Please enter the following into the chat as we prepare to get started!

- Name
- Title / Role
- Years of experience working with CPWI or as a CBO grantee
- What do you hope to learn today?
- What is something that brought you joy recently?

WELCOME

2025 Annual Contractor Meeting

SUD Prevention & MH Promotion Section

September 24, 2025

9:05 – 2:30 PM

Washington State
Health Care Authority

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

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

Please note, the chat is public.

Today's agenda

#	Agenda Items	Time
1.	Login	9:00 a.m.
2.	Welcome and Overview of Agenda	9:05-9:15 a.m.
3.	Overview of Funding Sources, Funding Reminders, and Overview of Allowable and Unallowable Costs	9:15-10:15 a.m.
4.	Break	10:15-10:30 a.m.
5.	Overview of Umbrella Contract	10:30-11:00 a.m.
6.	Overview of Umbrella Contract: All about EBPs	11:00-11:30 a.m.
7.	Overview of Umbrella Contract: A deeper dive into the online reporting system	11:30 a.m.-12:00 p.m.
8.	Lunch	12:00-1:00 p.m.
9.	Overview of Invoicing and Billing	1:00-1:45 p.m.
10.	DBHR Statewide Updates	1:45-2:30 p.m.

Washington State
Health Care Authority
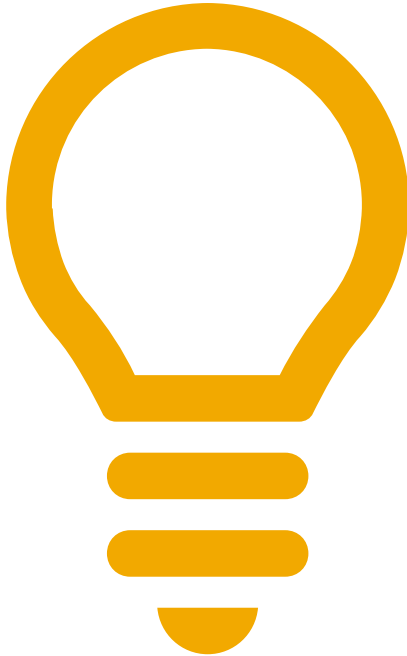
Pro Tip

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

Speaking of Pro Tips...

▶ Have your **Awards and Revenue (A&R) / Federal Subaward Identification (FSI) Document(s)** available for reference during today's meeting.

▶ Don't forget about your **Umbrella Contract** and **A-19 invoice template** too!

Awards and Revenues (A&R) / Federal Subaward Identification (FSI) Document
Document Updated: July 1, 2025
Incorporated by reference per *3.3 Compensation and Billing*. For additional information, please review *3.3.2*.
Receipt and completion of this Document by the Contractor <u>must be completed within ten (10) business days</u> of receipt and returned to your manager.
General Order of Contents:
A&R / FSI Document Cover Page – Task Order 01 A&R(s) – Task Order 01 FSI Table(s) – Task Order 01 A&R / FSI Document Cover Page – Task Order 02 A&R(s) – Task Order 02 FSI Table(s) – Task Order 02 A&R / FSI Document Cover Page – Task Order 03 A&R(s) – Task Order 03 FSI Table(s) – Task Order 03 Note: A&R(s) and FSI Table(s) only included if funding is allocated to that Task Order.

Washington State
Health Care Authority

Objectives

▶ At the conclusion of this training, attendees will be able to:

- ▶ Understand the **various funding sources** for prevention services

- ▶ Have general knowledge of **unallowable / allowable** costs

- ▶ Understand key components of the **Umbrella Contract**

- ▶ Understand key components of the **invoicing process**

- ▶ Know what other r**esources are available** to support and provide more guidance on each of these topics

- ▶ Identify areas they may want to work more closely with their prevention manager on for **additional technical assistance**

But why are YOU here?

- **Program staff:** you lead and are responsible for a lot of this work day-to-day!

- **Fiscal staff:** while you may not lead all components, it is imperative you understand how all the pieces fit together to inform successful billing.

- **Contract Contact / supervisor:** you are responsible for ensuring all of the work under the Contract is done completely and accurately.

- Finding strategies to ensure all parties are working together is key!
  - ▶ Monthly or quarterly check-ins together.
  - ▶ Sharing of program reports (i.e. Minerva / LGAN reports).
  - ▶ Understanding of guidance documents available on Athena.

