources of funding including but not limited to Medical Assistance, Early Periodic Screening Diagnosis and Treatment (EPSDT); and Drug and Alcohol Act 152 Funding. Any funds received from such sources must be used to reduce the COUNTY's financial liability.

Reimbursement to the SERVICE PROVIDER is to be made within a reasonable time by COUNTY upon approval of the Director of the Allegheny County Department of Human Services or their designee for services/materials authorized and invoiced in a timely manner.

No changes can be made to the rate schedule and/or program funded allocations contained in Exhibit B without prior written agreement of both parties (COUNTY and SERVICE PROVIDER). In the event there are projected unspent funds in one program funded service, they may not be shifted to another program funded service without prior written approval of the COUNTY. Further, if a service is being terminated, the allocation for said services should be considered withdrawn.

In the event the agreement is modified for additional periods of time, unspent funds from any particular specified period may not be carried forward to the next period for which modification has been executed unless specifically stated within the modification.

Final programmatic and financial reports/invoices must be submitted within 30 days of the term of the agreement (or within 30 days of the end of a fiscal period for multi-year agreements); final payments will only be made after all final programmatic and financial reports/invoices are received. Any exceptions to this provision must be requested by the SERVICE PROVIDER in writing and be agreed to by the COUNTY in writing.

Each invoice submitted by SERVICE PROVIDER under the terms of the agreement must:

A. Clearly identify the programs for which the invoice is being submitted; note if the SERVICE PROVIDER renders more than one program funded service, a separate invoice must be submitted for each program.

B. A unique invoice number; one which has never before been used by the PROVIDER throughout the life of the relationship between AC DHS and SERVICE PROVIDER.

C. Identify the month of service represented on the invoice; if the SERVICE PROVIDER is submitting for multiple months, a separate invoice is required for each month.

D. Provide the contract number.

E. Be submitted by the 10th of the month; note invoices received after the 10th of the month may be subject to processing delays.

II. PAYMENT METHODS

SERVICE PROVIDER shall be paid at the corporate address identified on Page One (1) of the AGREEMENT unless SERVICE PROVIDER otherwise notifies COUNTY in writing.

III. COMPENSATION

In consideration of the provisions of the services described in Exhibit A of the agreement and agreed upon by the provider by the SERVICE PROVIDER, the DEPARTMENT (hereinafter meaning the Allegheny County Department of Human Services) agrees to pay the SERVICE PROVIDER according to the program and/or rate schedule included in Exhibit B of the agreement.

IV. FIXED ASSETS

For services that are program funded or unit funded other than per diem, the following provisions shall apply:

A. SERVICE PROVIDER agrees to obtain all supplies, furnishings, and equipment for use in the performance of this AGREEMENT at the lowest practical cost and to purchase by means of a system of competitive bidding whenever practical.

B. Any furnishings and/or equipment purchased by SERVICE PROVIDER with funds hereunder for use in the performance of this AGREEMENT

shall be the property of DEPARTMENT and shall be delivered to the DEPARTMENT upon the termination or conclusion of this AGREEMENT.

C. SERVICE PROVIDER shall maintain and administer in accordance with sound business practice a program for the maintenance, repair, protection, preservation, and insurance of all furnishings and equipment belonging to the DEPARTMENT and used by SERVICE PROVIDER in the performance of this AGREEMENT.

D. Any furnishings and/or equipment belonging to the DEPARTMENT and used by SERVICE PROVIDER in the performance of this AGREEMENT shall be used only in the performance of this AGREEMENT.

E. In the event the SERVICE PROVIDER is indemnified, reimbursed, or otherwise compensated for any loss or destruction of, or damage to, any furnishings or equipment belonging to the DEPARTMENT and used by SERVICE PROVIDER in the performance of this AGREEMENT, it shall use the proceeds to repair, renovate, or replace the DEPARTMENT property involved, or shall credit such proceeds against the cost of the work covered by the contract or shall otherwise reimburse the DEPARTMENT as directed by the Director

F. SERVICE PROVIDER does not have the authority to transfer allocated funds from the category of reduced services to other service categories/programs without prior written approval of the COUNTY.