NEW YORK STATE OFFICE FOR THE AGING
2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor Greg Olsen, Acting Director
An Equal Opportunity Employer

PROGRAM INSTRUCTION	**Number 11-PI-08**
	Supersedes
	Expiration Date

DATE: July 5, 2011

TO: Area Agency on Aging Directors

SUBJECT: Vouchering Procedures – AAA Costs Incurred Under **NY Connects**

.....

ACTION REQUESTED: Area Agencies on the Aging (AAAs) should continue using the procedures outlined herein for cost reimbursement claiming under the **NY Connects** Program. AAAs may submit Form NYSOFA-07 Detailed List of Reimbursable Expenses on a monthly basis but no later than at the end of each quarter to the Local Department of Social Services (LDSS) in order to ensure timely reimbursement of costs. The last 25% of the allocated award will be released upon completion of all **NY Connects** Program Year 5 (PY5) goals and objectives, as outlined in Appendix D of the AAA's Project Action Plan.

RESPONSE DUE DATE: As necessary

PURPOSE: This Program Instruction (PI) transmits the **NY Connects** AAA Claiming Procedures.

BACKGROUND: **NY Connects** has fostered a spirit of collaboration and cooperation within the Office of Temporary and Disability Assistance (OTDA), the county AAAs and LDSS. This effort has resulted in an efficient and effective claims process that has resolved many of the claiming issues experienced during the previous program years.

Many county AAAs and LDSS are expressing a desire to submit claims each calendar quarter rather than on a monthly basis. Since payments are made on a quarterly basis, agencies will now have the option to claim monthly or quarterly, whichever is most

convenient. Please remember that all claims must be submitted prior to the end of the quarter in order for counties to be reimbursed in a timely manner. OTDA will revise the 09-LCM-09 to include language intended to coordinate claiming instructions for the LDSS, that will facilitate disbursements. For these reasons, the New York State Office for the Aging (NYSOFA) is publishing this instructional document.

Claiming Procedure: NYSOFA offers the following guidance and direction to the AAAs when submitting claims to the LDSS:

- Local costs must be incurred within the contract period and paid for prior to submitting a reimbursement claim. Final claims must be submitted no later than 61 days from the end of the PY5 contact period (11/30/2011).

- All costs incurred and paid by local entities must be claimed no later than on a quarterly basis using Form NYSOFA-07. This form, developed by NYSOFA, itemizes claims along budget line items and will automatically update LDSS form 3922, as required by OTDA for reimbursement.

- AAAs have the option to send an electronic copy of Form NYSOFA-07 on a monthly but no later than on a quarterly basis to the LDSS. AAAs should not wait until an objective has been met before submitting claims.

- Completion of program goals and objectives will be monitored by the **NY Connects** Long Term Care Coordinators through the review of Qualitative and Quantitative reports. NYSOFA will authorize payments in accordance with the **NY Connects** contract and submit a request for payment to reimburse costs incurred and claimed to OTDA once program goals and objectives are complete and verified.

- To receive reimbursement for **NY Connects** expenditures for Program Year 5 (2010-2011), the LDSS must send both an electronic copy of Form NYSOFA-07, **and** an original signed copy of LDSS form 3922 (page 2 of 2 of the NYSOFA-07) no later than at the end of each quarter. The LDSS must forward the electronic copy of Form NYSOFA-07 to NYSOFA at:

  nyconnectsclaiming@ofa.state.ny.us

  The LDSS must forward an original signed form 3922 to:

  Arthur Clark (NY Connects Fiscal)
  New York State Office for the Aging
  2 Empire State Plaza, 3rd Floor
  Albany, New York 12223-1251

  NYSOFA will be responsible for keeping the original signed form 3922 on file.

- OTDA will process payment requests to the Office of State Comptroller (OSC) for reimbursement to the LDSS.

- Form NYSOFA-07 PY5 is available for Area Agencies on the Aging Resource and Information Network (AAARIN) for download. Copies of this automated tool may also be acquired by sending an electronic (E-mail) request to:

  nyconnectsclaiming@ofa.state.ny.us

- Because this is the fifth year of a 5 year contract, **there will be no program year extensions granted.** All program activities must occur on or before September 30, 2011 to ensure that all costs are incurred within the five year grant period. Cash disbursements for costs incurred by September 30, 2011 may be made within the 61 day closeout period but close out activities must be wrapped-up and the closeout claims submitted by November 30, 2011. The NY Connects program will continue on 10/1/11 where AAAs will enter into grant agreements with NYSOFA. There will be a separate Program Instruction issued that addresses planning for NY Connects year 6.

