



2024 Annual Contractor Meeting

SUD Prevention & MH Promotion Section

September 11, 2024

9:00 – 12:00 PM

Have a question? Add it to the
Q&A.

Have a comment or something to
share? Add it to the chat!



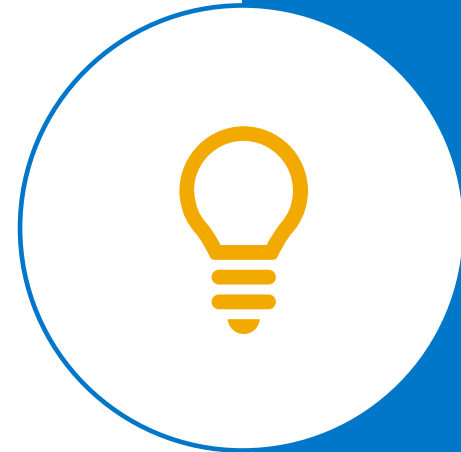
Please note, the chat is public.

Today's agenda

Time	Agenda
9:00 a.m.	Login
9:05-9:15 a.m.	Welcome & Introductions
9:15-9:45 a.m.	Overview of Funding Sources
9:45-10:15 a.m.	Overview of Umbrella Contract
10:15-10:30 a.m.	Break
10:30-11:00 a.m.	Overview of Invoicing/Billing
11:00-12:00 p.m.	Statewide Updates

Pro Tip

- ▶ Look for the lightbulb!
- ▶ “Pro Tips” throughout the training
- ▶ Provide practical insights to save time, provide additional guidance, and help navigate more complex components.



Speaking of Pro Tips...

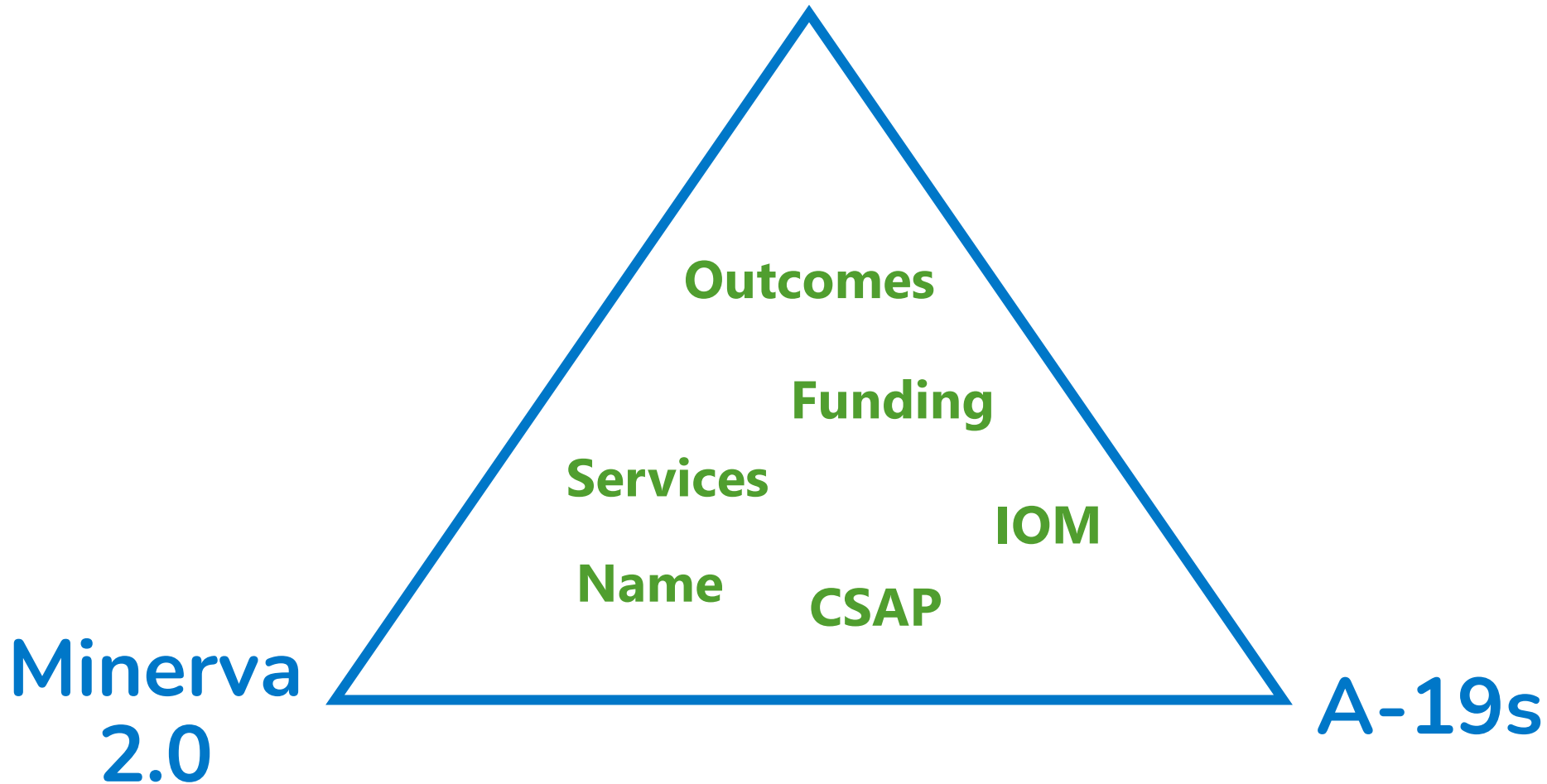
- ▶ Have your **Awards and Revenue (A&R) / Federal Subaward Identification (FSI) Document** available for reference during today's meeting.
- ▶ Don't forget about your **Umbrella Contract** and **A-19 invoice template** too!

Awards and Revenues (A&R) / Federal Subaward Identification (FSI) Document
Document Updated: July 19, 2023
Incorporated by reference per <i>3.3 Compensation and Billing</i> . For additional information, please review <i>3.3.2</i> .
Receipt and completion of this Document by the Contractor <u>must be completed within ten (10) business days</u> of receipt and returned to your manager.
General Order of Contents:
A&R / FSI Document Cover Page – Task Order 01
A&R(s) – Task Order 01
FSI Table(s) – Task Order 01
A&R / FSI Document Cover Page – Task Order 02
A&R(s) – Task Order 02
FSI Table(s) – Task Order 02
A&R / FSI Document Cover Page – Task Order 03
A&R(s) – Task Order 03
FSI Table(s) – Task Order 03
Note: A&R(s) and FSI Table(s) only included if funding is allocated to that Task Order.

