

Fiscal Systems Overview/Training

Agenda



Claims Submissions Systems



Payment Process Flow



Important Dates



MPER Program Funded Demo!



Program Funded Supporting Documentation



Request Training



Q&A

Claiming Systems

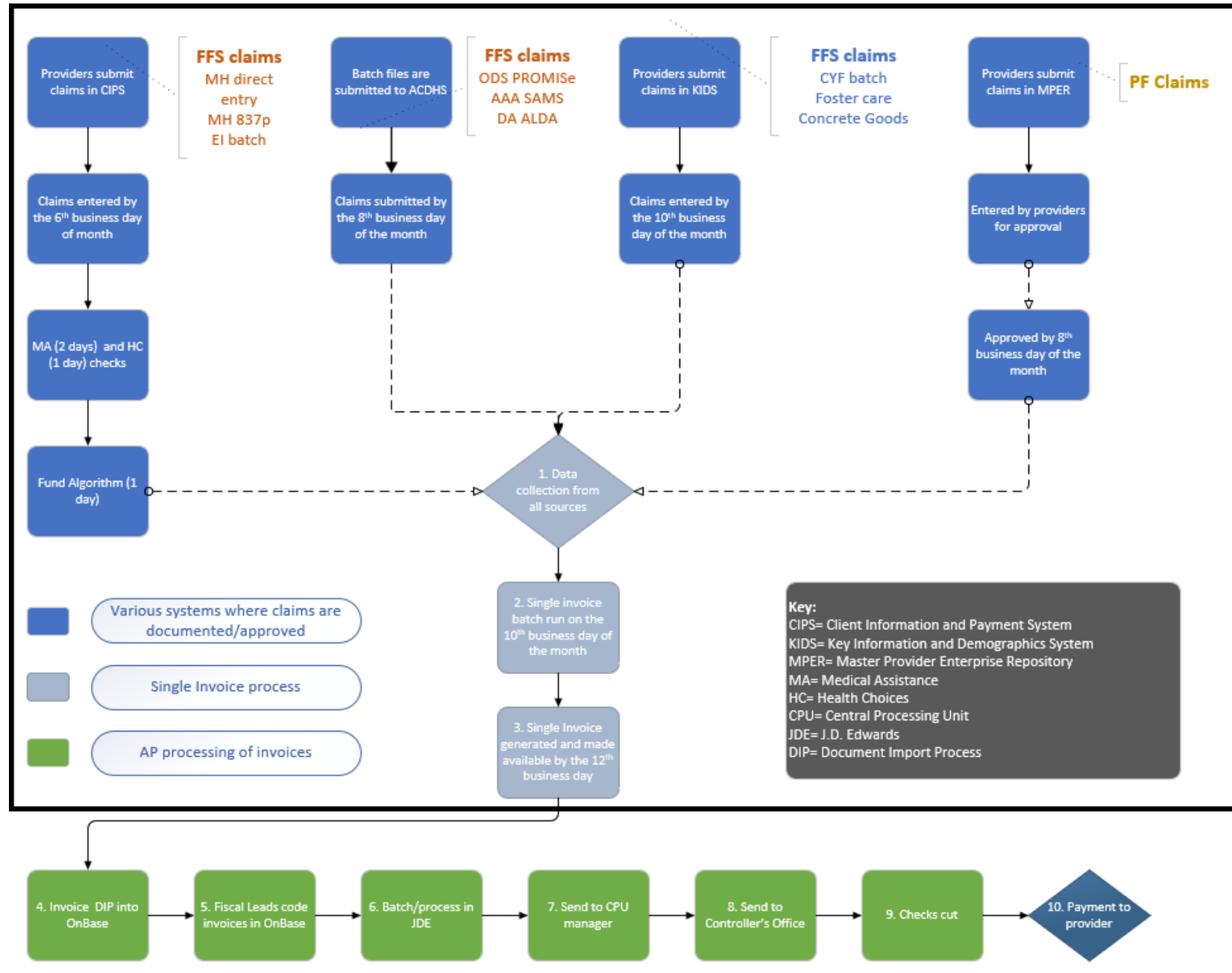
Program Funded Claims (Cost Reimbursed)

- MPER (Master Provider Enterprise Repository)
 - A Unique Budget (per allocation)
 - **Claim Entered in the Invoicing Module Against Each Allocation – Performed by the Provider**

