DEPARTMENT OF ADMINISTRATION
ASSISTIVE TECHNOLOGY - STAR

Accommodation Reimbursement Fund Training Guide

This training guide is organized to help you navigate your way through the application process. Read through the application requirements to ensure that you have everything you need to complete the application. The section following the checklist provides further information regarding the different fields in the application form.

The Accommodation Fund is available only to agencies within the executive branch. Agencies can submit costs associated with ADA accommodation requests for up to 50% reimbursement. See the STAR Policy 200-1: Accommodation Fund for more information. Applications are completed in submitted in Foundant.

Application Requirements

Agencies are responsible for maintaining the required documentation in case of an audit:

- Signed employee consent form.
- Receipts/invoices detailing accommodation expenses.
- Certification from the ADA Coordinator of ADA accommodations.

The application form is completed and submitted in Foundant. Within a week of submitting your application, you will receive an email that acknowledges your submission and requests any additional information that may be needed.

You can expect a second email approximately two weeks after the quarter submission deadline that will inform you of your award amount. The email will include instructions on how to create and submit a SWIFT invoice requesting payment from the Accommodation Fund to your agency budget.

Detail on Invoices

To verify accommodations, the agency must provide a copy of the invoice which should detail the following information:

- For equipment: date received, itemized detail with cost.
- For services: Invoice date, Date of service, type of service, hours of service provided by date, mileage if applicable, event (e.g., meeting, conference) or reason for service, hourly rate, and total cost.

An invoice that does not break out the hours or dates of service may not be sufficient to verify billing and the agency may have to provide additional support to show how they verified the charges on the invoice.

Agencies must redact any identifying personal information on the invoice or supporting documentation.

Application Form in Foundant

There are seven questions in the application in Foundant.

1. Enter Agency Name and Quarter of submission.
2. Enter the total cost of ADA accommodations being submitted for reimbursement.
3. The ADA coordinator must certify that all reimbursements included in the request are for valid ADA accommodations. Select if you are the ADA coordinator or if a letter from the ADA coordinator will be included with the invoice upload.
4. Indicate that the required signed consent form is on file at the agency.
5. Indicate that all reimbursement requests comply with STAR Policy 200-1: Accommodation Fund. This includes, but is not limited to:
    - Maintaining confidentiality of disability-related information, including redacting the name of the employee or job applicant from reimbursement documentation.
    - Complying with procurement and purchasing requirements.
    - Retaining documentation related to reimbursement requests.
    - Responding to questions or requests for additional information in a timely fashion.
    - Submitting accurate and complete reimbursement requests by established deadlines.
    - Not submitting ineligible expenses for reimbursement, such as:
        a. Late fees or finance charges.
        b. Expenses from prior fiscal years.
        c. Standard office equipment or furniture not specifically required as a reasonable accommodation.
        d. Ergonomic assessments or ergonomic equipment that are not associated with an ADA-documented disability.
        e. Expenses unrelated to an employee's essential job duties.
        f. Personal items not necessary for employment.
        g. Costs covered through another funding source.
        h. Expenses incurred outside the scope of Minnesota Statutes, section 16B.4805.
6. Upload all invoices (each should clearly outline the cost of the accommodations) into a combined single PDF. If the amount indicated on the invoice differs from the amount you are requesting, please indicate

the reason for the difference on the invoice. If needed, also include the ADA Coordinator's certification letter.

7. Upload the completed Reimbursement Request spreadsheet.

Reimbursement Request Spreadsheet

Agencies must use the current spreadsheet for submission. The spreadsheet will only allow dates from the current fiscal year to be entered. There are two tabs on the Reimbursement Request spreadsheet that an agency must complete in order to submit for reimbursement:

- Applicant Information.
- Invoice Information.

Applicant Information

This tab contains two tables.

1. Submission Information.
    a. Submitter Name.
    b. Submitter Email.
    c. Agency.
    d. Quarter.
    e. State Fiscal Year.
2. Applicant Information.
    a. Applicant Number.
    b. Applicant Type. Select "Employee" or "Job Applicant."
    c. Metro/Non-Metro. Select location of employee.
    d. Columns D through I: Select each type of disability the applicant has indicated. Hearing, Vision, Mobility, Speech, Cognitive/Learning, Other (Describe).
    e. Equipment Purchased. Select if equipment was purchased for this applicant.

Invoice Information

Agencies must fill out the Invoice Information table on this tab. Note that only Columns A-J need to be completed. The other columns are for STAR staff or automatically calculated based on information you provide.

If you need to add additional rows, enter information in the Invoice Number column on the first blank line after the table formatting and it will automatically add the rest of the row and should fill in Line Number. Each row must be completed with the following information:

- Invoice Number. Enter the invoice number.
- Invoice Date. Enter the billing date from the invoice.
- Date of Service. Enter the date of service. Include a separate line for each date of service.
- Vendor.Enter the name of the vendor for the invoice.
- Cost of Accommodation. Enter the total cost of the accommodation for the date of service. The eligible reimbursement amount (up to 50% of the total cost) will be automatically calculated in Column L.
- Category. Select the category of accommodation: Interpretation, Equipment, Transportation, Other.
- Type of Accommodation. Select the type of accommodation: “Periodic or ongoing services for a state employee,” “One-time expenses for a state employee that total more than $500 in a fiscal year,” or “Any expense for a job applicant.”
- Description of Accommodation or Event. Provide a description of the accommodation or the event for which the accommodation was arranged, such as the name of the meeting or conference.
- Mileage. If the accommodation was for transportation, provide the total mileage traveled. This will be deducted from the eligible reimbursement amount.
- INTERNAL USE. Columns marked internal use are for STAR use only. Do not modify these cells.

Definitions

Reasonable Accommodation: A reasonable accommodation is defined as “step(s) which must be taken to accommodate the known physical or mental limitations of a qualified disabled person” (MN 363A.08). Some examples include job restructuring, modification of work schedules, acquisition or modification of equipment, and the provision of aides.

Still have questions?

Please contact Accommodation Fund staff at AccommodationFund@state.mn.us.