CPWI and CBO Annual Contractor Meeting

Wednesday, September 28, 2022

9:00 a.m. – 12:00 p.m.

Washington State Health Care Authority

CPWI AND CBO ANNUAL CONTRACTOR MEETING

September 28, 2022 **9:00 a.m. to 12:00 p.m.**

Zoom | To join, click this link: https://us02web.zoom.us/j/81966639513

Time	Agenda
9:00 a.m.	**Login**
9:05-9:20 a.m.	**Welcome & Introductions**
9:20-9:50 a.m.	**Overview of Funding Sources**
9:50-10:20 a.m.	**Overview of Contract**
10:20-10:35 a.m.	**Break**
10:35-11:15 a.m.	**Overview of Invoicing/Billing**
11:15-11:50 p.m.	**DBHR Updates**
11:50-12:00 p.m.	**Closing**

Overview of Funding Sources

Alicia Hughes | Development and Strategic Initiatives Supervisor | HCA/DBHR

Washington State Health Care Authority

Show me the money!

- SABG (Substance Abuse Block Grant)
  - SABG Admin/Indirect for Funding Adjustmen
- SABG COVID Enhancement Funding
- GF-State (General Fund – State)
  - Admin/Indirect for SABG & MHPP/Suicide Px
- MHPP (Mental Health Promotion Projects)
- DCA (Dedicated Cannabis Account)
- PFS (Partnerships for Success 2018)
- SOR II
- SOR III

*Carryover (CO) and No Cost Extension (NCE) may occur for discretionary grant funding

Available guidance on federal and state funds

- **The following guidance is referenced under the "Applicable Law" section of your contract.**
- 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 that each funding sources has additional/unique un -allowable 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.
- 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 that this is in the process of being updated for the new contracting period.

General unallowable costs

- Cash payment to clients
- Meals (some exceptions, see 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 budget for the Federal award or with prior written approval of the Federal awarding agency.
- Note: Budget and Federal awarding agency further defined.
- Source: https://www.law.cornell.edu/cfr/text/2/200.438.

FAQs: food

- No more than $1000/year per community
- Meals may be provided only with SABG, MHPP, or DCA funds when:
  - 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.
- Light refreshments may be provided with other fund sources.
  - Limit $3/person
  - See terms within contract.
  - See fund source FOA and NOA.

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 (https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives) for more information.

SABG

- Supports:
  - CPWI coalitions and Student Assistance Professionals (cohorts 1-3),
  - Tribal Prevention, and
  - Other project-based work
- Starting SFY 2021, additional $20,000 funding increase to CPWI prevention services (cohorts 1-6; note, cohort 7 has the increase allocated through other funds).
  - Allocated and awarded through the State Fiscal Year (SFY= July 1- June 30).
- Admin/Indirect
  - GFS = core SABG
  - SABG Admin = Funding Adjustment
- SABG should be used as payer of last resort.
- Carryover between state fiscal years of the biennium.
- 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

SABG COVID Enhancement

- Supports:
  - CPWI coalitions and Student Assistance Professionals (Cohort 7),
  - Tribal Prevention, and
  - Other project-based work
- Starting SFY 2022, new funding to expand CPWI prevention services (Cohort 7)
  - 2-year grant (March 15, 2021-March 14, 2023)
  - Allocated March 15-March 14 and awarded through the State Fiscal Year (SFY= July 1- June 30)
- Up to 8% can be used for admin/indirect (admin/indirect can be used for program).
- SABG should be used as payer of last resort.
- Carryover between state fiscal years of the biennium.
- No incentives with SABG funds.
- Limitations on meals.
- Per coalition, 60% of programs must be Evidence-Based Programs.
- Excellence in Prevention Strategy List: www.TheAthenaForum.org/EBP

GF-S

- Admin/Indirect for core SABG for CPWI communities (cohorts 1-3).
- Must be spent in relationship to SABG project costs.
- No carryover from year-to-year.
- Allocated and awarded by State Fiscal Year (SFY= July 1- June 30).

