

CITY OF PHILADELPHIA



DEPARTMENT of BEHAVIORAL HEALTH  
and INTELLECTUAL disABILITY SERVICES

**SINGLE COUNTY AUTHORITY**

**FY 2025 INSTRUCTIONS**

**for**

**PREPARING BUDGET FORMS and SCHEDULES**

**TABLE OF CONTENTS**

**PAGE**

Year to Date Fiscal Report and Cash Request..... 4

Section I Part A Cumulative Non-SCA Revenue & Income.....5

Section II Year to Date Invoicing ..... 7

Section III Facility Expenses (HDA311-2)..... 8

Personnel Roster ..... 9

Staffing Pattern Schedule .....10

Miscellaneous Item Detail (MID).....10

Fee for Service .....16

Organizational Chart ..... 16

  

Service Objective Instructions ..... Attachment A

Philadelphia Code Minimum Wage and Benefits Standard.....Attachment A

Cost Reimbursement Instructions..... Attachment B

The attachments (FY 2025 Forms) *have not* been tailored for your agency. All forms and instructions enclosed are for potential services that SCA intends to fund in FY 2025. However, select only those forms that pertain to your agency and disregard the others. The Initial Allocation Notice will be your guide for choosing the correct forms. Initial Allocation Notices will be emailed to the agency under a separate cover. You WILL NOT need to pick up a hardcopy from DBHIDS office. To select the forms you are required to complete, click on the tab at the bottom of the screen pertaining to the proper form.

PLEASE NOTE: Service Objective Instructions are included in Attachment A. Cost Reimbursement instructions are included in Attachment B.

These forms and instructions are to be submitted to the appropriate person in your agency for completion.

**IT IS IMPORTANT TO USE WHOLE DOLLAR AMOUNTS ONLY. IT IS NOT NECESSARY TO USE “00” AFTER THE DECIMAL POINTS. PENNIES OR OTHER FRACTIONS OF A DOLLAR SHOULD NOT BE INDICATED ON THE PROGRAM FUNDED BUDGET.**

If you have questions on this matter, please contact [DBHIDS.BudgetSubmit@phila.gov](mailto:DBHIDS.BudgetSubmit@phila.gov).

### **GENERAL BUDGET INSTRUCTIONS**

**PLEASE USE THE VERSION OF THE BUDGET FORMS PROVIDED. ALTERED FORMS WILL RESULT IN YOUR BUDGET PACKAGE BEING REJECTED.**

A budget is required for each line on the Initial Allocation Notice including all program funded and cost reimbursement services. Please be advised that cost reimbursement is specifically targeted for the funding of recovery management, peer support, and telephonic outreach activities. **As we prepare for fiscal year 2025, agencies that are not adequately and accurately providing service units for these activities risk a reduction or the elimination of these funds.**

**All providers must complete the staffing pattern tab for ALL PROGRAMS. Additionally, providers will need to complete their Scope of Work/Framework that is now within the Budget in an editable Word document (see Attachment A for instructions regarding the Scope of Work). Providers will also need to submit a Provider Program Organizational Chart (see page 16 for instructions).**

For further information regarding Cost Reimbursement, see Attachment B.

**DDAP has developed and implemented Act 59 of 2017. Now that these regulations are in effect, all recovery houses will be required to be licensed by DDAP to receive referrals from SCAs or federal or state funds. All recovery houses contracted by an SCA must operate in accordance with the requirements set forth in the DDAP Fiscal manual.**

**YEAR-TO-DATE FISCAL REPORT AND CASH REQUEST (Report Request Tab)**

The Year-to-Date Fiscal Report and Cash Request is a two-page document (includes form HDA311-2) designed for use by all providers funded on a program-funded basis by the Single County Authority (SCA). The form serves as a cumulative fiscal report and cash request and is to be submitted to SCA: 1) initially as a budget document; 2) again as a budget document to request a revision to the originally approved budget 3) and for quarterly invoicing.

**PAGE 1**

**Name:** Identify the corporate name and address of the provider preparing the report. This name should be the corporate entity indicated on the contract with SCA.

**Report Number:** Each report is to be numbered consecutively during the contract period, beginning with Report #1, representing the first quarter in the fiscal year. The last report submitted against the contract should be numbered and marked "Final". If the form is being used as a budget, write the word "budget" on this line.

**For the Period Of:** These dates represent the cumulative period for which the budget/report is prepared. A budget would reflect the fiscal period, 7/1/ to 6/30.

**Proposed Budget:** Indicate the amount of SCA funding being requested.

**Contract Number:** Identify the City contract number. Obtain the City contract number from page 1 of the contract.

**Program Activity:** Indicate the name of the Program Activity for which funding is being requested/or has been allocated.

**Facility Number:** Identify the DDAP license number. It is important to identify the facility number on this report and on all future reports. Budgets may be rejected if the facility number is not indicated. This number is obtained from the State.

**Program Code:** Indicate the Program Code for this activity. Ex. 0300-6100 or 0300-920R

---

**SECTION I - PART A - CUMULATIVE NON-SCA REVENUE & INCOME**

**Revenue** - Revenue is classified as funding which has been obligated to the contract provider by grant, contract, award letter or other documented agreement. Revenues are received because of a formal funding agreement that describes the work and defines the period service to be performed. For revenue line items, list all projected revenue to be received or earned by the contract provider during the cumulative report period. The contract provider must accrue revenue earned and report on the appropriate reporting form.

List all revenue for a budget submission projected to be earned by the facility during the cumulative report period. Note that it is necessary for the provider to **accrue revenue** earned. All revenues must be recorded in the accounting records when earned and reported on the current expenditure report. All revenue sources must be identified. **ANTICIPATED REVENUES FROM BHSI AND CBH MUST BE SHOWN ON LINES 514A AND 514B RESPECTIVELY.**

**Income** - Provider income is funding received by the contract provider as a result of operations. Income is primarily derived from third-party payers as reimbursement for services to insured, medical assistance-eligible, or self-paying individuals. Interest and donations are also classified as income. List accounts receivable and cash receipts for the income line items. Report interest income listing only receipts. List on the following line item the amount of income projected to be earned for each category during the cumulative report period.

**501 – Provider Revenue** – Provider revenue is comprised of direct provider federal revenue received for the contract provider, revenues received from other government or private entities, as well as revenue received from other SCAs for provision of treatment services or related ancillary services. The intent is to identify other dollars used by the recipient to defray existing costs or expand services. Direct federal grantors may include NIAAA and NIDA, while other revenue sources may include United Way, municipal funds and private grants. The contract provider must identify the source(s) of these funds.

**502 – Provider Charitable Income** – Income received from unspecified sources such as donations (i.e., funds donated to the contract provider as a general contribution wherein the donor determines how the funds will be spent) from private firms, unions, charitable organizations, and individuals. Identify the source(s) of all contract provider income.

**503 – Provider Interest Income** - The contract provider must enter any interest income earned in the space provided. Interest income must be expended prior to the expenditure of Commonwealth funding.

**504 – Client Fees/Client Liability** – Income received directly from clients who have a liability for full or partial payment for services received.

**505 – Private Health Insurance** – Income received from insurance carriers, e.g., Blue Cross/Blue Shield, employer or union health plans and private purchase health insurance.

**506 – Medical Assistance**– Income received from DHS for substance use and gambling disorder services provided to MA-eligible recipients.

507 – Other Third-Party Fees – Income received as payment for client services from a source such as employers (where insurance coverage is not applicable), client family members, food stamps, etc. (when the payment by such sources is agreed to by the client and does not violated confidentiality requirements).

508 – Miscellaneous Fees - Use this code to indicate funding of a special nature or circumstance which cannot be categorized using the definitions and examples cited in the codes above. The source of these funds shall be identified next to the amount reported. Agency contribution is to be identified as such and the amount reflected in this section.

