Washington State
Health Care Authority

A-19 Billing Tips for Contractors

September 2025

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Introduction/General Submission Information

Please note: this information is only for Umbrella Contract recipients billing for CPWI and CBO services. For information on project-based Contracts and tribal Contracts, please contact your Contract Manager for any questions.

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.**

- **Task Order -01 Invoice**: Data is due in Minerva by the 15th of each month for the previous month's services.
- **For Task Order -02 invoices**: Data is due in the SAPISP system (LGAN) or its successor by the 15th of each month for the previous month's services.
  - o All invoices must be submitted with the appropriate reports. The Detailed Prevention Activity Summary for HCA and Student Progress Reports must be submitted as part of the invoice submission to HCA to verify Prevention and Intervention Service charges. Invoices without these reports will be denied unless the submission email indicates the ESD is billing for a service not captured in these reports. More information on how to run these reports can be found in the sections below.

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 the Naming Convention section on Page 4. 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 sequentially to reflect a total amount of expenditures that is equal to or greater than the credit (i.e. a June invoice with a credit of $100 is followed by a July invoice with at least $100 utilized. *Note, the credit and utilization amounts between months do not have to come from the same fund source*). 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.

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. **The PDF is signed with an acceptable signature**. Signature options are wet signatures (signing with a pen), an electronic signature, or a digital signature. For information on how to set up electronic and digital signatures, visit the Contractor Fiscal and Billing page on Athena.

D. **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.

Original vs. Supplemental Invoices

An original invoice is the primary, first invoice representing expenses and credits for each month of service. These become the foundational document for any future adjustments or discrepancies regarding monthly expenditures, reimbursements, and remaining expenditures.
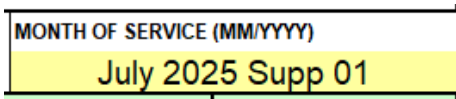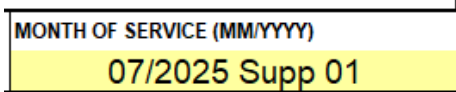
An original invoice and a supplemental invoice serve different purposes in the billing process. **A supplemental invoice is an additional invoice sent after an original invoice has been submitted for processing and payment.** A supplemental invoice does not replace an original invoice and represents adjustments to the original invoice and/or additional expenditures. This can include additional charges, credits or corrections not accounted for in the original. *Supplemental invoices can only be submitted if an original invoice has already been received, reviewed, and approved for payment.*

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. **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.**

    a. **CPWI Coalitions**, add "-01" to signify the Task Order number from the Umbrella Contract. For example, **K0000-01SampleProvider20250700.**

b. **SAP Contractors**, add "**-02**" to signify the Task Order number from the Umbrella Contract. For example, **K0000-02SampleProvider20250700.**

c. **CBO Contractors**, add "**-03**" to signify the Task Order number from the Umbrella Contract. For example, **K0000-03SampleProvider20250700**.

B. For example, a CPWI Community's July 2025 original invoice would be:

    a. **K0000-01SampleProvider20250700**.

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 2025 invoice for a prevention service data reporting error or due to an invoice correction, when it is re-submitted, it would still be titled **K0000-01SampleProvider20250700.**

D. If there is one **Supplemental Invoice** for July 2025 for example, the naming convention would be:

    a. **K0000-01SampleProvider20250701.**

    b. **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 2025, the month of service box would say "July 2025 Supp 01".

        i.

MONTH OF SERVICE (MM/YYYY)
July 2025 Supp 01

        ii.

MONTH OF SERVICE (MM/YYYY)
07/2025 Supp 01

    c. If you are crediting funding back to HCA, please use parentheses around the expense. Please see the image below for how this should look.

        i. (345.00)

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

> *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.*

A-19 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 45 days after a month of service with an additional 30 days for supplemental invoices. If an invoice is submitted after its due date, an extension request is required *with the submission*.**

In the extension request for late billing, the following information is required:

- Verbiage specifically requesting late billing and the reason.
- Which clause an extension is being requested for (i.e. month of service and/or fund source end date).
- Steps you will take internally to ensure timely submissions for future invoices.

Guidance Materials

A. 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**.

B. 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)** <u>per program</u>. 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

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

<u>22.X.1. Universal Direct:</u> 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).