DCA

- Supports
  - CPWI coalitions (primary fund source for cohort 4 and supplemental fund source for cohorts 1-3)
  - SAPs, OSPI LST grants, Tribal prevention, CBOs, HYS, YAHS and staff position.
- Part of I-502 Implementation.
- Allocated and awarded through the State Fiscal Year (SFY= July 1- June 30).
- Up to 8% can be used for admin/indirect (admin/indirect can be used for program).
- No carryover from year-to-year.
- Limitations on meals.
- A minimum of 85% of funds must be used for Evidence-Based Programs, per coalition.
- Two DCA lists posted at www.TheAthenaForum.EBP.

MHPP

- Must be a Tribal government or Urban Indian programs, public or private Community-Based Organization, or government agency (e.g. school districts, law enforcement agencies, city/county, and/or ESDs) within the state of Washington.
- Allocated and awarded through the State Fiscal Year (SFY= July 1- June 30).
- No carry over year to year.
- Up to 8% can be used for admin/indirect (admin/indirect can be used for program).
- Must implement:
  - One Youth Mental Health First Aid training with a maximum cost of $5,000
    - One session with 8 hours of instruction
    - Two sessions with a total of 8 hours of instruction
  - One community awareness project
- Limitations on meals.
- MHPP list posted at www.TheAthenaForum/EBP.

PFS 2018

- Supports:
  - CPWI coalitions (Cohort 6)
  - SAPs, WSU CPWI evaluation, CADCA/other training and/or consultation, statewide campaign, Minerva, and staff positions.
- Starting SFY 2019 (cohort 5)
  - 5-year grant (Sept 30, 2018 – Sept 29, 2023)
  - Allocated (Sept 30-Sept 29) and awarded through the State Fiscal Year (SFY= July 1- June 30)
- Priority areas: underage drinking, tobacco use, method of vaping.
- No carryover from year to year.
  - May include PFS CO and/or PFS NCE from year-to-year.
- Up to 8% may be used for admin/indirect (admin/indirect can be used for program).
- Per coalition, 60% of programs must be EBPs.
- Excellence in Prevention Strategy List: www.TheAthenaForum/EBP.

SOR II

- Supports:
  - CPWI coalitions (cohort 5 and 6)
  - SAPs, CBOs, Take Back promotion/events, Starts with One, Opioid Summit, prescriber education, naloxone distribution and staff positions.
- Starting SFY 2021 (cohorts 5/6)
  - 2-year grant (Sept 30, 2020 – Sept 29, 2022)
  - Allocated (Sept 30-Sept 29) and awarded through the State Fiscal Year (SFY= July 1- June 30)
- Priority area: opioids.
- No carryover from year to year.
  - May include SOR II CO and/or SOR II NCE from year-to-year.
- Up to 8% may be used for admin/indirect (admin/indirect can be used for program).
- Per coalition, 60% of programs must be EBPs.
- Excellence in Prevention Strategy List: www.TheAthenaForum/EBP.
- Note: We just received NOA for SOR III which will start 9/30/2022.

Overview of Contract

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

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Contractor roles and responsibilities

- It is important to be familiar with your contract and the guidance documents referenced in your contract.
  - Tip: Just knowing where to look is key to your success!
- Provide a copy of the contract to all program staff who have responsibilities related to implementation.
  - Tip: This includes fiscal staff when appropriate!
- DBHR Prevention Managers will provide on-going contract management and technical assistance.
  - Tip: If you are not required to attend the Learning Community Meetings, checking in with the staff who are required to attend and/or reviewing the PPT might help!

