Instructions for Successful Billing of Prevention Services Expenditures:

Submitting Prevention Reimbursement Invoices (A-19s)

"A-19" is the term we use for the reimbursement invoice template that we provide to you. Please follow this guidance for successful invoice processing for all 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 include 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 months you plan to submit a credit invoice, we request that a debit invoice(s) be submitted at the same time, and please be sure that the debit invoice(s) total is greater than the credit invoice total. In doing so, this allows HCA to issue one payment netting all of the applicable credit and debit invoices 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 **Excel format of the month's A-19 AND the PDF of the signed A-19 in the same email.** ***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 includes only one 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. 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 County's June 2021 original invoice for **CPWI Prevention** would be: **K0000SampleProvider20210600CPWI**.
   b. If there is a **Supplemental Invoice** for June 2021 it would be: **K0000SampleProvider20210601CPWI.**

       i. **Ensure that "Supp 01" is added to the month of service box on the A-19.** For example, if there is a **Supplemental Invoice** for June 2021, the month of service box would say "June 2021 Supp 01".

      ii. If you are crediting funding back to HCA, please use parentheses around the expense.

     iii. Please be sure to only include additional and/or altered charges and/or credits in the supplemental invoice(s). `(345.00)`

c. **If we deny or return the A-19 to you for correction *prior to approval* the invoice is still an original and is still 00 for the billing #.** For example, if we returned the June 2021 invoice for a reporting error or due to an invoice correction, when it is re-submitted, it would still be titled **K0000SampleProvider2021060 00CPWI**.

d. If you are a **CBO or MHPP contractor**, please add "**CBO**" to the end of the title (For example **K0000SampleProvider20210600CBO**).

e. If you are a **SAP contractor**, please add "**SAP**" to the end of the title (For example **K0000SampleProvider20210600SAP**)

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 profile.

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 profile 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 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	Univerersal-Direct
22.1.2		Information Dissemination	Universal-Indirect
22.1.3		Information Dissemination	Selective
22.1.4		Information Dissemination	Indicated
22.2.1		Education	Univerersal-Direct
22.2.2		Education	Universal-Indirect
22.2.3		Education	Selective
22.2.4		Education	Indicated
22.3.1		Alternatives	Univerersal-Direct
22.3.2		Alternatives	Universal-Indirect
22.3.3		Alternatives	Selective
22.3.4		Alternatives	Indicated
22.4.1		Problem Identification & Referral	Univerersal-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	Univerersal-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	Univerersal-Direct
22.6.2		Environmental	Universal-Indirect
22.6.3		Environmental	Selective
22.6.4		Environmental	Indicated
22.7.1		Other	Univerersal-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 funding source.

Tips for completing the A-19 correctly

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.

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

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.

    o Prevention Service Data Entry Costs for the Coordinator's time may be billed here.

    o Other costs associated with the Community Coalition Coordinator position may also be billed here. These might include around-town travel costs and coordinator telephone.

    o The only direct support for implementation that should be billed here is support of Environmental Strategies.

    o Coalition Coordination costs are <u>not allowed</u> with DMA funds, except Cohort 4 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 here.
  - This may include meeting supplies.
  - 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 Profile in Minerva (Program Activity Name) on a separate line.
  - Reporting must be compliant and complete for all programs and activities being billed. A Services by Performing Entity and Program (SPEP) Report 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 lines if staff is not CPWI coordinator.
    - DMA funds must be identified as EBP or Promising Practice according to the appropriate approved program list. **For approved DMA costs for Training that are not program specific, use the "General" DMA Column.**

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

DMA CPWI Enhancement (Cohorts 1-3) program list. Updated in SFY 2018 (July 1, 2017 - June 30, 2018). This list is for the existing 52 CPWI Communities that currently receive DMA funds.

DMA CPWI Expansion (Cohort 4 and CBO) program list. Updated in SFY 2018 (July 1, 2017 - June 30, 2018). This list is for the Cohort 4 DMA 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

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

Environmental Strategy Expenses should be entered as follows:

BARS 22.6.X ("Environmental")

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

- 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 DMA funded Environmental and Information Dissemination strategies are billed in the DMA Promising (PP) Column as appropriate unless otherwise approved as an EBP.

Training Expenses **should be entered as follows:**

BARS 22.7.X ("Other" - This BARS and CSAP strategy is only used for Training costs.)

- 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.

- Training is reported in Minerva under a Training Program Profile under one Activity Log for each fiscal year. Follow these directions: www.TheAthenaForum.org/minerva_reference_document_reporting_training_in_minerva.

- DMA Training expenditures for EBP/RBP programs listed on the DMA program list(s) count toward the 85% of DMA allocation requirement and go in the **DMA EBP Column**.

- DMA 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 DMA allocation and are billed in the **DMA PP Column**.

- General Prevention Workforce DMA approved training costs are billed to the **DMA General Column**. NOTE: DMA 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 Marijuana 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													

Program names

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

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

Remember: Your approved CPWI DMA Enhancement Action Plans and Budgets reflect the State funding rule: 85% or more of your DMA allocation must be expended on Evidence-Based & Research-Based Programs (EBP/RBP) and up to a maximum of 15% DMA funds can be expended on Promising or Environmental Strategies. These programs are listed on the "Prevention Programs and Practices for Youth Marijuana Use Prevention (for DMA 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:

22 23	BARS	PROGRAM NAME ACTIVITY	CSAP Strategy and Activities-Prevention	IOM
24	11.1	Admin		
25	21	Community-Based Coordination-Px		
26	22.5	Community Coalition Coordinator	Community-Based Process	Universal-Indirect
27	22.5	Community Coalition	Community-Based Process	Universal-Indirect
28	22.7	Training	Other	

BARS 11.1
Administration (Admin) Charges

- Bill up to 8% of your DMA allocation for Administration expenses in the "DMA General" column in the "Admin" row.

BARS 22.5 Community Coalition Coordinator Costs ("Community –Based Process")

- Bill Coalition Coordinator staff time (if applicable and approved) for DMA program implementation *oversight*.
    - Bill costs in EBP/RBP or Promising columns for *staff oversight* time spend on the applicable DMA 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 DMA funds, unless approved by DBHR.

DMA 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 DMA.
    - 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.

BARS 22.1 ("Information Dissemination")

Example: Good Behavior Game, Public Awareness
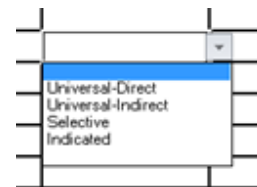
BARS 22.2 ("Education")

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 DMA Environmental strategy costs in the "Promising" column under DMA.

- 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 <u>only</u> used for training.)

- Training expenditures for EBP/RBP programs listed on the DMA program list count toward the 85% of DMA allocation requirement and go in the EBP/RBP DMA Column.

- Training costs for "Promising" or "Environmental" programs or strategies on this list shall be included in the maximum 15% program allowance from your DMA allocation and are billed in the "Promising" DMA column.

- **If you are requesting DMA reimbursement for a general prevention workforce development training** apply these training costs in the DMA General column.

NOTE: DMA 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 Marijuana Prevention Research Symposium.