<u>22.X.2. Universal Indirect:</u> 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.

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

<u>22.X.4. Indicated:</u> 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/ Indirect		
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect-EBP
22.5	Community Coalition Coordination	Community-Based Process	Universal-Direct-EBP
22.5.A	Community Coalition	Community-Based Process	Universal-Direct-EBP
22.1.1		Information Dissemination	Univ Direct-EBP
22.1.2		Information Dissemination	Univ Indirect-EBP
22.1.3		Information Dissemination	Selective-EBP
22.1.4		Information Dissemination	Indicated-EBP
22.1.5		Information Dissemination	Universal-Direct
22.1.6		Information Dissemination	Universal-Indirect
22.1.7		Information Dissemination	Selective
22.1.8		Information Dissemination	Indicated
22.2.1		Education	Univ Direct-EBP
22.2.2		Education	Univ Indirect-EBP
22.2.3		Education	Selective-EBP
22.2.4		Education	Indicated-EBP
22.2.5		Education	Universal-Direct
22.2.6		Education	Universal-Indirect
22.2.7		Education	Selective
22.2.8		Education	Indicated
22.3.1		Alternatives	Univ Direct-EBP
22.3.2		Alternatives	Univ Indirect-EBP
22.3.3		Alternatives	Selective-EBP
22.3.4		Alternatives	Indicated-EBP
22.3.5		Alternatives	Universal-Direct
22.3.6		Alternatives	Universal-Indirect
22.3.7		Alternatives	Selective
22.3.8		Alternatives	Indicated
22.4.1		Problem Identification & Referral	Univ Direct-EBP
22.4.2		Problem Identification & Referral	Univ Indirect-EBP
22.4.3		Problem Identification & Referral	Selective-EBP
22.4.4		Problem Identification & Referral	Indicated-EBP
22.4.5		Problem Identification & Referral	Universal-Direct
22.4.6		Problem Identification & Referral	Universal-Indirect
22.4.7		Problem Identification & Referral	Selective
22.4.8		Problem Identification & Referral	Indicated
22.5.1		Community-Based Process	Univ Direct-EBP
22.5.2		Community-Based Process	Univ Indirect-EBP
22.5.3		Community-Based Process	Selective-EBP
22.5.4		Community-Based Process	Indicated-EBP
22.5.5		Community-Based Process	Universal-Direct
22.5.6		Community-Based Process	Universal-Indirect
22.5.7		Community-Based Process	Selective
22.5.8		Community-Based Process	Indicated
22.6.1		Environmental	Univ Direct-EBP
22.6.2		Environmental	Univ Indirect-EBP
22.6.3		Environmental	Selective-EBP
22.6.4		Environmental	Indicated-EBP
22.6.5		Environmental	Universal-Direct
22.6.6		Environmental	Universal-Indirect
22.6.7		Environmental	Selective
22.6.8		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 Univ-Direct-EBP

22.X.2 Univ-Indirect-EBP

22.X.3 Selective-EBP

22.X.4 Indicated-EBP

22.X.5 Universal-Direct

22.X.6 Universal-Indirect

22.X.7 Selective

22.X.8 Indicated

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

Important Note: Starting with FY26 Umbrella Contract invoices, all programs and strategies must have their EBP status designated using the appropriate BARS option. For more information on this requirement, please review the information in Appendix 2: EBP Tracking Requirement.

Tips for Completing the Task Order -01 A-19 Accurately

Completing the invoice:

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.**

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

BARS 11.1 Admin (Administration) Indirect

- Bill administration/indirect costs here for the funding sources allocated.
  - For acceptable Admin/Indirect costs, please review your Contract and the **Billing Guide** located on The Athena Forum.

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 $150,000 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, benefits and non-EBP designated coordinator specific training expenses 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 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, and non-EBP designated coalition member/partner specific training expenses, here.

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- o Full Coalition meeting session(s) and any workgroup/committee sessions shall be reported monthly in Minerva.

Task Order -01: In the Next Section of the A-19…

Program Expenses should be entered as follows:

- Below row 28 of the A-19 is the list of program/activity costs. Enter rolled-up monthly expenses for each active Program & Strategy in Minerva (Program Activity Name) on a separate line.