Fee for Service Claims

- KIDS (CYF)
 - Placements
 - Service logs
 - Batch uploads (ex. P&D)
- CIPS (Client Information and Payment System) via Online entry or Batch Uploads
 - CCBH (D&A)
 - PROMISe (ODS)
 - Early Intervention (EI)
 - SAMS (AAA)
 - Multiple provider systems (MH – 837p)

Payment Process Flow



Important Dates

Application/System	Entry/Submission Cut-off Date	Mock Run	Batch Run
KIDS (CYF FFS Claims)	Contracted 10th business day of the month Non-Contracted: Specific dates throughout the year	Contracted: 1 st Mock – 1 st business day of the month (all) 2 nd Mock – 8 th business day of the month (internal) Non-Contracted: 1 st Mock – 1 st business day of the month 2 nd Mock – 1 st business day prior to actual run	Contracted: 10 th business day of the month Non-Contracted: Specific dates throughout the year
CIPS (MH FFS Claims)	6th business day of the month		10 th business day of the month
MPER (Program Funded Claims)	8th business day of the month	5 th business day of the month	
AAA (SAMS)	7th business day of the month		

MPER Program Funded Demo

Contract Allocations View

Program Funded

ALLEGHENY COUNCIL TO IMPROVE OUR NEIGHBORHOODS HOUSING INC.

611 WILLIAM PENN PL, Ste 800, PITTSBURGH, PA 15219

ID: 422

JDE Number: 121563

Contract ID	Contract Dates	Project #	Contract #
> Contract ID: 56403	Contract Dates: 07/01/2025 - 06/30/2027	Project #: ShallowRent	Contract #:
> Contract ID: 56322	Contract Dates: 07/01/2025 - 06/30/2026	Project #: MyPlacePSH	Contract #: 305280
> Contract ID: 56321	Contract Dates: 07/01/2025 - 06/30/2026	Project #: MyPlaceRRH	Contract #: 305281
▼ Contract ID: 54490	Contract Dates: 07/01/2025 - 06/30/2027	Project #:	Contract #: 303642

Ungrouped Allocations										
Service	DHS Office	Program	Type	Start Date	End Date	Amount Not To Exceed	Available Actions	Amount Invoiced		
Housing Bridge Housing Facility Based HAP	HH	ACTION McKeesport Bridge Housing	Initial	7/1/2025	6/30/2026	\$204,950.00	BUDGET Approved ✓ INVOICE Last Submitted: 10/13/2025	\$27,328.32		
Housing Bridge Housing Facility Based HAP	HH	CENTER AVENUE BRIDGE	Initial	7/1/2025	6/30/2026	\$106,224.00	BUDGET Provider Provider INVOICE Last Submitted: 10/13/2025	\$0.00		
Housing Emergency Emergency Shelter HAP Facility	HH	ACTION McKeesport Emergency Shelter	Adjustment 1	7/1/2025	6/30/2026	\$146,925.00	BUDGET Not Started ✖ INVOICE Last Submitted: 10/13/2025	\$35,670.00		
Housing Emergency Emergency Shelter HAP Facility	HH	ACTION McKeesport Emergency Shelter	Initial	7/1/2025	6/30/2026	\$152,796.00	BUDGET Approved ✓ INVOICE Last Submitted: 10/13/2025	\$36,866.75		
Case Management HAP	HH	ACTION McKeesport Emergency	Adjustment 1	7/1/2025	6/30/2026	\$1,038,019.00	BUDGET Not Started ✖ INVOICE Last Submitted: 10/13/2025	\$206,178.57		

Program Funded Budget Entry

- The program funded budget is required prior to submitting expenses
- The purpose of the budget is to show ACDHS how you expect to spend the allocation amount

Budget Detail

Service: Housing | Bridge Housing | Facility Based | HAP Program: CENTER AVENUE BRIDGE Amount Not To Exceed: \$106,224.00

Allocation Dates: 07/01/2025 - 06/30/2026 Type: 0

➤ DHS Use Only

REBUDGET

Select Object of Expense *

None selected ▾ ADD

Object Of Expense	Category	Budget Amount	Amount Invoiced	Delete
Personnel	Personnel	\$0.00	\$0.00	🗑️
Operating Expense	Operating Expense	\$0.00	\$0.00	🗑️
Fixed Assets	Fixed Assets	\$0.00	\$0.00	🗑️
OCS-Housing and Homelessness	Administrative Expense	\$0.00	\$0.00	🗑️
Client Expenses	Client Expenses	\$0.00	\$0.00	🗑️