Washington State
Health Care Authority
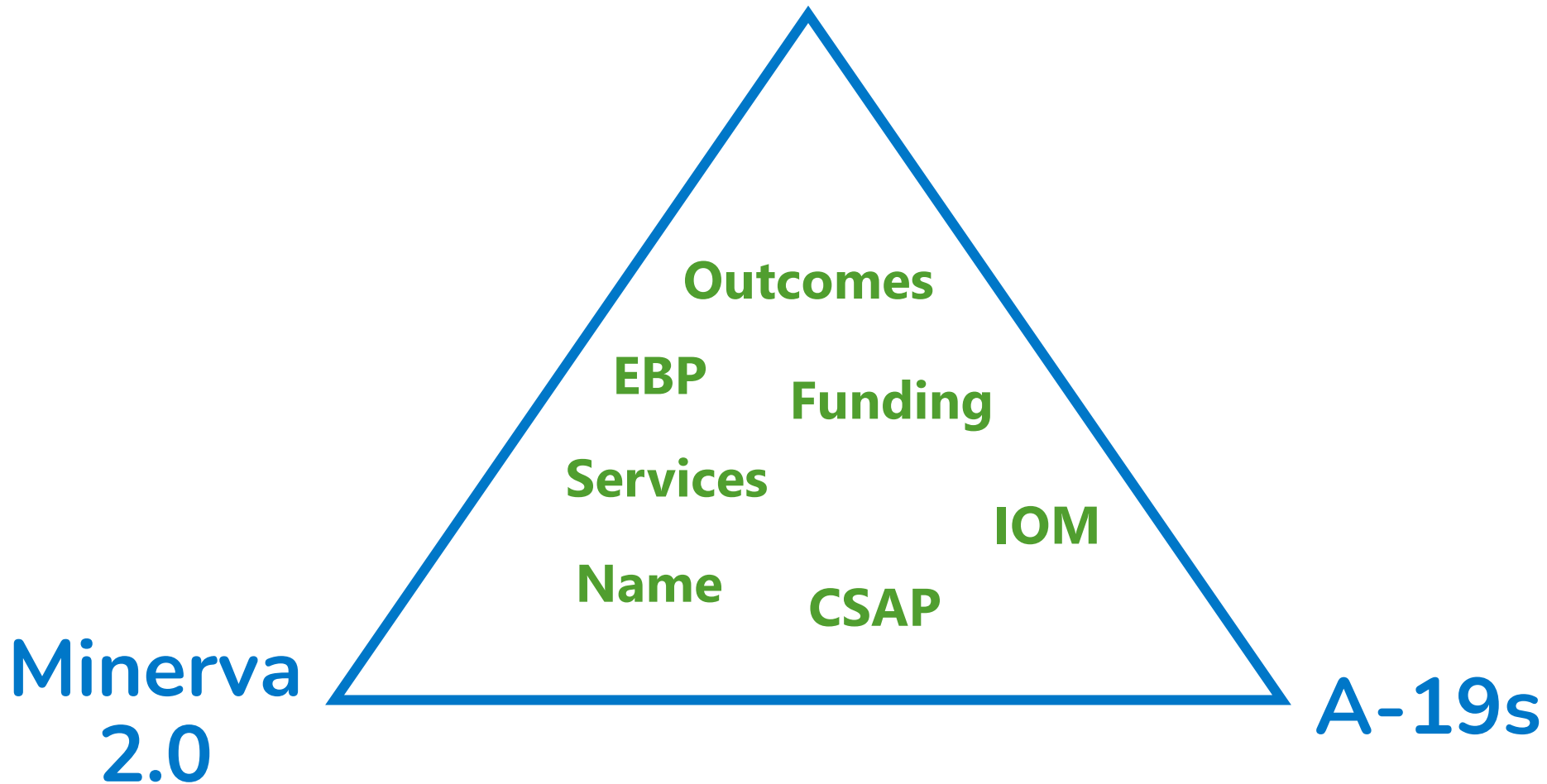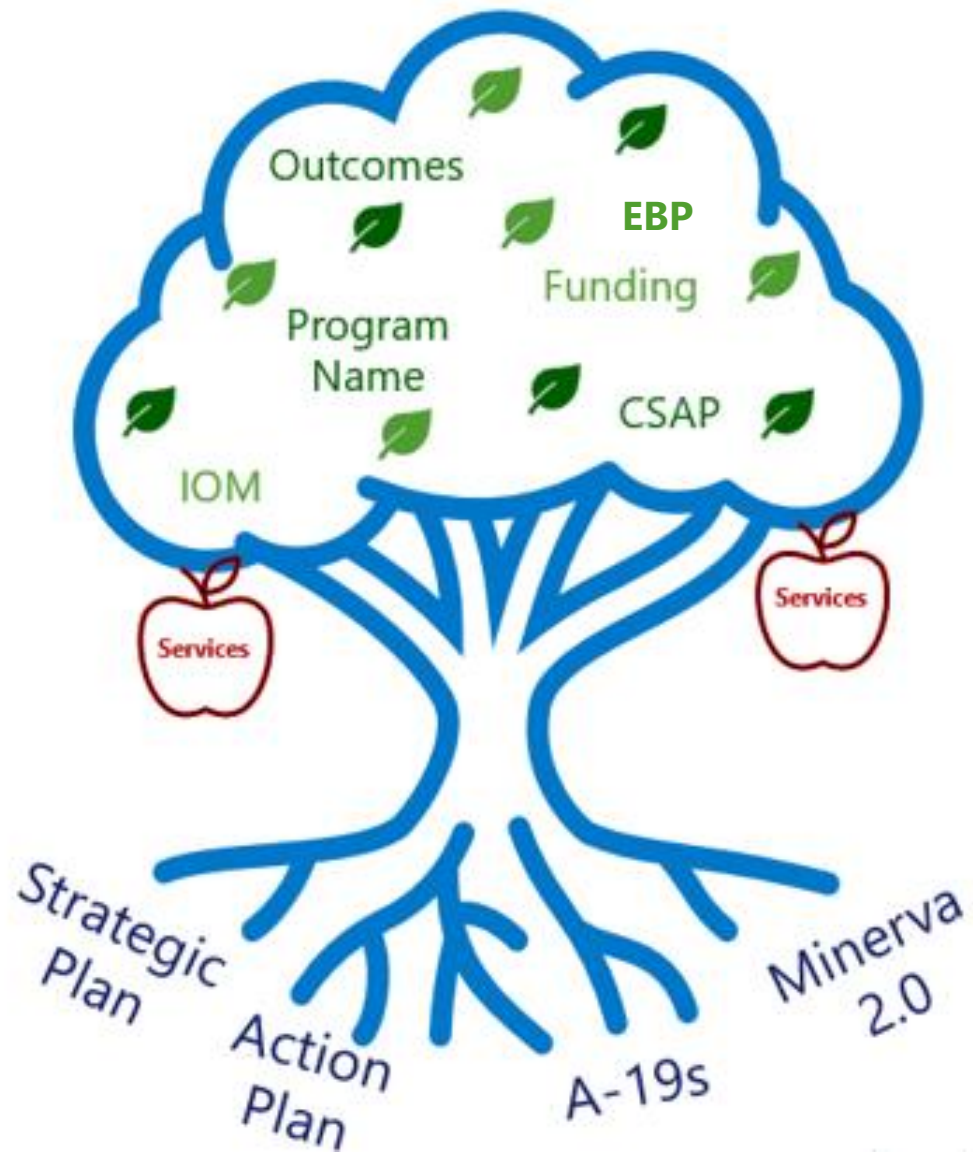
Add to the chat now!

- How do all parties ensure they are working together successfully within your fiscal agent organization?

Overview of Funding Sources

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

Prevention is primarily grant funded

- GF-S (General Fund – State)
- MHPP (Mental Health Promotion Projects)
- DCA (Dedicated Cannabis Account)
- SOR IV (State Opioid Response)
- OASA (Opioid Abatement Settlement Account)
  - Also referred to as, OSF (Opioid Settlement Funds)
- SUPTRS (Substance Use Disorder Prevention, Treatment, and Recovery Services)
  - Also referred to as, SABG (Substance Abuse Block Grant).
- PFS (Partnerships for Success) 2023
- Other:
  - Local match funds for CPWI school-based services, local sales tax, etc.
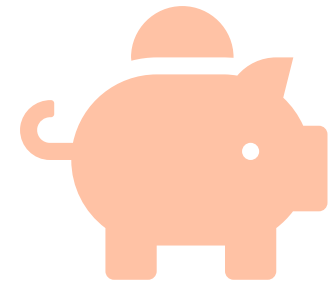
*Carryover (CO) and No Cost Extension (NCE) may occur for discretionary grant funding

Washington State Health Care Authority

State Funds

- GF-S
- DCA
- MHPP
- OASA / OSF

Washington State
Health Care Authority

GF-S

- Funding for CPWI Coalitions.
- No carryover from year-to-year.
- Allocated by State Fiscal Year July 1 – June 30.
- No incentives and limitations on meals.
- Per Coalition, 60% of programs must be Evidence-Based Programs.

Washington State
Health Care Authority

DCA

- Funding for CPWI Coalitions, CPWI School-Based Services, CBO grantees, and other projects.

- No carryover from year-to-year.

- Allocated by State Fiscal Year July 1 – June 30.

- No incentives and limitations on meals.

- Per Coalition, 60% of programs must be Evidence-Based Programs and must implement at least one (1) EBP from the DCA list then can implement PP or use for other expenses including training and/or coalition coordinator costs.

- Per CBO, must implement at least one (1) EBP from the DCA list and when two (2) or more EBPs selected, they may implement one (1) PP.

Washington State
Health Care Authority

MHPP

- Funding for CBOs and other projects.

- No carryover from year-to-year.

- Allocated by State Fiscal Year July 1 – June 30.

- No incentives and limitations on meals.

- Must implement:
  - At least one (1) direct service from the MHPP/suicide prevention list.
  - Minimum of one (1) Youth Mental Health First Aid training with a maximum cost of $5,000.
  - One (1) community awareness project.

Washington State
Health Care Authority

OASA / OSF

- Funding for CPWI Coalitions, CPWI School-Based Services, CBO grantees, and other projects.

- No carryover from year-to-year.

- Allocated by State Fiscal Year July 1 – June 30.

- No incentives and limitations on meals.

- Per Coalition, 60% of programs must be Evidence-Based Programs and must implement at least one (1) EBP from the opioid list.

- Per CBO, must implement programs from the opioid list.

- Providers must also:
  - ▶ Participate in National Drug Take-Back Days.
  - ▶ Implementation of the Starts with One campaign.