514– Other Revenues – Revenue earned from other government or private entities. Identify the source(s) of such revenues. 514A = BSHI, 514B = CBH

In the bottom right section of the form beneath the certification statement, there are blocks that indicate the preparer and the executive director/administrator of your agency. **These two blocks must be signed and dated by the appropriate person. Please do not sign the “Approved” bottom block as this section is reserved for the SCA Health Program Administrator.**

**SECTION II – YEAR TO DATE INVOICING**

This section is to be used by provider 1) when submitting the original Budget; 2) when requesting a budget revision; and 3) as a cumulative invoice to the SCA. **Prior year adjustments are not to be taken or reported in the current year.**

Item I – Cumulative Eligible Expenses: Indicate the projected total eligible expenses that will be incurred under this contract from the beginning of the contractual period to date. For the submission of an original budget, Column I from Section III is used to obtain this amount. The amount from this column will automatically populate on the Year-to-Date Fiscal Report and Cash Request in Section II, number 1. This should reflect the anticipated costs for the fiscal year.

Item 2 – Less: Cumulative Revenue and Income Earned Applicable to Eligible Expenses: Deduct the amount of cumulative revenue and income as calculated on the total line of Section I, Part A.

Item 3 – Amount Eligible for Reimbursement: To obtain this amount, subtract the cumulative income (Item 2) from the cumulative expenses (Item 1).

**Certification Statement – It is important to complete this section.**

Prepared By/Telephone Number

Indicate the name and phone number of the individual at the corporation who has prepared the budget/report.

Executive Director/Administrator

The individual who is contractually responsible to the SCA must sign and date the budget/report.

---

**SECTION III – FACILITY EXPENSES (HDA311-2)**

Page 2 of the form is a budget/cumulative expenditure report which also reflects the total contract budget and the remaining funds available to be expended. All expenses reported on Page 2 must be expenses made in accordance with the contract budget indicated in Column I. The budget categories listed are (100) Personnel, (300) Operating, and (400) Fixed Asset. Please note any modifications/revisions to the Budget must be requested in writing to the County Authority Administrator or designee. Until written approval of the budget revision has been received, spending must be in accordance with the currently approved Budget.

Columns 1-5 Reported Amounts: For each budget category used, indicate the expenses that make up the total program cost of the service as explained in the following instructions:

1. **Proposed Budget:** Indicate the total expenses budgeted for the program requested and/or approved per the contractual document or subsequent revisions.
2. **Columns 2-5** should reflect the projected amount of expenditures for each quarter. The total amount of columns 2-5 should be equal and not exceed Column 1 (Project Budget Total Funds Approved). Column 5 will show the balance of Project Funds Available which is calculated by subtracting Column 4 from column 1 and entering the difference in column 5.

The amount shown at the bottom left “Total (Part A - Eligible Expenses)” is the same amount on the YEAR-TO-DATE FISCAL REPORT AND CASH REQUEST in Section II, number 1. Column 1 (Project Budget Total Funds Approved) will automatically populate and should reflect projected costs for the fiscal year.

A revision to a previously submitted budget/report should be marked “Revised Budget/Report. The Revised budget form should be used in this instance.



---

**PERSONNEL ROSTER (HDA313B)**

This report will be submitted to support salary costs listed in Items 111 and 121 on the Year-to-Date Fiscal Report and Cash Request, page 2, Section III – Facility Expenses. Use only the current Personnel Roster that is provided. Any other version of the Personnel Roster that you have used in the past will be rejected. A separate form does not have to be prepared for each program activity. Each employee should be listed and a complete breakdown of salary costs by program activity will be shown as indicated in the instructions that follow. Be sure to complete all columns with the requested information.

Agency Corporate Name: Enter Agency's corporate name as it appears on the corresponding contract.

Contract Number and Contract Name: Enter the corresponding contract number and contract name.

Cumulative Reporting Period: Enter the cumulative reporting period which agrees with the commencement date of the corresponding contract.

Name, Title: Enter last and first name and official title of the employee.

Hours Per Week: Enter the total hours per week that the employee is employed by the agency. These hours may not represent the number of hours per week charged to this contract; however, the dollars associated with the hours charged to this contract will be reflected under the column Cumulative Amount Paid to Date.

Under Total Salary, enter the current annual salary of the employee regardless of the amount to be charged to the SCA. The column Cumulative Amount Paid to Date should reflect the total amount chargeable to the SCA during the budget period/cumulative reporting period. Make sure columns are totaled.

Annual Rate: Enter the approved annual salary the employee receives from the agency regardless of the amount to be charged to the Single County Authority.

Cumulative Amount Paid to Date: This is the total dollar amount charged to the SCA: Enter the total amount employee has been paid billable to the Single County Authority since the commencement of the contract. (For budget preparation purposes, this is the total salary cost to be billed during the contract period.)

Salary Breakdown by Activity by Dollars of % of Time: List the activity(ies) in which the employee works and the percentage of the time for each. If an employee's salary is being charged to more than one funded activity, indicate % of time or amount being charged to the Single County Authority for each activity. Distinguish between activities.

Employee Termination Date: If an employee charged to the contract terminates employment during the contract period, the termination date is to be reflected on subsequent reports with the termination date. If a replacement for the terminated employee is hired, the replacement employee should be listed on the personnel roster after the terminated employee.

**STAFFING PATTERN SCHEDULE-(All Programs are required to complete)**

The purpose of this form is to display the staffing pattern by shift for each SCA funded program.

**General Instructions**

- This form is to be completed for each SCA funded program.
- This form should include all staff listed on the Personnel Roster (HDA313B).
- The form must be completed in shift order, beginning with the earliest shift in the workweek, and listing all individuals who work on the same shift before entering the next earliest shift. The “earliest” shift would be defined by the first shift working at the start of the day (12 AM). For example, an overnight shift beginning at 11:00 PM would represent the earliest shift of the day. If there are no overnight shifts, then the earliest shift would be the first morning shift. The staff that works two or more shifts should be reported as a separate entry for each shift.
- Overnight shift should include the suffix code “A,” whether the staff must be awake for the shift or not. The entire overnight shift worked should be reported in the shift column. The hours worked on the respective overnight shift should be pro-rated and reported in terms of the hours that apply to the respective day. For example, if a person works a standard weekly shift from 11:00 PM to 7:00 AM, hours reported on Sunday would be “1” (11:00 PM to 12:00 AM), and hours reported on Monday would be “7” (12:00 AM to 7:00 AM). Therefore, 1 hour (11:00 PM to 12:00AM) + 7 hours (12:00AM to 7:00AM) = 8-hour day.
- If staff rotate regularly, it is not necessary to display this information.
- The names of staff, position title, and total hours worked by site must reconcile to the Personnel Roster (HDA313B).

**MISCELLANEOUS ITEM DETAIL (MID)**

Use this form to explain and show computations for expenses shown in Section III – Facility Expenses. The MID should be used for “Administrative Benefits” (line 112), “Client Oriented Services Benefits” (line 122), “Staff Development” (line 131), and “Operating Expenses” (lines 301 through 383). Also use this form for any anticipated expenses on lines 401, 402, and 410.

Your agency is required to have in place a method of properly allocating administrative costs. The method of allocation is at your agency’s discretion, provided that it is verifiable and results in an equitable distribution among program activities. The administrative cost percentage for each program/activity must be stated and included in your submission under line 383 on the MID.

**Item 111 - Administrative Salaries**

This category includes all wage and salary costs of part-time and full-time employees who render their services within the administrative section. Administration is defined as general managerial functions or activities which are supportive to, but not an intrinsic part of the provision of direct services. Administrative functions or activities include executive supervision, personnel

management, accounting, auditing, legal services, purchasing, billing, community board activities, activities associated with management information systems (does not include maintenance of individual client case records), and clerical activities which are supportive to these administrative functions or activities.

Item 112 - Administrative Benefits

This category includes only the employer's share of benefit costs incurred on behalf of all part-time and full-time employees who render their services within the administrative section. Included under Administrative Benefits are such items as social security contributions, retirement, employee health, life and other insurance plans, and worker's compensation.

Item 121 - Client-Oriented Service Salaries

This category includes the salaries and wages of all part-time and full-time employees who perform client-oriented services or client support services. This includes Case Management salaries and wages. Clerical activities that provide direct client support to the program activity are to be reported as direct costs of the program activity. Clinical and program supervision associated with direct client care is to be considered a direct program expense. Staff time associated with such supervision should be allocated and reported within program activities as a direct program expense.

Item 122 - Client-Oriented Service Benefits

This category includes the employer's cost of benefits incurred on behalf of all part-time and full-time employees who perform client-oriented services or client support services. Included under Client-Oriented Service Benefits are items such as social security contributions, retirement, employee health, life and other insurance plans, and worker's compensation.