DBHR prevention manager

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

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

The face page

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

Is Contractor a Subrecipient under this Contract? ☒YES ☐NO	CFDA NUMBER(S):	FFATA Form Required ☒YES ☐NO

HCA PROGRAM Substance Use Disorder Prevention	HCA DIVISION/SECTION Division of Behavioral Health and Recovery
HCA CONTACT NAME AND TITLE	HCA CONTACT ADDRESS Health Care Authority 626 8th Avenue SE PO Box 42730 Olympia, WA 98504-2730
HCA CONTACT TELEPHONE	HCA CONTACT E-MAIL ADDRESS

CONTRACT START DATE	CONTRACT END DATE	TOTAL MAXIMUM CONTRACT AMOUNT

The following Attachments and Exhibits are attached and are incorporated into this Contract by reference:

☒ Attachments (specify):

Attachment 1: Statement of Work
Attachment 2: Confidential Information Security Requirements
Attachment 3: Business Associate Agreement
Attachment 4: Data Use, Security and Confidentiality
Attachment 5: Federal Compliance, Certifications and Assurances
Attachment 6: Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form
Attachment 7: SAMHSA Award Terms
Attachment 8: Federal Award Identification for Subrecipients

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Contents: commonly referenced sections

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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.
  - Be sure to include the HIPAA Business Associate Language.
- Subcontract monitoring:
  - Submit monitoring plan to DBHR.
  - Annual on-site reviews by contractor of subcontractor:
    - Send written documentation/reports to DBHR.
  - Monitor Minerva data entry:
    - All data entry is due on the 15th.
    - Work with subcontractors to ensure compliance.

Definitions: commonly referenced terms

- **Awards and Revenue (A&R)**
- **HCA Contract Manager (aka Prevention Manager)**
- **Regular Annual Schedule**
- **Statement of Work**
- **Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System** (Prevention MIS or Minerva)

Statement of Work: 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!

CBO funding-specific additional requirements

- Mental Health Promotion Project:
  - Implement at least 1 Youth Mental Health First Aid.
  - Implement at least 1 Community Awareness Project.
- State Opioid Response:
  - Participate in the bi-annual National Drug Take-Back days in April and October.
  - Disseminate the statewide Opioid Response campaign, Starts with One.

Reporting requirements

- Cost-reimbursable, performance-based contracts.
- 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.	15th 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

This is only done for CPWI community coalitions.

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Key requirements to pay attention to

- Background Checks:
  - DBHR monitors during on-site visits.
- Services & Activities to Ethnic Minorities and Diverse Populations:
  - The identification of disparities using a data-informed approach.
  - Representative of the diversity of the community/area being served.
  - Successful implementation of programs and strategies that ensure or improve access, retention, and cultural relevance in a manner that meets the needs of all racial/ethnic, minority, and other diverse populations, as well as underserved persons within the community/area being served.

Key requirements (cont.)

- Single Source Funding
  - One source of funds at any given time.
  - No billing for the same service more than once and only with one funding source.
- Federal Block Grant Requirements
  - Charitable Choice CFR 42 Part 54.

Contract compliance

- Compliance is monitored throughout the year using a variety of different tools, resources, and information including metrics like accurate as well as timely invoicing and prevention service data entry.
- When needed, a Corrective Action Plan (CAP) may be requested.
- Any extension or exception requests must be submitted in writing, and this may or may not be able to be approved.
  - If repeated extensions or exceptions are requested, this may result in a non-compliance.
- Example: Due to an internal accounting error, a supplemental invoice is needed. The invoice submittal will still be within the 45-day due date after grant closure meaning the grant is still open and able to billed toward. Great news! However, the invoice submittal is overdue according to the service delivery clause. In this case, the Contractor must submit a formal request to the contract manager that might look something like:
  - We are requesting an extension to the service delivery clause to submit a [insert month/year] supplemental invoice. This is being submitted late due to an accounting error that was found during an internal review process. We will submit the invoice on [insert date]. We have rectified the problem and we do not anticipate it will be an issue moving forward.

FAQs: training

- Specific training is approved with strategic plan, action plan, or email request for approval by DBHR prevention manager if not in plan.
- Follow government rates for per-diem, hotel, and flights – coach flights.
- Need to do pre-purchasing for conference travel? Make sure you are following terms outlined in the Program Cost Clarification Memo!
  - View Program Cost Clarification Memo here.

