

Introduction/General Submission Information

An A-19 is a pre-designed reimbursement invoice template provided by Washington Health Care Authority - Division of Behavioral Health and Recovery (DBHR). An A-19 has both optional and required fields for expense reimbursement. An A-19 template includes pre-filled fields and fields that are required to be filled in by the contractor. Please follow this guidance for successful invoice processing for prevention services.

Templates

Use the **current A-19 Template** provided to you by your DBHR Prevention Manager for monthly invoicing.

- A. All prevention service contracts are cost reimbursement.
- B. Please do not make formatting changes to the A-19 template. If you have questions about your template, please reach out to your DBHR Prevention Manager.

Service Data

Submit an A-19 for a month of service **after all data entry is complete in Minerva for that month.**

Data is due in Minerva by the 15th of each month for the previous month's services.

Months with No Billing and Credit Invoices

- A. For months that you do not plan to submit billing 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 for. Please reference only one billing month per email.
- B. 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 the applicable credits and reimbursements together. Please reach out to your DBHR Prevention Manager with any questions.

NOTE: A-19DBHR@hca.wa.gov and hcadbhr.a-19dbhr@hca.wa.gov are the same inbox and can be used interchangeably.

Email Submissions

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 and PDF files are only for one month's utilizations, 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 on how to submit an approvable PDF invoice file.

- 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, each month being billed for must be sent in separate emails.

Naming Convention

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 file names for the PDF and Excel files:

Contract Number-Task Order/Contractor name/Service Year/Service Month/Billing#.

- A. For example, a CPWI Community's July 2024 original invoice would be: **K0000-01SampleProvider20240700.**
- B. If there is one **Supplemental Invoice** for July 2024, the naming convention would be: **K0000-01SampleProvider20240701.**
- 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 2024, the month of service box would say "July 2024 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).
- (345.00)
- C. If your original 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 2024 invoice for a prevention service data reporting error or due to an invoice correction, when it is re-submitted, it would still be titled **K0000-01SampleProvider20240700.**
- D. There are currently three task orders under the current umbrella contract structure across the prevention system. There are different invoice submissions for each task order type.
- I. **CPWI Coalitions**, please add "-01" to signify the Task Order number from the Umbrella Contract. For example, **K0000-01SampleProvider20240700.**
 - II. **SAP contractors**, please add "-02" to signify the Task Order number from the Umbrella Contract. For example, **K0000-02SampleProvider20240700.**
 - III. **CBO or MHPP contractors**, please add "-03" to signify the Task Order number from the Umbrella Contract. For example, **K0000-03SampleProvider20240700.**
 - IV. **SOR CBO contractors**, 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, **K0000SampleProvider20240700CBO.**

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.

A19 Submission Timeline

A-19 invoices must be received in a timely manner. Please see your DBHR contract for standards regarding timely invoice submission or reach out to your DBHR Prevention Manager with any questions. **Invoice submissions are due to DBHR at the email below 45 days after a month of service. If an invoice is submitted after 45 days, an extension request is required.**

Guidance Materials

- E. 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>.
- F. For the most recent **billing training from the Annual Contractor Training**, access slides at this link www.TheAthenaForum.org/training/cpwi_trainings.

CSAP Strategy Column: BARs Sub-Codes

All costs for a program are rolled up monthly and billed on one line per program. *Note: select the appropriate BARs code for each program and ensure that it aligns with the designated CSAP in the Strategic Plan and the data reporting system (i.e. Minerva).*

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.

BARS CSAP Strategy

22.1.X Information Dissemination

22.2.X Education

22.3.X Alternatives

22.4.X Problem ID & Referral

IOM Column: BARs Sub-Sub Code

For each program expense listed on 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 DBHR 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
22.X.3	Selective
22.X.4	Indicated

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).

Populating the BARs on The A-19 Template

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

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.
 - 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 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.
 - The Program Activity Name should match the Program name this is listed in your contract's approved Strategic Plan and the name of the Program and Strategy in Minerva.

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)**

Training Expenses should be entered as follows:

- Training expenditures include program facilitator training, coalition training, workforce development, and other community training (e.g., Key Leader Orientation, Prevention Summit, etc.).
- 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. Trainings are to be associated with the following programs:
 - If the training is associated with a specific program, associate that training with the program in Minerva and bill that training cost to the appropriate Program on the A-19 invoice.
 - If the training is a training that the coalition coordinator or coalition members attended, the training costs will be associated with the Community Coalition program.

- Example: Prevention Summit registration costs will be associated with the Community Coalition program.
- If the training is associated with a direct service program, those expenses will be on the appropriate direct service program on the invoice.
- Example: Guiding Good Choices facilitator training will be billed to the Guiding Good Choices program on the A-19.

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](#) and the Minerva User Guide in the Minerva system for more directions on entering trainings in Minerva. For more information visit: www.TheAthenaForum.org/minerva_reference_document_reporting_training_in_minerva.

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									

