## CPWI & CBO Annual Contractor Meeting

SUD Prevention & MH Promotion Section

**DBHR** 

September 27, 2023



#### Agenda

- Welcome & Introductions
- Overview of Funding Sources
- Overview of the Umbrella Contract
- Break
- Overview of Invoicing/Billing
- Closing



### 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...

- Revenue (A&R) / Federal
  Subaward Identification (FSI)
  Document 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 19, 2023

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 must be completed within ten (10) business days 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.

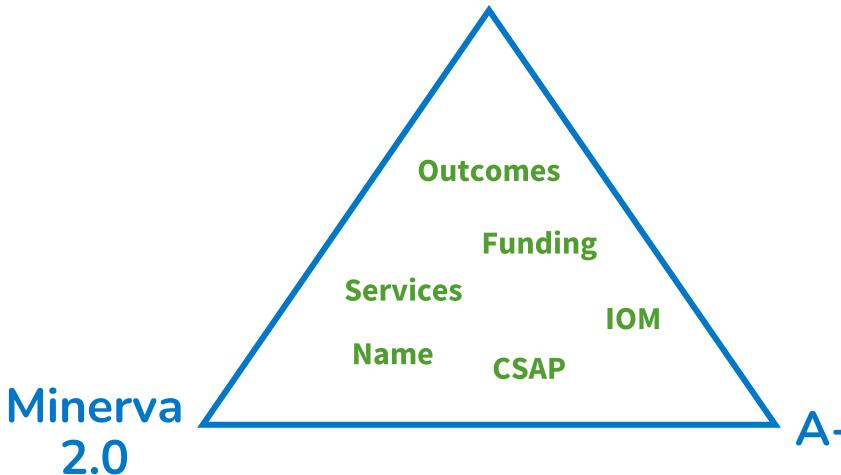


#### **Objectives**

- 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 the invoicing process
  - ► Know what other **resources 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



### Strategic Plan and/or Action Plan



**A-19s** 



# Overview of Funding Sources



#### Prevention is primarily grant funded

- GF-S (General Fund State)
- MHPP (Mental Health Promotion Projects)
- DCA (Dedicated Cannabis Account)
- SABG (Substance Abuse Block Grant)
  - ▶ Also referred to as, SUPTRS (Substance Use Disorder Prevention, Treatment, and Recovery Services).
  - ► CO (Carry Over) and WR (Workforce Retention) are specific carveouts.
- SABG CE (COVID Enhancement)
- PFS (Partnerships for Success 2018)
- SOR (State Opioid Response) III and SOR II NCE (No Cost Extension)
- OASA (Opioid Abatement Settlement Account)
  - Also referred to as, OSF (Opioid Settlement Funds)
- Other:
  - ▶ Local match funds for CPWI school-based services, local sales tax, etc.



<sup>\*</sup>Carryover (CO) and No Cost Extension (NCE) may occur for discretionary grant funding

#### **State Funds**

- OGF-S
- DCA
- MHPP
- OASA / OSF (but we'll get to that one last since it is the newest)



#### 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.
- Excellence in Prevention Strategy List: www.TheAthenaForum.org/EBP.
- ▶ What's new? Simplified allocations! Now allocated as both admin/indirect and program dollars.



#### 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.
- What's new? More flexibility!
  - ▶ 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 once two (2) or more EBPs selected, can implement one (1) PP.
  - ► DCA list posted at <u>www.TheAthenaForum.EBP</u>.



#### **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.
- MHPP/suicide prevention list posted at <u>www.TheAthenaForum/EBP</u>.



#### **Federal Funds**

- SABG / SUPTRS including various carveouts
- PFS to include any CO and NCE
- SOR III (and prior to that, SOR II) to include any CO and NCE



#### 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, 2023.
- SABG should be the payer of last resort.
- ▶ What's new? Limitations on spending period. No longer able to carryover between state fiscal years of the biennium.
- No incentives and limitations on meals.
- Per Coalition, 60% of programs must be Evidence-Based Programs.
- Excellence in Prevention Strategy List: <a href="https://www.TheAthenaForum.org/EBP">www.TheAthenaForum.org/EBP</a>.