Training overview

*Required for CPWI.
**Required for CPWI & CBO.

Name of Training	Who Attends?	When?
Monthly TA and Monitoring Calls**	DBHR Prevention Manager; CBO staff; CPWI staff.	Typically monthly with specific time and date scheduled by attendees.
Twice a Month Minerva Technical Assistance Calls	MIS Project Manager; DBHR Prevention Manager; CBO staff; CPWI coalition staff.	Occurs twice a month; upcoming 10/04/2022 @ 9-10am, 10/20/2022 @ 3-4pm
Learning Community Meetings**	DBHR Prevention Team; CPWI staff; CBO staff.	Hosted by DBHR, typically occurs every other month, upcoming November 1st (Provider Meeting). *Schedule for 2022 in-process.*
Coalition Leadership Institute*	DBHR Prevention Manager; CPWI staff.	Occurs annually in spring.

*Required for CPWI.
**Required for CPWI & CBO.

Training overview, continued

Name of Training	Who Attends?	When?
Substance Abuse Prevention Skills Training*	New coordinators. Within six months of hire.	*Varied. Visit Athena for the most current schedule.*
Prevention Summit**	Prevention professionals in WA state.	11/08/2022 – 11/09/2022 *Visit preventionsummit.org*
All-Provider Meeting**	DBHR Prevention System Manager; CBO staff; CPWI staff; other partners may attend including Tribal prevention staff.	11/08/2022 *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- https://www.theathenaforum.org/event-calendar/month.

Overview of Invoicing and Billing

Endalkachew Abebaw | Policy and Project Manager | HCA/DBHR

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Who is part of the billing process?

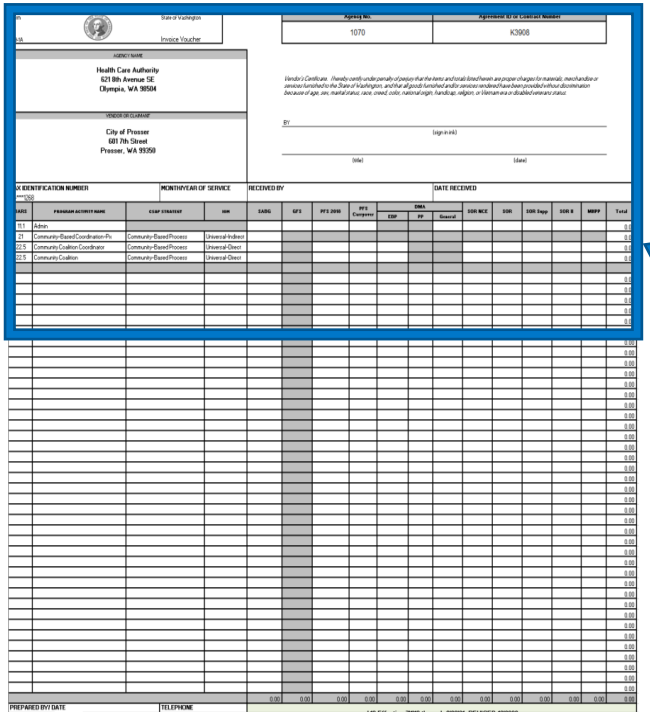
- HCA/DBHR A-19 Intake Manager
- HCA/DBHR Prevention Manager
- HCA/DBHR Second Line Review
- HCA Accounting Office

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.

The A-19 invoice template



Form A19-1A — State of Washington — Invoice Voucher

Agency No.	Agreement ID or Contract Number
1070	K3908

AGENCY NAME
Health Care Authority
621 8th Avenue SE
Olympia, WA 98504

VENDOR OR CLAIMANT
City of Prosser
601 7th Street
Prosser, WA 99350

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____ (sign in ink)

(title) (date)