Item 131 - Staff Development

Expenses for staff to attend seminars, trainings, etc. are to be detailed by individual, seminar, cost for attendance, etc. Only those staff development and training activities (administrative, technical, clerical) that are essential for the continuation or improvement of the program are eligible for State participation. Any activities in question should be cleared through DDAP. This category does not include travel by staff to these developmental activities; such costs would be recorded under minor object 312 - STAFF TRAVEL.

Item 301 - Meeting and Conference Expenses

Charge to this category total meeting costs incurred by the SCA and its Board, excluding travel and advertising. This would include the cost of meetings related to conducting the business of the SCA, as well as sponsoring conferences and training events by the SCA. Examples may include room rental, equipment rental, and food services.

**Item 302 - Consultant Expenses**

Charge to this category the cost incurred for all consultants hired on a limited term basis for administrative services. Include the total cost of consultants or other specialized and professional administrative services subcontracted or purchased, such as attorneys, auditors, accountants, management analysts and research analysts. All consultant expenses are to be listed individually, reflecting the basis of Payment; e.g., number of hours x hourly rate x number of units of service.

**Item 303 - Miscellaneous Personnel Expenses**

Charge to this category the cost of administrative personnel that are hired on a temporary basis and do not appear on the Roster of Personnel. Examples may include replacements for any leaves of absence and student interns. If temporary staff is approved for travel, the expense should be charged under Minor Object 312 - Staff Travel

**Item 304 - Occupancy Expenses**

All direct costs for the following expenses may be charged to this category.

(a) Rent for an office or other space occupied by the facility. No rental charge may be made for offices in County-owned buildings that are debt-free. Rental costs utilizing DDAP funds must be pro-rated when offices or space is in buildings rented and used by local authorities for purposes not associated with the administration on delivery of services under the drug and alcohol or problem gambling programs. An agency must be able to demonstrate, upon request from DDAP, that the cost of space per square foot is based on a fair market value for the surrounding area

(b) Utilities include heating fuel, sewage, water, gas, electricity, etc.

(c) Housekeeping Services and Supplies include all supplies used in the performance of general housekeeping and grounds care services, or the cost of contracting out those services.

(d) Building Repairs and Maintenance include minor building repairs, maintenance, repairs, and maintenance to heating, ventilation, and air-conditioning units. Repairs are defined as work done to maintain the existing structures and equipment.

(e) Minor Renovations are the adaptation of available space and do not include construction cost for additional space. Minor renovations are those at a cost of less than \$10,000. Three formal, written bids are required on all contracted renovations and the lowest bid must be accepted, unless otherwise justified. Bids must be in accordance with the process described in Section 2.06 - Fixed Asset Management Guidelines. All bids must be kept on file.

(f) Insurance includes building, content, fire and liability insurance costs.

**Item 305 - Insurance**

Charge to this category any insurance not covered under Minor Object 304 - Occupancy Expenses and Minor Object 317 - Motor Vehicle Maintenance Expense. Examples include professional liability, directors' and officers' insurance, and fidelity bonds.

**Item 306 - Communications**

Charge to this category the costs of telephone service (including installation), postage, advertising, marketing, pagers, cell phones, web sites, internet services, printing, duplicating and parcel service.

**Item 307- Office Supplies**

Charge to this category the cost of all expendable items that are normally consumed within one year and used in the day-to-day operations of an office. Some examples are pens, pencils, paper, calendars, and tape.

**Item 308 - Minor Equipment and Furniture**

Charge to this category items with a useful life of more than one year and a unit cost of less than \$5,000. Examples may include fax machines, copiers, computers and computer-related equipment, software, tables, desks and chairs.

**Item 309 - Medical Supplies and Drugs**

Charge to this category the cost of all medical supplies and drugs used in the treatment of clients.

**Item 310 - Food and Clothing**

Charge to this category the cost of necessary food and clothing used by substance use and gambling disorder clients. Also, charge all costs associated with specialized or professional food preparation and food delivery services.

**Item 311 - Program Supplies**

Charge to this category the cost of supplies purchased for activities related to rehabilitation or recreational purposes. Also included are supplies used in client training and education services. Some examples are books, periodicals, games, videos, tapes, creative supplies, and drug testing kits.

**Item 312 - Staff Travel**

Purchase of Septa Key cards or mileage reimbursement for staff should be detailed. All travel outside FCity will be listed by destination, amount and number of staff involved.

**Item 313 – Client Transport**

Charges to this category include actual miles traveled, parking, tolls, meals, and expenses incurred, or fees paid to an outside agency for the transportation of substance use or gambling disorder clients. Accurate and up-to-date records must be maintained, reviewed, and approved by the director or designee if transportation services are provided by the SCA.

**Item 314 – Purchased Client-Oriented Service**

Charge to this category the cost incurred from the purchase of client-oriented services, such as medical care, laboratory services, psychiatric services, and interpreter services.

**Item 315 - Equipment Maintenance Expense**

Charge to this category the cost of maintenance agreements and repairs to all types of office or medical equipment.

**Item 316 - Equipment Leases**

Charge to this category the cost of all equipment leases.

**Item 317 - Motor Vehicle Maintenance Expense**

Charge to this category the cost of maintenance to motor vehicles used in the performance of official SCA related program activities (e.g., repairs, insurance, inspection, tires, gas, oil, and lubrication).

**Item 318 -Motor Vehicle Leases**

Charge to this category the cost of motor vehicle leases.

**Item 319 - Other Operating Expenses**

Charge to this category operating costs that cannot be recorded in the other minor expense objects. All costs in this category should be documented and held to a minimum.

**Item 320 - Indirect Costs**

Charge to this category costs for supportive activities that are necessary to maintain the direct effort involved in providing the services. DDAP participation in allowable county indirect costs will be up to 2.0% of the amount of expenditures utilizing DDAP funds. This percentage does not apply to providers under contract with the SCA. Organizational management of an SCA under the Planning Council option is considered an indirect cost and must be accounted for and reported as part of the allowable indirect cost. A copy of the county's indirect cost plan must be maintained on file for review by DDAP

**Fixed Assets – Items 401, 402, 403, 404****Item 401 – 60 Equipment and Furnishings**

This category includes the cost of equipment and furniture with a purchase price of \$5,000 or more per item and has a useful life of more than one year.

**Item 402 – Motor Vehicles**

Charge to this category the cost of purchased motor vehicles.

**Item 403 - Capital Improvements**

Charge to this category property and building improvements with a cost of \$10,000 or greater. Such improvements may include building additions and/or installation of permanent fixtures (furnaces, fire escapes, integral air conditioning systems, sewage hook-ups, etc.)

**Item 404 – Capital Purchases**

Charge to this category the cost of land and building purchases.

**City of Philadelphia Cost Principles**

In preparing budgets, you must be familiar with the City of Philadelphia Cost Principles, which remain in effect. If your agency needs a waiver (not already granted) from the Cost Principles, please submit explanatory information along with the budget submission. This is available on the DBHIS provider portal.

## **FEE-FOR SERVICE FORM**

Those agencies that will be funded on a fee-for-service basis in FY 2025 must complete both the Fee-For-Service Budget Tab to indicate the units of service, rate and total cost, and Year-To-Date Fiscal Report and Cash Request (program funded Budget). The SCA will review the detailed projected costs that make up the total program cost that is utilized in establishing the fee-for-service rate. It is expected that most fee-for-service rates will result in a figure that is not a whole dollar. **Do not round the fee-for service rate.** This is the only calculation that may show both dollars and cents.

Regarding the fee-for-service budget form, the “units” are the number of client days to be provided in the funding period – the house capacity multiplied by 365 days.

Note that both the number of anticipated client days to be provided and the fee-for-service rate must also appear on the Recovery House Service Objectives form for the upcoming fiscal year.

