

PROGRAM SUPPORT CENTER

DEPARTMENT OF LABOR / OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION (OCTAE)
GRANT RECIPIENT WEBINAR TRAINING



Topics of Discussion

- Overview
- Requesting PMS Access
- Submission of Banking Documents
- Submission of Payment Requests
- APEX Reports – Grantee Inquiry
- General Information
- Question & Answer

OVERVIEW





Welcome...

..... to the U. S. Department of Health and Human Services, Payment Management Services

Payment Management Services (previously known as the Division of Payment Management) has over 50 years' experience providing grant and grant-like payments, cash management, and grant accounting support services to Federal Agencies. Payment Management Services uses a custom-developed Payment Management System (PMS) that provides awarding Agencies (Grantors) and Grant recipients (Grantees) the tools to manage grant payment requests, and disbursement reporting activities.

The PMS has been selected by the Chief Financial Officers Council - by authority of OMB - as one of the two non-DOD grants payment systems for use by the entire Federal Government. PMS leverages efficient business processes, state-of-the-art information technology, E-Government initiatives, and business expertise to build a critical link in the operation of Federal Financial assistance programs.

You have been informed by the **U. S. Department of Labor (DOL)** that your organization will be requesting funds through our Internet based payment system.

We look forward to working with you!



Roles & Responsibilities

PMS FUNCTION, ROLES & RESPONSIBILITIES

PMS is a full-service centralized grants payment and cash management system. The system is fully automated to receive payment requests, review them for accuracy and content, transmit the payment to either the Federal Reserve Bank or the U.S. Treasury for deposit into the grantee's bank account, and record the payment transactions and corresponding disbursements to the appropriate account(s).

The **Liaison Accountant** is responsible for approving payments and performing cash management processes. They maintain recipients accounts, analyze accounts for excessive cash and over-disbursements, review payments that failed system edits, assesses funding methods to ensure draw-down compliance, resolves audit findings, collects Federal Funds on over-advanced accounts, and refers to uncollectible debts.

PMS is the mediator between Department of Labor (Grantor) and the Grant Recipient (YOU)

AWARDING AGENCIES ROLES & RESPONSIBILITIES

1. Responsible for issuing awards to grant recipients.
2. PMS serves the disbursing (paying) agent for agencies that award grants.
3. Responsible for reviewing PMS Accounts at the end of the grant award.
4. Responsible for de-obligating unused funding, re-opening closed grants, and taking the necessary action to close grant in PMS.



REQUESTING PMS ACCESS

Getting Started

- You should have been provided the following information by Department of Labor / DOE / OCTAE to finalize your set-up.
 - **PMS PIN**
 - **PMS EIN**

Note: If you are receiving a grant for other DOL programs, you will receive a PMS PIN and PMS EIN for each one.
- To complete your organizations set-up in PMS, you must (1) request access and (2) submit banking documentations.

Note: If you have existing banking in PMS, we do not transfer information from one PMS Account to another. You must submit the required banking documentations for each new PMS PIN.
- This presentation will provide you guidelines on how to request access and submit the required banking documentations.

STEP #1: REQUESTING PMS ACCESS

- You will need.....
 - PMS EIN or PMS PIN
 - Organization name as registered in PMS
 - Should match the organization name as listed in SAM.GOV
- **Everyone** in your organization who needs access to PMS, must submit their own request. Number of individuals that can have access will be at the discretion of the organization.

What is Payment Management Services ?

The Payment Management Services (PMS) is a shared service provider and a leader in processing grant payments for the federal government. PMS offers awarding agency and grant recipients with cash management services, centralized payment services, personal grant accounting support, and Financial Reporting Support. PMS promotes financial integrity and operational efficiencies within the federal government through exceptional accounting practices.

1. Access the PMS Home Page: <https://pms.psc.gov>
2. From the User Access Tab dropdown menu, select **New User Access**

Payment Management System Access Process (ID.me)

Effective February 10, 2024, grant recipients MUST register and enable multi-factor authentication with ID.me in order to log in.

The only option for logging in to the Payment Management System (PMS) is to create an ID.me account. Health and Human Services (HHS) has implemented a new dashboard (XMS) to access all their different applications, which includes PMS, and you must link your ID.me account with the XMS dashboard before you can access PMS.

1. Create an ID.me account
 - ✓ The primary email on ID.me must match your PMS email (please note that your ID.me account email for PMS needs to match the email that you registered with your PMS user access)
<https://pmsapp.psc.gov/pms/app/login>
 - ✓ If you already have an ID.me account, go to your profile and add your PMS email and set as primary
<https://help.id.me/hc/en-us/articles/19679310213271-Setting-up-your-ID-me-account-for-work>

2. Link your ID.me account with XMS dashboard
 - ✓ Access <https://xms.hhs.gov>
 - ✓ Go to “My Profile” on the XMS dashboard

ID.me has a No Identity Left Behind mission. If you get stuck along the way, you will see a screen inviting you to connect with an ID.me team member via video call who will verify your identity in moments. If you need assistance with sign-on issues, please submit a support request to XMSHelp@hhs.gov



Log-In Options

Under Partner Logins, select **Sign in with ID.me**

The screenshot shows the login interface for the Payment Management System (PMS). At the top, the header includes the U.S. Department of Health and Human Services logo, the PSC logo, and the text "Payment Management System". On the right side of the header, there are three buttons: "LOGIN", "REQUEST ACCESS", and "HOMEPAGE". The date "TUESDAY, MAR 18, 2025" is displayed in the top right corner.

The main content area is titled "Login" and is divided into two sections:

- Partner Logins:** This section features a prominent green button labeled "Sign in with ID.me". Below this button is a link that says "Learn more about ID.me.". Underneath the link, there is an "OR" separator. Below the separator are two additional login options:
 - AMS for HHS Grantors:** Represented by a logo featuring an eagle and the text "AMS for HHS Grantors".
 - PIV or CAC for Non-HHS Grantors:** Represented by a logo featuring a shield and the text "PIV or CAC for Non-HHS Grantors".
- Payment Management System (PMS) Access:** This section contains the following text:

The system is **available**

 - Monday through Friday: 5 a.m. until 4 p.m. Eastern Time
 - Saturday, Sunday, and Holidays: 9 a.m. until 9 p.m. Eastern Time

1. Select the User Type '**Grantee/Recipient**' from the dropdown box
2. Your email address will need to be verified prior to receiving any access to the system. Type in your email address in the 'E-Mail Address' field and then confirm the email address provided by typing the email address again in the 'Confirm E-Mail Address' field. **(E-Mail address must be listed as the primary on your ID.me account).**
3. Click 'Request Email Verification Code' for an email to be sent to the email address.
4. An email message will be sent immediately to the email address provided containing the six-digit verification code that is required to continue with the user access request. *The verification code will be valid for 15 minutes.*
5. Enter the six-digit code in the 'Email Verification Code' field.
6. Select the 'Submit' button on the bottom of the page

Note: To ensure that system emails are received, recipient IT organizations should whitelist PMSSupport@psc.gov

Payment Management System New User Access Request

*User Type: ⓘ

Enter and confirm your Email address below and press "Request Email Verification Code" to receive a six-digit code. Then enter the verification code below.