ATTACHMENTS:

Program year five allocation schedule
NYSOFA-07 Claim Form
LDSS 3922 Claim Form

PROGRAMS AFFECTED:

		☐ Title III-B	☐ Title III-C-1	☐ Title III-C-2
☐ Title III-D	☐ Title III-E	☐ CSE	☐ SNAP	☐ Energy
☐ EISEP	☐ NSIP	☐ Title V	☐ HIICAP	☐ LTCOP

☒ Other: **NY Connects**

CONTACT PERSON:
Arthur Clark:
nyconnectsclaiming@ofa.state.ny.us

Phone:
(518) 486-2474

New York State Office for the Aging
NY Connects - Local Program Allocations
Analysis of Changes in Funding - Program Year 10/1/10 to 9/30/11
Compared to Program Year 10/1/09 to 9/30/10

Area Agency on Aging	Program Year Allocations 10/1/09 to 9/30/10	10/1/10 to 9/30/11	Reduction in Dollars	Reduction in Percentage
Albany	$89,000	$66,727	$22,273	25.03%
Allegany	62,000	46,484	15,516	25.03%
Broome	85,000	63,728	21,272	25.03%
Cattaraugus	69,000	51,732	17,268	25.03%
Cayuga	64,000	47,983	16,017	25.03%
Chautauqua	82,000	61,478	20,522	25.03%
Chemung	65,000	48,733	16,267	25.03%
Chenango	63,000	47,233	15,767	25.03%
Clinton	64,000	47,983	16,017	25.03%
Columbia	63,000	47,233	15,767	25.03%
Cortland	62,000	46,484	15,516	25.03%
Delaware	63,000	47,233	15,767	25.03%
Dutchess	86,000	64,477	21,523	25.03%
Erie	252,000	188,933	63,067	25.03%
Essex	62,000	46,484	15,516	25.03%
Franklin	73,000	54,731	18,269	25.03%
Fulton	63,000	47,233	15,767	25.03%
Genesee	63,000	47,233	15,767	25.03%
Greene	63,000	47,233	15,767	25.03%
Herkimer	63,000	47,233	15,767	25.03%
Jefferson	65,000	48,733	16,267	25.03%
Lewis	61,000	45,734	15,266	25.03%
Livingston	63,000	47,233	15,767	25.03%
Madison	63,000	0	63,000	0.00%
Monroe	233,000	174,688	58,312	25.03%
Montgomery	63,000	47,233	15,767	25.03%
Nassau	254,000	190,433	63,567	25.03%
Niagara	86,000	64,477	21,523	25.03%
Oneida	87,000	65,227	21,773	25.03%
Onondaga	221,000	165,692	55,308	25.03%
Ontario	64,000	47,983	16,017	25.03%
Orange	91,000	68,226	22,774	25.03%
Orleans	62,000	46,484	15,516	25.03%
Oswego	0	0	0	0.00%
Otsego	63,000	47,233	15,767	25.03%
Putnam	64,000	47,983	16,017	25.03%
Rensselaer	82,000	0	82,000	100.00%
Rockland	87,000	65,227	21,773	25.03%
St. Lawrence	81,000	60,729	20,271	25.03%
Saratoga	83,000	62,228	20,772	25.03%
Schenectady	82,000	61,478	20,522	25.03%
Schoharie	62,000	46,484	15,516	25.03%
Schuyler	61,000	45,734	15,266	25.03%
Seneca	0	0	0	0.00%
Steuben	65,000	48,733	16,267	25.03%
Suffolk	259,000	194,183	64,817	25.03%
Sullivan	64,000	47,983	16,017	25.03%
Tioga	62,000	46,484	15,516	25.03%
Tompkins	63,000	47,233	15,767	25.03%
Ulster	84,000	62,978	21,022	25.03%
Warren/Hamilton	123,000	92,218	30,782	25.03%
Washington	63,000	47,233	15,767	25.03%
Wayne	64,000	47,983	16,017	25.03%
Westchester	241,000	180,686	60,314	25.03%
Wyoming	62,000	46,484	15,516	25.03%
Yates	61,000	45,734	15,266	25.03%
New York City	0	0	0	0.00%
Seneca Nation	0	0	0	0.00%
St. Regis Mohawk	35,000	26,241	8,759	25.03%
Total Local Projects	$4,880,000	$3,550,000	$1,330,000	27.25%