## **ORGANIZATIONAL CHART**

All SCA providers must submit a Provider Program Organizational Chart with the FY25 Budget that indicates the names and titles of all individuals that work (administrative, clinical, etc.) for each program. This would include fiscal personnel that completes the budgets and invoices and the program director of the SCA Program. **DO NOT INCLUDE AN ENTIRE ORGANIZATIONAL CHART, ONLY COMPLETE A CHART FOR EACH SCA FUNDED PROGRAM.**

A fillable sample organizational chart is included in the Budget that providers can complete (Provider Prog Org Chart Tab) or embed a PDF, PPT, or Word Document Provider Org Chart in the tab titled “Embed Provider Prog Org Chart.” Instructions on how to embed a document are within the Budget Form on the “Embed Provider Prog Org Chart” tab. Double click on the PDF document to fully open the instructions. You can delete these instructions and embed your org chart. Providers should only submit one or the other tabs, not both. An example of a Provider Program Chart is on the DBHIDS provider portal.

**If an organizational chart is not submitted, your FY25 Budget will not be reviewed nor approved until this is submitted.**

## **FISCAL AND PERFORMANCE PARAMETERS**

When preparing budgets, Service Objectives forms and Statements of Work should be realistic in your projections. Service Objectives and Statements of Work (and, in certain programs, budgets) become part of your contract(s) and your agency will be required to deliver the services defined therein. Failure to meet contracted projections will result in a review of your allocation level and a possible adjustment to this level. **All providers are required to submit both Service Objective Form and Statements of Work form for each specific program.**



**COUNSELING HOURS AND PREVENTION DIRECT SERVICE STAFF HOURS**

The minimum standard for FY 2025 will be 924 hours per full-time equivalent employee (FTE) per 12-month period. Prior to submitting your materials, please make a careful review of the programmatic and fiscal projections to make sure that the services projected are consistent with the FTEs on the Personnel Roster.

**CONTRACT SIGNING**

Providers who are on the Unitary Contract will be notified by DBHIDS Contract Unit when contract signing will take place.

**QUESTIONS**

All programmatic questions should be addressed to your assigned Program Analyst or Program Manager.

All questions related to the completion of budget forms should be directed to your assigned PPM Health Program Management Analyst.

Please do not re-type any of the forms into your own version. This invariably results in errors.

**PLEASE SIGN ONLY THE “ORIGINAL” OF ALL DOCUMENTS IN THE APPROPRIATE PLACES. SOME OF THESE DOCUMENTS WILL BE APPENDED TO THE CONTRACT.**

Please make sure that all documents are in Excel and Word format. Submissions made in PDF or any other format will not be reviewed.

Submissions on obsolete forms will be returned without review as to content.

The SCA Budget Review Committee looks forward to approving your accurate submissions

Thank you for your continued service.

Attachment A



**SINGLE COUNTY AUTHORITY**  
**FY 2025 INSTRUCTIONS**  
**for**  
**SCOPE OF WORK/FRAMWORK**  
**and**  
**SERVICE OBJECTIVE FORMS**

Attachment A

**TABLE OF CONTENTS**

|  | PAGE |
|--|------|
| SCOPE OF WORK/Framework (Rev-FY25).....                    | 20   |
| INTERVENTION .....   | 21   |
| OUTPATIENT .....   | 24   |
| ADOLESCENT OUTREACH AND ENGAGEMENT ACTIVITY .....          | 27   |
| SHELTER PLUS CARE .....                                    | 29   |
| SHELTERS AND TRANSITIONAL LIVING FACILITIES .....          | 31   |
| PHILADELPHIA CODE MINIMUM WAGE AND BENEFITS STANDARD ..... | 32   |

## Attachment A

**Scope of Work/Framework-Rev FY25**

All budgets are required to have a Scope of Work which is a narrative of expected services as well as Service Objectives. The Scope of Work is essential as an explanation of Service Objectives. The Scope of Work should provide a complete program description and include relevant quantifiable projections of services. For FY25 the Scope of Work (SOW) is embedded within the Budget as an editable Word Document. Providers will double click within Word Document on the "SCA SOW" excel tab, complete the SOW in its entirety and before exiting out of the Word Document click the save button in the top left corner to save the document. You can also click outside the word document anywhere in excel to come out of the Word Document. Be sure to save the workbook before exiting or you will lose the work in both Excel and Word. Budgets that are submitted without both a Scope of Work and Service Objectives will not be reviewed nor approved until both are completed.

The Framework section of the Scope of Work is required to be completed by all providers for all programs. There is an example on how to complete each strategy that providers should refer to when identifying each strategy that will be utilized in support of the program/services. Additional there is a legend key providers should refer to that includes a link to DDAP Prevention and Intervention Categorization and Coding Guide.

**Service Objective Forms**

For Service Objectives, use one form for each line on the Initial Allocation Notice. The form to be used must correspond to the appropriately funded activity. Include the formula used to come into your indicated units. Please refer to the instructions provided for the Service Objectives form (if any).

DO NOT ALTER the Service Objectives Form. Any alterations made to this form will result in the form being rejected and will have to be re-submitted.

**SIGN THE APPROPRIATE BLOCK INDICATED**

The Philadelphia Code Ordinance has been included in Attachment A as a part of your FY 25 SCA Budget Instructions.

Submissions are required electronically in Excel and Word formats only. If your submissions are sent in PDF format, they will be rejected.

## Attachment A

**SERVICE OBJECTIVES INSTRUCTIONS FOR INTERVENTION**

**AGENCY NAME:** Enter the Corporate name shown at the top of the Allocation Sheet.

**FACILITY NAME:** Enter the name used to identify the facility. This should be the same as the Facility Name on the Allocation Sheet across from the funding amount.

**FACILITY #:** Enter the six-digit identification number assigned to the facility by the Pennsylvania Department of Health's Division of Quality Assurance.

**FACILITY ADDRESS:** Enter the facility street address.

1. **INDIVIDUAL COUNSELING HOURS:** Enter the projected number of individual counseling hours to be provided by the facility during the funding period.
2. **GROUP COUNSELING:**
  - a. **STAFF HOURS** - Enter the projected number of hours to be spent counseling by staff members in the provision of group counseling services to active individuals enrolled in the facility during the funding period.
  - b. **GROUP PARTICIPANT HOURS** - Enter the projected total number of group counseling hours to be provided during the funding period. This equals line 2a multiplied by the projected average group size.
3. **INFORMATION/EDUCATIONAL GROUP:**
  - a. **STAFF HOURS** - Enter the projected number of hours to be spent by the clinical staff in the provision of information or education to individuals during the funding period. These services include substance abuse information regarding other services needed by individuals and education on topics pertinent to the needs of the program's target population.
  - b. **GROUP PARTICIPANT HOURS** - Enter the projected number of hours of substance abuse educational and information services to be provided to individuals during the funding period. This line equals line 3a multiplied by the average group size.
4. **TOTAL STAFF HOURS:** Enter the sum of the entries on lines 1 and 2a and 3a to obtain the projected total direct service staff hours to be provided during the funding period.

**NOTE: THIS NUMBER SHOULD REFLECT A MINIMUM OF 924 HOURS PER FULL TIME COUNSELOR EQUIVALENT AS ENTERED ON LINE 8.**

5. TOTAL INDIVIDUAL HOURS: Enter the sum of the entries on lines 1, 2b, and 3b to obtain the projected total number of individual hours to be provided during the funding period.
6. INDIVIDUALS SCREENED:
- a. IN PERSON - Enter the projected number of individual face-to-face screenings for the funding period.
  - b. TELEPHONE ONLY - Enter the projected number of individuals to be screened by telephone only for the funding period.
  - c. TOTAL INDIVIDUALS SCREENED - Sum of lines 6a and 6b.
7. INDIVIDUALS REFERRED:
- a. IN PERSON - Enter the projected number of face-to-face referrals during the funding period.
  - b. TELEPHONE ONLY - Enter the projected number of individuals to be referred by telephone only during the funding period.
  - c. TOTAL INDIVIDUALS REFERRED - Sum of lines 7a and 7b.
8. NUMBER OF FULL TIME DIRECT CLIENT SERVICE STAFF EQUIVALENTS: Enter the number of full-time direct client service staff equivalents projected for the funding period. A full-time direct client service staff equivalent is an employee working a minimum of 35 hours per week providing direct client services at the facility. This includes, but is not limited to, individual and group counseling, and information and educational services. The number of staff equivalents to be entered here should be obtained by adding the appropriate number of direct client service staff equivalents reflected on the Personnel Roster of the program funded budget form. If a supervisor or administrative staff member is also providing direct client services, that portion of the staff person's time spent in direct client services should also be included in the total projection. To calculate, add the total weekly hours provided by staff to the number of appropriate hours to be provided by administrative, supervisory, or other staff. Divide this sum by the number of hours in a work week of full-time staff.