Washington State
Health Care Authority

Federal Funds

- SABG / SUPTRS including CO
- PFS to include any CO and NCE
- SOR IV to include any CO and NCE

Washington State
Health Care Authority

SABG / SUPTRS

- Supports CPWI Coalitions, CPWI School-Based Services, and other projects.
- Allocated by the State Fiscal Year July 1 – June 30
  - ▶ *except for SABG CO that expires September 30, 2025.*
- SABG should be the payer of last resort.
- No incentives and limitations on meals.
- Per Coalition, 60% of programs must be Evidence-Based Programs.

Set reminders on your calendar!

Washington State
Health Care Authority

PFS 2023

- Funding for CPWI Coalitions, CPWI School-Based Services, and other projects.

- 5-year grant starting September 30, 2023.

- Allocated (Sept 30 – Sept 29) and awarded July 1 – June 30
  - ▶ *except for PFS Y1 CO that ends 9/29/2025 & PFS Y3 that starts 9/30/2025.*

- Priority areas: underage drinking, tobacco use, method of vaping.

- No carryover from year to year.

- Per Coalition, 60% of programs must be EBPs.

Washington State
Health Care Authority

SOR IV

- Funding for CPWI Coalitions, CPWI School-Based Services, CBOs, and other projects.

- 3-year grant (Sept 30, 2024 – Sept 29, 2027).

- Allocated (Sept 30 – Sept 29) and awarded July 1 – June 30
  - *except for SOR IV Y1 that ends 9/29/2025 & SOR IV Y2 that starts 9/30/2025.*

- Priority area: opioids.

- No carryover from year to year.

Washington State
Health Care Authority

SOR IV & PFS – update

- Notice of Award (NOA) received this Monday.

- No funding changes.

- Once the NOA / various approvals work through our internal process, A&R / FSI Documents will then be sent by the 1st or 2nd week of October.
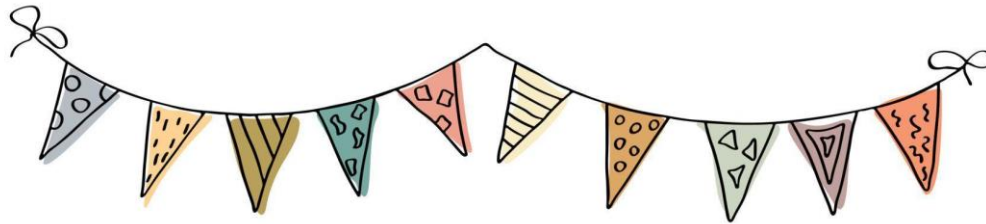
Type your answer in the chat!

- What fund sources fund the services provided in your community/ies?

- Do you have any fund sources that expire this month (September 2025)? What fund sources are they?

Washington State
Health Care Authority

Funding reminders

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

Washington State
Health Care Authority

Funding reminders from previous Learning Community Meetings

- ▶ Speaking of the LCM…

- ▶ While the LCM is required per your Contract terms for each Task Order, often fiscal staff and the Contract Contact do not attend.

- ▶ We encourage everyone to join and listen in as they are able even if not required

- ▶ **At Minimum: The representative from each organization should ensure information is shared within the organization as needed.**

- ▶ Calendar year 2026 schedule is LIVE on Athena (update later in PPT).

CPWI Stabilization Funds

- Integrated into DCA and OASA / OSF funding.

- You may or may not receive DCA or OASA / OSF funding, but **you will see the increased funding support through other fund sources.**

- CPWI Coalitions receive up to $145,000 annually.

- CPWI School-Based services receive up to $95,000 annually.

State fiscal year 2026 – allocations

- Local service providers (CPWI Coalitions and CPWI school-based services) are scheduled to receive their **second A&R / FSI Document** for this fiscal year allocating funds from July 1 – June 30, 2026 upon HCA receiving the NOA for SOR IV Y2.

- Funding that **expires in September 2025** was allocated across the CPWI system to be expended in July, August, and September similar to last SFY.
  - ▶ Each CPWI Coalition received at least $20,000.
  - ▶ Note, this was **not** additional funding but within the typical annual allocation.

Washington State
Health Care Authority

Admin / indirect

- Effective this year, the **federal** de minimus rate has been upped from 10% to 15%.

- Recently, directive given that, **state** funds can move to 15% also.

- We recognize many have policies that do not allow them to use that amount of admin / indirect and **you may continue to use this to support program costs.**

- Use your A&R / FSI Document.

Expenditure Request – Jan 2026

- Toward the end of the calendar year / early January 2026, we will be circulating an Expenditure Request as we have in past years.

- Underspend continues to be a challenge, and we continue to face additional scrutiny to ensure all funding is expended.

- Think about it this way:
  - There are over 90 active CPWI sites.
  - If each Coalition underspends by about $1,600 this totals up to $145,000 or the amount to fund a single Coalition.

- We may have funding available for additional funding requests so begin brainstorming!

Washington State
Health Care Authority

Share Success Stories!

- We love hearing local success stories!

- Places we love to pass along the good news!
  - ▶ Grant Reporting
  - ▶ Health Care Authority Highlights
  - ▶ Provider Spotlights in Athena

Type your answer in the chat!

- What are some ways you ensure all funding is expended properly?

- If more funding was available, how might you use this to support programs and services within your community / region?

Washington State Health Care Authority

Available guidance on federal and state funds

- We follow the **Federal Cost Principles** for all of our direct services funds (this includes state funds).
  - ▶ Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards 2 CFR Part 200 in 45 CFR Part 75
  - ▶ eCFR :: 2 CFR Part 200 Subpart E -- Cost Principles
  - ▶ eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
  - ▶ Note, each funding source has additional/unique unallowable costs and requirements.

- For discretionary grant funds, we also follow the **Notice of Awards (NOAs) and SAMHSA's Additional Directives**.
  - ▶ https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives.

Bookmark these!

- We use the **"Substance Use Disorder Prevention and Mental Health Promotion Billing Guide"** to further define our billing practices.
  - ▶ https://www.hca.wa.gov/assets/program/fiscal-program-requirements-sud.pdf
  - ▶ Note, this is in the process of being updated for the new biennium.

Washington State
Health Care Authority

General unallowable costs

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

Share this list with your community!

Washington State Health Care Authority

FAQs: entertainment

Costs of entertainment, including amusement, diversion, and social activities and any associated costs are unallowable, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized either in the approved budget for the Federal award or with prior written approval of the Federal awarding agency.

*Budget and Federal awarding agency further defined.
*Source: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E.

Washington State
Health Care Authority

FAQs: food

- The **Special Terms** of the Umbrella Contract outlines additional details on food.

- No more than $1,500/year per community or CBO grantee.
  - ▶ Note, this is an increase based upon feedback from all of you!

- Light refreshments may be provided.
  - ▶ Limit $3 per person or $10 per person if SOR.
  - ▶ Event/meeting must be 2+ hours.

- Meals may be provided with all fund sources except for discretionary grant funding (SOR and PFS):
  - ▶ Training is four (4) hours or more in duration; or
  - ▶ Program is a recurring direct service family domain program included in strategic plan; and
  - ▶ State per-diem rates are followed see www.ofm.wa.gov.

FAQs: incentives

- **Incentives** may be allowable with discretionary funds but are not allowable with SABG or State funds.

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

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

Washington State
Health Care Authority

Questions?