Objectives

- ▶ At the conclusion of this training, attendees will be able to:
 - ▶ Understand the **various funding sources** for prevention services
 - ▶ Have general knowledge of **unallowable / allowable** costs
 - ▶ Understand key components of the **Umbrella Contract**
 - ▶ Understand the **invoicing process**
 - ▶ Know what other **resources are available** to support and provide more guidance on each of these topics
 - ▶ Identify areas they may want to work more closely with their prevention manager on for **additional technical assistance**

Strategic Plan and/or Action Plan

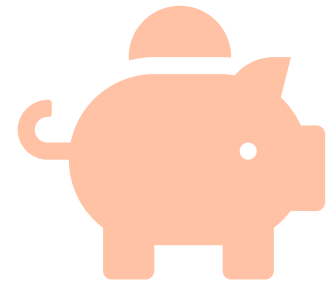


Overview of Funding Sources

Codie Garza | Development and Strategic
Initiatives Supervisor | HCA/DBHR

Prevention is primarily grant funded

- ▶ GF-S (General Fund – State)
- ▶ MHPP (Mental Health Promotion Projects)
- ▶ DCA (Dedicated Cannabis Account)
- ▶ SOR IV – awaiting notice of award
- ▶ OASA (Opioid Abatement Settlement Account)
 - ▶ Also referred to as, OSF (Opioid Settlement Funds)
- ▶ State Stabilization Funds – TBD
- ▶ SABG (Substance Abuse Block Grant)
 - ▶ Also referred to as, SUPTRS (Substance Use Disorder Prevention, Treatment, and Recovery Services).
 - ▶ CO (Carry Over) and WR (Workforce Retention) are specific carveouts used for program needs.
- ▶ American Rescue Plan Act (ARPA)
- ▶ PFS (Partnerships for Success) 2023
- ▶ SOR (State Opioid Response) III
- ▶ Other:
 - ▶ Local match funds for CPWI school-based services, local sales tax, etc.



*Carryover (CO) and No Cost Extension (NCE) may occur for discretionary grant funding

State Funds

- ▶ GF-S
- ▶ DCA
- ▶ MHPP
- ▶ OASA / OSF
- ▶ State Stabilization Funds

GF-S

- ▶ Funding for CPWI Coalitions.
- ▶ No carryover from year-to-year.
- ▶ Allocated by State Fiscal Year July 1 – June 30.
- ▶ No incentives and limitations on meals.
- ▶ Per Coalition, 60% of programs must be Evidence-Based Programs.
- ▶ Excellence in Prevention Strategy List:
www.TheAthenaForum.org/EBP.

DCA

- ▶ Funding for CPWI Coalitions, CPWI School-Based Services, CBO grantees, and other projects.
- ▶ No carryover from year-to-year.
- ▶ Allocated by State Fiscal Year July 1 – June 30.
- ▶ No incentives and limitations on meals.
- ▶ **Reminder:** More flexibility!
 - ▶ Per Coalition, 60% of programs must be Evidence-Based Programs and must implement at least one (1) EBP from the DCA list then can implement PP or use for other expenses including training and/or coalition coordinator costs.
 - ▶ Per CBO, must implement at least one (1) EBP from the DCA list and once two (2) or more EBPs selected, can implement one (1) PP.
 - ▶ DCA list posted at www.TheAthenaForum.EBP.

MHPP

- ▶ Funding for CBOs and other projects.
- ▶ No carryover from year-to-year.
- ▶ Allocated by State Fiscal Year July 1 – June 30.
- ▶ No incentives and limitations on meals.
- ▶ Must implement:
 - ▶ At least one (1) direct service from the MHPP/suicide prevention list.
 - ▶ Minimum of one (1) Youth Mental Health First Aid training with a maximum cost of \$5,000.
 - ▶ One (1) community awareness project.
- ▶ MHPP/suicide prevention list posted at www.TheAthenaForum/EBP.

OASA / OSF

- ▶ Funding for CPWI Coalitions, CPWI School-Based Services, CBO grantees, and other projects.
- ▶ No carryover from year-to-year.
- ▶ Allocated by State Fiscal Year July 1 – June 30.
- ▶ No incentives and limitations on meals.
- ▶ Per Coalition, 60% of programs must be Evidence-Based Programs and must implement at least one (1) EBP from the opioid list.
- ▶ Per CBO, must implement programs from the opioid list.
- ▶ Providers must also:
 - ▶ Participate in National Drug Take-Back Days.
 - ▶ Implementation of the Starts with One campaign.
- ▶ Opioid list posted at www.TheAthenaForum.EBP.

State Stabilization Funds

- ▶ NEW! CPWI only.
- ▶ \$1.5 million starting January 1, 2025.
- ▶ Increases to \$3 million starting SFY 2026.
- ▶ Discussions occurring about how best to allocate as we navigate other funding sunseting.
- ▶ More communication anticipated by end of the year / early next year.

Start thinking about how the community might benefit from additional funding and include in your Strategic Plan even if currently noted as “unfunded”!




Federal Funds

- ▶ SABG / SUPTRS including various carveouts
- ▶ ARPA
- ▶ PFS to include any CO and NCE
- ▶ SOR III (and later this year, SOR IV) to include any CO and NCE

SABG / SUPTRS

- ▶ Supports CPWI Coalitions, CPWI School-Based Services, and other projects.
- ▶ Allocated by the State Fiscal Year July 1 – June 30 except for SABG CO that expires September 30, 2024.
- ▶ SABG should be the payer of last resort.
- ▶ No incentives and limitations on meals.
- ▶ Per Coalition, 60% of programs must be Evidence-Based Programs.
- ▶ Excellence in Prevention Strategy List: www.TheAthenaForum.org/EBP.

Set reminders
on your
calendar! 

ARPA

- ▶ Funding for CPWI Coalitions.
- ▶ Allocated July 1 – September 30, 2023.
- ▶ Expires September 30, 2025.
- ▶ No incentives with ARPA funds and limitations on meals.
- ▶ Per Coalition, 60% of programs must be Evidence-Based Programs.
- ▶ Excellence in Prevention Strategy List:
www.TheAthenaForum.org/EBP.

