



**Office for People With  
Developmental Disabilities**

# **Ancillary Property Cost Reimbursement**

January 7, 2025

# Agenda

- (1) Introductions
- (2) Defining Ancillary Reimbursement
- (3) Process for Submitting Claims to OPWDD
- (4) Timeframes and Deadlines
- (5) Role of DOH in the review process
- (6) Questions

# Defining Ancillary Reimbursement

# Ancillary Reimbursement Call Letter

- The review of ancillary property costs was previously completed by the Department of Health (DOH) and was put on hold in 2018 pending a formal process being instituted for submission and documentation of claims.
- Since that time, OPWDD and DOH have worked collaboratively to establish the process that will be discussed today.
- On September 24, 2024, OPWDD issued a call letter to providers explaining the new process for submitting claims for property reimbursement of ancillary costs related to properties approved through the Prior Property Approval process.

# Defining Ancillary Property Costs

- Ancillary property costs are costs that are reimbursable to the Provider but are not captured in the property reimbursement through a Provider's rate.
- Ancillary property costs include:
  - Real Estate Taxes
  - Common Area Maintenance Charges
  - Co-Op and Condo Fees
- Ancillary property costs do not include costs that are part of facility and/or room and board reimbursement, such as:
  - 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

# Process for Submitting Claims to OPWDD

# Process for Submitting Costs to OPWDD

- Providers will still submit requests for reimbursement through the Charges and Taxes Worksheet (CTW).
- This document has been modified and detailed instructions have been developed to help providers ensure claims are complete and can be processed in a timely manner.
- The updated CTW and instructions can be found on the OPWDD website using the following link:

<https://opwdd.ny.gov/providers/property-cost-reimbursement>

- Providers should submit the completed CTW to OPWDD via e-mail at: [opwdd.sm.ancillary.charges@opwdd.ny.gov](mailto:opwdd.sm.ancillary.charges@opwdd.ny.gov)

# Charges and Taxes Worksheet (CTW) Claim Form

- The CTW may be used to request reimbursement 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.
- CTWs should be submitted in Excel format, with the supporting documentation attached in PDF format as a separate PDF file for each CTW.
- Claims must be submitted for reimbursement for the rate period in which they were incurred. They must be submitted **annually** 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.
  - If you submit a request for any partial-year claims, please include a detailed explanation.



# Charges and Taxes Worksheet (CTW) Line by Line Review: Provider Information

Ancillary Property Cost Reimbursement Claim Form - Charges & Taxes Worksheet (CTW) Real Estate Taxes, Common Area Maintenance Charges, and Co-op/Condo Fees								
Provider Agency:					Corp ID:		Date of Submission:	
Provider Contact Name & Title:			Provider Contact Phone Number:		Provider Contact Email:			
Alt Provider Contact Name & Title:			Alt Provider Contact Phone Number:		Alt Provider Contact Email:			
Site Address:					Total # of Pages (CTW + Supporting Docs):			
Region/DDRO:					Reimbursement Basis:	<input type="radio"/> Fiscal Year (7/1/xx-6/30/xx) <input type="radio"/> Calendar Year (1/1/xx-12/31/xx)		

- Provider Agency: Full agency name.
- Corp ID: 5-digit Corporate ID number.
- Date of Submission: Date the form is submitted to OPWDD.
- Provider Contact: Name, title, phone number, and email address for the primary and an alternative point of contact.
- Site Address: Full property address, including city, zip code and apartment number.
- Total # of Pages: Total number of pages in the PDF document, including the CTW (page 1) plus all supporting documentation.
- OPWDD Region/DDRO: The OPWDD region & DDRO where the site is located.
- Reimbursement Basis: Select whether your charges are reported and reimbursed on a Fiscal Year or Calendar Year basis.

