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NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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Brian J. Wing
Commissioner

Local Commissioners Memorandum

Section 1

Transmittal:	01 LCM 8	
To:	Local District Commissioners	
Issuing Division/Office:	Temporary and Disability Assistance Office of Finance	
Date:	July 11, 2001	
Subject:	Two Year Claiming Deadline	
Contact Person(s):	Roland Levie (Region I-IV) 1-800-343-5589, Extension 4-7549 (User Marvin Gold (Region V) 212-383-1733 (User ID 0fm270)	
Attachments:	None	
Attachment Available On – Line:	None	

Section 2

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to remind social services districts of the requirement that increasing claims for federal reimbursement must be received by the Bureau of Financial Services (BFS) in Albany within twenty-two months after the end of the quarter in which the expenditure was made to be included in the Quarterly Expenditure Report (QER) and be eligible for federal reimbursement.

II. Background

Claims for federal reimbursement must be reported on the QER, which the State submits, to the Department of Health and Human Services (HHS), within two years after the quarter in which the district made the expenditure. Additionally, as of May 24, 2000 a final rule was issued by the Food and Nutrition Service (FNS) of the Federal Department of Agriculture that also established a two-year time limitation on the submission of claims to FNS. In order for the State to meet this reporting deadline, the Bureau of Financial Services (BFS) must receive the claim within twenty-two months after the end of the quarter in which the expenditure was made for it to be included in the QER and be eligible for Federal reimbursement. For example, claims for expenditures made during the October – December 1999 quarter must be submitted to BFS by October 31, 2001 in order to be filed to the federal Department of Health and Human Services (DHHS) by December 31, 2001.

There is an exception to the two-year claiming deadline if the claim meets one of the following criteria:

1. Any claim for an adjustment to prior year costs claimed under an interim rate and which rate is later determined to be different than originally claimed.
2. Any claim resulting from an audit exception.
3. Any claim resulting from a court-ordered retroactive payment.
4. Any claim for which the Secretary of DHHS decides there is good cause to waive the claiming deadline restriction.

Volume 1, Chapter 5 of the Fiscal Reference Manual includes a further description of the above exception numbers 1 through 3. If a district believes that it meets the criteria for exception under number 4 above, it should write to BFS describing the circumstances for the late submission and the justification for the waiver.

III. Program Implications

Local districts must ensure that increasing claims for federal reimbursement are submitted within twenty-two months after the end of the quarter in which the expenditure was made in order to meet the two-year limit. Any claim submission for federal reimbursement for a period exceeding the two-year limit must meet one of the above exceptions noted. Districts must provide an abbreviated yet definitive comment (in red text) in the comments section of the appropriate RF-2 or 2A claim form in order to be considered for processing and reimbursement. Any claim over two years old that does not fit one of the above criteria should not be filed. In any instance where the claim exceeds the two-year limit and an acceptable exception narrative is not indicated in the comment section of the claim form, BFS will contact the local district to question the claim submission. If the local district is unable to provide an adequate explanation with written documentation, if necessary, the district will be instructed to prepare a reversing claim. This action will reverse the claim in the Statewide Automated Claiming System, as well as recover any payment that may have been made to the local district.

Issued By

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