PFS

- ▶ Funding for CPWI Coalitions, CPWI School-Based Services, and other projects.
- ▶ 5-year grant starting September 30, 2023.
- ▶ Allocated (Sept 30 – Sept 29) and awarded through July 1 – June 30.
- ▶ Priority areas: underage drinking, tobacco use, method of vaping.
- ▶ No carryover from year to year.
- ▶ Per Coalition, 60% of programs must be EBPs.
- ▶ Excellence in Prevention Strategy List: www.TheAthenaForum/EBP.

SOR III (and SOR IV)

- ▶ Funding for CPWI Coalitions, CPWI School-Based Services, CBOs, and other projects.
- ▶ 2-year grant (Sept 30, 2022 – Sept 29, 2024).
- ▶ Ends 9/29/2024.
- ▶ Allocated (Sept 30 – Sept 29) and awarded through July 1 – June 30.
- ▶ Priority area: opioids.
- ▶ No carryover from year to year.
- ▶ Opioid list posted at: www.TheAthenaForum/EBP.

State fiscal year 2025 – allocations

- ▶ Local service providers (CPWI Coalitions, CPWI school-based services, and CBOs) have received their **second year of funding** except for SOR CBO grantees who are currently navigating an extension / addition of funds.
- ▶ Funding that **expires in September 2024** was allocated across the CPWI system to be expended in July, August, and September similar to last SFY.
 - ▶ Each CPWI Coalition received at least \$20,000.
 - ▶ Note, this was **not** additional funding but within the typical annual allocation.

Available guidance on federal and state funds


- ▶ We follow the **Federal Cost Principles** for all of our direct services funds (this includes state funds).
 - ▶ Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards 2 CFR Part 200 in 45 CFR Part 75
 - ▶ [eCFR :: 2 CFR Part 200 Subpart E -- Cost Principles](#)
 - ▶ [eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)
 - ▶ Note, each funding source has additional/unique unallowable costs and requirements.
- ▶ For discretionary grant funds, we also follow the **Notice of Awards (NOAs) and SAMHSA's Additional Directives**.
 - ▶ <https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>.
- ▶ We use the **"Substance Use Disorder Prevention and Mental Health Promotion Billing Guide"** to further define our billing practices.
 - ▶ <https://www.hca.wa.gov/assets/program/fiscal-program-requirements-sud.pdf>
 - ▶ Note, this is in the process of being updated for the new biennium.

Bookmark
these!



General unallowable costs

- ▶ Cash payment to clients
- ▶ Meals (some exceptions, see Umbrella Contract)
- ▶ Equipment over \$5,000
- ▶ Construction
- ▶ Entertainment: movie tickets, sporting tickets, theaters, etc.
- ▶ Needle exchanges
- ▶ Honorariums
- ▶ Giveaways, door prizes
- ▶ Enforcement
- ▶ School Teachers salary
- ▶ Excessive costs (i.e., excessive speaker fees)
- ▶ Promotional Materials: tote bags, t-shirts etc. (unless has prevention message)

Share this list
with your
community! 

FAQs: entertainment

- ▶ Costs of entertainment, including amusement, diversion, and social activities and any associated costs are unallowable, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized either in the approved budget for the Federal award or with prior written approval of the Federal awarding agency.
 - ▶ Note: Budget and Federal awarding agency further defined.
- ▶ Source: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>.

FAQs: food

- ▶ The **Special Terms** of the Umbrella Contract outlines additional details on food.
- ▶ No more than \$1,500/year per community or CBO grantee.
 - ▶ Note, this is an increase based upon feedback from all of you!
- ▶ Light refreshments may be provided.
 - ▶ Limit \$3 per person.
 - ▶ Event/meeting must be 2+ hours.
- ▶ Meals may be provided with all fund sources except for discretionary grant funding (SOR and PFS):
 - ▶ Training is four (4) hours or more in duration; or
 - ▶ Program is a recurring direct service family domain program included in strategic plan; and
 - ▶ State per-diem rates are followed see www.ofm.wa.gov.

FAQs: incentives

- ▶ **Incentives** may be allowable with discretionary funds but are not allowable with SABG or State funds.
- ▶ Follow guidance regarding **incentives**:
 - ▶ Discretionary grant funds **MAY** be used for non-cash incentives.
 - ▶ Incentives should be the minimum amount necessary to meet the program and evaluation goals of the grant, **up to \$30**.
 - ▶ You **may not** use discretionary grant funds to make direct payments to individuals to induce them to enter treatment or prevention programs.
 - ▶ You **may use** discretionary grant funds for "wrap-around services" (non-clinical supportive services) that intend to:
 - ▶ *Improve access to and retention in prevention programs.*

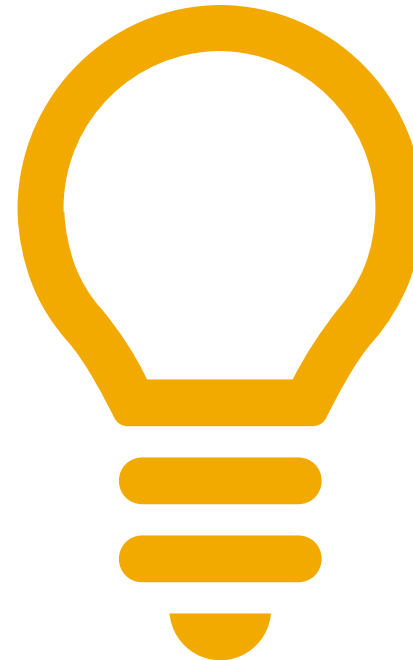
See SAMHSA's Additional Directives (<https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>) for more information.

Overview of Umbrella Contract

Kasey Kates | CPWI and School-Based Services
Supervisor | HCA/DBHR

Contractor roles and responsibilities

- ▶ It is important to be familiar with your Umbrella Contract and any of the Task Orders that are applicable to you.
 - ▶ Tip: Just knowing where to look is key to your success!
- ▶ Provide a copy of the Contract to all program and fiscal staff who have responsibilities related to implementation.
- ▶ DBHR Prevention Managers will provide on-going contract management and technical assistance.



DBHR prevention section

- ▶ Section Manager, Substance Use Disorder Prevention and Mental Health Promotion
- ▶ Supervisor, Development and Strategic Initiatives
- ▶ Supervisor, Tribal and CBO Services
- ▶ Supervisor, CPWI and School-Based Services
- ▶ Policy and Program Managers
- ▶ Prevention System Managers
- ▶ Prevention System Research & Evaluation Managers
- ▶ Admin & Fellows

DBHR prevention manager

- ▶ Contract management.
- ▶ Technical Assistance (TA) for strategic planning and implementation of prevention services.
- ▶ Review and approval of invoices (A-19s).
- ▶ Managers also have statewide prevention projects.