# Charges and Taxes Worksheet (CTW)

## Line by Line Review: Property Charge Detail

Op Cert #	Program Type	Rate Period**	Charge Type	Reimbursement Requested	Notes
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

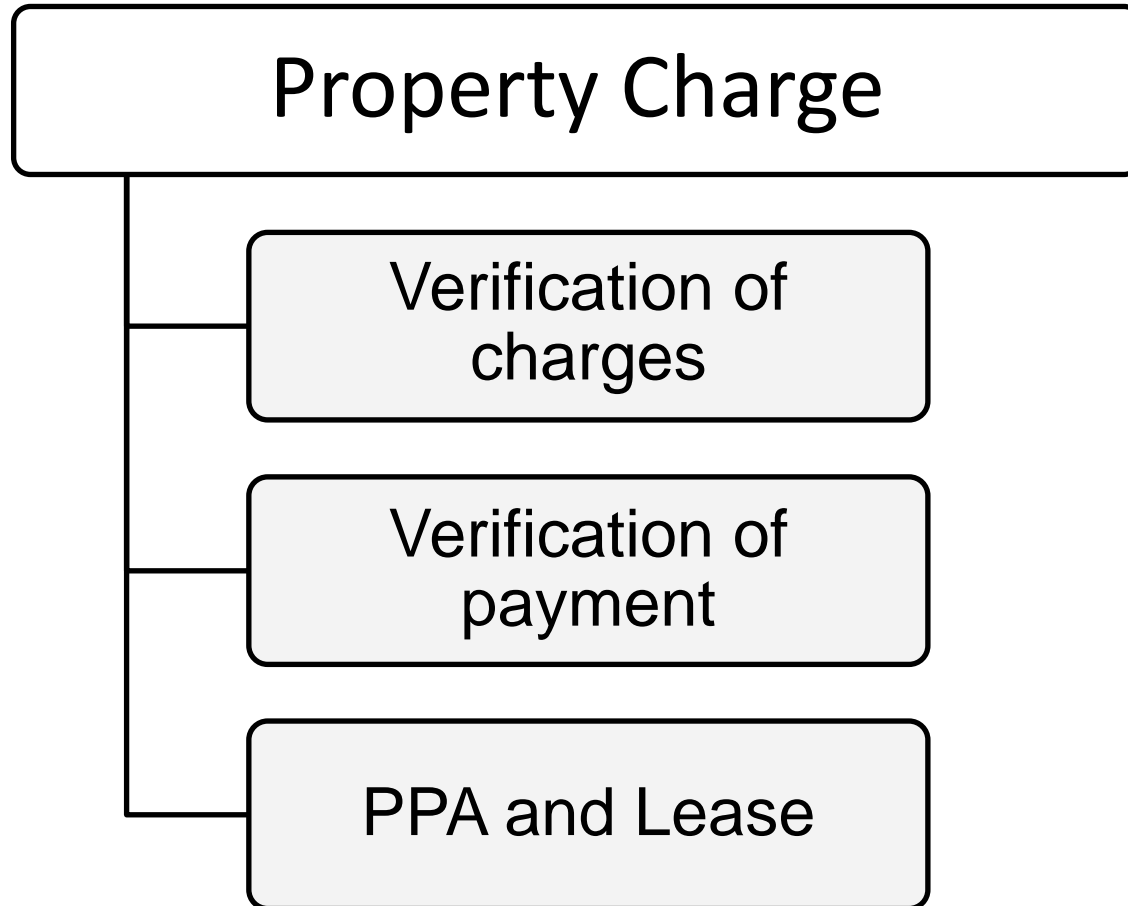
- For each property charge you must include the Op Cert #, the program type, rate period, and charge type.
- If you are seeking reimbursement for more than one charge type for a program, please use a separate line for each charge. For example, one line for Real Estate Taxes and one for CAM charges (common area maintenance)
- Your rate period is determined by your reimbursement basis whether you are a fiscal year or calendar year filer.
- Reminder: only one address or property may be submitted per CTW form.