*Email Address:

*Confirm Email Address:

*Verification Code: ⓘ

Email address must contain part of the username. PMS does not accept general Emails (ex. xyzcompany@----.com)





Payment Management System Access Request

REQUEST DETAILS

User Type: Grantee/Recipient

User Email: PMS_Training@psc.hhs.gov

Request Status: Initiated

ORGANIZATION / INSTITUTION

***Select Action:**

The PMS Access Request form will be displayed. Select the **'Add'** button to provide the Organization/Institution information that you want access to. Use the **'Add'** button for each organization that you need access to



You should have been provided the PMS PIN and PMS EIN by your Grants Officer/Management Specialist

After entering your organization name* and the 12-digit PMS EIN

Organization / Institution

Organization Name: i

Organization ID Type: EIN PIN PAN i

Enter EIN: i

All Accounts: Yes No i

After entering the information, select “Save”

***Organization name** must match the name in the Payment Management System that was registered by the Awarding Agency (SAM.GOV)



Payment Management System Access Request

REQUEST DETAILS

User Type: Grantee/Recipient

User Email: PMS_Training@psc.hhs.gov

Request Status: Initiated

ORGANIZATION / INSTITUTION

***Select Action:**

Organization Name	EIN/PIN/PAN	Type	Applies To All Accounts
Legal Organization Name	1123456789A1	EIN	



Enter Contact Information

CONTACT INFORMATION

*Email Address: PMS_Training@psc.hhs.gov

*First Name: Janet

Middle Initial:

*Last Name: Doe

*Job Title: Title ⓘ

*Address Line 1: 123 Anywhere Street

Address Line 2:

Address Line 3:

*City: Washington

*Country: UNITED STATES (+1) ▾

*State: District of Columbia ▾

*Zip Code: 20006

Do you want to override the Country Code?

*Telephone: +1 (877) 614-5533 Ext ⓘ

*Telephone Type: Office ▾

- Check all access levels required
 - Grantee Inquiry, Accountant Maintenance, FCTR View are system defaults

ACCESS LEVEL

Grantee Inquiry

Account Maintenance

Payment Requests

Add/Update Banking

} Select the function(s) that you will be performing

Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)

View

Preparer Do Not Select – Not Required

Certifier

Federal Financial Report (FFR)

View

Preparer Do Not Select – Not Required

Certifier

Financial Report DOL ETA-9130

View

Preparer Do Not Select – Not Required

Certifier



SUPERVISOR

Enter your supervisor's name and contact information below. If you are the highest ranking person in your organization, you may list yourself as the supervisor. Once the request is submitted, the person that is listed as the supervisor will receive an email with a link that they will need to use to approve the request. The person listed as the supervisor does not need access to the PMS to approve the request.

***First Name:**

Janet

Middle Initial:

***Last Name:**

Doe

***Job Title:**

Title

***Telephone:**

8776145533


***Email Address:**

PMS_Training@psc.hhs.gov



*** I am the highest ranking person in the organization and therefore I approve my own request

ADD COMMENT

Comments: 

Maximum 1000 characters.

CERTIFICATION

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

Clear Form

Submit

Save

Comments are not required. Read Certification Statement and select the box
Select Submit




Success

Your request has been successfully submitted. To view the status of your request or to make modifications, go to our webpage, click on Request Access and then select Retrieve Existing Request. Use the Request ID below to retrieve your request.

Request ID is EST027188336760MFNCB

[Home >](#)

New PMS User Request Initiation

 PMSNotifications@psc.hhs.gov
To: PMS_Training (OS/ASA/PSC/FMP)

Dear Janet Doe,

You have initiated a request to access the Payment Management System (PMS). Your Request ID for this request is:

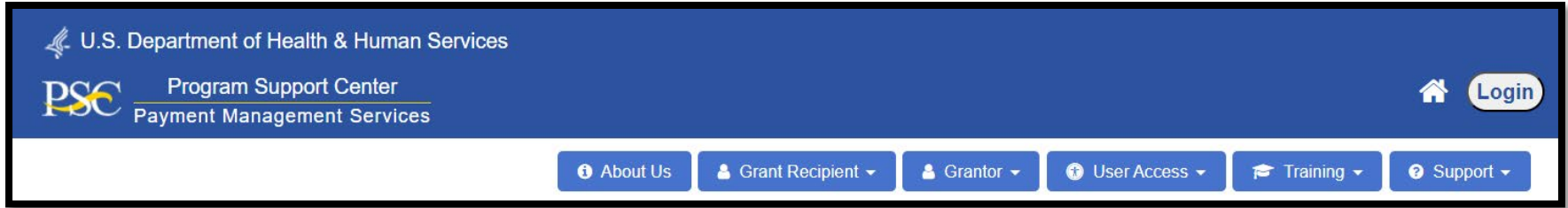
Request ID=EST027188336760MFNCB

If you need to return to your request to either complete the request, make a correction or to check on the status, you will need to input this Request ID on the Retrieve Existing Request tab.

Payment Management System

Your request has fully been submitted and it's now awaiting approval by your supervisor. Your supervisor has been sent an approval link via Email

Checking the Status of Your Request



From the dropdown menu under User Access, select ***Access Request Status***

The screenshot shows a web form titled "Payment Management System Retrieve Existing Access Request". The form contains three input fields, each with an asterisk indicating a required field: "*Request ID:" with the value "EST027188336760MFNCB", "*Security Question:" with a dropdown menu showing "What is your favorite color?", and "*Security Answer:" with the value "Red". At the bottom of the form, there are three buttons: "Clear Form", "Submit", and "Cancel".

Status of Request

Payment Management System Retrieve Existing Access Request

✖ Pending Approval

Request Details

Request ID:	EST027188336760MFNCB
Date Requested:	2022-09-13 06:51:20 PM
First Name:	Janet
Last Name:	Doe
Supervisor First Name:	Janet
Supervisor Last Name:	Doe
Request Status:	Approved by Supervisor
Assigned To:	PMS

[Close](#)

Warning Notice!
This is a U.S. Government Computer System. Unauthorized access or use of this computer system may subject violators to criminal and civil penalties.
All information on this computer system is for official purposes, including criminal investigations. Such information includes sensitive data encrypted to comply with confidentiality and privacy requirements. Access or use of this computer system by any person, other than authorized personnel, is prohibited.