## Attachment A

DATE SUBMITTED: Enter the actual date the form is submitted to the SCA.

SUBMITTED BY: The person responsible for preparing the facility information included on this form (i.e. the facility director) should **sign** here.

NAME AND TITLE: **TYPE** the name and title of the person who signs this form for the facility.

EFFECTIVE DATE OF CHANGE: Use this line only for a Service Objectives revision **during the fiscal year**.

APPROVED BY: Leave this blank. The final accepted Service Objectives Forms will be signed by the SCA Health Program Administrator and appended to your contract. You will be required to achieve the levels of services indicated on the approved Service Objectives Form.

Attachment A

**SERVICE OBJECTIVES INSTRUCTIONS FOR OUTPATIENT**

ALL PROJECTIONS ON THE OUTPATIENT FORM AFFECT OUTPATIENT SERVICES ONLY.

Intensive Outpatient (IOP) projections should not be included on this form!

AGENCY NAME: Enter the Corporate name shown at the top of the Allocation Sheet.

FACILITY #: Enter the six-digit identification number assigned to the facility by the Pennsylvania Department of Health's Division of Quality Assurance.

FACILITY ADDRESS: Enter the facility(ies) street address(es).

FACILITY NAME: Enter the name(s) used to identify the facility(ies). This entry should be the same as the Facility Name that appears on the Allocation Sheet across from the funding amount.

TREATMENT MODALITY: Indicate which outpatient treatment modality(ies) (OPDF, OPMM) will be offered at the facility(ies) for which this form is being completed.

DDAP APPROVED SLOT MATRIX: Indicate the total number of treatment slots for which the Department of Health Division of Licensing has approved your facility. The number should correspond to the number that appears on your license.

CURRENT CAPACITY: Indicate the capacity of the outpatient program based on the current number of full time counselor equivalents.

POPULATION(S) SERVED: Identify the type of person(s) for whom your program services have been designed.

SPECIAL SERVICE POPULATION(S): Identify which special population(s) your program has been designed to serve.

1. ADMISSIONS TO TREATMENT: Enter the projected number of persons to be admitted to the facility during the funding period.
2. NUMBER OF INDIVIDUALS TO BE SERVED: Enter the projected number of individuals to be served during FY21. This equals the projected census on July 1, 2023, plus projected Admissions to Treatment (line 1).

Attachment A



- 
3. ASSERTIVE TELEPHONIC OUTREACH & RECOVERY CHECK-UPS: Project the number of hours staff will be involved in telephone calling to keep individuals engaged in the recovery process and helping people to maintain their commitment to their individual recovery.
  4. PEER SUPPORT SERVICE: Indicate the projected number of peer staff hours in support of service interventions to be provided to individuals during their program enrollment. These interventions should not be confused with counseling service hours. They should include, but not be limited to:
    - a. Mentoring
    - b. Individual and or peer led support groups.
    - c. Peer assistance with engagement and recovery plans
  5. NUMBER OF FULL TIME PEER SPECIALISTS: Enter the number of full-time peer specialist equivalents projected for the funding period.
  6. NUMBER OF DIRECT SERVICE RECOVERY MANAGEMENT HOURS TO BE PROVIDED: Indicate the projected number of face-to-face service hours between Case Managers and individuals to be provided during the funding period.

Only information affecting Recovery Managers hired by the agency need be included in these sections.

7. NUMBER OF INDIRECT SERVICE (COLLATERAL) RECOVERY MANAGEMENT HOURS TO BE PROVIDED:  
Indicate the projected number of non-direct service hours (i.e., phone calls to welfare, CJS, meetings with housing providers, etc.) to be provided during the funding period.
8. NUMBER OF FULL TIME COUNSELOR EQUIVALENTS: Enter the number of full-time counselor equivalents projected for the funding period. A full-time counselor equivalent (FTE) is an employee working a minimum of 35 hours per week providing individual and/or group counseling at the facility. **This number should be obtained by adding the appropriate number of counselor equivalents reflected on the Personnel Roster of the program funded budget form.** If a supervisor or administrative staff member is also providing direct counseling to individuals, that portion of staff person's time spent in counseling should also be included in the total projection. The calculation of FTE's is best done by adding the total weekly hours to be provided by counselors to the number of counseling hours to be provided by administrative supervisory, or other staff, and dividing this sum by the number of hours in the normal work week of full-time staff of the facility.

Attachment A

9. **NUMBER OF FULL TIME RECOVERY MANAGER EQUIVALENTS:** Enter the number of full-time case manager equivalents projected for the funding period. A full-time case manager equivalent (FTE) is an employee working a minimum of 35 hours per week providing case management services at the facility. **This number should be SERVICE OBJECTIVES INSTRUCTIONS FOR OUTPATIENT obtained by adding the appropriate number of case manager equivalents reflected on the Personnel Roster of the program funded budget form.**

If a supervisor or administrative staff member also provides case management to individuals, that portion of staff person's time should also be included in the total projection. The calculation of FTE's is best done by adding the total weekly hours to be provided by case manager to the number of case management hours to be provided by administrative supervisory, or other staff, and dividing this sum by the number of hours in the normal work week of full-time staff of the facility.

**DATE SUBMITTED:** Enter the actual date the form is submitted to the SCA.

**SUBMITTED BY:** The person responsible for preparing the facility information included on this form (i.e. the facility director) should **sign** here.

**NAME AND TITLE:** **TYPE** the name and title of the person who signs form for the facility.

**EFFECTIVE DATE OF CHANGE:** Use this line only for a Service Objectives revision during the fiscal year.

**APPROVED BY:** Leave this blank. Final accepted Service Objectives Forms will be signed by the SCA Health Program Administrator or designee and appended to your contract. You will be required to achieve the levels of services indicated on the approved Service Objectives Form.

Attachment A

**SERVICE OBJECTIVES INSTRUCTIONS FOR ADOLESCENT OUTREACH AND ENGAGEMENT ACTIVITY**

**AGENCY NAME:** Enter the Corporate name shown at the top of the Allocation Sheet.

**PROGRAM NAME:** Enter the name used to identify the facility. This entry should be the same as the name that appears on the Allocation Sheet across from the funding amount.

**FACILITY ADDRESS:** Enter the facility street address.

**POPULATION(S) SERVED:** Check (click on box to check) the box to the left of the primary type of person(s) for whom your program services have been designed.

**SPECIAL SERVICE POPULATION(S):** Check (click on box to check) the box to the left of the special population(s) your program has been designed to serve.

Note: Outreach and Engagement is defined as an organized approach to coordinating segments of a service delivery system in order to ensure the most comprehensive process for meeting an individual’s needs for care. Outreach and Engagement should be viewed as a mechanism for ensuring that individuals with complex, multiple problems receive the *individualized* services they need in a timely and appropriate fashion. Outreach and Engagement is accomplished by coordinating an array of loosely coupled services and activities provided by different agencies. It is a collaborative process which involves engagement, evaluation of an individual’s strengths and needs, service planning and goal setting, linking, implementing, monitoring, advocacy, and coaching. Outreach and Engagement services should include, but not be limited to referrals to the following types of services:

- |                |                  |               |
|----------------|------------------|---------------|
| a) legal       | b) medical       | c) vocational |
| d) educational | e) recreational  | f) family     |
| g) housing     | h) mental health | i) welfare    |

1. **NUMBER OF FULL TIME CASE MANAGER EQUIVALENTS:** Enter the number of full-time case manager equivalents projected for the funding period. A full-time case manager equivalent (FTE) is an employee working a minimum of 35 hours per week providing outreach and engagement services at the facility. **This number should be obtained by adding the appropriate number of case manager equivalents reflected on the Personnel Roster of the program funded budget form.** If a supervisor or administrative staff member also provides outreach and engagement to individuals, that portion of such staff person's time should also be included in the total projection. The calculation of FTEs is best done by adding the total weekly hours to be provided by case managers to the number of outreach and engagement hours to be provided by administrative supervisory, or other staff, and dividing this sum by the number of hours in the normal work week of full-time staff of the facility.