Overview of Umbrella Contract

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

Washington State
Health Care Authority

Contractor roles and responsibilities

- It is important to be familiar with your Umbrella Contract and any of the Task Orders that are applicable to you.
  - ▶ Tip: Just knowing where to look is key to your success!
- Provide a copy of the Contract to all program and fiscal staff who have responsibilities related to implementation.
- Find a system that works to ensure all parties involved work in collaboration to support the implementation of the Contract.
- DBHR prevention managers will provide on-going contract management and technical assistance.

Washington State
Health Care Authority
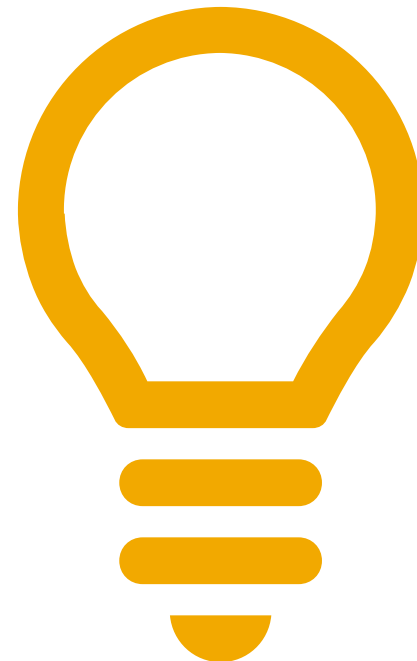
DBHR prevention manager roles and responsibilities

- Contract management.
  - Review and approval of invoices (A-19s).
  - Data quality assurance (Minerva).
  - Monitor deliverables.
  - Issue corrective action when appropriate.

- Technical Assistance (TA) for strategic planning and implementation of prevention services.

- Managers also have statewide prevention projects.

Washington State
Health Care Authority

Looking back

- At the start of the **19-21 biennium**, DBHR was transitioning from DSHS to HCA where the bulk of changes occurred.

- During the **21-23 biennium**, we gathered a lot of feedback and opted to amend the contracts with only a few language changes versus issuing new contracts.

- During the **23-25 biennium**, we had the inception of the Umbrella Contracts.

- Currently in **25-27 biennium**, we made minor changes to the template and amended the Umbrella Contracts with a full reinstatement.
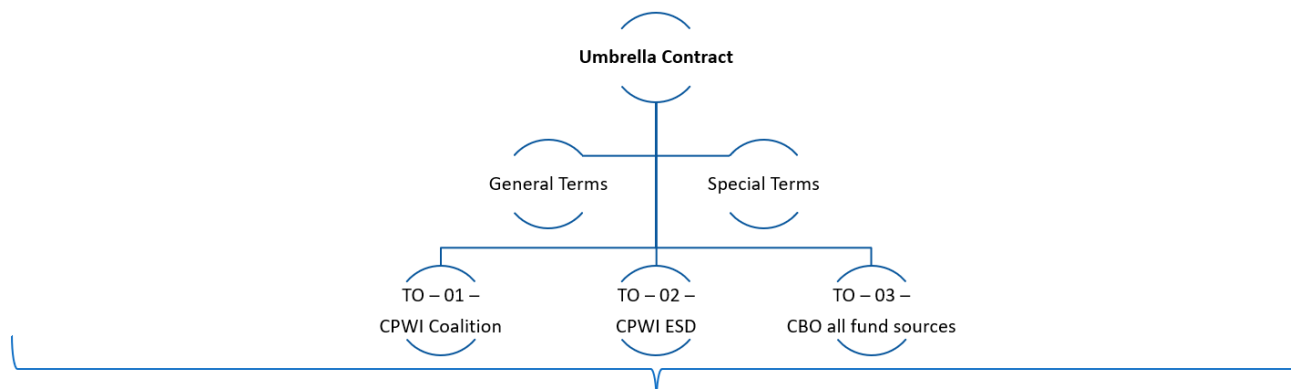
Key commitments

- **High-quality prevention services** to include contracting documents that reflect this.

- **Limited changes from year-to-year** unless absolutely necessary while also staying flexible to meet current needs.

- **Reduction of administrative burden**, in particular that which is felt during the process of amending contracts throughout the year.
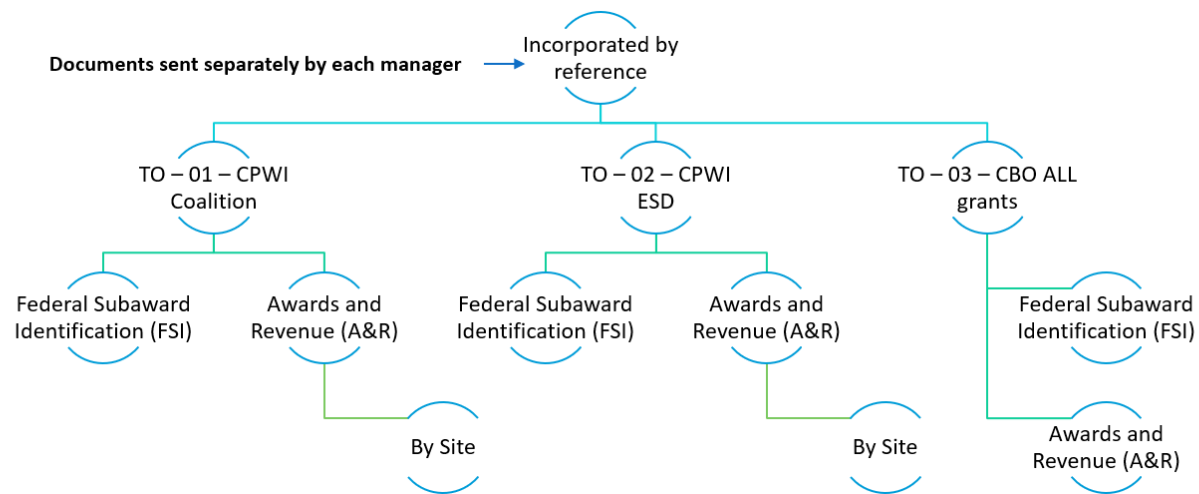
Umbrella Contracts: concept

- Umbrella Contract with three (3) Task Orders underneath for:
  - ▶ CPWI Coalitions
  - ▶ CPWI School-Based Services
  - ▶ CBO Grants.

- Task Order(s) will remain dormant until activated through A&R /FSI Document.

- Umbrella Contract signed Contractor Signatory and HCA.

- Each Task Order through the A&R / FSI Document will then designate specified contacts from both the provider and DBHR.

Documents sent separately by each manager →

Incorporated by reference

TO – 01 – CPWI Coalition

TO – 02 – CPWI ESD

TO – 03 – CBO ALL grants

Federal Subaward Identification (FSI)

Awards and Revenue (A&R)

Federal Subaward Identification (FSI)

Awards and Revenue (A&R)

Federal Subaward Identification (FSI)

By Site

By Site

Awards and Revenue (A&R)

Washington State Health Care Authority

Umbrella Contract: general layout

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

Washington State
Health Care Authority

Face page (page 1)

- **Contract Number:** same as past biennium with an amendment - 01.

- **HCA Contact for all Umbrella Contracts:** Kasey named on all.
  - Each **Task Order** further specifies the DBHR Task Order Manager and Contractor Contact.

- **Total Maximum Contract Amount:** to be higher than what is allocated through A&R(s) to allow for adding/removing funding as needed without a Contract amendment.

- **Contract Dates:** 7/1/2025 – 6/30/2030 with ability to extend.

Washington State Health Care Authority	CONTRACT for Prevention and Promotion Client Services	HCA Contract Number: K		

THIS CONTRACT is made by and between the Washington State Health Care Authority (HCA) and [ ], (Contractor).