#### **SABG CE**

- Funding for CPWI Coalitions.
- Allocated July 1 September 30, 2023.
- SABG should be used as payer of last resort.
- Expires September 30, 2023.
- No incentives with SABG funds and limitations on meals.
- ▶ Per Coalition, 60% of programs must be Evidence-Based Programs.
- Excellence in Prevention Strategy List: www.TheAthenaForum.org/EBP.



#### **ARPA**

- Supports CPWI Coalitions, CPWI School-Based Services, and other projects.
- Allocated by the State Fiscal Year July 1 June 30.
- Per Coalition, 60% of programs must be Evidence-Based Programs.
- Excellence in Prevention Strategy List: www.TheAthenaForum.org/EBP.



#### **PFS**

- Funding for CPWI Coalitions, CPWI School-Based Services, and other projects.
- 5-year grant (Sept 30, 2018 Sept 29, 2023)
  - ▶ PFS 2018 Y4 CO and Y5 expire September 29, 2023.
- Priority areas: underage drinking, tobacco use, method of vaping.
- No carryover from year to year.
- Per Coalition, 60% of programs must be EBPs.
- Excellence in Prevention Strategy List: <a href="https://www.TheAthenaForum/EBP">www.TheAthenaForum/EBP</a>.
- ▶ What's new? We just received indication that we were awarded PFS 2023 however, it continues to be about \$1 million less than the previous award.



#### SOR III (and SOR II NCE)

- Funding for CPWI Coalitions, CPWI School-Based Services, CBOs, and other projects.
- 2-year grant (Sept 30, 2022 Sept 29, 2024).
- Allocated (Sept 30 Sept 29) and awarded through July 1 June 30.
  - ► SOR III Y1 (and SOR II NCE) expire September 29, 2023.
- Priority area: opioids.
- No carryover from year to year.
- May include SOR II CO and/or SOR II NCE from year-to-year.
- What's new? Simpler terms!
  - ▶ 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.
- Opioid list posted at: <a href="https://www.TheAthenaForum/EBP">www.TheAthenaForum/EBP</a>.



#### OASA / OSF

- Funding for CPWI Coalitions, CPWI School-Based Services, 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.
- Opioid list posted at <a href="https://www.TheAthenaForum.EBP">www.TheAthenaForum.EBP</a>.



#### 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 2023)? What fund sources are they?





#### State fiscal year 2024 – allocations

- Local service providers (CPWI Coalitions, CPWI school-based services, and CBOs) have received at least their **first year of funding** and some CBOs have been awarded a second year as part of the recent RFA.
  - ▶ We are strategizing and planning for future year(s) of funding.
- Funding that **expires in September 2023** was allocated across the CPWI system to be expended in July, August, and September.
  - ► Each CPWI Coalition received at least \$20,000.
  - ► Each ESD for school-based services received funding as designated on A&R.
  - ▶ Note, this was **not** additional funding but within the typical annual allocation.

#### Why?

- Navigating budget reductions.
- ▶ Various funding sources sunsetting including PFS 2018 in September of 2023.
- ► Reducing number of fund sources each provider receives.



#### 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
  - https://www.law.cornell.edu/cfr/text/2/part-200
  - https://www.law.cornell.edu/cfr/text/45/part-75
  - ▶ 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.
  - ▶ <a href="https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives">https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives</a>.
- 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.



#### 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)



#### 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 <a href="budget">budget</a> for the Federal award or with prior written approval of the <a href="Federal awarding agency">Federal awarding agency</a>.
  - ► Note: Budget and Federal awarding agency further defined.
- Source: <a href="https://www.law.cornell.edu/cfr/text/2/200.438">https://www.law.cornell.edu/cfr/text/2/200.438</a>.



#### 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.
  - 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 <u>www.ofm.wa.gov</u>.



#### **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 induce them to enter treatment or prevention programs.
  - ➤ You **may use** discretionary grant funds for "wrap-around services" (non-clinical supportive services) that intend to:
    - Improve access to and retention in prevention programs.

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



## Overview of Umbrella Contract

#### 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.
- DBHR Prevention Managers will provide on-going contract management and technical assistance.