Attachment A

**SERVICE OBJECTIVES INSTRUCTIONS FOR ADOLESCENT OUTREACH AND  
ENGAGEMENT ACTIVITY**

- 2. **SCA OUTREACH AND ENGAGEMENT FUNDED SLOTS:** Enter the number of individuals who can be served by the number of Case Manager FTEs from line 1 at a given point in time (static capacity). This should be the entire caseload for each FTE including individuals on-site and those at other locations.
- 3. **NUMBER OF UNDUPLICATED INDIVIDUALS TO BE SERVED:** Enter the number of different persons who are projected to receive outreach and engagement services during the contract period.
- 4. **NUMBER OF SERVICE HOURS (DIRECTLY ON BEHALF OF CLIENTS):** Enter the projected number of hours spent by case managers providing services on behalf of clients.
- 5. **NUMBER OF INDIRECT SERVICE HOURS – (ADMINISTRATIVE):** Enter the projected number of outreach and engagement staff hours provided in administrative tasks.
- 6. **TOTAL STAFF HOURS:** Enter the sum of the entries on line 4 and 5 to obtain total outreach and engagement staff hours to be provided during the funding period. Note that this projection should be no less than 1,520 hours per full-time case manager equivalent.

**DATE SUBMITTED:** Enter the actual date the form is submitted to the SCA.

**SUBMITTED BY:** The person responsible for preparing the facility information included on this form, (i.e., the facility Director) should **sign** here.

**NAME AND TITLE:** Type the name and title of the person who signs the form for the facility.

**EFFECTIVE DATE OF CHANGE:** Use this line only for a Service Objectives revision during the fiscal year.

**APPROVED BY:** Leave this blank. Final accepted Service Objectives Forms will be signed by the SCA Health Program Administrator or designee and appended to your contract. You will be required to achieve the levels of services indicated on the approved Service Objectives Form.

## Attachment A

**SHELTER PLUS CARE**

AGENCY NAME: Enter the Corporate name shown at the top of the Allocation Sheet.

PROGRAM NAME: Enter the name used to identify the funded service. This should correspond to the name that appears on the Allocation Sheet across from the funding amount.

FACILITY ADDRESS: Enter the address(es) where the services are to be delivered.

SCA/OHCD APPROVED NUMBER OF SLOTS: Indicate the total number of housing units supported by the appropriate Shelter Plus Care grant.

POPULATION(S) SERVED: Identify the type of person(s) for whom your program services have been designed and whom you intend to serve. To check a box, click on it once. (Click also to uncheck.)

1. NUMBER OF NEW INDIVIDUALS SCREENED FOR HOUSING: Enter the projected number of persons to be screened during the fiscal year.
2. NUMBER OF NEW INDIVIDUALS PLACED IN HOUSING UNITS: Enter the projected number of individuals who will be approved in FY23 and will also move into Shelter Plus Care housing units during the funding period.
3. TOTAL NUMBER OF UNIQUE INDIVIDUALS TO BE SERVED: Enter the projected number of individuals who will be residing in Shelter Plus Care housing units on June 30<sup>th</sup>, **2022, PLUS** the number of new individuals from #2 above.
4. NUMBER OF FULL TIME CASE MANAGER EQUIVALENTS: Enter the number of full-time case manager equivalents projected for the funding period. A full-time case manager equivalent (FTE) is an employee working a minimum of 35 hours per week providing case management or individual screening services for the target population and other approved occupants of their Shelter Plus care housing unit. This number should be obtained by adding the appropriate number of case manager equivalents reflected on the Personnel Roster of the program funded budget form. If a supervisor or administrative staff member also provides case management to individuals, that portion of such staff person's time should also be included in this projection as well as on the Personnel Roster. The calculation of FTE's is best done by adding the total weekly hours to be provided by the case manager(s) to the number of case management hours to be provided by administrative, supervisory, or other staff, and dividing this sum by the number of hours in the normal work week of full-time staff of the program.

Attachment A

**SHELTER PLUS CARE**

- 5. NUMBER OF CASE MANAGEMENT STAFF HOURS: Enter the number of staff hours to be worked by the employees counted on line # 4 above over the course of the fiscal year under this Budget.
  
- 6. NUMBER OF INDIVIDUALS MEETING ALL SERVICE PLAN GOALS AND MAKING A TRANSITION INTO APPROPRIATE HOUSING: Enter the projected number of people who will meet all planned goals and move into housing considered to be conducive to the individuals' continued recovery during the funding period.

DATE SUBMITTED: Enter the actual date the form is submitted to the SCA.

SUBMITTED BY: The person responsible for preparing the information included on this form (i.e., the Program Director) should **sign** here.

NAME AND TITLE: **TYPE** the name and title of the person who signs the form.

EFFECTIVE DATE OF CHANGE: Use this line only for a Service Objectives revision during the fiscal year.

APPROVED BY: Leave this blank. Final accepted Service Objectives Forms will be signed by the SCA Health Program Administrator or designee and appended to your contract. You will be required to achieve the levels of services indicated on the approved Service Objectives Form.

Attachment A

**SHELTERS AND TRANSITIONAL LIVING FACILITIES**

**AGENCY NAME:** Enter the Corporate name.

**FACILITY NAME:** Enter the name used to identify the facility.

**FACILITY ADDRESS:** Enter the facility street address.

**FACILITY #:** If your facility is licensed, enter the six-digit identification number assigned to the facility by the PA Department of Health’s Division of Quality Assurance.

1. **TOTAL FACILITY SLOTS:** Enter the number of slots available in the facility.
2. **ADMISSIONS:** Enter the projected number of persons to be admitted to the facility during the contract period.
3. **NUMBER OF INDIVIDUALS TO BE SERVED:** Enter the number of unique individuals to be served during the contract period. This should equal the census on June 30<sup>th</sup>, 2023, plus the number of new admissions projected on line # 2.
4. **NUMBER OF FULL-TIME CASE MANAGER EQUIVALENTS:** Enter the number of full-time case manager equivalents that appear on the Personnel Roster of the accompanying Budget.
5. **NUMBER OF CASE MANAGEMENT HOURS:** Enter the number of face-to-face service hours to be provided by the full-time case manager equivalents during the contract period.
6. **NUMBER OF INDIVIDUALS RECEIVING D/A TREATMENT SERVICES OFF SITE:** Enter the projected number of persons living in your facility who will attend off-site licensed drug and alcohol treatment programs during the contract period.
7. **TOTAL CLIENT HOURS IN D/A TREATMENT OFF-SITE:** Enter the projected number of hours that individuals from your facility will attend treatment off-site during the contract period.

**DATE SUBMITTED:** Enter the actual date the form is submitted to the SCA.

**SUBMITTED BY:** The person responsible for preparing the facility information included on this form (i.e., the facility Director) should sign here.

**NAME AND TITLE:** **TYPE** the name and title of the person who signed the form.

**EFFECTIVE DATE OF CHANGE:** Use this line only for the amendment of a contract in place.

**APPROVED BY:** Leave this blank. Final accepted Service Objectives Projections Forms will be signed by the SCA Health Program Administrator or designee.

Attachment A

S:\FISCAL\WPDATA\FY2018 PHILADELPHIA CODE ORDINANCE\ieb32515.docx

**FY 2021 PHILADELPHIA CODE ORDINANCE**

In preparation for the Fiscal Year 2025 Unitary Contract Process, attached are two ordinances of the Philadelphia Code that will impose additional requirements on some of our providers. Carefully review the overview of Chapter 17-1300: Philadelphia 21st Century Minimum Wage & Benefits Standard, and Chapter 17-1900: Equal Benefits Ordinance, to determine if the requirements of the Chapters apply to your agency. Next, complete the attached (2) Certification Forms, and return with the planning budget.

If there is a significant impact in complying with Chapter requirements, waivers may be requested via a written request that must be completed on your agency letterhead and signed by your Executive Director. DBHIDS is the first line of review for waiver requests and will forward any recommended waivers to the 21st Century Minimum Wage and Benefits Standard Working Group. This group consists of representatives from the City’s Managing Director’s Office, Finance Department, and Commerce Department, and is responsible for the review and determination of all waiver requests forwarded to it. All approved ordinance waivers will be incorporated in the unitary contracts.