TAX IDENTIFICATION NUMBER	MONTH/YEAR OF SERVICE	RECEIVED BY	DATE RECEIVED
-*1268			

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	SABG	GFS	PFS 2018	PFS Carryover	DMA EBP	DMA PP	DMA General	SOR NCE	SOR	SOR Supp	SOR II	MHPP	Total
11.1	Admin															0.00
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect													0.00
22.5	Community Coalition Coordinator	Community-Based Process	Universal-Direct													0.00
22.5	Community Coalition	Community-Based Process	Universal-Direct													0.00
																0.00
																0.00

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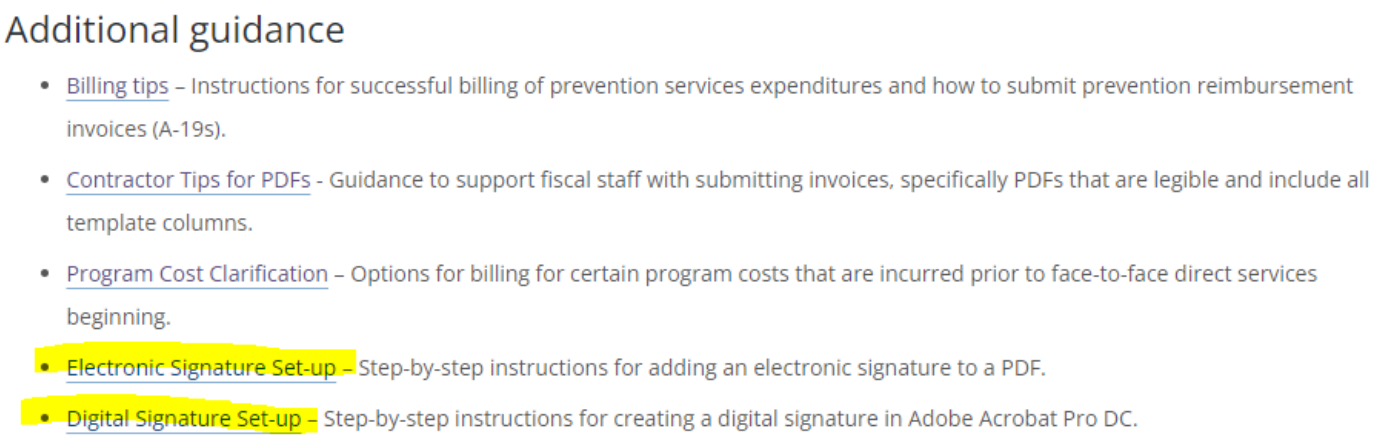
What is needed for successful billing?

- Service data reported.
- 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).

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 https://theathenaforum.org/billing.



Additional guidance

- Billing tips – Instructions for successful billing of prevention services expenditures and how to submit prevention reimbursement invoices (A-19s).
- Contractor Tips for PDFs - Guidance to support fiscal staff with submitting invoices, specifically PDFs that are legible and include all template columns.
- Program Cost Clarification – Options for billing for certain program costs that are incurred prior to face-to-face direct services beginning.
- Electronic Signature Set-up – Step-by-step instructions for adding an electronic signature to a PDF.
- Digital Signature Set-up – Step-by-step instructions for creating a digital signature in Adobe Acrobat Pro DC.