#### **DBHR** prevention section

- Section Manager, Substance Use Disorder Prevention and Mental Health Promotion
- Supervisor, Development and Strategic Initiatives
- Supervisor, Tribal and CBO Services
- Supervisor, CPWI and School-Based Services
- Policy and Program Managers
- Prevention System Managers
- Prevention System Research & Evaluation Managers
- Admin & Fellows



#### **DBHR** prevention manager

- Contract management.
- Technical Assistance (TA) for strategic planning and implementation of prevention services.
- Review and approval of invoices (A-19s).
- Managers also have statewide prevention projects.



#### **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.
- Over the last 2 years, we've continued on our journey together with a **few key commitments** in mind.



#### **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.

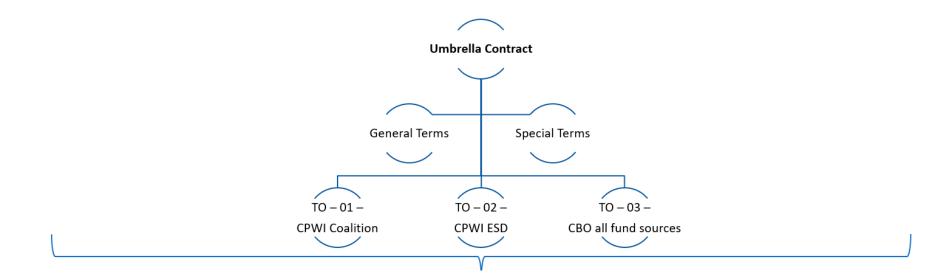


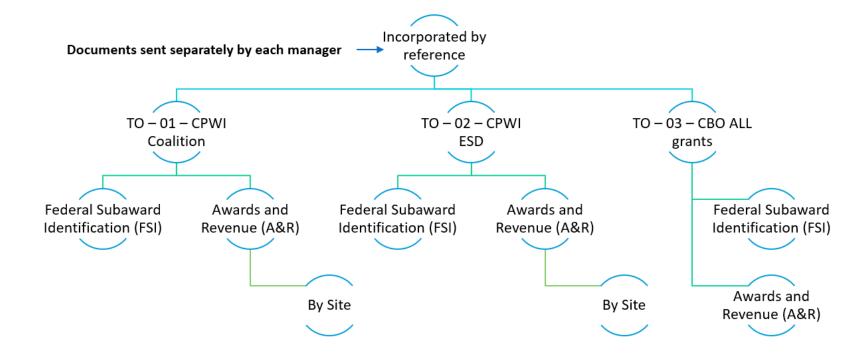


#### **Umbrella Contracts: concept**

- Umbrella Contract with three (3) Task Orders underneath for:
  - CPWI Coalitions
  - CPWI School-Based Services
  - ► CBO Grants.
    - ➤ Note, the current SOR CBO grantees will continue to operate through their current Contract through 9/29/2024.
- 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.









### **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 A-E
  - ► Federal, Compliance, Certifications, and Assurances
  - ► SAMHSA General Terms and Conditions
  - ► SOR III Special Terms



#### Face page (page 1)

- Contract Number: new number was assigned.
- 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: 7/1/2023 6/30/2025 with ability to extend.

#### DRAFT v05 20 23 - TEMPLATE FOR REVIEW

Washington State Health Care Authority	CONTRACT for Prevention and Provident Service:		motion	HCA Contra	ict Number	: K
THIS CONTRACT is made by and betw (Contractor).	ween the V	Vashington S	state Heal	th Care Autho	ority (HCA)	and ,
CONTRACTOR NAME		CON	TRACTOR	DOING BUSINE	SS AS (DBA	)
CONTRACTOR ADDRESS   Street   Ci		City	S		State	Zip Code
CONTRACTOR CONTACT	CONTR	ACTOR TELEF	HONE	CONTRACTO	DR E-MAIL	ADDRESS
Is Contractor a Subrecipient under this Contract    YES   NO	1?					
HCA PROGRAM Prevention and Promotion Local Services			HCA DIVISION/SECTION Division of Behavioral Health and Recovery (DBHR), SUD Prevention and MH Promotion Section			
HCA CONTACT NAME AND TITLE  Kasey Kates, Supervisor, CPWI Community and School-Based Services			HCA CONTACT ADDRESS Health Care Authority 626 8th Avenue SE PO Box 42730 Olympia, WA 98504-2730			
HCA CONTACT TELEPHONE (360) 725-2054				TACT E-MAIL A ites@hca.wa.g		
CONTRACT START DATE	CONTR	ACT END DAT	Ē	TOTAL MAXIM	UM CONTR	ACT AMOUNT
7/1/2023	6/30/2025					
PURPOSE OF CONTRACT:  Contractor will provide substance use disor and communities. The services will be provparties.						
The parties signing below warrant that execute this Contract. This Contract will						