  - o Reporting must be compliant and complete for all programs and activities being billed. A Program Implementation and Monitoring (PIM) Report can be run in Minerva to validate data entry for program services. Please contact your DBHR Prevention Manager for more information.

  > *Pro-Tip: We encourage fiscal staff to work with coalition coordinators to obtain a copy of the PIM Report prior to submitting invoices. This helps validate expenditures and that data reporting requirements are complete.*

  - o Staff time costs for data entry are allowable to be billed to a program as support time if staff is *not* CPWI coordinator. In addition, non-coordinator time (i.e. facilitator time) for a program may be billed to said program line. This is because CPWI coordinator staff hours are documented separately between the Build Capacity and Implement (if the coordinator is responsible for program implementation) in Minerva 2.0. For more information on how to report staff hours, please refer to the Minerva Guide or contact your Contract Manager.

  - o The Program Activity Name should match the Program name that is listed in your Contract's approved Strategic Plan and the name of the Program and Strategy in Minerva. To ensure proper billing of the correct program and in alignment with the new evidence-based program (EBP) reporting requirements detailed in Appendix 1, the full detailed name of the program must be included.

    - ▪ Example: Strengthening Families Program – there are two versions of the program with different evidence-based statuses. Based on the one listed in your Strategic Plan and Minerva, it is important to list as either:

      - Strengthening Families Program (0-16) & (7-17) Utah
      - Strengthening Families Program (10-14) Iowa

    - ▪ Other applicable programs include any form of Mentoring program, environmental strategies, and any others as directed by your PSM.

Training Expenses should be entered as follows:

- Training expenditures include program facilitator trainings, coalition training, coalition coordinator training, workforce development, and other community training (e.g., Key Leader Orientation, Prevention Summit, etc.).

- Trainings are reported in Minerva 2.0 in the Build Capacity Channel. Trainings are to be associated with the following programs:

- o If the training is associated with a specific direct service program, associate that training with the program in Minerva and bill that training cost to the appropriate Program on the A-19 invoice.
    - ▪ Example: Guiding Good Choices facilitator training will be billed to the Guiding Good Choices program on the A-19 and associated with the Guiding Good Choices program in Minerva 2.0 – Build Capacity Channel.
- o If it is training that the coalition coordinator attended, the training costs will be associated with the Community Coalition Coordination program.
    - ▪ Example: Prevention Summit registration costs will be associated with the Community Coalition program and not billed as a separate line item.
- o If it is training that the coalition members/partners 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 and not billed as a separate line item.
- o Please refer to the Minerva User Guide in the Minerva system for more directions on entering trainings in Minerva.

> *Note: Ensure trainings are pre-approved by DBHR Prevention Manager if not in the approved Strategic Plan.*

Tips for Completing Task Order -02 A-19s Accurately

Completing the invoice:

The school-based services A-19 is divided into two different sections that are locked (see image below).

1) Admin/Indirect: For expenditures related to admin/indirect costs or, with approval from HCA, admin/indirect may also be used to support program costs.

2) Program Activity Names: For expenditures related to SAPs providing direct service programs, in addition to ESD coordination activities by the SAP and/or ESD staff.

Using the proper BARS code for each program activity that aligns with the corresponding CSAP and IOM, please place the expenditures in the appropriate rows for the programs listed on the invoice, based on the type of services shown in the reports for that month.

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM
11.1	Admin/ Indirect		
22.1.5	Staff/Student/Family/Community Outreach	Information Dissemination	Universal-Direct
22.4.7	Group & Individual Student Support Services	Problem Identification & Referral	Selective
22.2.4	[Insert Group Education Program EBP]	Education	Indicated-EBP
22.2.8	[Insert Group Education Program Non-EBP]	Education	Indicated
22.5.6	Coalition and CORE Team Meetings	Community-Based Process	Universal-Indirect
22.2.6	Professional Development & Staff Training	Education	Universal-Indirect
22.5.6	ESD Coordination & Management	Community-Based Process	Universal-Indirect
22.2.1	[Insert Px Ed Program EBP]	Education	Univ Direct-EBP
22.2.5	[Insert Px Ed Program Non-EBP]	Education	Universal-Direct