Looking back

- ▶ At the start of the **19-21 biennium**, DBHR was transitioning from DSHS to HCA where the bulk of changes occurred.
- ▶ During the **21-23 biennium**, we gathered a lot of feedback and opted to amend the contracts with only a few language changes versus issuing new contracts.
- ▶ For the current **23-25 biennium**, we had the inception of the Umbrella Contracts.
- ▶ As we look ahead, we hope to amend the Umbrella Contract for the **25-27 biennium**.

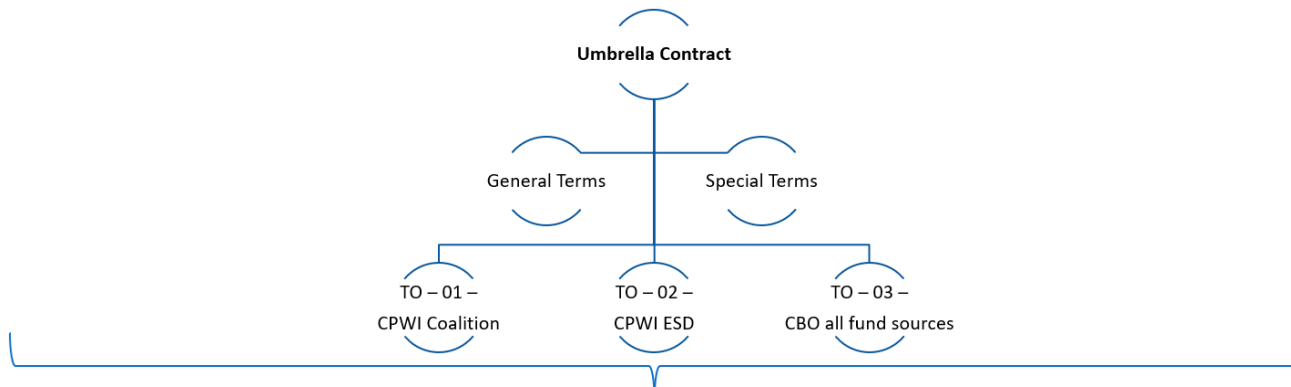
Key commitments

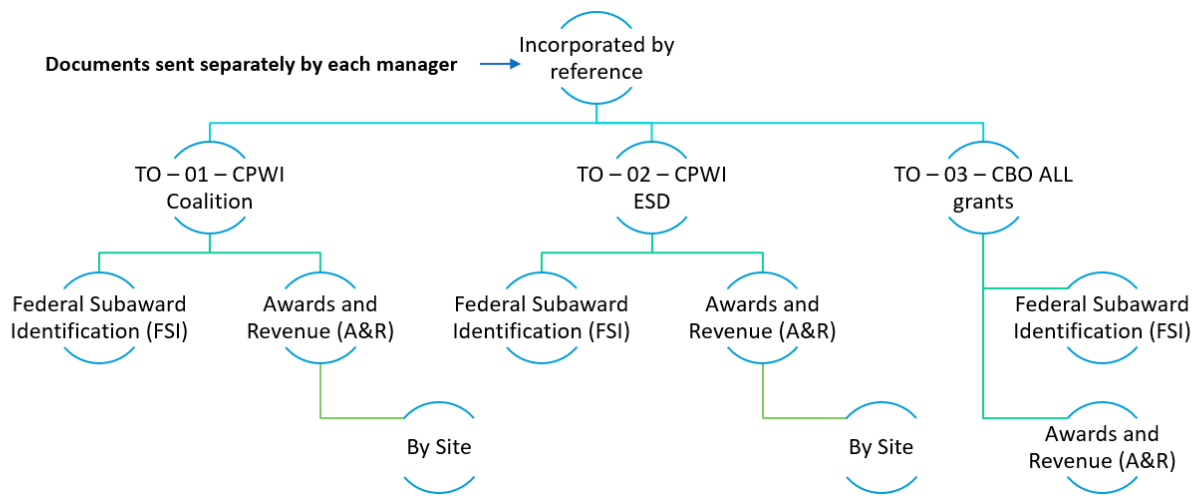
- ▶ **High-quality prevention services** to include contracting documents that reflect this.
- ▶ **Limited changes from year-to-year** unless absolutely necessary while also staying flexible to meet current needs.
- ▶ **Reduction of administrative burden**, in particular that which is felt during the process of amending contracts throughout the year.

Umbrella Contracts: concept



- ▶ Umbrella Contract with three (3) Task Orders underneath for:
 - ▶ CPWI Coalitions
 - ▶ CPWI School-Based Services
 - ▶ CBO Grants.
 - Note, the current SOR CBO grantees will continue to operate through their current Contract through 9/29/2024.
- ▶ Task Order(s) will remain dormant until activated through A&R /FSI Document.
- ▶ Umbrella Contract signed Contractor Signatory and HCA.
- ▶ Each Task Order through the A&R / FSI Document will then designate specified contacts from both the provider and DBHR.






Umbrella Contract: general layout

- ▶ Face Page
- ▶ Table of Contents
- ▶ Recitals
- ▶ Statement of Work (reference only)
- ▶ Definitions
- ▶ Special Terms and Conditions
- ▶ General Terms and Conditions
- ▶ Attachments
 - ▶ Task Orders
 - ▶ Data Sharing A-E
 - ▶ Federal, Compliance, Certifications, and Assurances
 - ▶ SAMHSA General Terms and Conditions
 - ▶ SOR III Special Terms

Face page (page 1)

- ▶ **Contract Number:** new number was assigned.
- ▶ **HCA Contact for all Umbrella Contracts:** Kasey named on all.
 - ▶ Each **Task Order** further specifies the DBHR Task Order Manager and Contractor Contact.
- ▶ **Total Maximum Contract Amount:** to be higher than what is allocated through A&R(s) to allow for adding/removing funding as needed without a Contract amendment.
- ▶ **Contract Dates:** 7/1/2023 – 6/30/2025 with ability to extend.