Successful Tips for Billing

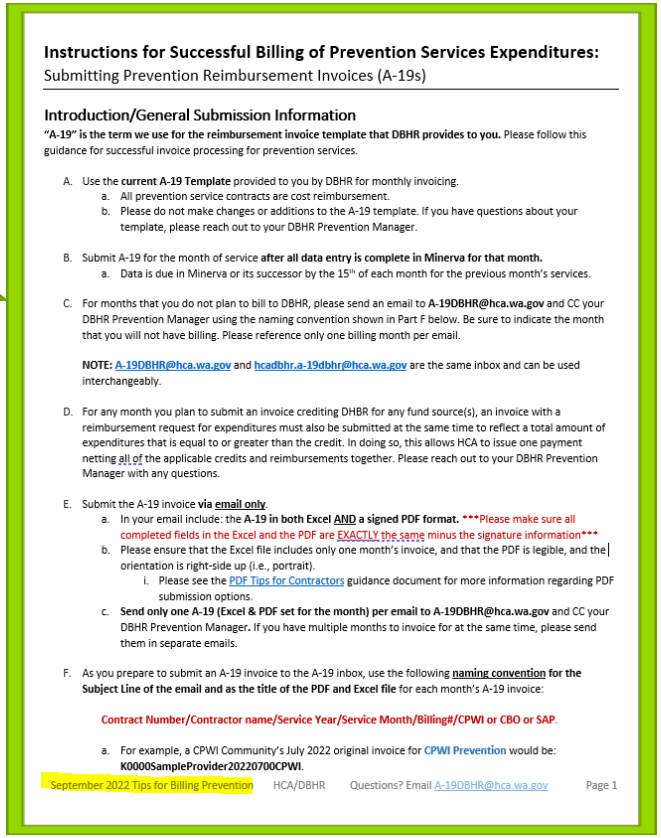
Instructions for Successful Billing of Prevention Services Expenditures:
Submitting Prevention Reimbursement Invoices (A-19s)

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:
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"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.

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 interchangeably.

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 Manager with any questions.

E. Submit the A-19 invoice **via email only**.
   a. In your email include: the **A-19 in both Excel AND a signed PDF format.** ***Please make sure all completed fields in the Excel and the PDF are EXACTLY the same minus the signature information***
   b. Please ensure that the Excel file includes only one month's invoice, and that the PDF is legible, and the orientation is right-side up (i.e., portrait).
      i. Please see the PDF Tips for Contractors guidance document for more information regarding PDF submission options.
   c. **Send only one A-19 (Excel & PDF set for the month) per email to A-19DBHR@hca.wa.gov** and CC your DBHR Prevention Manager**.** If you have multiple months to invoice for at the same time, please send them in separate emails.

F. 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**.

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Original v. Supplemental

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

Naming conventions

An **original invoice** for Sample Provider CPWI community for December 2021 would be named as:

K0000SampleProvider20211200CPWI

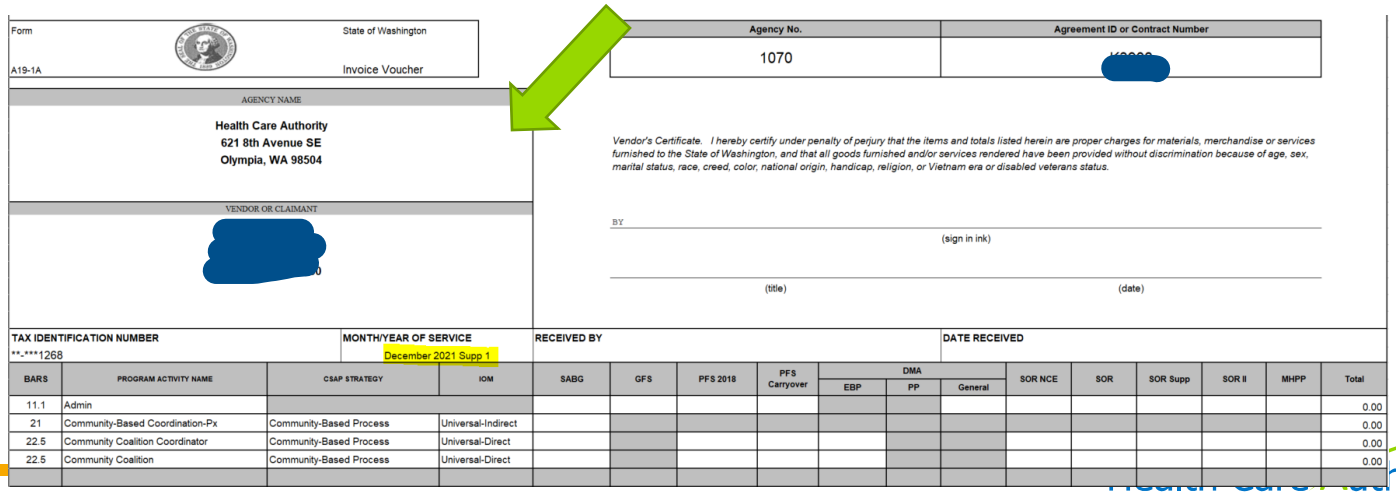
ContractNumber Contractor Name Service Year/Service Month Billing Number CPWI or CBO or SAP

If **CBO** or **MHPP** contractor, add CBO at end.
If **CPWI** coalition contractor, add CPWI at the end.
If **SAP** contractor, add SAP at the end.