## Special terms (page 14)

- Reference to A&R/FSI Document including process to manage (page 16):
  - 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.
- Property Reference to the **45-day billing policies** (page 19):
  - ► 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.



#### Special terms (continued)

#### Admin/Indirect language (page 20):

Contractor may use less than 10% of the Admin/Indirect allocations provided. If the Contractor chooses to use less than 10% for Admin/Indirect costs, Contractor shall use any funds remaining of the 10% for direct program implementation costs.

#### Background Checks (page 26):

- Removal of reference to WAC.
- Contractor must have policies and procedures in-place.
- Subcontracting (page 29) terms including the need to:
  - Submit written documentation of each on-site visit within thirty (30) calendar days upon completion.



#### **FAQs:** subcontracts

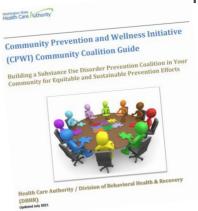
- Prior approval required prior to engaging in subcontract
- Send boilerplate/subcontract to DBHR for review prior to entering into contract.
- Subcontract language requirements:
  - ► Follow the list of required inclusions in contract.
- Subcontract monitoring:
  - Submit monitoring plan to DBHR.
  - 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.





## Task Order – 01 – CPWI Coalition (page 51)

- Outlines many key deliverables impacting daily work and incorporates the CPWI Guide by reference.
- What's new? Community Profile:
  - Guide to be updated to include <u>removing</u> the Community Profile requirement.
  - Providers are still encouraged to create and distribute (as well as send to your contract manager) a website link, flyers, or other materials that you use to promote your Coalition for posting on Athena.





## Task Order – 02 – School-Based Services (page 60)

- 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.



## Task Order – 03 – CBO grantees (page 67)

- Outlines many key deliverables impacting daily work and incorporates the CPWI Guide by reference.
- Reminder, current SOR CBO grantees do NOT have an Umbrella Contract however in the future, all CBO awardees will continue to follow this new Contract.



### Task Orders: commonly asked questions

- How often should prevention services be provided?
  - Must ensure a regular annual schedule of prevention services.
  - Example: SAP services provided at least throughout the school year.
- Can I make adjustments to my Budget if I am a CPWI community and/or CBO grantee?
  - Yes, however a change of more than 10% of total budget needs approval.
- We made changes to our prevention programs so do I update my Action Plan if I'm a CPWI community and/or CBO grantee?
  - Yes, and they must also be approved.
  - ▶ Note, CBOs were approved off of an evaluation process as part of RFA.
- We are an ESD and we had a staffing transition with a SAP, do I need to update my manager?
  - Yes please!



#### Data sharing

- Maximum of 60 users with access to Minerva.
  - ► Note, for those who also access the school-based services management information system through LGAN, this number is inclusive of that system too.
- Attachment D (page 94) and attachment E (page 95) to be completed by each user of Minerva and retained for review during Site Visits.
- Additional language around suppression and small numbers.



#### Reporting requirements

- Cost-reimbursable, performance-based contracts.
- Required regardless of expenditures and invoicing for that month.

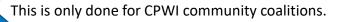


- Reporting requirements:
  - Ensure unduplicated reporting.
  - All required demographics collected and entered.
  - Staff trained in Minerva data entry.
  - Evaluation tools (i.e., pre/post tests).
    - > Required for all direct services if at least half of the participants in each group are over the age of 10.