CONTRACTOR NAME		CONTRACTOR DOING BUSINESS AS (DBA)		
CONTRACTOR ADDRESS	Street	City	State	Zip Code
CONTRACTOR CONTACT		CONTRACTOR TELEPHONE	CONTRACTOR E-MAIL ADDRESS	

Is Contractor a Subrecipient under this Contract?
☒ YES ☐ NO

HCA PROGRAM	HCA DIVISION/SECTION
Prevention and Promotion Local Services	Division of Behavioral Health and Recovery (DBHR), SUD Prevention and MH Promotion Section
HCA CONTACT NAME AND TITLE	HCA CONTACT ADDRESS
Kasey Kates, Supervisor, CPWI Community and School-Based Services	Health Care Authority 626 8th Avenue SE PO Box 42730 Olympia, WA 98504-2730
HCA CONTACT TELEPHONE (360) 725-2054	HCA CONTACT E-MAIL ADDRESS Kasey.Kates@hca.wa.gov

CONTRACT START DATE	CONTRACT END DATE	TOTAL MAXIMUM CONTRACT AMOUNT
July 1, 2025	June 30, 2030	

PURPOSE OF CONTRACT:

Contractor will provide substance use disorder prevention and mental health promotion services to individuals, families and communities. The services will be provided through individual Task Orders, as funded and agreed to between both parties.

The parties signing below warrant that they have read and understand this Contract and have authority to execute this Contract. This Contract will be binding on HCA only upon signature by both parties. The parties may execute this contract in multiple counterparts, each of which is deemed an original and all of which constitute only one agreement. E-mail (electronic mail) transmission of a signed copy of this contract shall be the same as delivery of an original.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

Special terms (page 14)

- Reference to **A&R/FSI Document** including process to manage (page 15):
  - Updated at least 1x per state fiscal year.
  - Sent directly to Task Order Contract Manager.
  - Receipt must be acknowledged within ten (10) business days to include sending back the FSI table with the bottom portion completed.

- Reference to the **45-day billing policies** (page 18):
  - Whichever comes first:
    - Must submit invoices within 45 calendar days of the date the services were provided.
    - Must submit invoices within 45 calendar days after Contract expiration date.
    - Must submit invoices within 45 calendar days after fund source end date.
  - Allows an additional 30 days for supplemental invoices unless the fund source is closed.

Washington State
Health Care Authority

Special terms (continued)

- **Admin/Indirect language** (page 20):
  - Contractor may use less than 15% of the Admin/Indirect allocations provided. If the Contractor chooses to use less than 10% for Admin/Indirect costs, Contractor <u>shall use</u> any funds remaining of the 15% for direct program implementation costs.

- **Corrective Action Plans** (page 27):
  - Generally due within 15 day of notification.
  - Can be issued as part of a Site Visit or separate from.

- **Extension to Deliverables** (page 28):
  - Clarifies they must be in writing.
  - Can indicate a higher risk Contract.

- **Subcontracting** (page 28) terms including the need to:
  - Submit written documentation of each on-site visit within <u>thirty (30) calendar days</u> upon completion.
  - Must submit template or Subcontract itself for review by HCA at least <u>thirty (30) business days</u> of intended start date of Subcontract.

FAQ: retention (page 41)

▶ Records and Document Review (page 41) provides direction on **maintaining the proper records** which includes both programmatic (i.e. surveys, attendance records) and fiscal (i.e. invoices) records **for a period of six (6) years** after the date of final payment under the Contract.

▶ If there is litigation, claims, or audit findings during that period of six (6) years then **the retention date is extended until resolved.**

FAQs: subcontracts (page 43)

- **Prior approval required** prior to engaging in subcontract

- Send boilerplate/subcontract to DBHR for review prior to entering into contract.

- Subcontract language requirements:
  - Follow the list of required inclusions in contract.

- Subcontract monitoring:
  - Submit monitoring plan to DBHR.
  - Annual on-site reviews by contractor of subcontractor:
  - Send written documentation/reports to DBHR.

- Backup deadlines to your Subcontractor to ensure you are able to meet deadlines and deliverables to HCA.

Washington State
Health Care Authority

Task Order – 01 – CPWI Coalition (page 51)

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

▶ Reminder, both prongs of CPWI must be active to maintain CPWI services.

▶ The following review provides an overview of many of the key deliverables but not all.

▶ You are responsible for ensuring you have read and understand each of these deliverables.

Washington State
Health Care Authority

Task Order – 01 – CPWI Coalition

- Compliance with the **CPWI Guide** as posted on Athena.
- Ensure **minimum of 0.5 FTE**.
  - ▶ Strongly encouraged to hire a 1.0 FTE.
- Coordinator must meet qualifications as outlined on the **Community Coalition Coordinator Qualification Checklist** as posted on Athena.
  - ▶ Training Plan must be submitted if not.
- Must have **workstation in the community** being served.
- Obtain **CPP** within 18 months of hire and maintain.

Washington State
Health Care Authority

Task Order – 01 – CPWI Coalition

- **Annual delivery** of direct services.

- Approved **Strategic Plan and Budget** to include maintain accurate documents and requesting approval for changes including:
  - ▶ Program / strategy changes (to allow manager to ensure continued compliance)
  - ▶ Budget changes of 10% or more (to ensure within allowable costs / funding amounts).

- Build **programs in Minerva within 30 days** of Strategic Plan approval.

Washington State
Health Care Authority

Task Order – 01 – CPWI Coalition

- Ensure **60% of programs are evidence-based** and compliance with other fund source specific requirements.

- Ensure that all programs (including innovative) following the **CSAP Principles of Effectiveness**.

- Coordinator to **attend**:
  - ▶ Learning Community Meetings (LCMs)
  - ▶ Prevention Provider Meeting / Prevention Summit
  - ▶ Coalition Leadership Institute (CLI)

> Pass information to leadership or other program / fiscal staff within your org!

Washington State
Health Care Authority

Task Order – 01 – CPWI Coalition

▶ Report on all requirements within Minerva to include:

  ▶ Timely and accurate data entry by the **15th of each month** for the previous month's services.

  ▶ Submit an **extension request in emergent situations** at minimum of five (5) days prior to due date with a maximum extension of ten (10) days.

  ▶ Three (3) consecutive months of approved extension requests and/or late reporting **will result in corrective action.**

  ▶ Four (4) approved extension requests and/or late reporting within a six (6) month period **will result in corrective action.**

Washington State
Health Care Authority

Task Order – 01 – CPWI Coalition

▶ Report on all requirements within Minerva to include:

   ▶ **CPWI Quarterly Reporting** due:
      > October 15th
      > January 15th
      > April 15th
      > July 15th

   ▶ Complete the annual **Coalition Assessment Tool (CAT)** at your October Coalition Meeting.

   ▶ Complete **pre and post-tests** for all recurring direct services.

   ▶ May request an exception for pre and post-test when the majority of participants are younger than ten (10) years old.

Washington State
Health Care Authority

Task Order – 01 – CPWI Coalition

▶ Report on all requirements within Minerva to include **the Performance Work Statement.**

- ▶ 80% pre and post-test completion rate.
- ▶ Positive outcomes for at least half of participants.
- ▶ If fewer report positive change then a Performance Improvement Plan is required.

Washington State
Health Care Authority

Task Order – 02 – School-Based Services (page 59)

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

▶ Reminder, both prongs of CPWI must be active to maintain CPWI services.

▶ The following review provides an overview of many of the key deliverables but not all.

▶ You are responsible for ensuring you have read and understand each of these deliverables.