Naming conventions - supplemental

The first **supplemental invoice** for Sample Provider CPWI community for service month and year December 2021 would be named as:

K0000SampleProvider20211201CPWI



Form A19-1A — State of Washington — Invoice Voucher

Agency No.	Agreement ID or Contract Number
1070	[redacted]

AGENCY NAME

Health Care Authority
621 8th Avenue SE
Olympia, WA 98504

VENDOR OR CLAIMANT

[redacted]

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY
(sign in ink)
(title) (date)

TAX IDENTIFICATION NUMBER	MONTH/YEAR OF SERVICE	RECEIVED BY	DATE RECEIVED
-*1268	December 2021 Supp 1		

BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	SABG	GFS	PFS 2018	PFS Carryover	DMA			SOR NCE	SOR	SOR Supp	SOR II	MHPP	Total
								EBP	PP	General						
11.1	Admin															0.00
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect													0.00
22.5	Community Coalition Coordinator	Community-Based Process	Universal-Direct													0.00
22.5	Community Coalition	Community-Based Process	Universal-Direct													0.00

Naming conventions – scenario

You submitted an invoice to the A-19 inbox. It is the first December 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 December invoice. When you submit the updated December invoice, should you use an original or supplemental invoice naming convention?

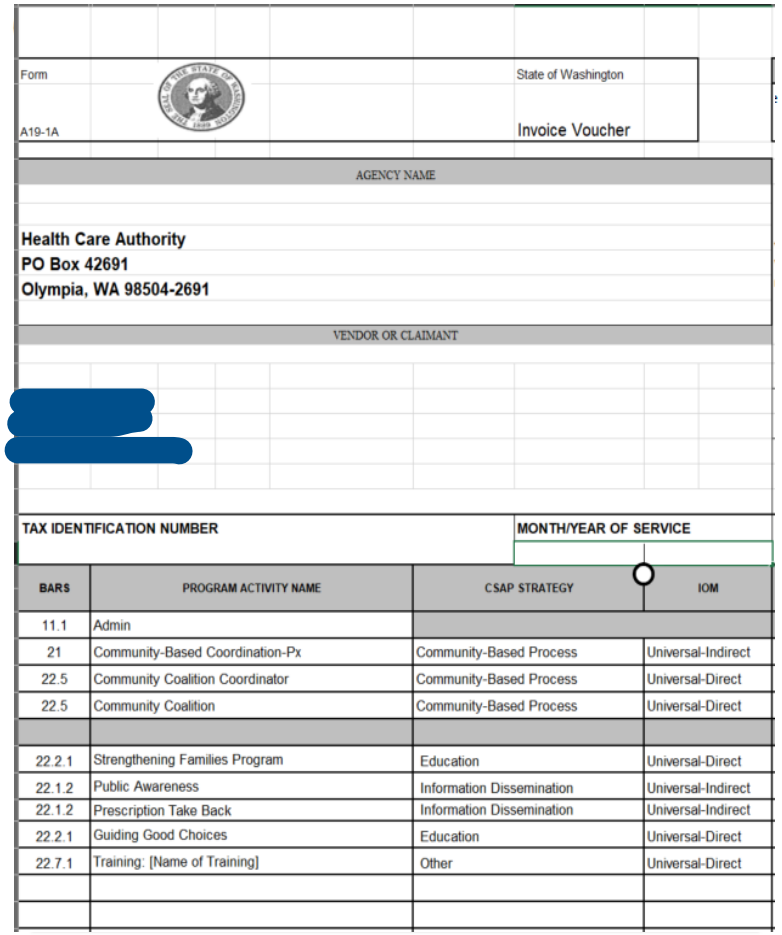
Hint: p. 1 of the Successful Tips for Billing document may be useful.