Current PMS Users will “add” their new assigned PIN to their existing PMS User ID

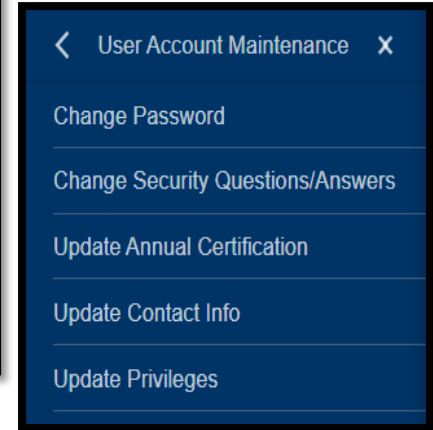
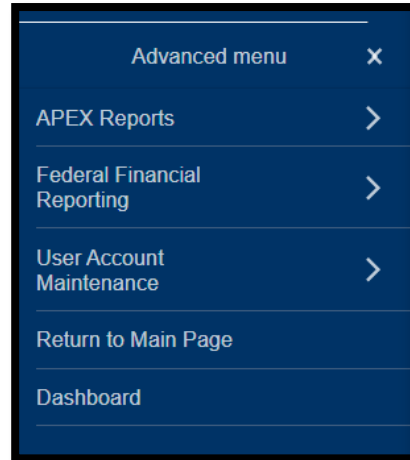
Once you are on the dashboard, go to the left side and select “Menu”

Select “User Account Maintenance”

Select “Update Privileges”

*Select Action:

Now you can “add” the new PMS 12-digit EIN



Once your submission is completed, you will receive an Email notification that your profile has been updated.

SUBMITTING BANKING



Payment Management System

Transparency. Accountability. Efficiency. Customer Service.

STEP #2

SUBMITTING BANKING DOCUMENTATIONS

**Completed only after receiving Email from PMS
providing you with your access information or informing
you the update request has been completed**

<https://pms.psc.gov/grant-recipients/banking-add-change.html>

SF-1199A Direct Deposit Form Instructions

1. You must complete and upload a new SF-1199A form for each banking request. Download the SF-1199A Direct Deposit Form. <https://pms.psc.gov/forms/1199a-direct-deposit-form.pdf>
2. All information should be typed or printed on the SF-1199A and then uploaded to your banking request prior to submission. **Alterations such as erasures, correction fluid, and strike-outs are unacceptable and will invalidate the form.**
3. Only 1 copy of the form is required
4. No other documents, forms, NOGA is required

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1076

OMB No. 1510-0027

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

● A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1 (TO BE COMPLETED BY PAYEE)

<p>A NAME OF PAYEE (last, first, middle initial)</p> <p>ADDRESS (street, route, P.O. Box, APO/FPO)</p> <p>CITY STATE ZIP CODE</p> <p>TELEPHONE NUMBER AREA CODE</p> <p>B NAME OF PERSON(S) ENTITLED TO PAYMENT</p> <p>C CLAIM OR PAYROLL ID NUMBER</p> <p>Prefix Suffix</p> <p>PAYEE/JOINT PAYEE CERTIFICATION</p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	<p>D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p>E DEPOSITOR ACCOUNT NUMBER</p> <p>F TYPE OF PAYMENT (Check only one)</p> <p><input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/MI, Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> MI, Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> MI, Retiree <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> MI, Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify)</p> <p>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">TYPE</th> <th style="width: 50%;">AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</p> <p>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	TYPE	AMOUNT		
TYPE	AMOUNT				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DEBIT										
	<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> <td style="border: 1px solid black; width: 15px; height: 15px;"> </td> </tr> </table>											<input type="checkbox"/>
DEPOSITOR ACCOUNT TITLE												

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
-------------------------------------	-----------------------------	------------------	------

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE. Reset

NEN 7540-01-058-024 1199-207
Designed using Perform Pro, WHS/DIGR, Mar 97

Section 2

Government Agency Name

**Department of Labor
DOE / OCTAE**

Government Agency Address

**200 Constitution Ave NW
Washington, DC 20210**

Section 3 (To be Completed by Financial Institution)

**Bank must complete the
form in its entirety**

**The signature must be an
original signature using
pen/ink. Typed signatures
are not acceptable.**

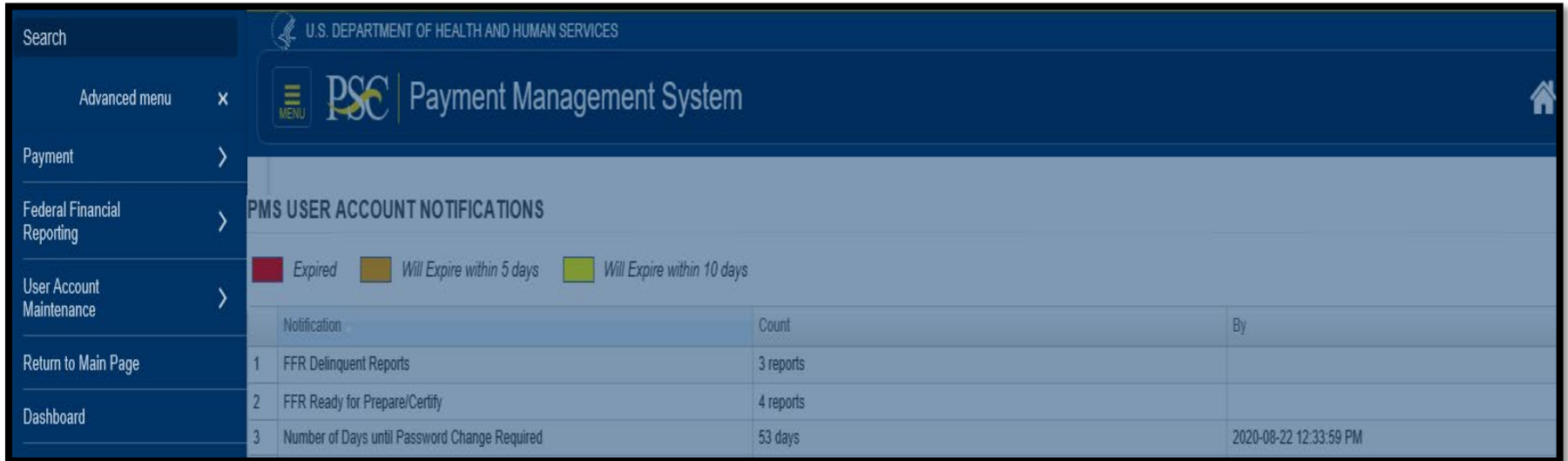
**Please review form before
uploading**

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)	
GOVERNMENT AGENCY NAME Department of Labor DOE/OCTAE	GOVERNMENT AGENCY ADDRESS 200 Constitution Ave NW Washington, DC 20210

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)			
NAME AND ADDRESS OF FINANCIAL INSTITUTION Domestic Bank Name Bank Address	ROUTING NUMBER 1 2 3 4 - 5 6 7 8 9	CHECK DIGIT 9	
DEPOSITOR ACCOUNT TITLE ACTUAL TITLE/NAME ON THE ACCOUNT			
FINANCIAL INSTITUTION CERTIFICATION			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME DOMESTIC BANK REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE Bank Rep Signature	TELEPHONE NUMBER (123) 456-7890	DATE Date

After logging into PMS, you will land on the “**DASHBOARD**”.