Additional Documentation

File: Description: BROWSE UPLOAD

No additional documents

Budget Detail

Service: Housing | Bridge Housing | Facility Based | HAP Program: CENTER AVENUE BRIDGE Amount Not To Exceed: \$106,224.00

Allocation Dates: 07/01/2025 - 06/30/2026 Type: 0

➤ DHS Use Only

REBUDGET

Select Object of Expense *

None selected ▾ ADD

Object Of Expense	Category	Budget Amount	Amount Invoiced	Delete
Personnel	Personnel	\$50,000.00	\$0.00	🗑️
Operating Expense	Operating Expense	\$0.00	\$0.00	🗑️
Fixed Assets	Fixed Assets	\$0.00	\$0.00	🗑️
OCS-Housing and Homelessness	Administrative Expense	\$0.00	\$0.00	🗑️
Client Expenses	Client Expenses	\$0.00	\$0.00	🗑️

Total: \$50,000.00
Balance: \$56,224.00

Additional Documentation

File: Description: BROWSE UPLOAD

Budget Detail

Service: Housing | Bridge Housing | Facility Based | HAP Program: CENTER AVENUE BRIDGE Amount Not To Exceed: \$106,224.00

Allocation Dates: 07/01/2025 - 06/30/2026 Type: 0

➤ DHS Use Only

REBUDGET

Select Object of Expense *

None selected ▾ ADD

Object Of Expense	Category	Budget Amount	Amount Invoiced	Delete
Personnel	Personnel	\$50,000.00	\$0.00	🗑️
Operating Expense	Operating Expense	\$10,000.00	\$0.00	🗑️
Fixed Assets	Fixed Assets	\$0.00	\$0.00	🗑️
OCS-Housing and Homelessness	Administrative Expense	\$6,224.00	\$0.00	🗑️
Client Expenses	Client Expenses	\$40,000.00	\$0.00	🗑️

Total: \$106,224.00
Balance: \$0.00

Program Funded Budget Submission

- The program funded budget goes through contracting (program) office and fiscal review/approvals before it is officially approved


Comments History

Budget template added by the program office. Please note that new admin budget line was added to the template. HAP administration costs will not exceed 10% of the amount reimbursed by the department for the program per the HAP I&R. Please reach out with any questions.

Matthew Toth
6/19/2025 10:50:25 AM

Reviewed and approved by provider agency's CEO/CFO/CIO *

Comments



TEMPLATE SEND BACK UPDATE **UPDATE & SUBMIT** CLOSE

Budget Detail

Service: Housing | Bridge Housing | Facility Based | HAP Program: CENTER AVENUE BRIDGE Amount Not To Exceed: \$106,224.00

Allocation Dates: 07/01/2025 - 06/30/2026 Type: 0



Budget has been submitted to Program Office

> DHS Use Only

REBUDGET

Select Object of Expense *

None selected ▾ ADD

Object Of Expense	Category	Budget Amount	Amount Invoiced	De
Personnel	Personnel	\$50,000.00	\$0.00	
Operating Expense	Operating Expense	\$10,000.00	\$0.00	

Contract Allocations View – Budget submitted

Program Funded

ALLEGHENY COUNCIL TO IMPROVE OUR NEIGHBORHOODS HOUSING INC.

611 WILLIAM PENN PL, Ste 800, PITTSBURGH, PA 15219

ID: 422

JDE Number: 121563

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- Contract ID: 56322 Contract Dates: 07/01/2025 - 06/30/2026 Project #: MyPlacePSH Contract #: 305280
- Contract ID: 56321 Contract Dates: 07/01/2025 - 06/30/2026 Project #: MyPlaceRRH Contract #: 305281

Contract ID: 54490 Contract Dates: 07/01/2025 - 06/30/2027 Project #: Contract #: 303642

Ungrouped Allocations

Service	DHS Office	Program	Type	Start Date	End Date	Amount Not To Exceed	Available Actions	Amount Invoiced
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Housing Bridge Housing Facility Based HAP	HH	CENTER AVENUE BRIDGE	Initial	7/1/2025	6/30/2026	\$106,224.00	BUDGET Program Office INVOICE Last Submitted:	\$0.00
Housing Emergency Emergency Shelter HAP Facility	HH	ACTION McKeesport Emergency Shelter	Adjustment 1	7/1/2025	6/30/2026	\$146,925.00	BUDGET Not Started INVOICE Last Submitted: 10/13/2025	\$35,670.00
Housing Emergency Emergency Shelter HAP Facility	HH	ACTION McKeesport Emergency Shelter	Initial	7/1/2025	6/30/2026	\$152,796.00	BUDGET Approved INVOICE Last Submitted: 10/13/2025	\$36,866.75
Case Management HAP	HH	ACTION McKeesport Emerencv	Adjustment 1	7/1/2025	6/30/2026	\$1,038,019.00	BUDGET INVOICE	\$206,178.57