To summarize, please comply with the following:

1. Complete and return the two (2) certification forms with your budget submission to indicate if:
  - a. you DO comply with ordinances 17-1300 and 17-1900.
  - b. the ordinances do not apply to your agency and for what reason, **OR**
  - c. you DO NOT comply and will be requesting waivers.
  
2. Please note that a separate certification form and/or waiver request must be prepared/signed for each contract. The contracts for FY 2023 are as follows:
  - Mental Health Base Unitary
  - IDS Early Intervention Unitary
  - IDS Base Unitary
  - Drug & Alcohol Services Unitary
  - For Profit Early Intervention FFS3 Unitary
  - For Profit Early Intervention FFS1 Unitary

**NEW ORDINANCES IMPACTING CITY CONTRACTORS/RECIPIENTS  
OF CITY FINANCIAL AID**



---

**Attachment A**

**Recently adopted ordinances will impose additional requirements on some of our contractors and those who receive financial aid from the City. This document provides an overview of those new ordinances and their requirements, as well as guidance on the implementation of these new ordinances.**

**1. Chapter 17-1300: The Philadelphia 21<sup>st</sup> Century Minimum Wage & Benefits Standard**

Chapter 17-1300 of the Philadelphia Code, the Philadelphia 21st Century Minimum Wage and Benefits Standard (“minimum wage ordinance”), was amended on October 26, 2011, to add a provision requiring employers subject to Chapter 17-1300 to provide sick leave to their employees (“sick pay ordinance”). Chapter 17-1300 of the Philadelphia Code will be collectively referred to herein as Chapter 17-1300. In addition to the new amendment to Chapter 17-1300, also discussed below are earlier requirements of 17-1300 regarding minimum wage and minimum health benefit levels currently imposed on City contractors.

**Amending Section 17-1305 of The Philadelphia Code, entitled “Compensation Required to be Paid to Employees,” to revise the compensation required to be provided in connection with application of the Philadelphia 21<sup>st</sup> Century Minimum Wage Standard; and amending Section 19-2604 of the code, entitled “Tax Rate, Credits, and Alternative Tax computation,” to make the wage rates related to the tax credit for new job creation consistent with Section 14-1305; all under certain terms and conditions.**

**THE COUNCIL OF THE CITY OF PHILADELPHIA HEREBY ORDAINS:**

**Section 1. Section 17-1305 of the Philadelphia code is hereby amended to read as follows:**

**§17-1305. Compensation Required to be Paid to Employees.**

**Except as otherwise provided in this Chapter, an Employer subject to this Chapter shall provide its covered Employees the following minimum compensation:**

- (1) Minimum Wage Standard. The Employer shall pay each Employee an hourly wage, excluding benefits, equal to: [at least the higher of:**
  - (a) 150% of the federal minimum wage of**
  - (b) \$12.00 multiplied by the CPI Multiplier, provided that the minimum wage shall not be less than the previous year’s minimum wage. The CPI Multiplier shall be calculated annually by the Director of Finance, for wages to be provide on and after January 1 of each year by dividing the most recently published consumer Price Index for all Urban consumers (CPI-U) All Items Index, Philadelphia, Pennsylvania, by the most recently published CPI-U as of January 1, 2015].**
    - (a) Between January 1, 2019 and June 30, 2019, \$12.40;**
    - (b) Between July 1, 2019 and June 30, 2020, \$13.25;**
    - (c) Between July 1, 2020 and June 30, 2021, \$13.75**

- (d) **Between July 1, 2021 and June 30, 2022, \$14.25**  
 (e) **Between July 1, 2022 and June 30, 2023, \$15.00 and**  
 (f) **Starting July 1, 2023, and thereafter, \$15.00 multiplied by the CPI Multiplier, provided that the minimum wage shall not be less than the previous year's minimum wage. The CPI Multiplier shall be calculated annually by the Director of Finance, for wages to be provided on and after July 1 of each year, by dividing the most recently published consumer Price Index for all Urban Consumers (CPI-U) All Items Index, Philadelphia, Pennsylvania, by the most recently published CPI-U as of July 1, 2022.**

## **2. Chapter 17-1900: The Equal Benefits Ordinance**

Chapter 17-1900 of the Philadelphia Code (“equal benefits ordinance”) was also recently enacted and would require that certain service contracts with the City include a requirement that the contractor extend the same employment benefits the contractor extends to spouses of its employees to life partners of its employees who are City residents or who pay City wage tax.

## **3. Effective Date/Implementation**

1. The minimum wage ordinance was incorporated into the City’s competitively-bid service contracts pursuant to its passing in 2005 and was recently incorporated into our non-competitively bid service contracts in May 2011.<sup>1</sup>
2. The sick pay ordinance and the equal benefits ordinance took effect on July 1, 2012.
3. All contracts whose terms began on or after July 1, 2012, must contain revised language that requires any contractor meeting the definition of an employer under either ordinance to comply with the provisions contained in one or both applicable ordinances.

<sup>1</sup> Prior to the Charter amendments of November 2010, the ordinance did not effectively impose the minimum wage requirements on non-bid contracts.

## **I. Overview of Chapter 17-1300**

### **A. Important Definitions**

**Employers:** There are six categories of Employers to which the requirements of the Chapter apply. They include:

1. The City, its agencies, departments, offices.
2. For-profit Service contractors who have City contracts for \$10,000 or more in a 12-month period, and annual gross receipts of more than \$1M.
3. Non-profit Service contractors who have City contracts over \$100,000 in total in a 12-month period.
4. Recipients of City leases, concessions, or franchises, which employ more than 25 employees.

5. City financial aid recipients (as defined in § 17-1302(2)), for a period of five (5) years following the receipt of aid; and,
6. Public agencies that receive contracts for \$10,000 or more from the City in a 12-month period.

Additionally, the employer must have more than five (5) employees. The requirements also do not apply to subcontractors.<sup>2</sup>

**Covered Employees:** The minimum wage requirements of the Chapter only extend to certain covered Employees employed by the aforementioned Employers. They include:

1. Any person who performs work for the covered Employers arising directly from a service contract, financial aid receipt, or City lease, concession, or franchise, and is:
  - a. Employed on a full-time, part-time, temporary, or seasonal basis, or
  - b. A temporary worker, contingent worker, or person made available to work through a temporary, staffing or employment agency.

The minimum benefits and sick pay requirements apply to a narrower class of covered Employees: full-time, non-temporary, non-seasonal Employees only.

A covered Employee is not:

1. An employee on a construction project covered by federal, state, or local prevailing wage requirements
2. A student intern
3. A summer youth employee
4. A person participating in a bona fide training program (cannot exceed 60 days in duration), which will allow them to advance to permanent employment

**Service Contracts:** Service contracts include all non-competitively bid contracts and some competitively bid service contracts.

<sup>2</sup> Charter Sec. 2-309(5) permits Council to impose minimum wage and benefit requirements only as to “those who contract with the City.”

---

**B. Chapter 17-1300 Requirements**

Employers subject to the Chapter must provide covered Employees with the following:

1. Minimum Wage
2. Minimum Health Benefits (full-time, permanent employees only)
3. Sick Pay Benefits (full-time, permanent employees only)

The Minimum Health Benefits requirements are as follows:

1. If employer provides health benefits to any of its employees, they must provide each full-time, non-temporary, non-seasonal covered Employee with health benefits at least as valuable as the least valuable health benefits provided any other full-time employee.

The Sick Pay Benefits requirements also apply only to full-time, non-temporary, non-seasonal employees, and are as follows:

1. For Employers with 12 or more employees, covered Employees have the right to accrue one hour of paid sick time for every 40 hours worked in Philadelphia and they must be allowed to accrue up to 56 hours of paid sick time in a calendar year (or more at the Employer's option).
2. If the Employer employs more than 5 but less than 11 employees, they only need to provide covered Employees with at least 32 hours paid sick time per year.
3. Covered Employees will begin to accrue sick time at the start of employment and can use it as accrued beginning after the 90th day of employment.
4. Covered Employees are allowed to use accrued paid sick time for their own mental or physical illness, injury, etc. or for preventative care.
5. Covered Employees are allowed to use their accrued sick time to take care of a family member. A family member is defined by the Employer's own personnel policies.
6. Covered Employees must provide a good faith effort to give their Employer prior notice of taking sick time and provide reasonable documentation of the sick time when used for two (2) consecutive days. Again, what is required as good faith effort to provide notice and documentation to the Employer will be defined by the Employer's own personnel policies.
7. Covered Employees may use sick time in hourly increments; however, the Employer may follow its own personnel policies when determining sick time increments.
8. Employer must provide notice and posting of the covered Employees' rights under the Chapter.