- **22.1.5 Staff/Student/Family/Community Outreach:** Information dissemination efforts within the school and community related to SAP programming. These efforts may include newsletter writing, parent engagement, distributing campaigns or prevention information during school-wide events, delivering presentations about the SAP program or prevention to various sectors, and more.
- **22.4.7 Group & Individual Student Support Services:** Core implementation time of the SAP program. Includes facilitation of prevention and education support groups or one-on-one support services. Groups include but are not limited to: Affected Others, ATOD Education, Intervention, Newcomers, Other Support Group, Recovery, At-Risk, Social Skills, Challenge, Lunch Group, Gender Identity, Life skills, Health & Wellness, etc. One-on-one sessions with a student typically include screening, problem identification, and referral as well as one-on-one education. Note that depending on the group the IOM can be changed to "indicative" by changing the code in this row. You can see a list of the codes on the tab called CSAP by BARS. For example, an Intervention Group would be considered "indicative" while and ATOD education group would be "selective".
- **22.2.4 [Insert Group Education Program EBP]:** This EBP placeholder is for selective or indicated group education programs, such as Curriculum Based Support Group. Contractors will replace the placeholder text with the name of the program. It can be removed from the invoice if it does not apply. Please note that you can change the group IOM from indicative to selective by changing the code.

- **22.2.8 [Insert Group Education Program Non-EBP]:** This EBP placeholder is for selective or indicated group education programs, such as Curriculum Based Support Group. Contractors will replace the placeholder text with the name of the program. It can be removed from the invoice if it does not apply. This line is for when you are not implementing a universal EBP program or when you are implementing a universal EBP from the EIP registry but are billing a funding source for which the program is not designated an EBP for. Please note that you can change the group IOM from indicative to selective by changing the code.
- **22.5.6 Coalition and CORE Team Meetings**: Coalition or partner organization meeting attendance and participating in school CORE or Tier meetings to coordinate SAP services across school programs and departments.
- **22.2.6 Professional Development & Staff Training:** Attending training or professional development courses as a capacity building activity for the SAP or ESD staff. This includes when ESD Coordination Staff host a training for the SAP team.
- **22.5.6: ESD Coordination & Management:** Efforts outlined on the Service and Program Staffing Plan, implemented by Coordinating Staff.
- **22.2.1 [Insert Px Ed Program EBP]:** This EBP placeholder is where hours spent implementing the universal EBP listed on the Service & Program Staffing Plan are billed. Contractors will replace the placeholder text with the name of the program.
- **22.2.5 [Insert Px Ed Program Non-EBP]:** This EBP placeholder is where hours spent implementing the universal EBP listed on the Service & Program Staffing Plan are billed. Contractors will replace the placeholder text with the name of the program. This line is for when you are not implementing a universal EBP program or when you are implementing a universal EBP from the EIP registry but are billing a funding source for which the program is not designated an EBP for.

When reviewing the invoice, PSM's will compare allocations within these categories to the documentation provided by contractors when determining if there is sufficient information to approve the invoice. Invoices are expected to reflect service delivery across these categories and should not be completed using pre-determined percentages. Invoices will be denied if amounts are equally divided across categories without documentation that reflects a corresponding exact division of services provided.

Reimbursement Amounts

Reimbursement amounts are rolled up monthly for month of service and assigned to the correct funding source column within the specified allocation on your A&R.

a) When utilizing portions of the admin/indirect allocation for program costs, please note this in your invoice submission. The expenditure should still be placed in the row that aligns with the type of activity and associated BARS, CSAP/IOM for the service provided, even when using admin/indirect to pay for all or a portion of the charge. For example, if you plan to under-utilize the standard allocation for admin/indirect and instead use those funds for coordination activities, the charge should go under the coordination row of the invoice.
     i. Please note that you cannot utilize direct service allocations to pay for additional ESD admin/indirect charges.

b) Reporting must be complete, and the corresponding reports must be submitted with the invoice.

c) If you are billing for a service that is not documented in the service reports, please indicate this in the submission email along with the following information: service this is for, fund source, expenditure, name of school and/or CPWI community.

Reports needed to verify Prevention and Intervention services

Two reports are needed to verify services for Prevention and Intervention expenditures (second section of the invoice).