Expense/Invoice Submission

- The expense/invoice mirrors the configuration of the budget
- When entering an expense/invoice, you have the option of entering your agency's claim ID

Invoice Detail

Service: Housing | Bridge Housing | Facility Based | HAP Program: ACTION McKeesport Bridge Housing Amount Not To Exceed: \$204,933.00
 Allocation Dates: 07/01/2025 - 06/30/2026 Amount Invoiced: \$27,328.32
 Type: 0 Budget Remaining: \$177,604.68

NEW INVOICE **CLOSE**

Month	Claim ID	Amount	Status
September 2025 Invoice #: 1744442	38100003	\$9,558.85	Processed
August 2025 Invoice #: 1741660	37815160	\$9,342.36	Processed
July 2025 Invoice #: 1738722	37630191	\$8,427.11	Processed

CLOSE

INVOICE Detail

Service: Housing | Bridge Housing | Facility Based | HAP Program: ACTION McKeesport Bridge Housing Amount Not To Exceed: \$204,933.00
 Allocation Dates: 07/01/2025 - 06/30/2026 Amount Invoiced: \$27,328.32
 Type: 0 Budget Remaining: \$177,604.68

NEW INVOICE **CLOSE**

▼ Invoice #: Claim ID: Amount: Status:

Expense Year * 2025 Expense Month * November Provider Claim ID

Object Of Expense	Category	Approved Budget	Budget Remaining Before Current Expenditure	Current Month Expenditures *	Service *	Program *	Budget Remaining After Current Expenditure	Percentage Spent
Personnel	Personnel	\$45,085.26	\$37,951.90	\$20,000.00	Housing Bridg	ACTION McKe	\$17,951.90	60.18 %
Operating Expense	Operating Expense	\$30,739.95	\$26,865.99	\$0.00	Housing Bridg	ACTION McKe	\$26,865.99	12.60 %
Fixed Assets	Fixed Assets	\$0.00	\$0.00	\$0.00	Housing Bridg	ACTION McKe	\$0.00	0.00 %
OCS-Housing and Homelessness	Administrative Expense	\$0.00	\$0.00	\$0.00	Housing Bridg	ACTION McKe	\$0.00	0.00 %
Client Expenses	Client Expenses	\$129,107.79	\$112,786.79	\$50,000.00	Housing Bridg	ACTION McKe	\$62,786.79	51.37 %

Client Information

- Program Funded allocations are set up to either collect client detail, unique number of clients or no client information
- This is configured by the contracting (program) office

▼ Client Detail

FETCH FROM ACDHS SYSTEMS COPY FROM PREVIOUS Claim ID

No Client Details added

NEW

Number of Unique Clients Served

0

▼ Additional Documentation i

Document Type -Select- ▼

File Description

BROWSE UPLOAD

No additional documents

Client Detail Entry

- If client detail is configured for your program funded allocation, you can either enter each client individually or pull client detail from one of the ACDHS systems (ex. HMIS, CIPS, KIDS, etc.) if applicable

Fetch Clients From ACDHS Systems

Select All MCI First Name Last Name Legal Sex Date Of Birth SSN Source System

Select All	MCI	First Name	Last Name	Legal Sex	Date Of Birth	SSN	Source System
<input checked="" type="checkbox"/>	1000979814	Abijzbi	Cspbexbufs	Female	08/24/1996		HMIS
<input type="checkbox"/>	1000546473	Bojub	Mfxjt		05/26/1967	335-30-0934	HMIS
<input type="checkbox"/>	1000218385	Bouipoz	Tdiblf		03/26/1989	287-81-7566	HMIS
<input type="checkbox"/>	1000805844	BoujpoFuuf	Mbx		06/02/1986	207-77-8150	HMIS
<input checked="" type="checkbox"/>	1000397912	Cfuuz	Ibmm	Female	12/14/1953	206-55-1651	HMIS
<input type="checkbox"/>	1000857831	Cjmmz	Nbejtpo	Male	05/30/1992	275-85-2820	HMIS
<input type="checkbox"/>	1000866095	Csboepo	Nbsujo		06/24/1985	205-77-7645	HMIS
<input checked="" type="checkbox"/>	1000532452	Csjb	Xjmmmbnt	Female	05/01/1998	785-12-8586	HMIS
<input type="checkbox"/>	1000967596	Csjbo	Bmmfz	Male	02/22/1973	241-61-0037	HMIS
<input checked="" type="checkbox"/>	1000099359	Csjbo	Csppljot	Male	01/20/1972	317-65-3265	HMIS