1. Select **Menu** at the top left side
2. Select **User Account Maintenance**
3. Select **Add/Update Banking**



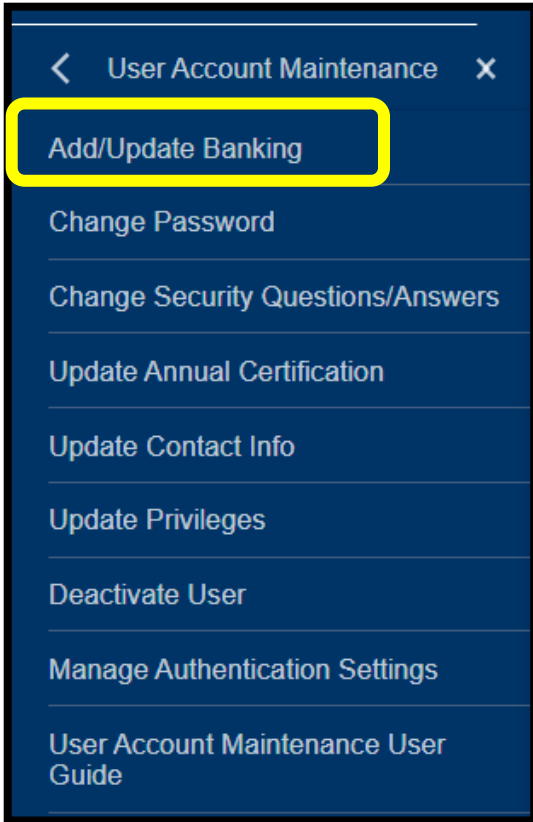
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Payment Management System

PMS USER ACCOUNT NOTIFICATIONS

Expired Will Expire within 5 days Will Expire within 10 days

Notification	Count	By
1 FFR Delinquent Reports	3 reports	
2 FFR Ready for Prepare/Certify	4 reports	
3 Number of Days until Password Change Required	53 days	2020-08-22 12:33:59 PM



To submit a banking establishment or change request, you must have access to the Payment Management System Access that allows you to do so. You will submit the banking establishment or change request in the PMS.

When a banking establishment or change request is submitted, all users associated with that PMS Account Number will receive an email notification, that the request has been entered.

All banking requests require the uploading of a completed and signed **DIRECT DEPOSIT SIGNED UP FORM (SF-1199A)**

How do we know the banking has been updated? You will receive an automated Email upon completion of your banking submission. You can also check your dashboard for the status.

To add or change bank information for an account:

Click in the check box associated with the account(s) or subaccount(s) to be changed. You may select multiple accounts if all accounts will have the same banking.

PAYEE ACCOUNTS

Select the account(s) in the tables below or click the select all checkbox in the column header if you would like to select all of the accounts in the grid. To expand the accounts tree, click on the (+) sign to view the subaccounts. Subaccounts will use the banking at the account level unless different banking is entered at the subaccount level. When you have finished making your selections, click the submit button to continue.

Domestic Accounts ?

<input checked="" type="checkbox"/>	PAN	Payee Account Name	Payment Type	ACH Routing Number	ACH Bank Account Number	ACH Bank Account Type	Wire Routing Number	Wire Bank Account Number
<input checked="" type="checkbox"/>	B1		ACH					
<input checked="" type="checkbox"/>	P1		ACH					


Page 1 of 1 Records per page: 10 Displaying 1 to 2 of 2 items.

Note: PMS Automatically established two types of accounts ending in B1 and P1.


Provide the following information for domestic accounts


- a. ACH Routing Number (required) – the 9-digit electronic US bank code used by the Automated Clearing House (ACH) to identify the bank.
- b. ACH Bank Account Number (required) – the number that is specific to a given account at the bank.
- c. ACH Bank Account Type (required) – select either ‘Checking’ or ‘Savings’

BANK ACCOUNT INFORMATION

Must match the SF-1199A Section 3 *ACH Routing Number: 

Must match the SF-1199A Section 1, Part E *ACH Bank Account Number:

Must match the SF-1199A Section 1, Part D *ACH Bank Account Type: 

Must match the SF-1199A Section 3 *Depositor Account Title: 

Bank Account Number should be entered straight – no dashes, spaces, etc.

Upload supporting documentation. All banking requests require the uploading of a completed and signed **DIRECT DEPOSIT SIGNED UP FORM (SF-1199A)**. We only need one copy.

BANK ACCOUNT INFORMATION

Please select at least one Bank Payee Account

DIRECT DEPOSIT FORM

*File Attachment: Browse...

File Attachment Name:

*File Attachment Type: Select Attachment Type... ▼

Upload

File Attachment	File Attachment Name	File Attachment Type	Uploaded Date	Action
No files.				

Page 0 of 0 Records per page: 10

- Add any pertinent information under the “**Add Comment**” Section. Comments entered will not be a part of the banking transfer
- Click ‘Submit’ to submit the request to PMS for approval. A Request ID will be generated
- use this ID to check on your request

COMMENTS

Please provide your comments below: ⓘ

Maximum 1000 characters.

Submit Cancel

Banking Submission Completed

1. After submitting the banking in PMS, you will receive a Request ID # that starts with BANK-----, please save as a reference.
2. You may check the status of your banking request from your PMS Dashboard.
3. If your banking is rejected, please do not submit a new request. Please resubmit the same request ID.
4. PMS is required to verify information regarding banking submissions. If no one is available when PMS contacts the organization, a message will be left with instructions. Please ensure that telephone calls and/or Emails are responded to within the time allowed or the request will be rejected. Once rejected, you will have to resubmit the banking.

PAYMENT REQUEST SUBMISSIONS

Payment Request Frequency



*Daily



* Weekly



* Monthly



* Bi-Monthly



2 CFR § 200.305 - Federal payment.

Payments for States. Payments for States are governed by Treasury-State Cash Management Improvement Act (CMIA) agreements and default procedures codified at 31 CFR part 205 and Treasury Financial Manual (TFM) 4A-2000, “Overall Disbursing Rules for All Federal Agencies.”

