



Please follow these instructions carefully to request reimbursement for Real Estate Taxes, Common Area Maintenance Charges, and Co-op/Condo Fees.

Claim forms (CTWs) should be submitted in Excel format, with supporting documentation attached in PDF format as a separate PDF file for each CTW.

Header Instructions: *The claim form (CTW) may be used to request reimbursement for ancillary charges for a single address/property. You may use a single form to request reimbursement for multiple programs, rate periods, and/or charge types provided that all requests are associated with the same property.*

- 1) **Provider Agency:** Enter your full agency name.
- 2) **Corp ID:** Enter your agency's 5-digit Corporate ID number.
- 3) **Date of Submission:** Enter the date you are submitting this form to OPWDD.
- 4) **Provider Contact Name & Title, Phone Number, and Email:** Enter the name, title, phone number, and email address for the primary individual OPWDD should contact with questions or requests for additional information.
- 5) **Alt Provider Contact Name & Title, Phone Number, and Email:** Enter the name, title, phone number, and email address for an alternative individual OPWDD should contact with questions or requests for additional information should the primary contact be unavailable.
- 6) **Site Address:** Enter the full property address, including city, zip code and apartment number, if applicable. **Note that only one address/property may be submitted per form.**
- 7) **Total # of Pages (CTW + Supporting Docs):** Enter the total number of pages contained in the PDF document, including the CTW (page 1) plus all supporting documentation associated with the reimbursement request.
- 8) **Region/DDRO:** Select the region & DDRO from the drop-down box.
- 9) **Reimbursement Basis:** Select whether your charges are reported and reimbursed on a Fiscal Year or Calendar Year basis.

Line-level Instructions: *If you are submitting charges for more than one program, rate period, and/or charge type, please use a separate line for each charge.*

- 10) **Op Cert #:** Enter the unique 7-digit Operating Certificate number associated with the program for each charge for which you are seeking reimbursement.
- 11) **Program Type:** Select the program type from the drop-down box.
- 12) **Rate Period:** Enter the rate period for each charge for which you are seeking reimbursement.
- 13) **Charge Type:** Select the charge type from the drop-down box for each charge for which you are seeking reimbursement.
- 14) **Reimbursement Due:** Enter the amount of reimbursement you are seeking for each charge for which you are seeking reimbursement.
- 15) **Notes:** Enter any additional information that may be helpful in reviewing your reimbursement request.

Supporting Documentation Instructions:

All reimbursement claims must be accompanied by appropriate supporting documentation that clearly shows charges matching the amount you are requesting for reimbursement and verification of your payment of the charge(s). For Real Estate Taxes, documentation must also show that the taxes have been paid to the taxing authority. Specific documentation required for each charge type is detailed below.

• Real Estate Taxes

- Final/actual tax statements/bills issued by the taxing authority showing the property address, tax amount(s), and time period(s) and that the tax has been paid by the landlord/property owner to the taxing authority. (NOTE: Estimated tax bills are subject to change and therefore are not sufficient for approval of reimbursement.)
 - If the provider is only responsible for tax escalations, a copy of the base year tax bill should be included for verification of base year tax amount.
- Payment verification – copy of canceled check or EFT statement for provider payment to landlord (an invoice from the landlord marked “paid” is not sufficient)
- Approved PPA and fully executed lease document in effect when the charge was incurred (this may be submitted one time as a separate document with your initial reimbursement request for the property; we will keep it on file for future requests)

• CAM Charges

- Invoice/statement of charges from landlord
- Itemized vendor invoices and/or receipts for all charges*
 - *Claims for rate periods ending on or before 12/31/2023 may be approved without itemized details of charges if your lease does not require the landlord to provide such detailed documentation. Claims for rate periods ending after 1/1/2024 must include itemized details of all charges for approval of reimbursement.
- Payment verification – copy of canceled check or EFT statement for provider payment to landlord (an invoice from the landlord marked “paid” is not sufficient)
- Approved PPA and fully executed lease document in effect when the charge was incurred (this may be submitted one time as a separate document with your initial reimbursement request for the property; we will keep it on file for future requests)

• Condo/Co-op Fees

- Invoice/statement of charges from condo/co-op association
- Copies of any correspondence regarding periodic increases in charges
- Payment verification – copy of canceled check or EFT statement (if the invoice/statement from the co-op association includes a record of your payments, additional proof is not necessary)
- Approved PPA and documentation of property acquisition (this may be submitted one time as a separate document with your initial reimbursement request for the property; we will keep it on file for future requests)

Claim Submission Timeframes and Deadlines:

• Retroactive Claims

- For calendar year CFR filers, retroactive claims may be submitted for rate periods 1/1/2016 through 12/31/2023.
- For fiscal year CFR filers, retroactive claims may be submitted for rate periods 7/1/2015 through 6/30/2023.

- All claim forms and supporting documentation for retroactive claims must be submitted to OPWDD by 11:59PM on 8/30/2025.
- **Prospective Claims**
 - For all providers, claims for rate periods ending after 1/1/2024 must be submitted to OPWDD within two (2) years of the last day of the rate period.

******* Late submissions will not be accepted or reimbursed. *******

IMPORTANT NOTES:

- **Claims must be submitted for reimbursement on an annual rate period basis (calendar year 1/1/xx-12/31/xx or fiscal year 7/1/xx-6/30/xx) consistent with your CFR filing schedule, regardless of the frequency that charges are invoiced by a landlord or taxing authority or paid by the provider. Partial-year reimbursements will only be considered if the partial year coincides with the beginning or end of a lease agreement. Please include a detailed explanation with any partial-year claims for reimbursement.**
- **Approval of ancillary charge reimbursement for leased properties will be limited to the term of the PPA-approved lease agreement. If a program continues to operate following the expiration of the PPA-approved lease term, rent reimbursement will continue in the amount of the last PPA-approved annual rent, however, requests for reimbursement of ancillary charges for rate periods after lease expiration will be placed on hold until such time as a new PPA is approved. Ancillary charge reimbursement for any month-to-month tenancy will require landlord/tenant attestation of the rent holdover status and will be adjusted retroactively upon approval of the new PPA.**
- **Capital Finance must have on file a copy of the fully executed lease agreement (including any amendments, extensions, etc.) in effect when the charge was incurred. It is recommended that you include this as a supporting document with your initial claim for each property.**
- **The following items are reimbursed via your CFR. As such, they are excluded from property reimbursement and should not be included in any charges that appear on this form:**
 - Insurance – Liability or Property
 - Supplies and Materials
 - Housekeeping Costs
 - Repairs and Maintenance (The CFR-1 allows the reporting of small repair and maintenance projects, as well as contracted services. Anything reported on your CFR should be omitted from this form.)
 - Food Costs
 - Utilities – including electricity, heat, water, sewage
- **Claim forms (CTWs) should be submitted in Excel format. Supporting documentation should be submitted in PDF format as a separate PDF file for each claim form with a PDF version of the Claim Form as page 1.**
- **Please ensure that all information on the claim form is complete and accurate and that all required supporting documentation is attached prior to submission. Errors and omissions will delay reimbursement.**

- Requests from Capital Finance staff for additional information or documentation should be addressed promptly within the requested timeframes. Failure to do so may result in denial of your claims.
- Please submit completed reimbursement requests to opwdd.sm.Ancillary.Charges@opwdd.ny.gov.