Show entries

First Previous **1** 2 3 4 5 ... 12 Next Last

INCLUDE **INCLUDE & CLOSE** **CLOSE**

Client Detail

FETCH FROM ACDHS SYSTEMS **COPY FROM PREVIOUS** Claim ID

MCI ID	First Name	Last Name	Legal Sex	Date Of Birth	SSN	MCI Clearance	Address	Head Of Household	Source System
1000979814	Abijzbi	Cspbexbufs	Female	08/24/1996		<input checked="" type="checkbox"/>	<input type="text"/>		HMIS
1000099359	Csjbo	Csppljot	Male	01/20/1972	317-65-3265	<input checked="" type="checkbox"/>	<input type="text"/>		HMIS
1000397912	Cfuuz	Ibmm	Female	12/14/1953	206-55-1651	<input checked="" type="checkbox"/>	<input type="text"/>		HMIS
1000532452	Csjb	Xjmmmbnt	Female	05/01/1998	785-12-8586	<input checked="" type="checkbox"/>	<input type="text"/>		HMIS

NEW

Number of Unique Clients Served

Documentation/ Submission

- You must submit documentation with your expense/claim/invoice that supports what you entered on the screen
- More information on what to attach in upcoming slides

The screenshot shows two sections of a web form. The top section, 'Client Detail', includes buttons for 'FETCH FROM ACDHS SYSTEMS' and 'COPY FROM PREVIOUS' next to a 'Claim ID' input field. Below this, it states 'No Client Details added' with a 'NEW' button and a 'Number of Unique Clients Served' input field containing '0'. The bottom section, 'Additional Documentation', features a 'Document Type' dropdown menu with options '-Select-', '-Select-', 'Client', 'Staff', and 'Other'. It also has a 'File' input field, a 'Description' input field, and an 'UPLOAD' button. The text 'No additional documents' is displayed below the description field.

The screenshot shows two sections of a web form. The top section, 'Comment History', is a large grey rectangular area. The bottom section, 'Comments', contains a text input field with a search icon on the right. At the bottom right of the form, there are four buttons: 'VOID', 'SEND BACK', 'UPDATE', and 'UPDATE & SUBMIT'. A red arrow points to the 'UPDATE & SUBMIT' button.

Invoice/Claim/ Expense Status

- Once the expense is entered and submitted, it goes through an approval workflow to the contracting (program) office and fiscal lead
- The status indicates who the expense/invoice is sitting with
- Processed = invoice generated and submitted for processing

Invoice Detail					
Service:	Housing Bridge Housing Facility Based HAP	Program:	ACTION McKeesport Bridge Housing	Amount Not To Exceed:	\$204,933.00
Allocation Dates:	07/01/2025 - 06/30/2026			Amount Invoiced:	\$37,937.12
Type:	0			Budget Remaining:	\$166,995.88
NEW INVOICE				CLOSE	
➤	October 2025	Claim ID: 38483693	Amount: \$10,608.80	Status: Ready for Invoice	Invoice #:
➤	September 2025	Claim ID: 38100003	Amount: \$9,558.85	Status: Processed	Invoice #: 1744442
➤	August 2025	Claim ID: 37815160	Amount: \$9,342.36	Status: Processed	Invoice #: 1741660
➤	July 2025	Claim ID: 37630191	Amount: \$8,427.11	Status: Processed	Invoice #: 1738722
				CLOSE	

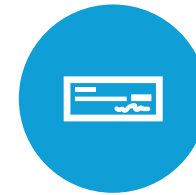
Program Funded Supporting Documentation



The Provider or Vendor should attach any additional information and supporting documentation required by DHS during the monthly invoicing cycle.



A Program Funded arrangement is for “Cost Reimbursement.” Claims should be entered as incurred by the Provider or Vendor (i.e. don’t pull expenses forward) and should not include estimates. Ex. expenses incurred in January should be entered into MPER with a claim month of January.



When submitting Program Funded invoices, please attach general ledger document and supporting documentation (payroll registers and reports, profit & loss statements, allocated cost support, travel receipts, and additional backup as requested).