## **Prevention Activity Data Reports**

Reporting Period	Report(s)	Report Due Dates	Reporting System
Annually	Enter programs listed on approved Strategic Action Plan by HCA into Minerva.	Within 30 business days of Strategic Action Plan approval	Minerva
As requested	GPRA Measures.	As requested	Minerva
Monthly	Prevention activity data input for all active services including community coalition coordination staff hours and efforts, services, participant information, training, evaluation tools and assessments.	15 <sup>th</sup> of each month for activities from the previous month	Minerva
Quarterly	CPWI Quarterly Reporting.	October 15, January 15, April 15, July 15	Minerva
As requested	As required by SAMHSA.	As requested	Minerva or as required





## **Training overview**

\*Required for CPWI program staff.

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

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).	Check Athena.
Learning Community Meetings**	DBHR Prevention Team; CPWI staff; CBO staff.	Hosted by DBHR, typically occurs every other month, upcoming November 1 <sup>st</sup> (Provider Meeting). Schedule for 2023 posted on Athena.
Coalition Leadership Institute*	DBHR Prevention Manager; CPWI staff.	Occurs annually in summer.



## Training overview, continued

Name of Training	Who Attends?	When?
Prevention Summit**	Prevention professionals in WA state.	10/23 – 10/24/2023. Visit preventionsummit.org
All-Provider Meeting**	DBHR Prevention System Manager; CPWI staff; CBO staff; other partners may attend including Tribal prevention staff.	10/22/2023. Visit preventionsummit.org
Annual Contractor Training**\$	All Contractors (Fiscal Agents, Contract Contacts, or Designees).	Annually in the late summer/fall.

Please check Athena Forum for ongoing updates on various trainings- <a href="https://www.theathenaforum.org/event-calendar/month">https://www.theathenaforum.org/event-calendar/month</a>.



#### Site Visits 2024

- CPWI and MHPP/DCA CBO grantees should anticipate HCA completing Site Visits in the late winter/early spring of calendar year 2024.
- Look at your checklist from last year!
  - Last year we made a number of key changes based upon feedback from providers, managers, and to help simplify the process.
  - ► This year, while we will make some changes to align to the Umbrella Contract, changes are anticipated to be minor.
- Think about backup documentation (see page 27 of Contract).



# Overview of Invoicing/Billing



#### 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



#### What is needed for successful billing?

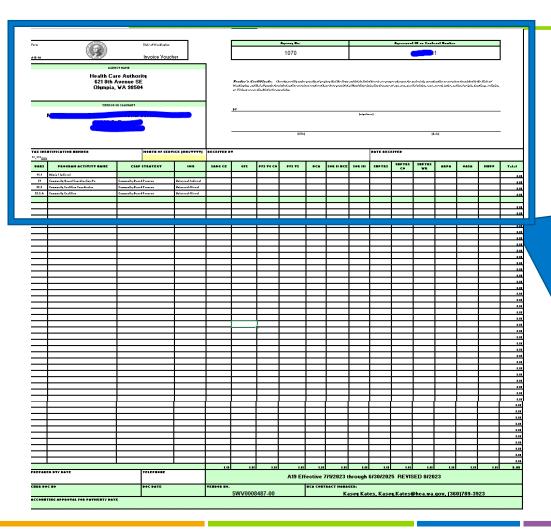
First and foremost...

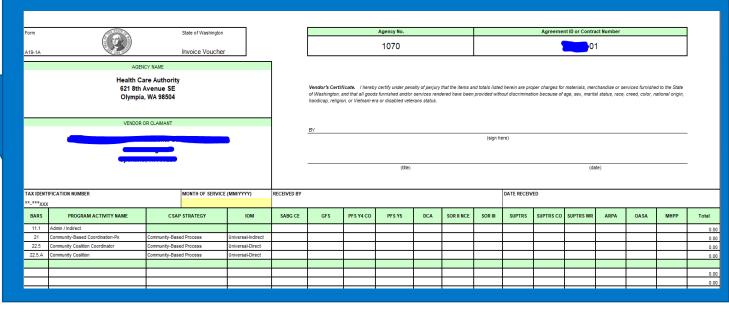
Establish a communication plan with your program staff and fiscal staff to ensure that costs are coded to the appropriate program/activity that account for the services provided that month.





