

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.
- 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 hcadbhr.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 DHBR 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-Task Order/Contractor name/Service Year/Service Month/Billing#.

- a. For example, a CPWI Community’s July 2023 original invoice for **CPWI Prevention** would be: **K0000-01SampleProvider20230700**.
- b. If there is one **Supplemental Invoice** for July 2022, the naming convention would be: **K0000-01SampleProvider20230701**.
 - i. **Ensure that “Supp 01” is added to the month of service box on the A-19 on both the Excel and PDF files.** For example, if there is one **Supplemental Invoice** for July 2023, the month of service box would say “July 2023 Supp 01”.
 - ii. If you are crediting funding back to HCA, please use parentheses around the expense. Please see the image below for how this should look.
 - iii. Please be sure to only include additional and/or altered charges and/or credits in the supplemental invoice(s). 
- c. **If your invoice is denied or returned to you for correction prior to approval, the invoice is still an original invoice and it is still 00 for the billing #.** For example, if we returned the July 2023 invoice for a prevention service data reporting error or due to an invoice correction, when it is re-submitted, it would still be titled **K0000-01SampleProvider20230700**.
- d. **If you are a CPWI Coalition, please add “-01” to signify the Task Order number from the Umbrella Contract. For example K0000-01SampleProvider20230700.**
- e. If you are a **SAP contractor**, please add “-02” to signify the Task Order number from the Umbrella Contract. For example, **K0000-02SampleProvider20230700**.
- f. If you are a **CBO or MHPP contractor**, please add “-03” to signify the Task Order number from the Umbrella Contract. For example, **K0000-03SampleProvider20230700**.
- g. If you are a SOR CBO contractor, please retain the naming convention that has been used in previous fiscal years since you are not included in an Umbrella Contract at this time. For example, **K0000SampleProvider20230700CBO**.

NOTE: An invoice submission will be denied if the naming convention does not follow this exact format. This includes extra verbiage in a file name or the subject line, or if the Task Order number (“-01”, “-02”, “-03”) is not designated.

- G. A-19 invoices must be received in a timely manner. Please see the DBHR contract for standards regarding timely invoice submission.
- H. For **more guidance**, reference the contract & the Substance Use Disorder and Mental Health Promotion Billing Guide: <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>.
- I. For **billing training**, access slides at this link www.TheAthenaForum.org/training/cpwi_trainings.

Definitions of BARS Sub-Codes – very important to accurately list on A-19

CSAP Strategy Column

Select the appropriate BARS code for each program. All costs for a program are rolled up monthly and billed on one line per program.

Center for Substance Abuse Prevention (CSAP) Definitions:

1. **Information dissemination:** This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
2. **Education:** This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages targeting youth), and systematic judgment abilities.
3. **Alternatives:** This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to – or otherwise meet the needs usually filled by – alcohol and drugs and would, therefore, minimize or obviate resort to the latter.
4. **Problem identification and referral:** This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.
5. **Community-based process:** This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
6. **Environmental:** This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population.
7. **Other:** Prevention Training

BARS	CSAP Strategy
22.1.X	Information Dissemination
22.2.X	Education
22.3.X	Alternatives
22.4.X	Problem ID & Referral

IOM Column

For each program expense listed below row 27 of the A-19, you will select the appropriate **Institute of Medicine Continuum of Care Category (IOM)** per program. These are now associated with the BARS Code as sub-sub-codes. If unsure which IOM to use for a given program, consult with your Prevention Manager to establish this before you submit your bill so that it is accurate the first time. **The box to the right is the sub-sub-code pattern associated with CSAP Strategy sub-code.**

BARS	IOM
22.X.1	Universal-Direct
22.X.2	Universal-Indirect

SAMHSA's Institute of Medicine (IOM) Classification Definitions

Universal: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.


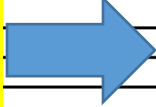

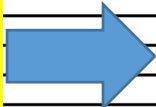
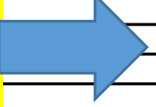

22.X.1. Universal Direct: Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

22.X.2. Universal Indirect: Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

22.X.3. Selective: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

22.X.4. Indicated: Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels (Adapted from The Institute of Medicine).

CSAP Strategies and IOM Categories auto-populate on the A-19 when you select the BARS 22 Code, CSAP Sub-Code, and IOM Sub-Sub-Code.