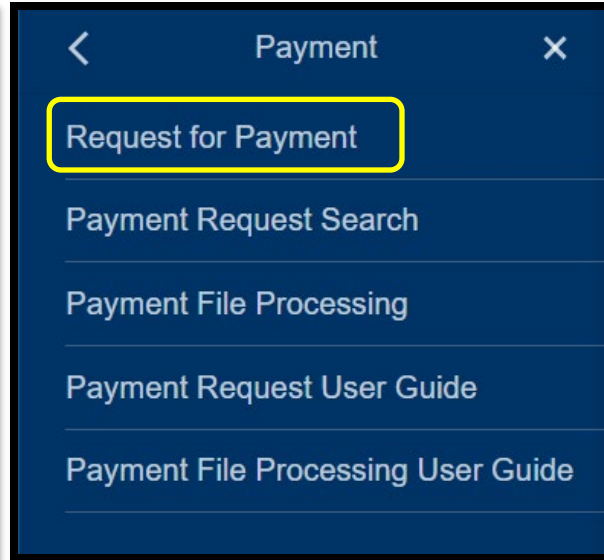
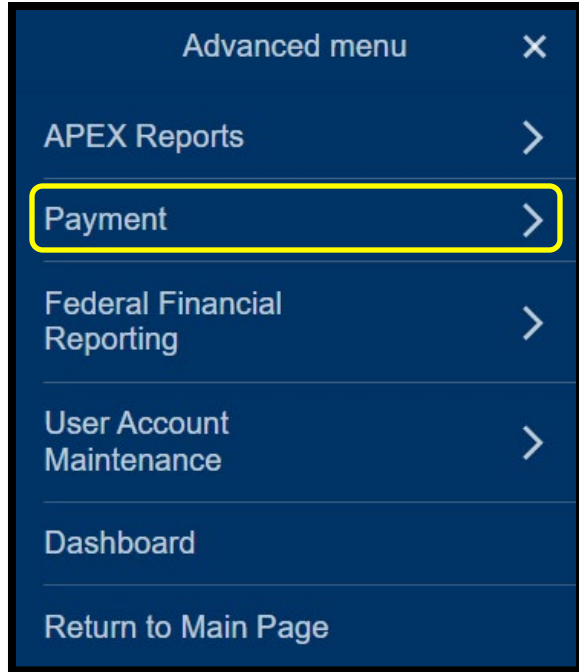
Payments for recipients and subrecipients other than States. For recipients and subrecipients other than States, payment methods must minimize the time elapsing between the transfer of funds from the Federal agency or the pass-through entity and the disbursement of funds by the recipient or subrecipient regardless of whether the payment is made by electronic funds transfer or by other means. See § 200.302(b)(6). Except as noted in this part, the Federal agency must require recipients to use only OMB-approved, government-wide information collections to request payment.

The recipient or subrecipient may retain up to \$500 per year of interest earned on Federal funds to use for administrative expenses of the recipient or subrecipient. Any additional interest earned on Federal funds must be returned annually to the Department of Health and Human Services Payment Management System (PMS) through either the Automated Clearing House (ACH) network or a Fedwire Funds Service payment. All interest in excess of \$500 per year must be returned to PMS regardless of whether the recipient or subrecipient was paid through PMS. Instructions for returning interest can be found at <https://pms.psc.gov/grant-recipients/returning-funds-interest.html>.

Entire Guideline can be found at <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/section-200.305>



Requesting a Payment *(from the dashboard)*



1. Select Menu (top left)
2. Select Payment
3. Select Request for Payment

Payment Request – Search Accounts

Payment Request - Search Accounts

*Payee Account Number (PAN):

Available Funds:

Subaccount (optional):

* required

Clear Form

Search

Cancel

⚠ Expired Funds
🚚 In Transit Funds
🚫 No Active Banking
🚨 FFR Delinquent
📄 Pending Payment Requests

🔍 Search Results (0)

👤 Group Payment Actions

<input type="checkbox"/>	Payee Account Number	Subaccount	Bank Account Number	Payment Type	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B-C-D)	Subaccount Status	Actions
Press Search to display results.											

⏪
⏩
⏴
⏵
Records per page

Showing 0 to 0 of 0 entries

Request Payment on Selected

Payment Request Search (cont.)

Payment Request - Search Accounts

***Payee Account Number (PAN):**

Subaccount (optional):

Available Funds:

* required

! Expired Funds
 ■ In Transit Funds
 ⊘ No Active Banking
 ▲ FFR Delinquent
 \$ Pending Payment Requests

🔍 Search Results (1)
👤 Group Payment Actions

☐	Payee Account Number	Subaccount	Bank Account Number	Payment Type	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B-C-D)	Subaccount Status	Actions
☐		CP000413ZB1	#####	ACH Payment	\$ 1,196,404.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,196,404.85		\$

⏪ ⏩ 1 ⏪ ⏩

Records per page Displaying 1 to 1 of 1 items

Request Payment on Selected

Payment Request – Submit Request

Payment Request - Submit Request

PAYMENT WORKFLOW

Payment Request (Active Step) | Approve Request | Confirm Request | Release Request | Justification Approval | Request Completed


Payment Request | Documents

PAYMENT DETAILS

Payee Account Number: _____

UEI: _____

Payment Type: ACH Payment

*Payment Due Date:  The due date will auto populate

(yyyy-mm-dd)

*Expected Disbursement Amount (\$): This is the amount needed to pay invoices, payroll, etc.

*Cash on Hand (\$): This is the amount remaining from a previous payment request (not your grant)

*Payment Request Amount (\$): This is the amount you are expected to receive in your bank account.

Payment Request – Submit Request (contd.)

SUBACCOUNTS

The following list of Subaccounts are associated with the account above. Enter the requested amount for each Subaccount you want included in the request. Click the Continue button to proceed to the next screen.

🕒 Expired Funds
🚚 In Transit Funds
🚫 No Active Banking
⚠️ FFR Delinquent
📄 Pending Payment Requests
🏠 Medicaid
🚫 Non-discretionary

Subaccount Number	Bank Account Number	Status	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B-C-D)	Subaccount Amount Requested (\$)	Payment Justification (Maximum 1000 characters)
	#####		\$1,196,404.85	\$0.00	\$0.00	\$0.00	\$1,196,404.85	3,500.00	Provide Detailed Explanation for Reque
Total Subaccount Amount Requested:								3,500.00	

Payment Justification should be detailed. Please provide as much information as you can.

Payment Justification

Per Executive Order 4122, Implementing the President's "Department of Government Efficiency" Cost Efficiency Initiative – The White House, all payment requests requires a justification.

- Requires a brief, written justification for each payment submitted by the agency employee who submitted the payment.
- The grant recipient justification will help inform the agency employee justification of the payment.
- Justification should include the reason for the payment request:
 - Main budget item(s) the request is for
 - Date range associated with the request
 - NOTE: When the payment request is for multiple subaccounts, there will be a mandatory payment justification field for each subaccount.

Payment Request – Missing Justification

SUBACCOUNTS

The following list of Subaccounts are associated with the account above. Enter the requested amount for each Subaccount you want included in the request. Click the Continue button to proceed to the next screen.

ⓘ Expired Funds
 🚚 In Transit Funds
 🚫 No Active Banking
 ⚠️ FFR Delinquent
 🕒 Pending Payment Requests
 🏠 Medicaid
 🚫 Non-discretionary

Subaccount Number	Bank Account Number	Status	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B-C-D)	Subaccount Amount Requested (\$)	Payment Justification (Maximum 1000 characters)
	#####		\$1,196,404.85	\$0.00	\$0.00	\$0.00	\$1,196,404.85	3,500.00	
Total Subaccount Amount Requested:								3,500.00	

Error
✕

Payment Justification is required.

OK

Documents (Submitting Supporting Documentation)

PAYMENT WORKFLOW: Payment Request Approve Request Confirm Request Release Request Request Completed

Payment Request **Documents**

DOCUMENTS

Please upload required documents using the attachment fields below.