Washington State
Health Care Authority

Task Order – 02 – CPWI School Based Services

- Provide services in accordance with the **SAMHSA Student Assistance Framework** located at library.samhsa.gov/sites/default/files/d7/priv/pep19-03-01-001.pdf.

- Compliance with the **CPWI Guide** as posted on Athena.

- Hire a Student Assistance Professional (SAP) who works a minimum of 180 days for 7 hours daily.

- Obtain CPP and/or SUDP within 18 months and maintain.

- Provide SAP training.

- Approved Service and Program Staffing Plan and Budget.

- Ensure local match is secured.

Washington State
Health Care Authority

Task Order – 02 – CPWI School Based Services

- Use the GAINS-SS.

- Ensure administration of HYS.

- Provide a site visit to each school receiving services annually.

- An ESD representative is to attend:
  - Learning Community Meetings (LCMs)
  - Prevention Provider Meeting / Prevention Summit
  - Coalition Leadership Institute (CLI)

Washington State
Health Care Authority

Task Order – 02 – CPWI School Based Services

▶ Report on all requirements within Minerva to include:

- ▶ Timely and accurate data entry by the **15th of each month** for the previous month's services.

- ▶ Submit an **extension request in emergent situations** at minimum of five (5) days prior to due date with a maximum extension of ten (10) days.

- ▶ Three (3) consecutive months of approved extension requests and/or late reporting **will result in corrective action.**

- ▶ Four (4) approved extension requests and/or late reporting within a six (6) month period **will result in corrective action.**

Task Order – 02 – CPWI School Based Services

- Report on all requirements within Minerva to include the Performance Work Statement.
  - Minimum of 60% of students who participate in the program must complete a pre and post-test.
  - Minimum of 85% must have the following outcomes:
    - Overall, how important has this program been to you? *Very important or pretty important.*
    - Are you glad you participated in this program? *Yes, or YES!*
    - Are you more likely to attend school because of this program? *Yes, or does not apply to me.*
  - Minimum of 50 students or 15% of the student population served.
  - If requirements not met, a Corrective Action Plan (CAP) is required.

Task Order – 03 – CBO grantees (page 66)

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

▶ As we do not have any active CBO grantees right now, we will not dive in deeper on this Task Order but encourage everyone to review!

Washington State
Health Care Authority

How do I learn more about my Task Order?

- Take some time to read it!

- Schedule a study session with your peers.

- Discuss with your supervisor and your fiscal agent.

- Ask your prevention manager questions for clarity.

- Create a calendar for deliverables.

Washington State
Health Care Authority

Attachment 4: Data Sharing Terms (page 77)

- Includes Attachment A – D.
- Ensure you have read and understand to include language around what to do in a potential data breach.
  - Contractor must report to HCA within one (1) business day of discovery.
- Maximum of **60 users** with access to Minerva or LGAN through Minerva (per fiscal agent).
- Additional language around **suppression and small numbers**.
- **Complete Attachment C: User Agreement** for this new Contract period starting 7/1/2025 and have available for Site Visits.
- Complete Attachment D: Certification of Destruction / Disposal of Confidential Information as / when needed.

Training overview

Name of Training	Who Attends?	When?
Monthly TA and Monitoring Calls**	DBHR Prevention Manager; CPWI staff; CBO staff.	Typically monthly with specific time and date scheduled by attendees.
Minerva Technical Assistance Calls	MIS Project Manager; DBHR Prevention Manager; CPWI staff (Coalition only); CBO staff.	Twice monthly.
Learning Community Meetings**	DBHR Prevention Team; CPWI staff; CBO staff.	Typically occurs every other month; 2026 schedule live on Athena now!
Coalition Leadership Institute*	DBHR Prevention Manager; CPWI staff.	Occurs annually in summer.

*Required for CPWI program staff.
**Required for CPWI & CBO program staff.
$Required for fiscal staff and contract contact.

Washington State
Health Care Authority

Training overview, continued

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

*Required for CPWI program staff.
**Required for CPWI & CBO program staff.
$Required for fiscal staff and contract contact.

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

Washington State
Health Care Authority

Site Visits 2026

- CPWI (both prongs) should anticipate Site Visits in the late winter / early spring of calendar year 2026.

- Look at your checklist from this year!

  - Last year we made some changes to align to the Umbrella Contract, and future changes are anticipated to be minor.

- Think about backup documentation including both program and fiscal documents.

- Gather success stories!

Washington State
Health Care Authority

Overview of Umbrella Contract: All about EBPs

Alexis Schmierer | Prevention Systems Manager & EBP Project Support | HCA/DBHR

Washington State
Health Care Authority

Task Order 1 - CPWI

- 60:40
  - Ensure 60% of the direct service programs implemented are evidence- based or research based while the rest can be promising or innovative
- Adaptations
  - Adaptation requests must be approved by the PSM prior implementation.
  - All adaptations should be marked in Minerva.
- Guidance doc located at https://theathenaforum.org/sites/default/files/2025-09/Identifying%20Adaptations_%20A%20Tool%20for%...
- Fidelity
  - Ensure fidelity for all program implementation
- Innovative programs
  - Innovative programs should be reviewed and approved by the PSM
  - Innovative programs should follow the Center for Substance Abuse Preventions (CSAP) Principals
- EBP status
  - Tracked in Minerva
  - Tracked on invoices
  - Status can be found here: Excellence In Prevention (EIP) page

Task Order 2 - SAP

- 1 implementation of an EBP from [EIP page](#)
  - Universal program delivered across one full school grade (in place of the Prevention Ed series)

- Adaptations
  - All adaptations must be agreed upon by HCA and ESD
  - Requests for adaptations must be submitted 30 calendar days before implementation

- Guidance document located at https://theathenaforum.org/sites/default/files/2025-09/Identifying%20Adaptations_%20A%20Tool%20for%...

- Fidelity
  - Ensure fidelity for all program implementation

Overview of the Umbrella Contract: Deeper dive into online reporting systems

Rachel Ray | Minerva Project Lead | HCA/DBHR

Christopher Belisle | LGAN Project Lead | HCA/DBHR

Washington State
Health Care Authority

Online reporting system

Online reporting system

- ▶ Use online reporting systems to monitor performance compliance for our cost-reimbursable, performance-based contracts.

- ▶ Fulfill state and federal reporting obligations.

- ▶ Reporting is reviewed monthly for four qualities— unduplicated, accurate, complete, and on-time (before COB on the 15th of every month).

- ▶ Requirement for pre/post test data supports program evaluation.

- ▶ Standardized training and data share agreements are required to maintain quality and consistency.

Quality assurance

- On-demand reports available in the Evaluate channel in Minerva 2.0 to monitor service delivery.
  - **Outcomes Report**
  - **Program Implementation Monitoring Report**

- Routine, custom quality assurance reports and "data spot checks."

- Quarterly quality control reports to catch errors that were missed.

- Document Library to store key documents (e.g., strategic plans, documents related to implementation).

Management Information System (MIS) Transition Overview

▶ Transition all users into one reporting system, Minerva 2.0.

▶ Both prongs of CPWI community coalitions and schools will report in Minerva 2.0, alongside CBOs and Tribe/UIO users.

▶ Process began October 2024 and is anticipated to launch in September 2026.

▶ Unified system will support us to eliminate duplication in reporting, streamline training and support, and simplify compliance monitoring and evaluation.