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM
11.1	Admin		
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect
22.5	Community Coalition Coordinator	Community-Based Process	Universal-Direct
22.5	Community Coalition	Community-Based Process	Universal-Direct
22.1.1		Information Dissemination	Universal-Direct
22.1.2		Information Dissemination	Universal-Indirect
22.1.3		Information Dissemination	Selective
22.1.4		Information Dissemination	Indicated
22.2.1		Education	Universal-Direct
22.2.2		Education	Universal-Indirect
22.2.3		Education	Selective
22.2.4		Education	Indicated
22.3.1		Alternatives	Universal-Direct
22.3.2		Alternatives	Universal-Indirect
22.3.3		Alternatives	Selective
22.3.4		Alternatives	Indicated
22.4.1		Problem Identification & Referral	Universal-Direct
22.4.2		Problem Identification & Referral	Universal-Indirect
22.4.3		Problem Identification & Referral	Selective
22.4.4		Problem Identification & Referral	Indicated
22.5.1		Community-Based Process	Universal-Direct
22.5.2		Community-Based Process	Universal-Indirect
22.5.3		Community-Based Process	Selective
22.5.4		Community-Based Process	Indicated
22.6.1		Environmental	Universal-Direct
22.6.2		Environmental	Universal-Indirect
22.6.3		Environmental	Selective
22.6.4		Environmental	Indicated
22.7.1		Other	Universal-Direct
22.7.2		Other	Universal-Indirect
22.7.3		Other	Selective
22.7.4		Other	Indicated

BARS CSAP Strategy

- 22.1.X Information Dissemination
- 22.2.X Education
- 22.3.X Alternatives
- 22.4.X Problem ID & Referral

BARS IOM

- 22.X.1 Universal-Direct
- 22.X.2 Universal-Indirect
- 22.X.3 Selective

NOTE: Various funding sources have various cost regulations. Please review your Contract for specific allowable costs associated with each funding source.

Tips for Completing the A-19 Accurately

Reimbursement amounts are rolled up monthly for month of service and assigned to the correct funding source column. **These rows are locked at the top section of the A-19 depending on if you are CPWI or CBO contractor.**

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM
11.1	Admin		
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect
22.5	Community Coalition Coordinator	Community-Based Process	Universal-Direct
22.5	Community Coalition	Community-Based Process	Universal-Direct

BARS 11.1 Admin (Administration)

- Bill administration costs here for the funding sources allocated.
 - *Reminder: If you have SABG adjustment funds in your contract, there is a separate line item on your A&R that indicates the Admin/Indirect allocated for these specific funds; otherwise there is no Admin/Indirect allowed for SABG. The GF-State allocation is for SABG related Admin/Indirect costs.*
 - For acceptable Admin/Indirect costs, see the [Fiscal/Program Requirements document](#).

BARS 22.5 Community-Based Coordination-Px (*Most contractors will not use this line*)

- This is only used for approved contractors with funds in excess of \$110,000 per community coalition for county-wide prevention capacity building.

BARS 22.5 Community Coalition Coordinator (“Community – Based Process | Universal-Direct”)

- Bill costs for wages and benefits for Coalition Coordinator in appropriate/allowable funding column.
 - Prevention Service Data Entry Costs for the Coordinator’s time may be billed here.
 - Other costs associated with the Community Coalition Coordinator position may also be billed here. These might include around-town travel costs and coordinator telephone.
 - The only direct support for implementation that should be billed here is support of Environmental Strategies.
 - Coalition Coordination costs are not allowed with DCA funds, **except Cohort 4 of CPWI**.
- Coalition Meeting session(s) AND Community Coalition Coordinator Hours are to be reported in Minerva for the month for this line to be approved for payment unless there was no coalition meeting AND no more than three total coalition meetings have been missed for the state fiscal year, as outlined in the CPWI Community Coalition Coordinator Guide.

Important Note: If a portion of the Coalition Coordinator’s time involves *directly* implementing/facilitating a program, do not bill it here, those costs need to be tracked and assigned to the appropriate program. (See next section for Program Expenses.)

BARS 22.5 Community Coalition (“Community – Based Process | Universal-Direct”)

- Coalition Meeting session(s) are to be reported in Minerva for the month for this line to be approved for payment unless approved by DBHR.

- Bill costs associated with the coalition meetings, such as meeting supplies, here.
 - Full Coalition meeting session(s) and any workgroup/committee sessions shall be reported monthly in Minerva.

In the Next Section of the A-19...

Program Expenses should be entered as follows:

- Below row 28 of the A-19, list program/activity costs. Enter rolled-up monthly expenses for each active Program & Strategy in Minerva (Program Activity Name) on a separate line.
 - Reporting must be compliant and complete for all programs and activities being billed. A Program and Services Report (PSR) can be run in Minerva to validate data entry for program services. Please contact your DBHR Prevention Manager for more information.
 - Staff time costs for data entry are allowable to be billed to program as support time if staff is not CPWI coordinator.
 - DCA funds must be identified as EBP or Promising Practice according to the appropriate approved program list. **For approved DCA costs for Training that are not program specific, use the “General” DCA Column.**

DCA funds reminder: Action Plans and Budgets must reflect the State funding rule: 85% or more of your DCA allocation must be expended on Evidence-Based & Research-Based Programs (EBP/RBP) and up to a maximum of 15% DCA funds can be expended on Promising or Environmental Strategies. These programs are listed on The Athena Forum:

[DCA CPWI Enhancement \(Cohorts 1-3\) program list](#). This list is for the existing 52 CPWI Communities that currently receive DCA funds.