DRAFT v05 20 23 – TEMPLATE FOR REVIEW

		CONTRACT for Prevention and Promotion Client Services	HCA Contract Number: K
THIS CONTRACT is made by and between the Washington State Health Care Authority (HCA) and (Contractor).			
CONTRACTOR NAME		CONTRACTOR DOING BUSINESS AS (DBA)	
CONTRACTOR ADDRESS Street		City	State Zip Code
CONTRACTOR CONTACT		CONTRACTOR TELEPHONE	CONTRACTOR E-MAIL ADDRESS
Is Contractor a Subrecipient under this Contract? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HCA PROGRAM Prevention and Promotion Local Services		HCA DIVISION/SECTION Division of Behavioral Health and Recovery (DBHR), SUD Prevention and MH Promotion Section	
HCA CONTACT NAME AND TITLE Kasey Kates, Supervisor, CPWI Community and School-Based Services		HCA CONTACT ADDRESS Health Care Authority 626 8th Avenue SE PO Box 42730 Olympia, WA 98504-2730	
HCA CONTACT TELEPHONE (360) 725-2054		HCA CONTACT E-MAIL ADDRESS Kasey.Kates@hca.wa.gov	
CONTRACT START DATE 7/1/2023	CONTRACT END DATE 6/30/2025	TOTAL MAXIMUM CONTRACT AMOUNT	
PURPOSE OF CONTRACT: Contractor will provide substance use disorder prevention and mental health promotion services to individuals, families and communities. The services will be provided through individual Task Orders, as funded and agreed to between both parties.			
The parties signing below warrant that they have read and understand this Contract and have authority to execute this Contract. This Contract will be binding on HCA only upon signature by both parties.			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED	
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED	

Special terms (page 14)

- ▶ Reference to **A&R/FSI Document** including process to manage (page 16):
 - ▶ Updated at least 1x per state fiscal year.
 - ▶ Sent directly to Task Order Contract Manager.
 - ▶ Receipt must be acknowledged within ten (10) business days to include sending back the FSI table with the bottom portion completed.
- ▶ Reference to the **45-day billing policies** (page 19):
 - ▶ Whichever comes first:
 - Must submit invoices within 45 calendar days of the date the services were provided.
 - Must submit invoices within 45 calendar days after Contract expiration date.
 - Must submit invoices within 45 calendar days after fund source end date.
 - ▶ Allows an additional 30 days for supplemental invoices unless the fund source is closed.

Special terms (continued)

▶ **Admin/Indirect language** (page 20):

- ▶ Contractor may use less than 10% of the Admin/Indirect allocations provided. If the Contractor chooses to use less than 10% for Admin/Indirect costs, Contractor shall use any funds remaining of the 10% for direct program implementation costs.


▶ **Background Checks** (page 26):

- ▶ Removal of reference to WAC.
- ▶ Contractor must have policies and procedures in-place.

▶ **Subcontracting** (page 29) terms including the need to:

- ▶ Submit written documentation of each on-site visit within thirty (30) calendar days upon completion.

FAQs: subcontracts

- ▶ Prior approval required prior to engaging in subcontract
- ▶ Send boilerplate/subcontract to DBHR for review prior to entering into contract.
- ▶ Subcontract language requirements:
 - ▶ Follow the list of required inclusions in contract.
- ▶ Subcontract monitoring:
 - ▶ Submit monitoring plan to DBHR.
 - ▶ Annual on-site reviews by contractor of subcontractor:
 - ▶ Send written documentation/reports to DBHR.
- ▶ Backup deadlines to your Subcontractor to ensure you are able to meet deadlines and deliverables to HCA. 

Task Order – 01 – CPWI Coalition (page 51)

- ▶ **Outlines many key deliverables impacting daily work and incorporates the CPWI Guide by reference.**

Task Order – 02 – School-Based Services (page 60)

- ▶ **Outlines many key deliverables impacting daily work and incorporates the CPWI Guide by reference.**
- ▶ Reminder, both prongs of CPWI must be active to maintain CPWI services.

Task Order – 03 – CBO grantees (page 67)

- ▶ **Outlines many key deliverables impacting daily work and incorporates the CBO Guide by reference.**
- ▶ Reminder, current SOR CBO grantees do NOT have an Umbrella Contract however in the future, all CBO awardees will continue to follow this new Contract.

Task Orders: commonly asked questions

- ▶ **How often should prevention services be provided?**
 - ▶ Must ensure a regular annual schedule of prevention services.
 - ▶ Example: SAP services provided at least throughout the school year.
- ▶ **Can I make adjustments to my Budget if I am a CPWI community and/or CBO grantee?**
 - ▶ Yes, however a change of more than 10% of total budget needs approval.
- ▶ **We made changes to our prevention programs so do I update my Action Plan if I'm a CPWI community and/or CBO grantee?**
 - ▶ Yes, and they must also be approved.
 - ▶ Note, CBOs were approved off of an evaluation process as part of RFA.
- ▶ **We are an ESD and we had a staffing transition with a SAP, do I need to update my manager?**
 - ▶ Yes please!

Data sharing


- ▶ Maximum of **60 users** with access to Minerva or LGAN.
 - ▶ Note, for those who also access the school-based services management information system through LGAN, this number is inclusive of that system too.
- ▶ Attachment D (page 94) and attachment E (page 95) **to be completed by each user of Minerva** and retained for review during Site Visits.
- ▶ Additional language around **suppression and small numbers**.


Reporting requirements

- ▶ Cost-reimbursable, performance-based contracts.
- ▶ Required regardless of expenditures and invoicing for that month.
- ▶ Reporting requirements:
 - ▶ Ensure unduplicated reporting.
 - ▶ All required demographics collected and entered.
 - ▶ Staff trained in Minerva data entry.
 - ▶ Evaluation tools (i.e., pre/post tests).
 - ▶ Required for all direct services if at least half of the participants in each group are over the age of 10.



Prevention Activity Data Reports

Reporting Period	Report(s)	Report Due Dates	Reporting System
Annually	Enter programs listed on approved Strategic Action Plan by HCA into Minerva.	Within 30 business days of Strategic Action Plan approval	Minerva
As requested	GPRM Measures.	As requested	Minerva
Monthly	Prevention activity data input for all active services including community coalition coordination staff hours and efforts, services, participant information, training, evaluation tools and assessments.	15 th of each month for activities from the previous month	Minerva
 Quarterly	CPWI Quarterly Reporting.	October 15, January 15, April 15, July 15	Minerva
As requested	As required by SAMHSA.	As requested	Minerva or as required

 This is only done for CPWI community coalitions.