Management Information System (MIS) Transition Timeline

Done

In progress

June 30, 2025 **1. LGAN Contract Ends**	July 2025 – June 2026 **2. Enhance Minerva**	April-Sept 2026 **3. New Account Creation**	Aug-Oct 2026 **4. New User Training**	Sept. 1, 2026 **5. Launch Minerva**	Ongoing **6. Evaluation**
• Partner engagement • Contract amendments • Workgroup recruitment • Project planning	• LGAN continues through CPGSI • Align systems • Define priorities • Design features	• Identify new & existing users • Create accounts • LGAN sunsets June 30, 2025	• Guidance documents • On-demand videos • New User Training • Minerva TA	• System launch for SAPs • First month of service reported in new system	• Feedback • Evaluation • Enhancements • Monthly TA

Washington State
Health Care Authority

Management Information System (MIS) Transition Approach

- Gathering feedback
  - ESD Workgroup
  - SAP Survey
  - Listening Sessions / Focus Groups
- Creating a custom SAP system
  - Unique reporting requirements
  - Adjustments isolated to SAP accounts
- Muli-disciplinary support deployed
- Iterative approach
- SAPs will close out this full fiscal year in LGAN
  - Transition occurs next fiscal year

Washington State
Health Care Authority

Minerva guidance

- Minerva 2.0 user guide organized by channel and sub-channel.

- An inventory of support and reporting guidance document including strategy-specific data entry plans and a reporting requirements checklist.

- On-demand videos to orient you to the system, and certain features and tools in Minerva 2.0.

CPWI Quarterly Reports

Minerva 2.0 CPWI Quarterly Reports Video Transcript

Minerva TA opportunities

- Technical support calls (scheduled and ad-hoc), a new user onboarding training series, on-demand videos, and written user guides.

- A team of subject matter experts in federal reporting compliance, information management, project management, and technical support / training.

- Support from the Collaborative Planning Group's Support Team via a Support Ticketing system in Minerva 2.0.

- A dedicated inbox for reporting-related questions (PrevMIS@hca.wa.gov)

Upcoming new user trainings

▶ Quarterly two-part training series held on Zoom

- ▶ **November 6th and 7th**

- ▶ February 10th and 12th

- ▶ May 12th and 14th

▶ To register visit:
https://theathenaforum.org/training/calendar

Washington State
Health Care Authority

Overview of Invoicing and Billing

Isaac Derline | Prevention System Manager | HCA/DBHR

Washington State
Health Care Authority

Who is part of the billing process?

- HCA/DBHR A-19 Intake Manager

- HCA/DBHR Prevention Manager

- HCA/DBHR Second Line Review

- HCA Accounting Office

Strategic Plan and/or Action Plan

Outcomes

Funding

Services

IOM

Name

CSAP

Minerva 2.0

A-19s

Multiple lines of review that ensure data integrity and consistency across all areas

Washington State
Health Care Authority

What is needed for successful billing?
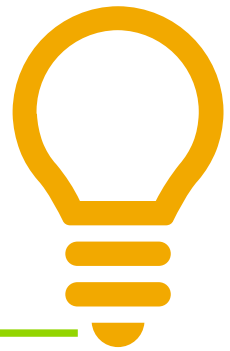
- First, some prompting questions to get us started!

- Question 1: What are some tips and tricks you have to share that have helped you have successful billing?

- Question 2: What are some ways you work within your organization to ensure you have successful billing?

For example: First and foremost...

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

Washington State
Health Care Authority

What is needed for successful billing?

- Service data reported in Minerva 2.0.

- Use the most up-to-date A-19 template.

- A-19 Excel file correctly completed and labeled with correct file naming convention.

- A-19 PDF file correctly completed, signed, and labeled with correct file naming convention.

- Both files sent to hcadbhr.a-19dbhr@hca.wa.gov with correct email subject line with prevention manager cc-ed.

- Only include one billing month per email.

- Costs invoiced are approved by prevention manager.

- Costs invoiced are allowable costs per funding source and related rules and regulations.

- Will not overdraw (utilization rate).

Review the Billing Tips Guide on the Athena Forum for all this and more!

Washington State
Health Care Authority

FY26 Update: Tracking EBP Status

▶ Starting with July 2025 invoices, evidence-based programs (EBPs) will be required to designate their EBP status.

> ▶ *Why? Our Accounting team is required to keep formal records for reporting and audit needs.*

> ▶ *Why? We are already required to report on block grant, with accounting requirements, and with future reporting requirements, we are extending to all fund sources.*

▶ This applies for all three (3) task orders under the umbrella contract.

▶ Reminder, all guidance docs are posted at Contractor fiscal and billing | The Athena Forum.

Washington State
Health Care Authority

Tracking EBP Status: How will this look?

- There are too many fund sources to add an EBP column per fund source!

- EBP Status is now incorporated into the BARS used to designate CSAP and IOM selections
    - For non-EBP programs, the BARs with no EBP status will be used (like usual):
        - Innovative Programs
        - Promising Practice Programs
        - Implementing an EBP from a list, but using a different fund source (i.e. using block grant for a SOR only program)
    - When an EBP (programs designated as EBP on EIP page and fund source lists), the BARs with EBP status will be used

Washington State
Health Care Authority

What programs will never use EBP BARs?

▶ For all task orders:
  ▶ Community Outreach (including Town Halls)
  ▶ Youth Outreach
  ▶ Public Awareness Campaigns (You Can, Starts with One, etc.)
  ▶ Innovative Programs
  ▶ Promising Practice Programs

▶ Task Order -01 Specific:
  ▶ Youth Club/Coalition/Workgroup

▶ Task Order -02 Specific:
  ▶ Staff/Student/Family/Community Outreach
  ▶ Group & individual Student Support Services
  ▶ Coalition and CORE Team Meetings
  ▶ Professional Development & Staff Training
  ▶ ESD Coordination & Management

Program Name is Important for EBP Tracking!

- Some programs have multiple versions, which have different EBP statuses.

- It's important that the full program name is typed out on the invoice to include the correct version, as applicable:

- **Example: Strengthening Families Program**
  - **Strengthening Families Program (0-16) & (7-17) Utah**
    - EBP ONLY on Excellence in Prevention List (SUPTRS, PFS, GFS)
  - **Strengthening Families Program (10-14) Iowa**
    - EBP across all lists (Excellence in Prevention, Cannabis, Opioid, MHPP)

Washington State
Health Care Authority

Reviewing EBP Status: Adjusted BARs

▶ Each BARs selection on the invoice Excel file now has additional selections for each CSAP/IOM combination.

▶ Now a total of 8 possible BARs options per CSAP.

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

Let's take a look at an example...

Example 1 – EBP Funding Only

- Program: LifeSkills Training Program
- EBP Status List: EIP (GFS, PFS, SUPTRS), Cannabis, Opioid, MHPP
- Using one fund source:

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

Example 1 – EBP Funding Only

▶ Program: LifeSkills Training Program

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

▶ Using two fund sources:

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

Washington State
Health Care Authority

Example 2 – Braided EBP/Non-EBP Funding

▶ Program: Second Step

▶ EBP Status: EIP (SUPTRS, GFS, PFS), MHPP
  ▶ NOT EBP on Cannabis, Opioid lists

▶ Using one fund source:

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

Washington State
Health Care Authority

Example 2 – Braided EBP/Non-EBP Funding

- Program: Second Step
- EBP Status: EIP (SUPTRS, GFS, PFS), MHPP
  - ► NOT EBP for Cannabis, Opioid lists
- Using two fund sources (EBP and non-EBP):
- Two line items needed to track EBP spending and non-EBP spending

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			

Washington State
Health Care Authority

Example 2 Continued

▶ 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.*

Review the Billing Tips Guide on the Athena Forum or contact your prevention manager with questions!