[DCA CPWI Expansion \(Cohort 4 and CBO\) program list](#). This list is for the Cohort 4 DCA funded CPWI Communities and Community-Based Organizations (CBO’s).

BARS 22.1.X (“Information Dissemination”)

Example of program profiles: Public Awareness, Good Behavior Game, Social Norms Campaigns, Secure Medicine Return or Take Back Events, Starts With One

BARS 22.2.X (“Education”)

Examples of program profiles: Guiding Good Choices, Strengthening Families 10-14, LifeSkills Training, Positive Action, Project Northland, Nurse Family Partnership

BARS 22.3.X (“Alternatives”)

Examples of program profiles: Community-Based Mentoring, Family Night Out Events

BARS 22.4.X (“Problem Identification and Referral”)

Examples of program profiles: Communities in Schools

BARS 22.6.X (“Environmental”)

Examples of program profiles: Policy Review and Development, Secure Medicine Return-Policy, School Policy, Enforcement Roundtable, Social Host Ordinance

Environmental Strategy Expenses should be entered as follows:

- List the name of the Environmental strategy as it is titled in Minerva in the PROGRAM ACTIVITY NAME column.
- Costs include strategy implementation, other program staff, materials, staff time spent on data entry, etc.
- **Time the Coalition Coordinator spends on supporting implementation of environmental strategies should be captured under BARS 22.5. (Community Coalition Coordinator)**
- Approved DCA funded Environmental and Information Dissemination strategies are billed in the DCA Promising (PP) Column as appropriate unless otherwise approved as an EBP.

BARS 22.7.X (“Other” – This BARS and CSAP strategy is only used for Training costs.)

Training Expenses should be entered as follows:

- Training expenditures include coalition training, workforce development, and community training (e.g., Key Leader Orientation).
- Training costs may be rolled up in one line per month if utilizing the same funding source **or** billed on separate lines per training to ensuring all training events are reported and billed.
- Trainings are reported in Minerva under the Build Capacity Channel. Unless the training is associated with a specific program, the training will be associated with the Community Coalition program. Please refer to the [Build Capacity document](#) on the Minerva Knowledge Base for more directions on entering trainings in Minerva.
- For more information visit:
www.TheAthenaForum.org/minerva_reference_document_reporting_training_in_minerva.
- DCA Training expenditures for EBP/RBP programs listed on the DCA program list(s) count toward the 85% of DCA allocation requirement and go in the **DCA EBP Column**.
- DCA Training costs for “Promising” or “Environmental/Information Dissemination” programs or strategies on these lists shall be included in the maximum 15% program allowance from your DCA allocation and are billed in the **DCA PP Column**.
- General Prevention Workforce DCA approved training costs are billed to the **DCA General Column**. NOTE: DCA funds can only be used for the following General prevention workforce trainings upon request: Washington State Prevention Summit; Communities That Care® (CTC); CADCA Mid-Year Training Institute; CADCA Boot camp, CADCA National Leadership Forum, National Prevention Network Conference, Society of Prevention Research Conference and Cannabis Prevention Research Symposium.

NOTE: Ensure training is pre-approved by DBHR Prevention Manager if not in approved Action Plan.

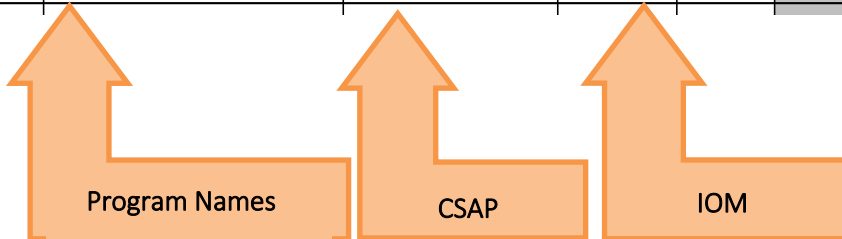
This *SAMPLE A-19* demonstrates various dropdown choices.

If you have more than one community, please add “– [community name]” to the Program Activity Name.

For example: “*Guiding Good Choices – Sample Community 1*” and “*Guiding Good Choices – Sample Community 2.*”

Here’s a closer look at some programs:

22.2.1	Botvin Life Skills Training	Education	Universal-Direct								4,498.55
22.3.3	Community-Based Cultural Mentoring	Alternatives	Selective								
22.5.1	Gathering of Native Americans (GONA)	Community-Based Process	Universal-Direct								
22.6.2	Policy Review and Development	Environmental	Universal-Indirect								
22.1.2	Public Awareness	Information Dissemination	Universal-Indirect								
22.2.1	SPORT	Education	Universal-Direct								
22.2.1	Strengthening Families Program	Education	Universal-Direct								2,961.05
22.1.2	Take Back Events / Lock Box Distribution	Information Dissemination	Universal-Indirect								
22.7.1	Training	Other	Universal-Direct								



Here are some tips specifically for billing your Dedicated Cannabis Account CPWI funds (if applicable).

