Human Resources Administration Department of Social Services

FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #13-83-OPE

REVISION TO THE RESIDENTIAL TREATMENT SERVICE CENTER FORM (W-904)

Date:	Subtonic(s):					
September 30, 2013	Subtopic(s): Substance Abuse					
☐ This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to inform staff that the Residential Treatment Service Center (W-904) form has been reformatted and revised.					
Formerly known as the Office of Treatment Monitoring form	The W-904 has been re-formatted to include the latest Human Resources Administration (HRA), Family Independence Administration (FIA), Department of Social Services (DSS) logo. In addition, the W-904 is available online as a fillable form.					
	Additional revisions are as follows:					
	 The "Billing For" line will now read "Billing Month". The "LOC" (Location) column has been removed. The "Name" column will now read "Client's Name". The "PA Case No./Soc. Sec. No." column has been divided into two columns. The first column will read "Case Number" and the second column will read "Social Security Number". The "PA Checks: Date/Amt." column has been removed. The "Period Billed" (From/To) column will now read "Treatment Period". The "No. DAYS APRVD (approved) column will now read "Approved Days", with the heading "(HRA Completes)". The "Comments" column has been revised to read "Referred To". The "Deductions: Income/Recoupments (and Sub-Totals)" columns have been removed. The "Sub-Totals" columns for "No. of Billed Days" and "Approved Days" will now read "*Sub-Total Days:" with an (*) for each relevant column. 					

HAVE QUESTIONS ABOUT THIS PROCEDURE? Call 718-557-1313 then press 3 at the prompt followed by 1 or send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- The "Total" columns for "No. of Billed Days" and "Approved Days", along with "Net Payable" calculation space have been removed.
- Staff will be required to "(print)" their names when certifying a completed bill and sign their names on the "Signature" line.
- "[To be completed by HRA only]:" along with "Approved by:", "Title:",and "Date:" lines have been added.
- "OTM Monitor", "OTM Director", and "Misc. Acct's" lines have been removed.

Staff in the Residential Treatment Service Center must ensure that all prior versions of this form are recycled.

Effective Immediately

Attachment:

 □ Please use Print on Demand to obtain copies of forms. W-904 Residential Treatment Service Center (Rev. 9/30/13)

Form W-904 Rev. 9/30/13



RESIDENTIAL TREATMENT SERVICE CENTER

ntial Treatment Program: _				_	Billing Month:		
Client's Name		Social Security Number	Treatment Period			(HRA Completes)	
	Case Number		From	То	No. of Billed Days	Approved Days	Referred 1
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				<i>///</i> //			
	П	<u> </u>	/////				
		/// \\ \	/ 				
			*Sub-	 Total Days:	*	*	
**Total Payable:					**		
		certify that	t this bill is a		<u> </u>		sistance clients in th
and for the billing period r							
e:		Title:				_ Date:	