File Attachment: No file chosen

File Attachment Name:

File Attachment Type:

File Attachment	File Attachment Name	File Attachment Type	Uploaded Date	Action
TESTING FOR DOL.docx	Testing File	Supporting Documentation	2025-03-25 07:37:12 PM	Remove

Records per page Displaying 1 to 1 of 1 items

Payment Request – Submit Request (contd.)

CERTIFICATION

* By submitting this electronic request for cash disbursement, I, Testuser _____, certify to the best of my knowledge and belief that the expenditures, disbursements, and cash receipts associated with this request for payment are for the purposes and objectives set forth in the solicitation, proposal, and award letter, and comply with the terms and conditions of the award. I am aware that any false, fictitious or fraudulent information may subject me to criminal, civil, or administrative penalties (See, e.g., U.S. Code Title 18, Sections 287, 1001 and 1343; Title 31, Sections 3729-3730 and 3801-3812).

If your drawdown request exceeds the unexpired funds amount, DPM must obtain awarding agency approval which may delay the processing of your request. Requests for payment submitted after 5:00 p.m. ET will be processed as if received on the next business day.

After uploading supporting documentation (if required), read the certification statement and check the box.

Select Submit Request

Payment Request – View Request

Payment Request - View Request Transaction #4040694438

PAYMENT WORKFLOW: Payment Request Approve Request Confirm Request Release Request Justification Approval Request Completed

Your Payment Request has been submitted. The Transaction Number for Future Reference is 4040694438 Close

[View Request](#) [Documents](#) [All Details](#)

PAYMENT DETAILS

Payee Account Number: _____

UEI: _____

Payment Type: ACH Payment

Payment Request Date: 2025-09-12

Payment Due Date: 2025-09-15

Payment Request Amount (\$): \$3,500.00

SUBACCOUNTS

Subaccount Number	Bank Account Number	Subaccount Amount Requested (\$)	Payment Justification
	#####	\$3,500.00	Provide Detailed Explanation for Request

[Close ▶](#)



Return to Dashboard *(Recall a Payment)*

PMS USER ACCOUNT NOTIFICATIONS

Expired Will Expire within 5 days Will Expire within 10 days

Notification	Count	By	Actions
1 FFR Delinquent Reports	11 reports		
2 FFR Ready for Prepare/Certify	32 reports		
3 Number of Days until Recertification Required	223 days	2026-04-24 12:00:00 AM	
4 Payee Accounts	17 accounts		

Records per page 5 Displaying 1 to 4 of 4 items

MY PAYMENT REQUESTS (1)

Transaction Number	Payee Account	Payment Type	Request Amount	Request Date	Due Date	Request Status	Actions
1 4040694438		ACH Payment	\$ 3,500.00	2025-09-12 05:15:03 PM	2025-09-15	Pending Review	

Records per page 5 Displaying 1 to 1 of 1 items

If you need to cancel your payment request, you may do so if the below icon is still available. If the below icon is not available, it means your payment has been scheduled and we are unable to cancel it.



Cancel Payment Request

Cancel Payment Request - Transaction

*Provide the reason for cancelling the payment request:

Enter reason for cancelling your payment

Maximum 950 characters.

Cancel Request

Close

Cancel Payment Request (contd.)

Cancel Payment Request - Transaction #

Your Payment Request was successfully cancelled.







Enter reason for cancelling your payment

Close

Return to Dashboard *(Payment no longer showing)*

PMS USER ACCOUNT NOTIFICATIONS

■ Expired ■ Will Expire within 5 days ■ Will Expire within 10 days

Notification	Count	By	Actions
1 FFR Delinquent Reports	11 reports		 
2 FFR Ready for Prepare/Certify	32 reports		 
3 Number of Days until Recertification Required	223 days	2026-04-24 12:00:00 AM	
4 Payee Accounts	17 accounts		

⏪ ⏩ 1 ⏪ ⏩ Records per page 5 Displaying 1 to 4 of 4 items


MY PAYMENT REQUESTS (0)

Transaction Number	Payee Account	Payment Type	Request Amount	Request Date	Due Date	Request Status	Actions
You currently have no active payment requests.							

Types of Payment Requests

Advanced Requests


You have invoices, bills, etc. that are ready to be paid

*Payment Due Date: <i>(yyyy-mm-dd)</i>	<input type="text"/>	
*Expected Disbursement Amount (\$):	<input type="text" value="25,000.00"/>	
*Cash on Hand (\$):	<input type="text" value="0.00"/>	
*Payment Request Amount (\$):	<input type="text" value="25,000.00"/>	

Types of Payment Requests

Reimbursable Requests


You have already paid your invoices, bills, etc. using some of means of funds and now you wish to reimburse your program

*Payment Due Date: (yyyy-mm-dd)	<input type="text"/>	
*Expected Disbursement Amount (\$):	<input type="text" value="0.00"/>	
*Cash on Hand (\$):	<input type="text" value="-25,000.00"/>	
*Payment Request Amount (\$):	<input type="text" value="25,000.00"/>	

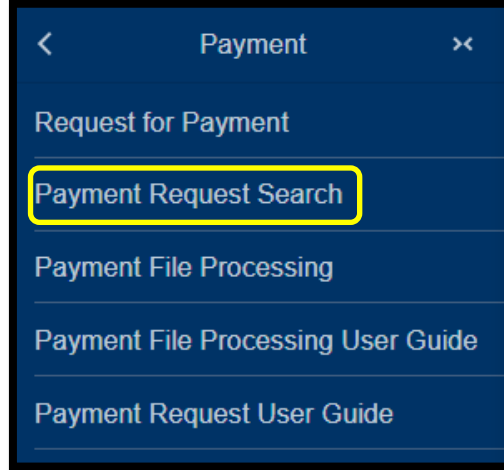
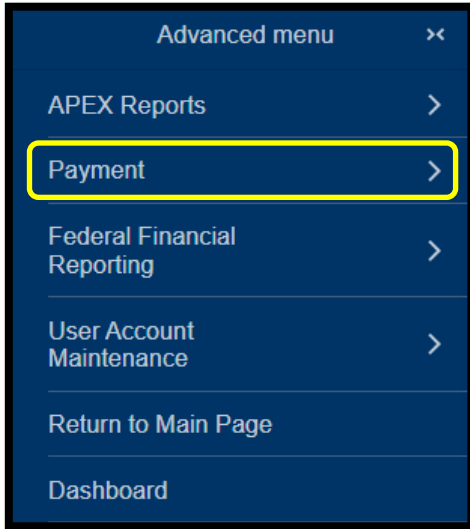
Types of Payment Requests

Combination Requests

You have a combination of invoices, bills that needs to be paid and you are requesting a reimbursement for invoices, bills already paid.