Please note that “Dedicated Cannabis Account (DCA)” funding has also been referred to as Dedicated Marijuana Funds (DMF) and the Dedicated Marijuana Account (DMA). The funds are one in the same and is now formally called the Dedicated Cannabis Account (DCA).

Remember: Your approved CPWI DCA Enhancement Action Plans and Budgets reflect the State funding rule: 85% or more of your DCA allocation must be expended on Evidence-Based & Research-Based Programs (EBP/RBP) and up to a maximum of 15% DCA funds can be expended on Promising or Environmental Strategies. These programs are listed on the “Prevention Programs and Practices for Youth Cannabis Use Prevention (for DCA CPWI Enhancement Services)” document found on The Athena Forum: <https://www.theathenaforum.org/EBP>.

These are lines you will find in the top section of the A-19:

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 Coordinator	Community-Based Process	Universal-Direct
22.5	Community Coalition	Community-Based Process	Universal-Direct

BARS 11.1

Administration (Admin) Charges

- Bill up to 8% of your DCA allocation for Administration expenses in the “DCA General” column in the “Admin” row.

BARS 22.5 Community Coalition Coordinator Costs (“Community –Based Process | Universal-Direct”)

- Bill Coalition Coordinator staff time (if applicable and approved) for DCA program implementation *oversight*.
 - Bill costs in EBP/RBP or Promising columns for staff oversight time spend on the applicable DCA program(s) for the month.

NOTE:

- If a portion of the Coalition Coordinator’s time involves directly implementing/facilitating a program, do not list it here. (See next section for Program Expenses.)
- Coalition Coordination costs are not allowed with DCA funds, unless approved by DBHR.

DCA Program Expenses should be entered as follows in the next section of the A-19:

Below row 28 of your A-19, you will list program costs. Keep the expenses for each program on a separate line. Programs that are categorized by CSAP as “Information Dissemination”, “Education”, “Alternatives”, or “Problem Identification and Referral” should be entered as follows:

- List the name of the EBP/RBP Program(s) and/or Promising program(s) in the PROGRAM NAME ACTIVITY column.
- Bill costs to the program’s assigned designation of “EBP/RBP” or “Promising” column under DCA.
 - Program expense costs include such items as program implementation, program staff time (including the Coalition Coordinator wages if they are facilitating), materials, supplies and staff time spent on data entry.

IOM Column:

For each expense listed below row 28 of your A-19, you will also select the appropriate IOM for that program. If unsure which IOM to use for a given program, consult with your DBHR Prevention Manager.



CSAP Column:

BARS 22.1 (“Information Dissemination”)

Example: Good Behavior Game, Public Awareness

BARS 22.2 (“Education”)

Examples: Guiding Good Choices, Strengthening Families 10-14, LifeSkills Training, Positive Action.

BARS 22.3 (“Alternatives”)

Example: Community-based Mentoring

BARS 22.4 (“Problem Identification and Referral”)

Example: Communities in Schools

Environmental Strategies should be entered as follows:

BARS 22.6 (“Environmental”)

- List the name of the Environmental strategy as it is titled in Minerva in the PROGRAM NAME ACTIVITY column.
- Bill DCA Environmental strategy costs in the “Promising” column under DCA.
 - Costs include strategy implementation, program staff, materials, staff time spent on data entry, etc.
 - Time the Coalition Coordinator spends on supporting implementation of environmental strategies should be captured under BARS 22.5. (Community Coalition Coordinator)

Training Expenses should be entered as follows:

BARS 22.7 (“Other” - This BARS and CSAP strategy is only used for training.)

- Training expenditures for EBP/RBP programs listed on the DCA program list count toward the 85% of DCA allocation requirement and go in the EBP/RBP DCA Column.
- Training costs for “Promising” or “Environmental” programs or strategies on this list shall be included in the maximum 15% program allowance from your DCA allocation and are billed in the “Promising” DCA column.
- **If you are requesting DCA reimbursement for a general prevention workforce development training** apply these training costs in the DCA General column.

NOTE: DCA funds can only be used for the following general prevention workforce trainings upon request: Washington State Prevention Summit; Communities That Care® (CTC); CADCA Mid-Year Training Institute; CADCA Boot camp, CADCA National Leadership Forum, National Prevention Network Conference, Society of Prevention Research Conference and Cannabis Prevention Research Symposium.