NEW YORK CONNECTS

DETAILED LIST OF REIMBURSABLE EXPENSES

DISTRICT	MONTH/YEAR	PROJECT NAME **NY Connects PY5**

ITEM	NON-ADMINISTRATION COST	ADMINISTRATION COST	TOTAL COST
Coordinator			
Case Manager			
Administrative Support			
Other			
1. Salary Costs (Personnel)	**0**	**0**	**0**
2. Fringe Benefits			
3. Total Salary & Fringe Benefits	**0**	**0**	**0**
NON-SALARY COSTS			
Computer Software Development			
Consulting Expense			
Other Contractual Expense			
4. Contractual Costs	**0**	**0**	**0**
Mileage			
Parking			
Other Travel			
5. Travel Costs	**0**	**0**	**0**
Computers (Server)			
Software			
Office Equipment			
Other Equipment			
6. Equipment Costs	**0**	**0**	**0**
Rent			
Supplies			
Communications (Post,Phone)			
7. Operating Expense	**0**	**0**	**0**
8. Other Direct Expenses	**0**	**0**	**0**
9. Total Non-Salary Expenses	**0**	**0**	**0**
10. Overhead Costs Allocated			**0**
11. A-87 Costs Allocated			**0**
CLIENT RELATED COSTS **12. Assistance Direct to Client**			
13. Self-Sufficiency Bonus			
14. Diversion Transportation			
15. Other			
16. Total Client Related Costs	**0**		**0**
17. Total Project Costs	**0**	**0**	**0**
18. Federal Share			
19. State Share	**0**	**0**	**0**
20. Local Share		0	

REIMBURSEMENT CLAIM FOR SPECIAL PROJECTS

DISTRICT	MONTH/YEAR	PROJECT NAME
0		NY Connects PY5

ITEM	NON-ADMINISTRATION COSTS	ADMINISTRATION COSTS	TOTAL COSTS
1. Salary Costs	0	0	0
2. Fringe Benefits			0
3. Total Salary & Fringe Benefits	**0**	**0**	**0**
NON-SALARY COSTS 4. Contractual Costs	0	0	0
5. Travel Costs	0	0	0
6. Equipment Costs	0	0	0
7. Supplies	0	0	0
8. Other Direct Expenses	0	0	0
9. Total Non-Salary Expenses	**0**	**0**	**0**
10. Overhead Costs Allocated		**0**	**0**
11. A-87 Costs Allocated		**0**	**0**
CLIENT RELATED COSTS 12. Assistance Direct to Client			
13. Self-Sufficiency Bonus			
14. Diversion Transportation			
15. Other			
16. Total Client Related Costs	**0**		**0**
17. Total Project Costs	**0**	**0**	**0**
18. Federal Share	**0**	**0**	**0**
19. State Share	**0**	**0**	**0**
20. Local Share	**0**	**0**	**0**

CERTIFICATE OF ADMINISTRATIVE OFFICIAL

The undersigned of the _____ (County/City) certifies that the expenditures (and value of goods and services supplied) for public assistance and care as shown above and in the supporting schedules and rolls which are a part hereof are just, true and correct and have been authorized by them; that the grantees to whom or in whose behalf the expenditures for public assistance and care shown above and in the schedules which are a part hereof were made, have been investigated and found in need of assistance or care provided and that such expenditures were made under the provisions of the Social Services Law and the rules and regulations of the State Department of Family Assistance; that the expenditures (and value of goods and service supplied) for welfare administration as shown above, were necessary and required in the administration of public assistance and care pursuant to the Social Services Law and the rules and regulations of the State Department of Family Assistance and that the amounts shown are correct and approved; that no part of the expenditures stated above and in the attached schedules have been claimed previously except as stated herein.

Date _____ _____

(Signature of Administrative Officer)

Title _____

CERTIFICATE OF FISCAL OFFICER

The undersigned of the _____ (County/City) certifies that they have made expenditures for public assistance and care and administration thereof in the amounts shown above and in the supporting schedules and rolls which are a part hereof, that such expenditures were made on the authority of the administrative official whose certificate appears herein; that the amounts stated above as Federal and State shares of expenditures are actually due and owing from the State of New York; that these amounts represent the claim of this _____ county or city for the month of _____; that the amounts stated herein are just, true and correct; that no part thereof has been paid; that such amounts are actually due and owing.

Date _____ _____

(Signature of Fiscal Officer)

Title _____