Training overview

Name of Training	Who Attends?	When?
Monthly TA and Monitoring Calls**	DBHR Prevention Manager; CPWI staff; CBO staff.	Typically monthly with specific time and date scheduled by attendees.
Minerva Technical Assistance Calls	MIS Project Manager; DBHR Prevention Manager; CPWI staff (Coalition only).	Check Athena.
Learning Community Meetings**	DBHR Prevention Team; CPWI staff; CBO staff.	Hosted by DBHR, typically occurs every other month, upcoming November 1 st (Provider Meeting). <i>Schedule for 2023 posted on Athena.</i>
Coalition Leadership Institute*	DBHR Prevention Manager; CPWI staff.	Occurs annually in summer.

*Required for CPWI program staff.

**Required for CPWI & CBO program staff.

§Required for fiscal staff and contract contact.

Training overview, continued

Name of Training	Who Attends?	When?
Prevention Summit**	Prevention professionals in WA state.	10/30 – 10/31. <i>Visit preventionsummit.org</i>
All-Provider Meeting**	DBHR Prevention System Manager; CPWI staff; CBO staff; other partners may attend including Tribal prevention staff.	10/29. <i>Visit preventionsummit.org</i>
Annual Contractor Training**\$	All Contractors (Fiscal Agents, Contract Contacts, or Designees).	Annually in the late summer/fall.

*Required for CPWI program staff.

**Required for CPWI & CBO program staff.

\$Required for fiscal staff and contract contact.

Please check Athena Forum for ongoing updates on various trainings- <https://www.theathenaforum.org/event-calendar/month>.

Site Visits 2026

- ▶ CPWI and MHPP/DCA CBO grantees should anticipate HCA completing Site Visits in the late winter/early spring of calendar year 2026.
- ▶ Look at your checklist from this year! 💡
 - ▶ Last year we made some changes to align to the Umbrella Contract, and future changes are anticipated to be minor.
- ▶ Think about backup documentation (see page 27 of Contract).

Overview of Invoicing and Billing

Isaac Derline | Prevention System Manager |
HCA/DBHR

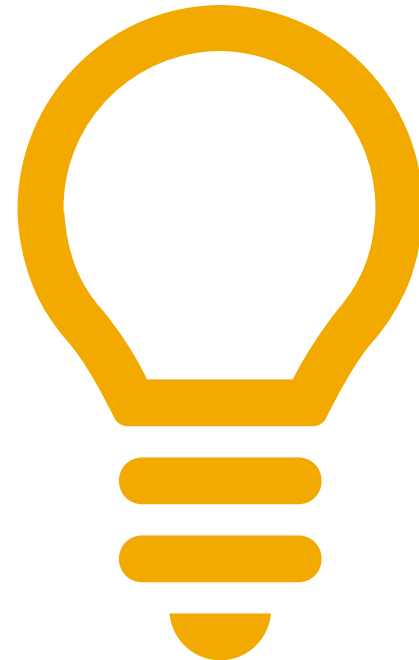
Who is part of the billing process?

- ▶ HCA/DBHR A-19 Intake Manager
- ▶ HCA/DBHR Prevention Manager
- ▶ HCA/DBHR Second Line Review
- ▶ HCA Accounting Office

What is needed for successful billing?

First and foremost...

Establish a communication plan with your program staff and fiscal staff to ensure that costs are coded to the appropriate program/activity.



The A-19 Invoice Template

Form State of Washington
 A19-1A Invoice Voucher

AGENCY NAME
Health Care Authority
 621 8th Avenue SE
 Olympia, WA 98504

VENDOR OR CLAIMANT

Form State of Washington
 A19-1A Invoice Voucher

AGENCY NAME
Health Care Authority
 621 8th Avenue SE
 Olympia, WA 98504

VENDOR OR CLAIMANT

TAX IDENTIFICATION NUMBER
 __XXXX

MONTH OF SERVICE (MM/YYYY)

RECEIVED BY

DATE RECEIVED

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	DCA	GFS	PFS Y1 (23)	PFS Y2 (23)	PFS NCE (18)	SOR III YR1 CO	SOR III YR 2	SUPTRS	SUPTRS CO	SUPTRS WR	SABG ARPA	OASA	MHPP	Total
11.1	Admin/ Indirect																0.00
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect														0.00
22.5	Community Coalition Coordination	Community-Based Process	Universal-Direct														0.00
22.5.A	Community Coalition	Community-Based Process	Universal-Direct														0.00

PREPARED BY DATE TELEPHONE
 CARR DCA CO DATE
 ACCOUNTING APPROVAL FOR PAYMENT/ DATE

Agency No. 1070

Agreement ID or Contract Number

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

By (title) (sign here) (date)

TAX IDENTIFICATION NUMBER
 __XXXX

MONTH OF SERVICE (MM/YYYY)

RECEIVED BY

DATE RECEIVED

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	DCA	GFS	PFS Y1 (23)	PFS Y2 (23)	PFS NCE (18)	SOR III YR1 CO	SOR III YR 2	SUPTRS	SUPTRS CO	SUPTRS WR	SABG ARPA	OASA	MHPP	Total
11.1	Admin/ Indirect																0.00
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect														0.00
22.5	Community Coalition Coordination	Community-Based Process	Universal-Direct														0.00
22.5.A	Community Coalition	Community-Based Process	Universal-Direct														0.00

What is needed for successful billing?

- ▶ Service data reported.
- ▶ Use the most up-to-date A-19 template.
- ▶ A-19 Excel file correctly completed and labeled with correct file naming convention.
- ▶ A-19 PDF file correctly completed, signed, and labeled with correct file naming convention.
- ▶ Both files sent to hcadbhr.a-19dbhr@hca.wa.gov with correct email subject line with prevention manager cc-ed.
- ▶ Only include one billing month per email.
- ▶ Costs invoiced are approved by prevention manager.
- ▶ Costs invoiced are allowable costs per funding source and related rules and regulations.
- ▶ Will not overdraw (utilization rate).

Signatures on PDFs

- ▶ Effective 10/15/2022, there are 3 options:
 - ▶ “Wet signature” handwritten on a PDF that is then scanned & emailed.
 - ▶ Electronic Signature.
 - ▶ Digital Signature.
- ▶ Typed font signatures are NOT allowable (typing name in a different font)
- ▶ Reminder, all guidance docs are available at <https://theathenaforum.org/billing>.