*Payment Due Date: <i>(yyyy-mm-dd)</i>	<input type="text"/>	
*Expected Disbursement Amount (\$):	<input type="text" value="15,000.00"/>	
*Cash on Hand (\$):	<input type="text" value="-5,000.00"/>	
*Payment Request Amount (\$):	<input type="text" value="20,000.00"/>	

Payment Request Search



1. Select Menu (top left)
2. Select Payment
3. Select Payment Request Search

Payment Request Search

Payment Request Search

To search for a Payment Request for a specific PAN, Subaccount or Organization enter the specific value. Those fields can be searched for partial matches by using an asterisk (*). Select other optional fields to refine your search.

Payee Account Number (PAN): ⓘ

Subaccount Number: ⓘ

Total Payment Request Amount:

Payment Request Date: ⓘ
(yyyy-mm-dd)




Payment Request Number:
(starts w/ 2)

Payment Transaction Number:
(starts w/ 4)

Payee Account Number ▲	Subaccount ▾	Trans Code ▾	Total Payment Request Amount ▾	Subacct Payment Request Amount ▾	Payment Request Date ▾	Payment Due Date ▾	Payment Request Number ▾	Payment Transaction Number ▾	Payment Request Status ▾	Actions
Press Search to display results.										
⏪ ⏩ ⏴ ⏵ Records per page 10 ▾ Showing 0 to 0 of 0 entries										

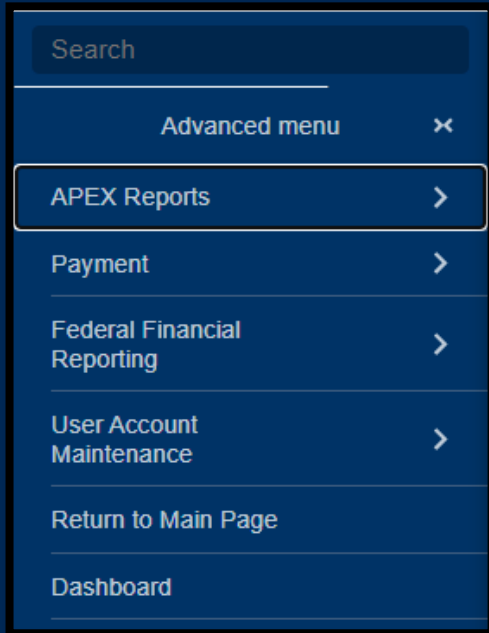
Payment Request Search - Search

 Download

Payee Account Number ▲	Trans Code ⌵	Total Payment Request Amount ⌵	Payment Request Date ⌵	Payment Due Date ⌵	Payment Request Number ⌵	Payment Transaction Number ⌵	Payment Request Status ⌵	Actions
	927	\$ 20,000.00	2025-09-12	2025-09-16	2052318347		Pending Approve Request	
	927	\$ 3,500.00	2025-09-12	2025-09-15		4040694438	Payment Request Cancelled	
	927	\$ 3,595.15	2025-07-15	2025-07-16		4040685253	Payment Request Approved	



APEX REPORTS (GRANTEE INQUIRY)



APEX Report - Grantee Inquiry

- **Authorization Transactions**

Award amount, budget period and date posted in PMS

- **Financial Transactions**

History of all transactions (payments, bank returns, JV requests, IPACs, and rejected payments)

- **Grant Summary**

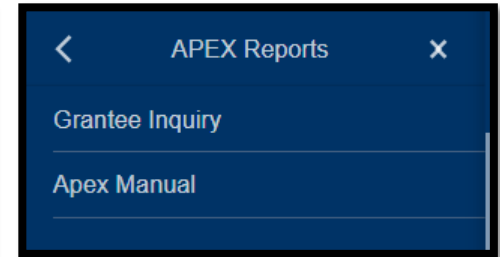
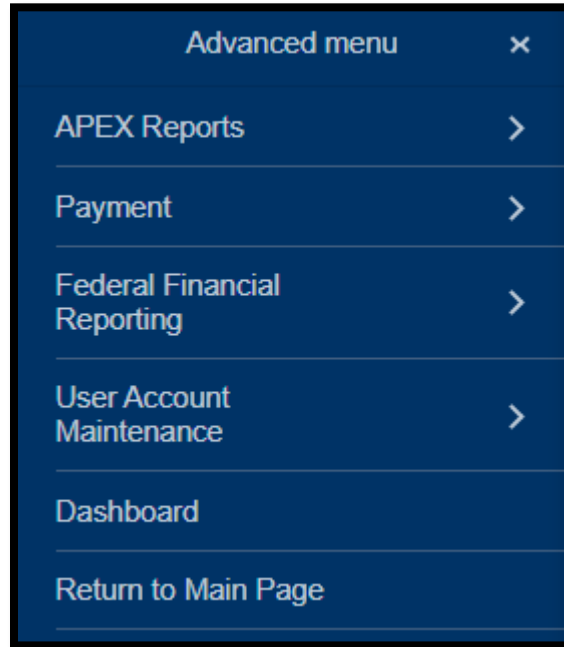
Grant expenditures reported on the most recent FFR 425 Federal Cash Transaction Report (FCTR)

- **Subaccount Summary**

Authorized grant award information, payments made and funds available

How to Access the APEX Reports (from the Dashboard)


1. Select Menu (top left)
2. APEX Reports
3. Grantee Inquiry



Utilizing the APEX Report will allow you download data to an Excel Spreadsheet

Authorization Transactions



Award amount (obligation and de-obligation of funds), budget period and date authorization posted in PMS

GRANTEE INQUIRY SEARCH CRITERIA 

Inquiry type: * **Authorization Transactions** Financial Transactions Grant Summary Subaccount Summary

Payee Account: *

Grant Award / Document Number:

Posted Date Range: From(MM/DD/YYYY):  To(MM/DD/YYYY): 

Save this inquiry:

1. Select your Inquiry Type
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

Authorization Transaction Search Results

Q Go Actions

* All amounts are displayed in USD.

DOCUMENT NUMBER X

1 - 1 of 1

DOCUMENT NUMBER : CP000413ZB1

PAYEE ACCOUNT	AGENCY TITLE	TRANSACTION CODE	FISCAL YEAR	CAN	OBJECT CLASS CODE	INCREMENTAL AUTH AMT	AUTHORIZATION ISSUE DATE	AUTHORIZATION POST DATE ↓↑	BUDGET START DATE	BUDGET END DATE	UEI
	DOL-EMPLOYMENT & TRAINING ADMINISTRATION	050	2024	TAAMBBU	4123	1,200,000.00	01/16/2025	01/17/2025	02/01/2025	01/31/2028	
						1,200,000.00					

1 - 1 of 1

Financial Transactions



History of all transactions (payments, bank returns, JV requests, IPACs, and rejected payments)

GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: * Authorization Transactions **Financial Transactions** Grant Summary Subaccount Summary

Payee Account: *

Subaccount: ^

Paid Date Range: From(MM/DD/YYYY):  To(MM/DD/YYYY): 

Save this inquiry:

