

INSTRUCTIONS FOR COMPLETING A FEE-FOR-SERVICE AGREEMENT CLOSEOUT REPORT

Purpose

The Fee for Service Agreement Closeout Report (ACR) reconciles the expenses incurred by that agency to provide contracted services with the payments made by the Department for those expenses. The Agreement Closeout Report is the financial settlement of the agreement between the Department and the social service agency. The MAAP rules and 2 CFR 200 apply to all client-services agreements and the closeout processes. The MAAP rule is available online at

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/MAAPIV.pdf>

The 2 CFR 200 is online at [eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

A separate ACR must be completed for each component in the agreement. The number of components in an agreement may be determined by checking the number of Rider F-1 Pro-Forma's included with the agreement. Each component is budgeted independently.

Submission

The Agreement Closeout Report shall be submitted electronically as an email attachment within the timeframe stated in the agreement to the Budget Team at contract-budgets.dhhs@maine.gov to expedite the closeout process and ensure prompt payment if funds are due the Provider.

Include all Agreement Closeout Reports in one electronic workbook for a contract. While each component is budgeted independently, DHHS closes the entire contract with multiple components having same end date simultaneously.

- If a balance is due the provider, the payment will be authorized by DHHS after the ACR is reviewed and approved.
- If a balance is due DHHS, submit a check for the full amount made payable to ***Treasurer, State of Maine. Include a copy of all ACRs for that contract. Mail the check and reports to Attn: Closeout Reports, Accounts Receivable, 109 Capitol Street, State House Station 11, Augusta, ME 04333.***

Review

The Fee for Service Agreement Closeout Report is used to finalize agreements with a Fee for Service Settlement Method. DHHS DCM Budget Team will review and verify the ACRs and send the Provider letter to indicate acceptance of the ACRs and the conclusion of the contract. Please note that this acceptance is contingent upon an audit by the DHHS Division of Audit, if required.

Instructions (Use the TAB key to move through the ACR form)

Enter the required information in the header of the form. This information can be obtained from the Service Contract document.

The Provider must complete PART I of the ACR form; enter the required information in columns B through G. The amounts in Column I will auto calculate. The (5) fields are as follows:

- Service
- Service Code (not applicable to all agreements)
- Unit of Measure (A)
- # of Units (A)
- Rate (B)


The ACR must correspond to the FFS Rider F-1 Pro Forma and must follow the settlement methods specified in the Rider F-2 Agreement Compliance section. *Note that only the Service(s), Unit(s) of Measure, and Rate(s) specified on the FFS Rider F-1 Pro Forma may be used on the FFS ACR.*

- The TOTAL INVOICED AMOUNT on Line 30 will automatically calculate formulaically. In PART II, enter the TOTAL AMOUNT RECEIVED FROM DHHS on Line 34. The AMOUNT INVOICED MINUS AMOUNT RECEIVED on Line 36 will auto calculate formulaically. Formulas and links will calculate all the other information.
- Insert preparer's name on form and date the form. A signature is not required.
- Additional information on the ACR form and these expanded instructions are intended to reduce errors and expedite the closing process.
- If providers encounter problems with the form, they should contact contract-budgets.dhhs@maine.gov for assistance.

Instructions and Forms on the Web

These instructions and the Agreement Closeout Report are available on the DHHS website at

[Contract Documents | Department of Health and Human Services \(maine.gov\)](#)

	A	B	C	D	E	F	G	H	I	
1										
2		Maine Department of Health and Human Services			Community Agency:					
3					Program/Service:					
4					Agreement Number:					
5					CT Number:					
6					Component Period:			through		
7					Component Amount:			\$0.00		
8										
9	AGREEMENT CLOSEOUT REPORT									
10	Fee-For-Service									
11	PART I - UNITS PROVIDED									
12										
13	Units Provided by Agency									
14										
15	Service	Service Code	Unit of Measure (A)	# of Units (A)	Rate (B)				Units X Rate(C)	
16									0.00	
17									0.00	
18									0.00	
19									0.00	
20									0.00	
21									0.00	
22									0.00	
23									0.00	
24									0.00	
25									0.00	
26									0.00	
27									0.00	
28									0.00	
29									0.00	
30	TOTAL INVOICED AMOUNT							\$	-	
31										
32	PART II - AGREEMENT SETTLEMENT									
33										
34	TOTAL AMOUNT RECEIVED FROM DHHS							\$	-	
35										
36	AMOUNT INVOICED MINUS AMOUNT RECEIVED							\$	-	
37										
38	If Amount is positive, Amount is due Agency				OR	If Amount is negative, Amount is due DHHS				
39										
40	Checks: If an amount is owed DHHS, submit a check payable to "Treasurer, State of Maine", immediately to: Attn: Contract Closeouts, Accounts									
41	Receivable, 109 Capitol Street, State House Station 11, Augusta, ME 04333-0011. Attach a copy of this report to the check. Include a separate									
42	check for interest due from funds paid under the agreement.									
43	I certify that these reported expenses are accurate and allowable for this program.									
44										
45	Report Completed by:							Date:		
46										
47	I certify that I have reviewed this report on behalf of the Maine Department of Health and Human Services.									
48										
49	Reviewed by DHHS:							Date:		
50										
51										
52	TOTAL PAYMENTS WILL NOT EXCEED THE AGREEMENT AMOUNT									
53										
54	(A) Indicate Unit of Measure and number of units for services shown in Rider A.									
55	(B) Indicate rate for services at a specified rate.									
56	(C) Calculated as the number of units times the rate.									
57										