Program Funded invoices should be submitted by the Provider in MPER. Invoices should be submitted monthly.



There may be grant specific fiscal requirements that you will have to adhere to (indirect cost or administrative cost caps) based on a grantor’s (funding source) rules/regulations, so work with your Program Office contact to understand any specific fiscal requirements that apply to you.

MPER Program Funded Invoice

▼ April 2025 Invoice #: 1729995		Claim ID: 37044133	Amount: \$84,427.65	Status: Processed				
Expense Year *	Expense Month *	Provider Claim ID						
2025 ▼	April ▼							
Object Of Expense	Category	Approved Budget	Budget Remaining Before Current Expenditure	Current Month Expenditures *	Service *	Program *	Budget Remaining After Current Expenditure	Percentage Spent
Personnel	Personnel	\$340,228.00	\$135,258.17	\$25,042.32	Homeless Preven ▼	Not Applica ▼	\$110,215.85	67.61 %
Operating Expense	Operating Expense	\$737,991.00	\$243,714.75	\$53,587.29	Homeless Preven ▼	Not Applica ▼	\$190,127.46	74.24 %
Indirect Costs	Indirect Costs	\$60,956.00	\$26,821.26	\$2,239.75	Homeless Preven ▼	Not Applica ▼	\$24,581.51	59.67 %
Administration	Administrative Expense	\$60,825.00	\$27,355.40	\$3,558.29	Homeless Preven ▼	Not Applica ▼	\$23,797.11	60.88 %
Fixed Assets	Fixed Assets	\$0.00	\$0.00	\$0.00	Homeless Preven ▼	Not Applica ▼	\$0.00	0.00 %
Contracted Services	Other	\$0.00	\$0.00	\$0.00	Homeless Preven ▼	Not Applica ▼	\$0.00	0.00 %

		Project Financial Statements							
		Period to date			Year to date			FY25	YTD
		Actual	Budget	Variance	Actual	Budget	Variance	Budget	Actual
		04/30/2025	04/30/2025	04/30/2025	04/30/2025	04/30/2025	04/30/2025	Total	04/30/2024
745 - NOVA									
Income Statement									
Revenues									
Gov Grants Alleg Co HHH	50107	\$0.00	\$76,972.62	(\$76,972.62)	\$766,850.42	\$769,726.16	(\$2,875.74)	\$923,671.40	\$645,900.19
Total Revenues		\$0.00	\$76,972.62	(\$76,972.62)	\$766,850.42	\$769,726.16	(\$2,875.74)	\$923,671.40	\$645,900.19
Expenses									
Staff Salaries & Wages	72200	\$19,287.18	\$18,692.10	(\$595.08)	\$183,687.56	\$186,920.97	\$3,233.41	\$224,305.17	\$116,713.41
Staff Wages - Overtime	72201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,505.07
Accrued Salaries	72202	\$1,772.18	\$0.00	(\$1,772.18)	\$8,965.84	\$0.00	(\$8,965.84)	\$0.00	\$3,709.39
Staff Benefits - FICA	73201	\$1,450.12	\$1,429.95	(\$20.17)	\$13,810.48	\$14,299.45	\$488.97	\$17,159.35	\$9,110.85
Staff Benefits - Health Ins.	73203	\$1,254.60	\$1,014.75	(\$239.85)	\$12,133.72	\$10,147.50	(\$1,986.22)	\$12,177.00	\$2,496.07
Staff Benefits - Vision Ins.	73204	\$9.96	\$20.04	\$10.08	\$107.01	\$200.37	\$93.36	\$240.45	\$138.74
Staff Benefits - Life Ins.	73205	\$38.60	\$33.23	(\$5.37)	\$363.93	\$332.32	(\$31.61)	\$398.78	\$220.68
Staff Benefits - Disability Ins.	73206	\$267.44	\$124.87	(\$142.57)	\$2,273.75	\$1,248.71	(\$1,025.04)	\$1,498.45	\$1,041.89
Staff Benefits - Dental Ins.	73207	\$72.96	\$106.36	\$33.40	\$661.20	\$1,063.57	\$402.37	\$1,276.29	\$655.36
Staff Benefits - Workers Comp.	73208	\$526.93	\$60.42	(\$466.51)	\$3,968.25	\$604.22	(\$3,364.03)	\$725.06	\$855.66
Staff Benefits - Pension	73209	\$151.67	\$324.98	\$173.31	\$1,275.32	\$3,249.84	\$1,974.52	\$3,899.80	\$2,003.24
Staff Benefits - Unemployment	73211	\$111.86	\$16.82	(\$95.04)	\$658.26	\$168.23	(\$490.03)	\$201.87	\$461.20
Staff Benefits - Vacation	73213	(\$36.75)	\$0.00	\$36.75	\$636.52	\$0.00	(\$636.52)	\$0.00	(\$2,465.35)
Accrued Benefits	73214	\$135.57	\$0.00	(\$135.57)	\$685.88	\$0.00	(\$685.88)	\$0.00	\$25.55
Staff benefits - Clearances	73215	\$0.00	\$0.00	\$0.00	\$784.43	\$0.00	(\$784.43)	\$0.00	\$0.00
Staff Development	75700	\$0.00	\$250.00	\$250.00	\$0.00	\$2,500.00	\$2,500.00	\$3,000.00	\$1,805.00
Office Supplies	77101	\$38.74	\$25.00	(\$13.74)	\$745.30	\$250.00	(\$495.30)	\$300.00	\$186.54
Food	77104	\$0.00	\$0.00	\$0.00	\$65.71	\$0.00	(\$65.71)	\$0.00	\$320.64
Program Supplies	77110	(\$19.37)	\$625.00	\$644.37	\$1,910.53	\$6,250.00	\$4,339.47	\$7,500.00	\$1,009.40
Computer & IT Supplies	77113	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37.99
Telephone & Communications	78100	\$61.25	\$0.00	(\$61.25)	\$613.01	\$0.00	(\$613.01)	\$0.00	\$123.58
Cellular Phones	78104	\$124.95	\$260.00	\$135.05	\$3,897.25	\$2,600.00	(\$1,297.25)	\$3,120.00	\$2,778.30
Printing & Duplicating	78200	\$264.90	\$0.00	(\$264.90)	\$1,118.54	\$600.00	(\$518.54)	\$1,200.00	\$115.79
Postage & Shipping	79100	\$0.00	\$60.00	\$60.00	\$23.85	\$600.00	\$576.15	\$720.00	\$0.00