# Charges and Taxes Worksheet (CTW)

## Line by Line Review: Example

Ancillary Property Cost Reimbursement Claim Form - Charges & Taxes Worksheet (CTW) Real Estate Taxes, Common Area Maintenance Charges, and Co-op/Condo Fees							
Provider Agency:	ABC, Corp.			Corp ID:	51290	Date of Submission:	12/4/2024
Provider Contact Name & Title:	Jennifer Thomas	Provider Contact Phone Number:	518-867-5309	Provider Contact Email:	<a href="mailto:jthomas@opwdd.ny.gov">jthomas@opwdd.ny.gov</a>		
Alt Provider Contact Name & Title:	Mike Smith	Alt Provider Contact Phone Number:	518-882-1369	Alt Provider Contact Email:	<a href="mailto:msmith@opwdd.ny.gov">msmith@opwdd.ny.gov</a>		
Site Address:	500 Balltown Rd Schenectady NY 12308						
Region/DDRO:	3 - Capital District			Total # of Pages (CTW + Supporting Docs):	20		
				Reimbursement Basis:	<input type="radio"/> Fiscal Year (7/1/xx-6/30/xx) <input checked="" type="radio"/> Calendar Year (1/1/xx-12/31/xx)		
<b>Please refer to the instructions for completing this form. Questions should be directed to <a href="mailto:OPWDD.sm.Ancillary.Charges@opwdd.ny.gov">OPWDD.sm.Ancillary.Charges@opwdd.ny.gov</a>.</b>							
Op Cert #	Program Type	Rate Period**	Charge Type	Reimbursement Requested	Notes		
6205364	Day Hab	1/1/2016-12/31/2016	Real Estate Taxes	<b>\$8,343</b>			
6205364	Day Hab	1/1/2016-12/31/2016	CAM Charges	<b>\$13,991</b>			
				<b>\$0</b>			

# Supporting Documentation: Components of Documentation



# Supporting Documentation: Real Estate Taxes

- **Verification of Charges**
  - Final or actual tax statements or bill issued by taxing authority
- **Verification of Payment**
  - Copy of Check or EFT statement for provider payment to the landlord (an invoice from the landlord marked “paid” is not sufficient)
  - Verification that the tax has been paid by the landlord/property owner to the taxing authority
- **PPA and Lease**
  - The approved PPA and fully executed lease agreement in effect when the charge was incurred.

# Supporting Documentation: CAM Charges

- **Verification of Charges**

- Invoice/statement of charges from landlord.
- Itemized vendor invoices and or/receipts for all charges.

- **Verification of Payment**

- Copy of check or EFT statement for provider payment to the landlord (an invoice from the landlord marked “paid” is not sufficient)

- **PPA and Lease**

- The approved PPA and fully executed lease agreement in effect when the charge was incurred.

# Supporting Documentation: Condo/Co-op Fees

- **Verification of Charges**
  - Invoice/statement of charges from condo/co-op association. This includes any correspondence regarding periodic increases in charges.
- **Verification of Payment**
  - Copy of check or EFT statement for provider payment. If the invoice/statement from the co-op association includes a record of your payments, additional proof is not necessary.
- **PPA**
  - The approved PPA and documentation of property acquisition.

# Deadlines and Timeframes





# Submitting Retro Claims to DOH

- OPWDD will not submit a package to DOH for a Provider until costs for all sites have been submitted and reviewed. Providers will be required to submit an attestation upon review of the OPWDD summary of approved costs indicating they agree.
- OPWDD/DOH will not accept additional documentation or submissions for a Provider after the attestation is signed and the package has been submitted to DOH. Each review is Provider specific and is not contingent on the submission of other Providers.
- Outstanding claims previously submitted to DOH are in the process of being reviewed and additional supporting documentation is being requested from providers if needed to verify the charges and payments.
- All automatic recurring reimbursement of unverified ancillary charges (including CAM, Real Estate Taxes, and Condo/Co-op fees) will cease in an upcoming rate update. Consequentially, all ancillary charges, including those that may have previously been reimbursed automatically, will be subject to verification by Capital Finance via this new process.

# Prospective Claims

- Prospectively, claims for periods ending on or after 12/31/2023 must be submitted within two (2) years of the last day of the rate period as follows:
  - Calendar year CFR filers must submit claims for rate periods 01/01/24 through 12/31/24 by 12/31/26.
  - Fiscal year CFR filers must submit claims for rate periods 07/01/23 through 06/30/24 no later than 06/30/26.

# DOH Role in the Process

# DOH Role in Ancillary Reimbursement

- Once OPWDD submits a complete package for retro claims to DOH by Provider, DOH will assess what has already been paid to the provider for the claim periods and reduce that from the cost verified claims.
- Once that review is complete, DOH will add the reimbursement to a Providers rate in the next property update. Property updates occur on 01/01/XX and 07/01/XX of each year.
- As a reminder, once a Provider signs the attestation that their claim is complete for the retroactive periods, neither OPWDD nor DOH will accept additional documentation in support of a claim for those periods.

# Questions?