### The A-19 invoice template







#### What is needed for successful billing?

- Service data reported accurately.
- 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.
  - Signature MUST be a "wet signature" or approved digital signature (more on next slide)
- Both files sent to <u>hcadbhr.a-19dbhr@hca.wa.gov</u> 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).



#### Signatures on PDFs

- ▶ Effective 10/15/2022, there are 3 options:
  - ▶ "Wet signature" handwritten on a PDF that is then scanned & emailed.
  - ► Electronic Signature.
  - Digital Signature.
- Reminder, all guidance docs are available at <a href="https://theathenaforum.org/billing">https://theathenaforum.org/billing</a>.





#### Successful Tips for Billing: Updates in process!

#### Instructions for Successful Billing of Prevention Services Expenditures:

Submitting Prevention Reimbursement Invoices (A-19s)

#### Introduction/General Submission Information

"A-19" is the term we use for the reimbursement invoice template that DBHR provides to you. Please follow this guidance for successful invoice processing for prevention services.

- A. Use the current A-19 Template provided to you by DBHR for monthly invoicing.
  - a. All prevention service contracts are cost reimbursement.
  - b. Please do not make changes or additions to the A-19 template. If you have questions about your template, please reach out to your DBHR Prevention Manager.
- B. Submit A-19 for the month of service after all data entry is complete in Minerva for that month.
  - a. Data is due in Minerva or its successor by the 15th of each month for the previous month's services.

#### Instructions for Successful Billing of Prevention Services Expenditures:

Submitting Prevention Reimbursement Invoices (A-19s)

#### Introduction/General Submission Information

"A-19" is the term we use for the reimbursement invoice template that DBHR provides to you. Please follow this guidance for successful invoice processing for prevention services

- A. Use the current A-19 Template provided to you by DBHR for monthly invoicing.
  - a. All prevention service contracts are cost reimbursement.
  - b. Please do not make changes or additions to the A-19 template. If you have questions about your template, please reach out to your DBHR Prevention Manager
- B. Submit A-19 for the month of service after all data entry is complete in Minerva for that month.
- a. Data is due in Minerva or its successor by the 15th of each month for the previous month's service:
- C. For months that you do not plan to bill to DBHR, please send an email to A-19DBHR@hca.wa.gov and CC your DBHR Prevention Manager using the naming convention shown in Part F below. Be sure to indicate the month that you will not have billing. Please reference only one billing month per email.

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

- D. For any month you plan to submit an invoice crediting DHBR for any fund source(s), an invoice with a reimbursement request for expenditures must also be submitted at the same time to reflect a total amount of expenditures that is equal to or greater than the credit. In doing so, this allows HCA to issue one payment netting all of the applicable credits and reimbursements together. Please reach out to your DBHR Prevention
- E. Submit the A-19 invoice via email only.

orientation is right-side up (i.e., portrait).

- a. In your email include: the A-19 in both Excel AND a signed PDF format. \*\*\*Please make sure all
- completed fields in the Excel and the PDF are EXACTLY the same minus the signature information\*\* b. Please ensure that the Excel file includes only one month's invoice, and that the PDF is legible, and the
  - i. Please see the PDF Tips for Contractors guidance document for more information regarding PDF submission options.
- c. Send only one A-19 (Excel & PDF set for the month) per email to A-19DBHR@hca.wa.gov and CC your DBHR Prevention Manager. If you have multiple months to invoice for at the same time, please send
- F. As you prepare to submit an A-19 invoice to the A-19 inbox, use the following naming convention for the Subject Line of the email and as the title of the PDF and Excel file for each month's A-19 invoice:

Contract Number/Contractor name/Service Year/Service Month/Billing#/CPWI or CBO or SAP

a For example, a CPWI Community's July 2022 original invoice for CPWI Prevention would be K0000SampleProvider20220700CPWI

per 2022 Tips for Billing Prevention HCA/DBHR Questions? Email A-19DBHR@hca.wa.gov



#### Original v. Supplemental

What's the difference between an original and supplemental invoice?