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			

Washington State
Health Care Authority

A-19 and Minerva Alignment: Last Year Reminders

- Now enforced: Coalition Coordinator/Coalition Trainings (CADCA, Px Summit, etc.)
  - ▶ Billed to the Community Coalition line only. This will be enforced this new fiscal year.

- Program & Strategy Trainings: Billed to the appropriate EBP on the invoice, not as a separate line.

- Public Awareness: Option to bill separately per campaign, or rolled up to one "Public Awareness" bucket line item.

- Key Leader Events: billed to the Community Coalition program line.

- Town Halls: Billed to the Community Outreach line*
  - ▶ Unless otherwise approved.

- Youth-led Outreach: billed to a separate Youth-led Outreach line item

Washington State
Health Care Authority

A Note About Minerva Data

▶ Minerva Data alignment is where the DBHR Team tends to see the highest number of errors/reasons for denials.

  ▶ Expenses billed for on the invoice are validated using the Program Implementation and Monitoring (PIM) Report in Minerva.

▶ All data entry should be complete **prior** to submitting an invoice.

▶ Suggestions:

  ▶ Work to review a PIM Report with coalition coordinators.

  ▶ Gain access to Minerva so you can pull your own PIM reports and review data with coalition coordinators.

Washington State
Health Care Authority

Common Reasons for A-19 Invoice Denials

- Email submission forgets one or more attachment.
- PDF file is cut off.
- File names and subject line don't match required naming convention.
- Service data for billed month not in Minerva.
- Invoice overutilizes a funding's allocation amount.
- **NEW FY26**: the EBP designation for each program is not correctly identified.
- **NEW FY26**: the CSAP, IOM, and funding selections are different between invoice and Minerva.

How to Avoid Common Reasons for A-19 Invoice Denials

- Email submission forgets one or more attachment.
  - *Make sure to check that you have two files attached!*
- PDF file is cut off.
  - *Review the PDF Tips document on Athena!*
- File names and subject line don't match required naming convention.
  - *Review the Billing Tips document on Athena!*
- Service data for billed month not in Minerva.
  - *Work with program staff to review a Program Implementation Monitoring Report.*
- Invoice overutilizes a funding's allocation amount.
  - *Review the Awards and Revenue document and past invoice submissions.*
- **NEW FY26**: the EBP designation for each program is not correctly identified.
  - *Review the program designation with program staff to confirm correct designation.*
- **NEW FY26**: the CSAP, IOM, and funding selections are different between invoice and Minerva.
  - *Review the Strategic Plan/Service Plan with program staff for correct designations.*

Washington State
Health Care Authority

A-19 Billing Reminders

- All invoice submissions should be on new email threads (don't reply to a denial from a manager with the resubmission)
  - *Why? Since we have the timely payment clause in the Contract, it's imperative that we clearly articulate when an invoice is being resubmitted. The new email thread will help keep that timeline clear and help avoid errors on our end!*

- Please avoid resubmitting an invoice if you noticed an error with your first submission. Wait for the DBHR team to respond to you before resubmitting.
  - *Why? Because we must be sure to formally deny an invoice to ensure our obligation to process and pay is clearly articulate. It also helps the A-19 team avoid tripping over your communication.*

Updated Guidance Documents

- All guidance docs on Athena have been updated to be on the same template style:
  - Billing Tips
  - PDF Tips
  - Electronic Signature Set-Up
  - Digital Signature Set-Up
- Main updates to the Billing Tips document:
  - Specify training billing requirements on invoice
  - EBP Tracking Requirements
  - Task Order -02 invoicing requirements

Washington State
Health Care Authority

Questions?

DBHR Updates

Washington State
Health Care Authority

Upcoming billing due dates

- **Final invoice due date is 11/15/2025 for SABG CO and any SOR or PFS funding that expires 9/29/2025.**
  - Due to this being federal funding, late invoice exceptions are not anticipated to be granted.
  - Reminder, HCA has 90 days to closeout grants. HCA grants providers 45 days and then takes 45 days to close.
- As with any late invoice exception request, we cannot guarantee payment.
- Review your Awards & Revenue for more information!
- Have concerns about meeting upcoming billing due dates?
  - Connect proactively with your prevention manager and submit a formal request asap.

CPWI Community Survey

- Continuing to explore avenues for implementation.
- Considerations on timeline and requirements pending more information.
- At this time, unsure if we will be able to support implementation in CY 2025.
- Have more questions? Check-in with your manager and they will elevate / work with Kasey on.

CBO updates

- CBO page on Athena is located at Community-based organizations | The Athena Forum.

- New CBO award coming soon.

- Anticipated start date for services 1/1/2026.

- Funding/services:
  - Dedicated Cannabis Account
  - Mental Health Promotion and Suicide Px
  - State Opioid Response VI (Federal)

Drug Take Back Day Webinar

- National Rx Drug Take Back Day is Saturday, October 25.

- Join DH for a webinar, **Tuesday, September 30,** at **11:00 a.m**., to learn how to promote Take Back events, and get a preview of changes coming to the campaign.

- Register for the webinar!

- Starts with One safe disposal toolkit

- Questions? Please email Mariahj@wearedh.com

Washington State
Health Care Authority

Certified Prevention Professionals

Take this Doodle asap to provide feedback to the CPP Board!

- https://doodle.com/group-poll/participate/epVBP7yb

Mark your calendar!

- Last Provider Meeting (formerly Learning Community Meeting) of the year to be held on October 29th from 9:05 – 12:00 PM.

Washington State
Health Care Authority

2026 Prevention Provider Meetings

▶ Formally known as Learning Community Meetings.

Month	Date	Platform	Athena Forum Calendar Link
January	January 28	Zoom	Training and events calendar	The Athena Forum
February (optional)	February 25	Zoom	Training and events calendar	The Athena Forum
March	March 25	Zoom	Training and events calendar	The Athena Forum
April	April 22	Zoom	Training and events calendar	The Athena Forum
May / June pending CLI	May 27 / June 24	Zoom	Training and events calendar	The Athena Forum
August	August 26	Zoom	Training and events calendar	The Athena Forum
September	September 23	Zoom	Training and events calendar	The Athena Forum (Annual Contractor Meeting)

Washington State
Health Care Authority

Q&A

General

Question	Answer
Is this presentation recorded so we can rewatch afterwards?	It is not! We unfortunately do not have permissions to record but slides are posted on the Athena forum which is part of why we try to have very detailed slides.
Is there still an all-provider meeting on 10/29?	Yes, there will be an all-provider meeting on 10/29 at 9AM. The registration is now live on Athena.
I filled out the CPP feedback doodle poll but I'm not a CPP, is that okay?	That's okay! If you have feedback around it, feel free to fill it out.

Washington State
Health Care Authority

Minerva

Question	Answer
Where do we find the User Agreement of Non-Disclosure of Confidential Information? Do fiscal staff who don't use Minerva need to sign this document?	In the Umbrella Contract. Attachment 4. Read terms and determine who needs to complete this.

Invoicing and Billing cont.

Question	Answer
So, the Community Survey is not required this year, and we can do it locally but if we choose to do it, we should chat with our PSM about it. Is that right?	At this time, we do not have a resource to offer to implement the Community Survey (implementation should be happening now through December). If you are able to implement locally then yes please, work with your manager!
Our superintendent is out for medical leave, and a person is filling in temporarily for him. The office manager asked that we ask you to send the contract to the interim superintendent. Do I go through my system manager?	Yes! You should also make sure you have a copy and any other program, fiscal, or other staff who touch this work.

Washington State
Health Care Authority