Additional guidance

- [Billing tips](#) - Instructions for successful billing of prevention services expenditures and how to submit prevention reimbursement invoices (A-19s).
- [Contractor Tips for PDFs](#) - Guidance to support fiscal staff with submitting invoices, specifically PDFs that are legible and include all template columns.
- [Program Cost Clarification](#) - Options for billing for certain program costs that are incurred prior to face-to-face direct services beginning.
- [Electronic Signature Set-up](#) - Step-by-step instructions for adding an electronic signature to a PDF.
- [Digital Signature Set-up](#) - Step-by-step instructions for creating a digital signature in Adobe Acrobat Pro DC.


Successful Tips for Billing

Instructions for Successful Billing of Prevention Services Expenditures: Submitting Prevention Reimbursement Invoices (A-19s)

Introduction/General Submission Information

"A-19" is the term we use for the reimbursement invoice template that DBHR provides to you. Please follow this guidance for successful invoice processing for prevention services.

- A. Use the **current A-19 Template** provided to you by DBHR for monthly invoicing.
 - a. All prevention service contracts are cost reimbursement.
 - b. Please do not make changes or additions to the A-19 template. If you have questions about your template, please reach out to your DBHR Prevention Manager.
- B. Submit A-19 for the month of service **after all data entry is complete in Minerva for that month.**
 - a. Data is due in Minerva or its successor by the 15th of each month for the previous month's services.

 An updated version is in the process of being finalized. Stay tuned!

Instructions for Successful Billing of Prevention Services Expenditures: Submitting Prevention Reimbursement Invoices (A-19s)

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 - a. All prevention service contracts are cost reimbursement.
 - b. Please do not make changes or additions to the A-19 template. If you have questions about your template, please reach out to your DBHR Prevention Manager.
- B. Submit A-19 for the month of service **after all data entry is complete in Minerva for that month.**
 - a. Data is due in Minerva or its successor by the 15th of each month for the previous month's services.
- C. For months that you do not plan to bill to DBHR, please send an email to A-19DBHR@hca.wa.gov and CC your DBHR Prevention Manager using the naming convention shown in Part F below. Be sure to indicate the month that you will not have billing. Please reference only one billing month per email.

NOTE: A-19DBHR@hca.wa.gov and hcaadbhr-a-19dbhr@hca.wa.gov are the same inbox and can be used interchangeably.
- D. For any month you plan to submit an invoice crediting DBHR for any fund source(s), an invoice with a reimbursement request for expenditures must also be submitted at the same time to reflect a total amount of expenditures that is equal to or greater than the credit. In doing so, this allows HCA to issue one payment netting all of the applicable credits and reimbursements together. Please reach out to your DBHR Prevention Manager with any questions.
- E. Submit the A-19 invoice via **email only**.
 - a. In your email include: the **A-19 in both Excel AND a signed PDF format**. *****Please make sure all completed fields in the Excel and the PDF are EXACTLY the same minus the signature information*****
 - b. Please ensure that the Excel file includes only one month's invoice, and that the PDF is legible, and the orientation is right-side up (i.e., portrait).
 - i. Please see the [PDF Tips for Contractors](#) guidance document for more information regarding PDF submission options.
 - c. **Send only one A-19 (Excel & PDF set for the month) per email to A-19DBHR@hca.wa.gov and CC your DBHR Prevention Manager.** If you have multiple months to invoice for at the same time, please send them in separate emails.
- F. As you prepare to submit an A-19 invoice to the A-19 inbox, use the following **naming convention** for the **Subject Line of the email and as the title of the PDF and Excel file** for each month's A-19 invoice:

Contract Number/Contractor name/Service Year/Service Month/Billing/CPWI or CBO or SAP.

 - a. For example, a CPWI Community's July 2022 original invoice for CPWI Prevention would be: **K0000SampleProvider20220700CPWI.**

Naming Conventions

All task order invoices have the following naming convention:

**UmbrellaContractNumber-Task Order
ContractedEntityNameYYYYMMInvoice#**

An original invoice for July 2024 would be named as:

If a **CPWI** invoice, the task order number is -01:

K0000-01SampleProvider20240700.

If a **SAP** invoice, the task order number is -02:

K0000-02SampleProvider20240700

If a **CBO** invoice, the task order is -03:

K0000-03SampleProvider20240700

If a **SOR CBO**, there is no task order. Maintain the old naming convention: **K0000SampleProvider20240700CBO**

Naming Conventions – Supplemental 1


The first **supplemental invoice** for Sample Provider CPWI community for service month and year July 2024 would be:


K0000-01 Sample Provider **20240701**



Form  State of Washington
A19-1A Invoice Voucher

AGENCY NAME
**Health Care Authority
621 8th Avenue SE
Olympia, WA 98504**

VENDOR OR CLAIMANT


Agency No.	Agreement ID or Contract Number
1070	

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (sign here)
DIRECTOR - BUSINESS OFFICE **4/11/2024**
(title) (date)

TAX IDENTIFICATION NUMBER **_***XXX	MONTH OF SERVICE (MM/YYYY) 07/2024 Supplemental 1	RECEIVED BY	DATE RECEIVED														
BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	SABG CE	GFS	PFS Y4 CO	PFS Y5	DCA	SOR II NCE	SOR III	SUPTRS	SUPTRS CO	SUPTRS WR	ARPA	OASA	MHPP	Total



Naming Conventions – Scenario

You submitted an invoice to the A-19 inbox. It is the first December invoice you have sent to DBHR.

However, there is an error on the invoice and you receive a denial from your Prevention Manager asking for you to correct and resubmit the December invoice.

When you submit the updated December invoice, should you use an original or supplemental invoice naming convention?



Hint: p. 1 of the Successful Tips for Billing document may be useful.

CSAP strategies

CSAP designations for each program are determined during the Action Plan and Budget process.

You may use an approved Action Plan (CPWI coalitions and CBO grantees) to make sure you are including the correct CSAP Strategy on their invoice.

You may also choose to work with your Prevention Manager to build-out an invoice template to include your specific programs.