1. Prevention Activity Summary for HCA – <u>Detailed</u>: This report is for universal services, often classified as the CSAP of education or information dissemination. Images of what filters to select when generating this report are found under the section Obtaining a Prevention Activity Report for HCA – Detailed, on Page 15.
   i. One (1) report per funding source, per month.
   ii. When generating the report, please select the "detailed" option and *not* the "summary."
      a) Please note the detailed option of the summary shows the activities and programs implemented. This information should be used to determine what universal EBPs were implemented to build the invoice. HCA will also utilize this information to verify universal EBPs (Please see Appendix 1 for more information on the EBP requirement).
   iii. The report must be submitted in PDF format.
   iv. When generating the report, please select your ESD as the site, and do not pull reports by school. Please note that reports by school/School district or by SAP will no longer be accepted.
   v. This report should use the following naming convention: Fund source name, type of report, month, year. Example: "SUPTRS Prevention Activity Summary Oct 2024."

2. Student Progress Report: This report is for selective/indicative services, often classified as the CSAP of problem identification and referral. Images of which filters to select when generating this report are found under the section Obtaining a Student Progress Report on Page 17.
   i. One report per funding source.
   ii. Please note there is no option to filter by month, whereas the Prevention Activities Summary does need to be filtered by month of service.
   iii. This report should use the following naming convention: Fund source name, type of report, year. Example: "SUPTRS Student Progress Report 2024-25."

3. Groups conducted summary (optional): This report shows EBPs being used in a group setting (see Appendix 1 one for more information on the EBP requirement). ESD can use this report to determine what group setting EBPs to bill for. If the ESD has already run the report and is billing for a group setting EBP, please attach the report to your invoice submission to make it easy for HCA staff to verify services.

4. Billing for Grantee Coordination Services: At this time, there are no reports to verify Coordination services. Usually if there are direct services recorded in the invoice, it is assumed that there were coordination services. Please note the HCA Contract Manager can request more information regarding grantee coordination charges at their own discretion. Coordination corresponding backup documentation will be reviewed more in-depth during the Site Visit.

Obtaining a Prevention Activity Report for HCA - Detailed
1. In the main menu on the top of the page select "Reports".
2. Under Universal Activity Reports select "Prevention Activities Summary for HCA".

Universal Activity Reports

- Prevention Activities Summary
- Prevention Activities Summary For HCA
- Groups Conducted Summary

Indicated Student Reports

- Service Summary
- Student Progress
- Student Outcomes
- Substance Use Change
- Substance Use Change Categories
- Case Management Referral Status by agency

3. Select the following options from the drop-down menus. Leave other fields blank/on their default setting.
   - o School year
   - o Site (select your ESD)
   - o Month
   - o Community Prevention Wellness Initiative (select "yes")
   - o Funding source (run one report per awarded funding source,
   - o Click the "PDF" option.
   - o Click the "Show Detail" button

4. Download and save the document. Please include the name of the fund source, type of report, as well as the month and year of service in the title of the document For example: "SUPTRS Prevention Activity Summary October 2024."

Obtaining a Student Progress Report

1. In the main menu on the top of the page select "Reports."
2. Under Indicated Student Reports select "Student Progress."

3. Select the following information on the drop-down menu, all other fields should be left blank/on the default setting:
   - School year
   - Site (select your ESD)
   - Community Prevention Wellness Initiative (select "yes")
   - Funding source (run one report per awarded funding source, note you do not need to run a report for SUPTRS WR)
   - Select the "PDF" option

4. Download and save the document. Please include the fund source name and name of the report in the title of the document. Please note that for invoice processing purposes HCA only needs the first page of this report. You are welcome to submit only the first page or all pages in the report. For example: "ARPA Student Progress Report 2024-25."

Appendix 1: EBP Tracking Requirement

Overview

Starting with the 25-27 biennium, Umbrella Contract Contractors will be required to designate evidence-based program (EBP) status for all programs/strategies utilizing prevention funds when submitting A19 invoices. Internally for the past biennium, the A-19 Team has been tracking EBP status for programs funded with SUPTRS. This was done to assist the DBHR block grant team with federal reporting requirements. Now, this is being implemented across all prevention state and federal fund sources for several reasons:

1. This will ensure we can more accurately support reporting requirements for all fund sources.
2. Closely track EBP requirements as outlined in the Umbrella Contract.
3. We ensure other departments (i.e. accounting) within HCA have formal records documenting EBP status to inform other reporting and/or auditing needs.
4. This will ensure we have alignment in records between the provider, the Prevention Section, and shared services within HCA.