- Personnel
- Operating Expense
- Indirect costs
- Administration

		Project Financial Statements													
		Period to date			Year to date			FY25	YTD						
		Actual	Budget	Variance	Actual	Budget	Variance	Budget	Actual						
		04/30/2025	04/30/2025	04/30/2025	04/30/2025	04/30/2025	04/30/2025	Total	04/30/2024						
Client Rent	80101	\$29,760.99	\$23,354.66	(\$6,406.33)	\$284,620.23	\$233,546.63	(\$51,073.60)	\$280,255.95	\$220,367.19						
Security Dep	80103	\$6,095.00	\$14,012.80	\$7,917.80	\$138,713.00	\$140,127.97	\$1,414.97	\$168,153.57	\$99,682.00						
Office Rent - Shady/Highland/Banksv	80104	\$2,254.97	\$1,924.38	(\$330.59)	\$24,511.98	\$19,645.79	(\$4,866.19)	\$23,462.35	\$16,559.46						
Client Utilities	80106	\$12,244.09	\$4,737.66	(\$7,506.43)	\$74,242.38	\$47,376.60	(\$26,865.78)	\$56,851.92	\$85,052.82						
Electric	80201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,752.95						Personnel
Gas	80202	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$249.55						Operating Expense
Water	80203	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,309.48						Indirect costs
Vehicle Maintenance	81103	\$12.00	\$200.00	\$188.00	\$2,367.02	\$2,000.00	(\$367.02)	\$2,400.00	\$359.34						Administration
Vehicle Rental	81105	\$454.53	\$719.20	\$264.67	\$4,814.14	\$7,192.00	\$2,377.86	\$8,630.40	\$964.91						
Gasoline	81107	\$91.22	\$0.00	(\$91.22)	\$531.04	\$0.00	(\$531.04)	\$0.00	\$242.97						
Bank Fees	81109	\$0.00	\$0.00	\$0.00	\$20.65	\$0.00	(\$20.65)	\$0.00	\$0.00						
Staff Travel	83101	\$15.00	\$50.00	\$35.00	\$413.30	\$500.00	\$86.70	\$600.00	\$387.42						
Conference & Convention Travel	83200	\$1,542.36	\$0.00	(\$1,542.36)	\$3,378.99	\$4,800.00	\$1,421.01	\$4,800.00	\$612.22						
General Liability Insurance	87101	\$164.37	\$124.53	(\$39.84)	\$1,128.22	\$1,245.30	\$117.08	\$1,494.36	\$1,102.66						
Auto Insurance	87104	\$387.19	\$301.00	(\$86.19)	\$4,032.94	\$3,010.00	(\$1,022.94)	\$3,612.00	\$3,725.64						
Prof. Liability Insurance	87105	\$79.35	\$48.06	(\$31.29)	\$562.34	\$480.60	(\$81.74)	\$576.72	\$389.56						
Cyber Liability Insurance	87109	\$15.75	\$14.49	(\$1.26)	\$153.12	\$144.90	(\$8.22)	\$173.88	\$120.99						
Membership Dues	88100	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00	\$1,200.00	\$1,200.00	\$500.00						
Administrative Operations	93201	\$3,558.29	\$3,758.57	\$200.28	\$37,027.89	\$39,358.52	\$2,330.63	\$46,818.55	\$36,630.38						
Facilities Operations	93206	\$94.87	\$121.11	\$26.24	\$1,172.92	\$1,210.18	\$37.26	\$1,450.44	\$1,823.88						
Program Support	93210	\$1,317.44	\$2,333.06	\$1,015.62	\$21,681.25	\$23,735.95	\$2,054.70	\$28,420.22	\$16,747.38						
Program Support Direct	93212	\$827.44	\$1,415.45	\$588.01	\$13,520.32	\$14,219.31	\$698.99	\$17,048.81	\$11,875.39						
Total Expenses		\$84,427.65	\$76,158.49	(\$8,269.16)	\$851,278.07	\$770,828.93	(\$80,449.14)	\$923,671.39	\$645,305.19						
Losses															
Non-Capitalized Purchases of FF&E	99600	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$595.00						
Total Losses		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$595.00						
Net Surplus/Deficit		(\$84,427.65)	\$814.13	(\$85,241.78)	(\$84,427.85)	(\$1,102.77)	(\$83,324.88)	\$0.01	\$0.00						