Form		State of Washington	
A19-1A		Invoice Voucher	
AGENCY NAME			
Health Care Authority 621 8th Avenue SE Olympia, WA 98504			
VENDOR OR CLAIMANT			
			
TAX IDENTIFICATION NUMBER		MONTH OF SERVICE (MM/YYYY)	
-*XXXX		Jul-24	
BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM
11.1	Admin/ Indirect		
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect
22.5	Community Coalition Coordination	Community-Based Process	Universal-Direct
22.5.A	Community Coalition	Community-Based Process	Universal-Direct
22.2.1	Strengthening Families Program	Education	Universal-Direct
22.1.2	Public Awareness	Information Dissemination	Universal-Indirect
22.1.2	Prescription Take Back Day	Information Dissemination	Universal-Indirect
22.2.1	Guiding Good Choices	Education	Universal-Direct

A19 Billing Updates

- ▶ All invoice submissions should be on new email threads (don't reply to a denial from a manager with the resubmission)
 - ▶ *Why? Since we have the timely payment clause in the Contract, it's imperative that we clearly articulate when an invoice is being resubmitted. The new email thread will help keep that timeline clear and help avoid errors on our end!*
- ▶ Please avoid resubmitting an invoice if you noticed an error with your first submission. Wait for the DBHR team to respond to you before resubmitting.
 - ▶ *Why? Because we must be sure to formally deny an invoice to ensure our obligation to process and pay is clearly articulate. It also helps the A-19 team avoid tripping over your communication.*

DBHR Updates

Upcoming billing due dates

- ▶ **Final invoice due date is 11/15/2024 for SABG CO and any SOR or PFS funding that expires 9/29/2024.**
 - ▶ Due to this being federal funding, late invoice exceptions are not anticipated to be granted.
 - ▶ Reminder, HCA has 90 days to closeout grants. HCA grants providers 45 days and then takes 45 days to close.
- ▶ As with any late invoice exception request, we cannot guarantee payment.
- ▶ Review your Awards & Revenue for more information!
- ▶ Have concerns about meeting upcoming billing due dates?
 - ▶ Connect proactively with your prevention manager and submit a formal request asap.

CBO updates

- ▶ SOR III CBO grantees close on 9/29/2024, exploration for contract extensions are underway. The goal is to extend to 06/30/2025. (9 months)
- ▶ New CBO RFA to open this winter, with anticipated start date for services 7/1/2025. Funding/services:
 - ▶ Dedicated Cannabis Account
 - ▶ Mental Health Promotion and Suicide Px
 - ▶ Opioid Response (Federal and state funding)



Minerva

▶ **UPDATED** Survey/Test

- ▶ Survey Selection Guide
- ▶ Biennial Data Refresh – Surveys
 - ▶ New names and identifiers
 - ▶ Previous names and identifiers
- ▶ *New folder structure on The Athena Forum*
 - ▶ “Available” and “Available Upon Request”
 - ▶ New requests



Minerva

▶ **NEW** Outcomes Report

- ▶ *Contract requirement to demonstrate positive or maintained outcomes for at least half of the participants in a Cohort (Section 4.3.4)*
- ▶ Evaluate Channel, "Cohort Outcomes Report"
- ▶ Updated Survey Selection Guide version 4

▶ **NEW** Staff Members

- ▶ Manage Staff Members
- ▶ Request System Access



Minerva

▶ **NEW** 1:1 Services "Activity Series"

- ▶ Staff-Participant
- ▶ Mentor-Mentee

▶ **NEW** Assess Needs Channel

The screenshot displays the Minerva Assess Needs Channel interface. On the left is a vertical navigation menu with icons and labels for: Assess Needs (Collect data that assesses population needs), Build Capacity (Manage your resources and track your readiness), Plan (Define contracts, programs, cohorts and campaigns), Implement (Record your prevention efforts), Review (Review and accept programs & strategies), Evaluate (Run reports to understand your effectiveness), and Manage Accounts (Manage accounts & users that roll up to you). The main header shows '1 - Washington HCA' and navigation links for OVERVIEW, COLLECTIONS, and POPULATIONS. Below the header are six category icons: Substance Use/Mental Health, Consequence, Social Indicator, Risk Factor, Protective Factor, and Prescription Drug Data. The main content area features a chart titled 'Past 30-Day Alcohol Use' with the subtitle 'During the past 30 days, on how many days did you drink a glass, can or bottle of alcohol? The percentage of students who answered "Any days" are reported.' The chart shows a single data series for 'Test Local: 10th Grade' with a value of approximately 15% across three data points. The chart includes standard controls like expand, share, settings, and delete.

Assess Needs
Collect data that assesses population needs.

Build Capacity
Manage your resources and track your readiness.

Plan
Define contracts, programs, cohorts and campaigns

Implement
Record your prevention efforts

Review
Review and accept programs & strategies

Evaluate
Run reports to understand your effectiveness

Manage Accounts
Manage accounts & users that roll up to you

1 - Washington HCA

OVERVIEW | COLLECTIONS | POPULATIONS

Substance Use/Mental Health Consequence Social Indicator Risk Factor Protective Factor Prescription Drug Data

Expand

Sort by: Indicator

Past 30-Day Alcohol Use

During the past 30 days, on how many days did you drink a glass, can or bottle of alcohol? The percentage of students who answered "Any days" are reported.

Test Local: 10th Grade

Time Period	Percentage of Students
Period 1	~15%
Period 2	~10%
Period 3	~10%

CASCADE OF CHANGE

OCTOBER 30-31, 2024
SEATTLE, WA



Are you joining us for the Prevention Summit this year?

- ▶ Registration information can be found:
 - ▶ Prevention Provider Meeting [registration page](#)
 - ▶ Prevention Summit [registration page](#)
- ▶ Accepting registration and/or lodging scholarships!
 - ▶ Visit the registration page for more information.
 - ▶ Applications are being reviewed on a rolling basis and once funding is used up, we will no longer accept scholarships.

2025 Learning Community Meeting Schedule

Month	Date	Meeting Platform	Notes:
January	January 22	Zoom	
February (Optional)	February 26	Zoom	
March	March 26	Zoom	This may be converted into Contract negotiations; Contract Contacts and any other pertinent staff should hold this date.
April	April 23	Zoom	This may be converted into Contract negotiations; Contract Contacts and any other pertinent staff should hold this date.
May/June or August	TBD – Coalition Leadership Institute		
August	August 27	Zoom	
September	September 24	Zoom	Annual Contractor Meeting.
October	TBD – All Provider Meeting as part of Prevention Summit		

As we think about CLI...

- ▶ We continue to explore May as a potential first option given system needs including CPWI coordinators building Minerva for the new biennium.
- ▶ With that in mind, which week in May is your current preference? *Note: CLI is anticipated to continue to be held over two (2) days.*
 - ▶ Week of May 5th.
 - ▶ Week of May 12th.
 - ▶ Week of May 19th.
 - ▶ Week of May 26th.
 - ▶ Note: The 26th is Memorial Day and the Society for Prevention Research (SPR) is the 27-30th.

take care of yourself today.
future you appreciates it.



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