#### Naming conventions – NEW GUIDANCE for Umbrella Contracts

An **original invoice** for each task order type for July 2023 would be named:

CPWI: K0000-01SampleProvider20230700

SAP: K0000-02SampleProvider20230700

**CBO:** K0000-03SampleProvider20230700

ContractNumber-TaskOrderNumber ContractorName Service Year/Service Month Billing Number

If SOR <u>CBO</u> grantee then continue to follow past guidance. K0000SampleProvider20230700CBO



#### Naming conventions - supplemental

The first **supplemental invoice** for a Sample Provider under each task order type for service month and year July 2023 would be named as:

CPWI: K0000-01SampleProvider20230701

SAP: K0000-01SampleProvider20230701

**CBO:** K0000-01SampleProvider20230701

SOR CBO: K0000SampleProvider20230701CBO



#### Naming conventions – scenario

You submitted an invoice to the A-19 inbox. It is the first July invoice you have sent to DBHR. However, there is an error on the invoice and you receive a denial from your Prevention Manager asking for you to correct and resubmit the July invoice. When you submit the updated July invoice, should you use an original or supplemental invoice naming convention?

Hint: p. 1 of the Successful Tips for Billing document may be useful.

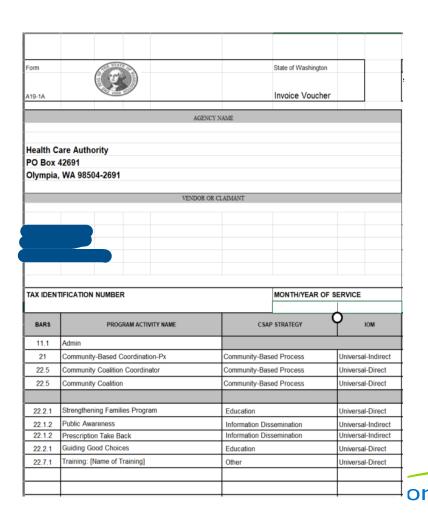


#### **CSAP** strategies

CSAP designations for each program are determined during the Action Plan and Budget process.

You may use an approved Action Plan (CPWI coalitions and CBO grantees) to make sure you are including the correct CSAP Strategy on their invoice.

You may also choose to work with your Prevention Manager to build-out an invoice template to include your specific programs.



#### July, August, and September 2023 invoices

- Critical that these are turned in as timely as possible.
- Why? PFS and SOR closing 9/29/2023 as well as SABG CE and SABG CO closing 9/30/2023. Also, as the federal fiscal year closes on 9/30/2023, it will be important SUPTRS is also turned in according to the 45 day billing terms.
- Managers and Section leadership offers as much flexibility as possible to meet agency deadlines however the ending of these grants/closing of the federal fiscal year are especially important to pay attention to each year.
- ▶ This year, we do NOT anticipate having the availability of state funds to offset federal expenditures that are submitted more than 45 days after service delivery.
- Key takeaway? Submit original and supplemental invoices for these months by November 15<sup>th</sup>.



#### **Summary: Reminders for Start of FY24**

- Updated naming convention for FY24 invoices.
- Become familiar with your template and only use the columns with fund sources that apply to you currently.
- As mentioned previously, submitting July, August, September 2023 invoices in a timely manner.
- 45-day service delivery clause timelines:
  - ▶ July: not needed until October 15 due to template creation delay.
    - > After October 15, an extension request will be required.
  - August: due by October 15.
    - > After October 15, an extension request will be required.
  - September: due by November 15.
    - > After November 15, an extension request will be required, and we may not be able to pay late invoices with federal funds.



# Prevention Summit 2023 – registration & hotel room block closes Friday, September 29<sup>th</sup>

- Ensure you have registered for both the Provider Meeting on Monday, October 23<sup>rd</sup> and the Prevention Summit Tuesday, October 24<sup>th</sup> – Wednesday, October 25<sup>th</sup>.
  - Provider Meeting <a href="https://preventionsummit.org/provider-meeting/">https://preventionsummit.org/provider-meeting/</a>.
  - Prevention Summit <a href="https://preventionsummit.org/registration/">https://preventionsummit.org/registration/</a>.
- ▶ The HCA/DBHR room block with guaranteed per diem rates expires on Friday, September 29<sup>th</sup>.
  - ▶ Note, per diem for rooms was just increased from \$114 to \$127 per room starting 10/1/2023 according to the OFM website.
- Congrats and thank you to all of those who submitted applications for the Workforce Development Application!