When Will You Receive Reimbursement

Reimbursement Timeline:

1. Once the invoices are processed by DHS Fiscal, they move through the Allegheny County Controller's Office and are paid by the Allegheny County Treasurer's Office.
2. Allegheny County Controller's Office performs QA and ensures funds are available.
3. Allegheny County Treasurer's Office makes payment.
 - If paid via Check – produced on either Tuesday's or Thursday's
 - If paid via ACH – facilitates transfer of funds on Wednesday's
4. Controller's Office Policy: Allow 7-10 days for payment from their receipt of invoice from DHS.

What generally holds up the payment of an invoice?

- The Contract or Amendment has not been executed and fully processed.
- Lapse in insurance.
- Not submitting your invoice within the DHS established Due Dates.

Payment Provisions Manual

Updates to the Payment and Provisions Manual

- This document contains the policies and procedures that DHS Fiscal use throughout the invoicing process when reviewing, approving and processing claims submitted for reimbursement.
- As stated throughout the presentation this is referenced in your DHS contract.
- Key updates to the payment and provisions manual (September 2025 revision) include more clarification and added language regarding the supporting documentation that is accepted and the timing of the invoicing process.
- More clarification acceptable types of supporting documentation, such as (P/L statements, GL report, Payroll Reports, List of clients served) for costs submitted for reimbursement

If you have any questions about the Payment Provisions Manual please reach out to your DHS Fiscal Lead

Payment Provisions Manual

Reference the **DHS Contract Specifications Manual – Payment Provisions and Budgets (“DHS Payment Provisions Manual”)** for general guidance on fiscal and invoicing/billing requirements and provisions for payment.

<https://www.alleghenycounty.us/Services/Human-Services-DHS/Doing-Business-with-DHS/Current-DHS-Providers>

<https://www.alleghenycounty.us/files/assets/county/v/1/services/dhs/documents/doing-business-with-dhs/current-dhs-providers/dhs-payment-provisions-manual.pdf>

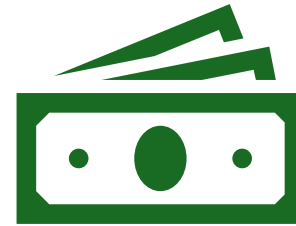
How to request training



Contact the ACDHS Service Desk

412-350-4263 (option 2)

DHS-ServiceDesk@allegHENYcounty.us



Types of training

KIDS service log entries

MPER Program Funded Budget and
Claim/Invoice entries

CIPS service log entries