What does this mean?

For each fund source utilized, the provider must indicate whether or not the corresponding program or strategy is an EBP. This will be indicated using updated BARs codes. Contractors will now be required to select EBP designations based on which fund source they are billing towards and the associated fund source EBP status list on The Athena Forum's Excellence in Prevention Page:

- Excellence in Prevention (EIP) for SUPTRS, PFS, and GFS
- Cannabis for DCA
- Opioid for SOR and OSF/OASA
- Mental Health for MHPP.
- Task Order 02: EBP status based on approved Service & Program Staffing Plan for the classroom Prevention Education Series. Additional school-based service programs can be selected from the lists above.

How does this look?

For each BARs selection by CSAP category, an additional four BARs codes have been created to include EBP status. Here is an example for programs designated CSAP, Education. As you can see, the only change is following the IOM portion of the code; "-EBP" is added to the end of each option.

22.2.1	Education	Univ Direct-EBP
22.2.2	Education	Univ Indirect-EBP
22.2.3	Education	Selective-EBP
22.2.4	Education	Indicated-EBP
22.2.5	Education	Universal-Direct
22.2.6	Education	Universal-Indirect
22.2.7	Education	Selective
22.2.8	Education	Indicated

The following programs will never utilize the EBP designation:

- **For All Task Orders:**
  - Community Outreach, Youth Outreach, Public Awareness Campaigns (You Can, Starts with One, etc.), Innovative Programs
- **Task Order -01 Invoices:**
  - Youth Clubs/Coalitions/Workgroups
- **Task Order -02 Invoices:**
  - Staff/Student/Family/Community Outreach, Group & Individual Support Services, Coalition and CORE Team Meetings, Professional Development & Staff training, ESD Coordination & Management.

Example 1: LifeSkills Training Program

EBP Status List: EBP on EIP (GFS, PFS, SUPTRS), Cannabis, Opioid, MHPP

Using one fund source (ex: SUPTRS):

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	GFS	DCA	OASA	MHPP	SUPTRS
11.1	Admin/ Indirect							
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect-EBP					
22.5	Community Coalition Coordination	Community-Based Process	Universal-Direct-EBP					
22.5.A	Community Coalition	Community-Based Process	Universal-Direct-EBP					
22.2.1	LifeSkills Training Program	Education	Univ Direct-EBP					100.00

Using two fund sources (ex: SUPTRS, GFS):

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	GFS	DCA	OASA	MHPP	SUPTRS
11.1	Admin/ Indirect							
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect-EBP					
22.5	Community Coalition Coordination	Community-Based Process	Universal-Direct-EBP					
22.5.A	Community Coalition	Community-Based Process	Universal-Direct-EBP					
22.2.1	LifeSkills Training Program	Education	Univ Direct-EBP	100.00				100.00

Example 2: Second Step

EBP Status List: EBP on EIP (SUPTRS, GFS, PFS), MHPP

- *NOT EBP on Cannabis, Opioid*

Using one fund source (ex: SUPTRS):

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	GFS	DCA	OASA	MHPP	SUPTRS
11.1	Admin/ Indirect							
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect-EBP					
22.5	Community Coalition Coordination	Community-Based Process	Universal-Direct-EBP					
22.5.A	Community Coalition	Community-Based Process	Universal-Direct-EBP					
22.2.1	Second Step	Education	Univ Direct-EBP					100.00

Using two fund sources (ex: SUPTRS, DCA):

- *Two line items needed to track EBP spending and non-EBP spending.*
- *Why? Reporting teams need to be able to efficiently separate out costs between EBP fund sources and non-EBP fund sources when pulling data from our internal system.*

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	GFS	DCA	OASA	MHPP	SUPTRS
11.1	Admin/ Indirect							
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect-EBP					
22.5	Community Coalition Coordination	Community-Based Process	Universal-Direct-EBP					
22.5.A	Community Coalition	Community-Based Process	Universal-Direct-EBP					
22.2.1	Second Step	Education	Univ Direct-EBP					100.00
22.2.5	Second Step	Education	Universal-Direct		100.00			

> *Note: Funding sources must be accurately reflected in Minerva programs/strategies and cohorts/campaigns (if using multiple funding sources) for invoices to be approved.*