1. Select your Inquiry Type
2. Enter your Payee Account (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

Financial Transaction Search Results

<input type="text" value="Q"/> <input type="button" value="Go"/> <input type="button" value="Actions"/> * All amounts are displayed in USD.													
1 - 5 of 5													
PAYEE ACCOUNT	PAYMENT TYPE	TRANSACTION CODE	SUBACCOUNT	SUBACCOUNT REQUESTED AMOUNT	TOTAL PAYMENT REQUEST AMOUNT	REQUEST DATE	PAYMENT DUE DATE	POST DATE	DEBIT DATE	SCHEDULE NUMBER	PAYMENT STATUS	COMMENTS	REQUESTER
	ACH	927	CP000413ZB1	20,000.00	20,000.00	09/12/2025	09/16/2025	-	-	-	Payment Submitted	-	
	ACH	R27	CP000413ZB1	-3,500.00	-3,500.00	09/12/2025	09/15/2025	-	-	-	Payment Request Cancelled	Payment Recall	
	ACH	927	CP000413ZB1	3,500.00	3,500.00	09/12/2025	09/15/2025	09/12/2025	-	-	Payment Processed	-	
	ACH	927	CP000413ZB1	3,595.15	3,595.15	07/15/2025	07/17/2025	07/15/2025	07/18/2025	73054	Payment Processed	-	
	ACH	PNT	-	0.00	0.00	07/15/2025	-	07/15/2025	-	73043	Payment Processed	-	
				23,595.15									
1 - 5 of 5													



Transaction Code - Description

906 = Journal Voucher (JV)

908 = Return of Excess Funds

920 = IPAC Transactions

916 = Wire “Same” Day Payments

927 = ACH “Next:” Day Payments

R27 = Recall of Payment

T27 = Payment returned by Bank

Z27 = Payment was rejected

PNT = Banking completed

Grant Summary

Grant expenditures reported on the most recent FFR 425 Federal Cash Transaction Report (FCTR)

GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: * Authorization Transactions Financial Transactions Grant Summary Subaccount Summary

Payee Account: *

Grant Award / Document Number:


Fund Status:

Document Status: All Open "O" Closed "C"

Save this inquiry:

1. Select your Inquiry Type
2. Enter your Payee Account (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

Grant Summary Search Results




PAYEE ACCOUNT ↓	AWARDING AGENCY TITLE	DOCUMENT NUMBER	GRANT AUTHORIZATION AMOUNT	DISBURSEMENT AMOUNT	PAYMENTS	1 LAST DISBURSEMENT REPORT DATE	AWARD START DATE	AWARD END DATE	1 FUNDS EXPIRED	
	DOL-EMPLOYMENT & TRAINING ADMINISTRATION	CP000413ZB1	1,200,000.00	3,595.15	3,595.15	-	02/01/2025	01/31/2028	N	0

Grant Recipients are no longer required to submit the quarterly FFR Federal Cash Transaction Report (FCTR) via PMS


Subaccount Summary


Authorized grant award information, payments made and funds available


GRANTEE INQUIRY SEARCH CRITERIA 

Inquiry type: * Authorization Transactions Financial Transactions Grant Summary **Subaccount Summary**

Payee Account: *

Subaccount: 

Grant Award / Document Number: 

Fund Status: 

Document Status: All
 Open "O"
 Closed "C"

Save this inquiry:

1. Select your Inquiry Type
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

Subaccount Summary Search Results

PAYEE ACCOUNT ↓	AWARDING AGENCY TITLE	SUBACCOUNT	AUTHORIZATION AMOUNT	PAYMENTS	FUNDS AVAILABLE	DOCUMENT NUMBER	AWARD START DATE	AWARD END DATE	FUNDS EXPIRED	DS
	DOL-EMPLOYMENT & TRAINING ADMINISTRATION	CP000413ZB1	1,200,000.00	3,595.15	1,196,404.85	CP000413ZB1	02/01/2025	01/31/2028	N	O

Some subaccounts may have a matching document number

How to Download to Excel

Payee Account: *

Grant Award / Document Number:

Posted Date Range: From:

Save this inquiry:

Run Inquiry Clear

Columns

Filter

Data >

Format >

Report >

Download

Actions

DOCUMENT NUMBER

Download

Choose report download format:

CSV

HTML

Cancel

Do you want to open or save **authorization_transactions.csv** (5.31 KB) from **pmssectr.dpm.psc.gov**?

Open Save Cancel

GENERAL INFORMATION



Payment Management System

Transparency. Accountability. Efficiency. Customer Service.

BRIEF GLOSSARY

Cash Receipts – Cumulative total of drawdowns from HHS/PMS through reporting period end date

Cash Disbursement – Cumulative total of drawdowns from HHS/PMS through reporting period end date

Cash on Hand – The amount of Federal cash received by the recipient less any funds that have not been disbursed from bank your account.

Disbursement – Amounts paid for goods and services. Normally, federal funds are considered disbursed when funds have been released to pay for program and/or project costs.

Expired Payment – Funding requested 90 or 120 days after the award authorization ending date

Grant Number – Grant, Contract, or Award Number used to obligate funds in PMS. This number may not be the same as the Subaccount which is entered on the Payment Request screen, and it may not be the same obligation number as it appears on your Notice of Grant Award.

Subaccount – For HHS, A 2–10-digit code in The Payment Management System designation of a major program within a payee account; accounts are subdivided into subaccounts for accounting and cash control. For non-HHS, the 2–10-digit subaccount code may or may not be a designation of a major program within a payee account. It can also be the grant award.

Unexpired Payment Request – Funding requested within the award start and end date



For Assistance

PMS HELP DESK

1-877-614-5533 or PMSSupport@psc.hhs.gov

Support is available Monday – Friday from 7 a.m. to 9 p.m. ET (except Federal Holidays).

ONLINE ASSISTANCE

You can submit a ticket online and access more services using the Self-Help Web Portal at https://gditshared.servicenowservices.com/hhs_pms.

Benefits include:

- Access to solutions at your own convenience through Frequently Asked Questions (FAQs)
- Use of a knowledge database to search for answers to your questions
- Track status of online service request ticket via the Web Portal
- ONE-DHHS Help Desk utilizes a comprehensive trouble ticket software package that facilitates troubleshooting and detecting problem trends.

Internet Access

Payment Management Services
Home Page
<https://pms.psc.gov>

Hours of Operation

Monday through Friday:
5:00 a.m. until 11:00 p.m. EST

Saturday and Sunday:
9:00 a.m. until 9:00 p.m. EST

Help Desk Number

Telephone #: 877/614-5533
E-Mail: PMSSupport@psc.hhs.gov

PMS Federal Holidays

Payment Management Services is considered an Essential Government Office due to the nature of its business activities. This means generally, PMS remains open for business year-round except Federal Holidays and Bank Holidays.

Payment Management Services is closed on the following Federal holidays

New Year's Day
Martin Luther King, Jr. Day
President's Day
Memorial Day
Juneteenth Day
Fourth of July
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Day
Christmas Day