9. If the Employer has a paid leave policy, which makes available an amount of “paid leave” per year that includes vacation days, personal days, sick days, etc., it will meet the requirements of the sick pay ordinance as long as the minimum number of days required is still provided.

### C. **Exemptions/Waivers to Chapter 17-1300**

An exemption to Chapter 17-1300 is available if the requirements would be prohibited under state or federal law.

Waivers from the requirements of Chapter 17-1300 are also available for the following reasons:

1. The Employer can demonstrate that implementing the requirements would pose an economic hardship and the waiver will further the interests of the City in creating training positions that enable employees to advance to permanent jobs paying the wage standards within Chapter 17-1300.
2. It is in the best interests of the City to waive the requirements of Chapter 17-1300.

## II. **Overview of Chapter 17-1900**

### A. **Important Definitions**

**Employment Benefits:** Any employee benefit, including, but not limited to, health insurance benefits (health, vision, and dental), bereavement leave, moving expenses, memberships and membership discounts, and travel benefits.

**Covered Employees:** The requirements apply to employees of the contractor who either reside in the City or for nonresidents, employees who are subject to the wage tax.

**Life Partner:** A member of a life partnership, as defined by Section 9-1102(1)(r)

**Service Contracts:** Service contracts include all non-competitively bid contracts and some competitively bid service contracts.

### B. **Chapter 17-1900 Requirements**

The equal benefits ordinance applies to:

1. Covered employees on Service contracts for \$250,000 or more.

The equal benefits ordinance does not apply to:

1. Service contracts with governmental agencies.
2. Contractors who do not provide Employment Benefits to spouses of married employees.

### 3. Subcontractors

The equal benefits ordinance requires:

1. For covered Employees, the contractor must extend the same Employment Benefits the contractor extends to spouses of its employees to life partners of its employees.
2. If the contractor's existing benefits agreement does not permit the extension of Employment Benefits to Life Partners at the time the contractor enters into their contract with the City, they must arrange for the extension of these benefits as soon as practicable but in no more than one year after the date of execution of the contract.
3. A bidder or proposer subject to these requirements must include a certification in their bid or proposal that they will comply with Chapter 17-1900 if awarded the contract.
4. The contractor must provide notice to covered Employees of the availability of these Employment Benefits to their life partners.

### **C. Exemptions/Waivers to Chapter 17-1900**

Waivers to the requirements of Chapter 17-1900 are available for the following reasons:

1. If the provisions of Chapter 17-1900 would result in the loss of federal, state, or similar grant funds or violate federal or state law.
2. If the provisions of Chapter 17-1900 would interfere with a collective bargaining agreement.
3. If the contractor is operated, supervised, or controlled by a bona fide religious institution or organization for charitable purposes and compliance would conflict with the contractor's religious beliefs.
4. If waiving the requirements is in the best interests of the City.

### **III. Waiver Process: Chapters 17-1300 & 17-1900**

If a contractor wishes to request a waiver to either Chapter 17-1300 or Chapter 17-1900, they must submit the waiver request to the contracting department.

Please use the following instructions to apply for waivers. You must request a waiver for **each** new contract, contract renewal or amendment, or any other agreement.

1. The contractor must provide a memo on letterhead detailing the requirements they wish to waive along with the waiver rationale (the waiver rationale must comport with the waivers available in either Chapter, as described in this memo, along with documentation to support the waiver request). For Chapter 17-1300 specifically, they must submit as supporting documentation a summary of the Budget for the proposed work to be performed under the contract including detailed wages and benefit information to be paid all employees working under the City contract, detail on the wages and benefits paid to the five highest paid individuals employed by the contractor, and demonstration that the waiver will further the interests of the City in creating training (or pipeline) positions that will enable employees to advance into future permanent positions paying the new wage standard or better.
2. This waiver request will be reviewed and either approved or rejected by the City. The contractor will be notified once a determination has been made and the waiver will be incorporated into the final contract.

#### **FY 2025 Waiver Requests**

##### **Included are:**

- Waiver request of *Philadelphia 21<sup>st</sup> Century Minimum Wage and Benefits Standard Ordinance* (Chapter 17-1300)
- Waiver request of *The Equal Benefits Ordinance* (Chapter 17-1900)
- Provider Certification
- Supporting documentation instructions
- Signature and contact information
- Instructions where to submit the waiver request and supporting documents

##### **Instructions:**

This form must be used for FY 2025 waiver requests for providers under contract with the following city Departments. Please check the contracting Department and provide the contract information for FY 2025 that this waiver request applies to.

##### **Only one contract per request form.**

**Instructions for Supporting Documents:**

The following supporting document must be submitted with this waiver request form. Failure to submit this documentation will delay the processing of this waiver request.

1. A copy of the Budget for the proposed work to be performed under the contract.
2. Detailed wages and benefit information to be paid all employees working under this city contract including the most recent raise(s) given to all salaried staff and how often they receive raises.
3. Detail on the wages and benefits paid to the five (5) highest paid individuals employed by the contractor.
4. Demonstration that the waiver will further the interests of the City in creating training (or pipeline) positions that will enable employees to advance into future permanent positions paying the new wage standard or better.
5. Dollar impact if a waiver request is not approved.
6. Number of staff impacted.

***Note: The City's Audit Unit may request additional information.***

**Provider Certification (check all that apply):****Instructions for submitting this waiver request and supporting documents.**

1. Complete the waiver request form and sign it.
2. Include the waiver request form and all supporting documents as part of your complete paper and electronic budget packages.



## Attachment B

**Cost Reimbursement Instruction –**

\*\*\*A Provider has 90 days to submit a claim\*\*\*

It should be noted that Cost Reimbursement funds are specifically targeted for the following services: Recovery Management, Peer Specialist and Telephonic Outreach:

- Billing for writing a case note related to a treatment session or Cost Reimbursement (CR) activity. Note: Any case note for a CR activity should reflect the provision of that activity.
- Billing for a cost reimbursement activity when an individual calls to cancel an appointment or when the provider calls the individual to cancel/reschedule—in order to bill, there needs to be a more significant conversation with the individual about changing circumstances, recovery checkup or plans for future activities.
- Billing when the provider leaves a voicemail with a collateral agency (probation, housing, etc.)

**Recovery Management:** These are activities around coordination of services on behalf of a person in recovery.

- Needs assessment
- Recovery planning
- Assisting with referrals
- Service coordination

**Telephonic Outreach and Peer Support** services include but are not limited to:

- Engagement
- Retention
- Mentoring
- Recovery checkups
- Problem resolution
- Obtaining access to treatment services
- **Assisting the Person in Recovery (PIR) with increasing Recovery Capital, such as:**
  - Employment
  - Transportation
  - Schooling or job training
  - Accessing self-help and support groups
  - Accessing spiritual support

## Attachment B

- Housing
  - Maintaining or improving social relations
  - Relapse prevention.
  - Childcare and family services
- **Telephonic Outreach may be used to place reminder calls to individuals who receive services. Documentation for these calls can be written on a separate log sheet and then the log sheet should be kept in the person's record.**
  - **Regarding documentation of services, it should be noted that stringent Medicaid documentation rules do not apply to these services.**
  - Providers must, however, include a one or two sentence progress note in the individual's record. A log, or folder, that captures the name of the individual, date of service, type of service and staff providing the service must accompany this progress note. The information should be maintained in chronological order.

**Peer Specialist:** these activities can only be billed if the peer specialist is a full or part-time agency employee. The billing for this service is limited to the time expended by the peer specialist (e.g., a 1-hour group is equivalent to 4 units. A 90-minute group is equivalent to 6 units of service). Please see the "Frequently Asked Question (FAQ's) Sheet" on the BHSI website for further clarification on cost reimbursement: <https://bhsi-dbhids.org/images/documents/cost-reimbursement-faq-20140220.pdf>

If after an audit of cost reimbursement records, it is determined that payments were made to Providers for services not rendered, - SCA will take back these funds.

Moreover, future cost reimbursement allocations will be made the same; reduced (due to underspending); or increased.