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.



Form A19-1A

State of Washington

Invoice Voucher

AGENCY NAME

Health Care Authority
PO Box 42691
Olympia, WA 98504-2691

VENDOR OR CLAIMANT

[redacted]

TAX IDENTIFICATION NUMBER

MONTH/YEAR OF SERVICE

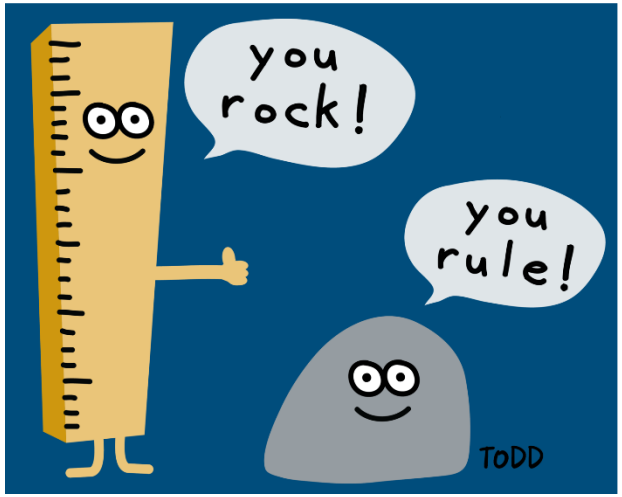
BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM
11.1	Admin		
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect
22.5	Community Coalition Coordinator	Community-Based Process	Universal-Direct
22.5	Community Coalition	Community-Based Process	Universal-Direct
22.2.1	Strengthening Families Program	Education	Universal-Direct
22.1.2	Public Awareness	Information Dissemination	Universal-Indirect
22.1.2	Prescription Take Back	Information Dissemination	Universal-Indirect
22.2.1	Guiding Good Choices	Education	Universal-Direct
22.7.1	Training: [Name of Training]	Other	Universal-Direct

DBHR Updates

Washington State Health Care Authority

Thank you!

- We know it's a busy time of year…
- Thank you for CPWI providers for completing the Contractor Intake Forms!
- Thank you to all who are currently working with us for Site Visits.



Washington State Health Care Authority

Upcoming billing due dates

- **Final invoice due date is 11/13/2022 for SOR II Y2 and PFS Y4 funding that ends on 9/29/2022.**
  - Due to this being federal funding, all late invoice exception requests must additionally be routed by contract managers through agency leadership including to our CFO.
- 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 contract updates

- 45-day billing letter sent fall of 2021
  - Invoice due date of 90-days after service delivery is updated to 45-days after service delivery for all providers who have not yet received this update. Not sure if you've received this update yet? Check out your contract!
  - All local service contracts already had the invoice due date of 45-days after fund source end date.
- CPWI amendments happening now & later this summer/fall
  - Cohort 1-4 (Coalitions) to update contract language.
  - Cohort 5 & 6 (Coalitions & SAPISP) to add-in funding & update contract language.
  - Cohort 7 (Coalitions & SAPISP) working on plan to backfill SABG CE.

UPcoming EVENTS

Washington State Health Care Authority

CBO updates

- SOR II CBO grantees close on 9/29/2022.
- New SOR III CBO grantees to be announced in the coming weeks!

Minerva Updates

Sarah Mariani | Section Manager | HCA/DBHR

Washington State Health Care Authority

Contracts and Program End Date Extension

- Minerva team and CPGSI will be working to extend contracts and program end dates for those programs.
  - Active contracts that have end date before 6/30/2023 will be extended to 6/30/2023.
  - Active programs that have end dates of 9/29/22 will be extended.
  - SOR II CBOS will not have extensions done.
- Providers will need to extend and/or create new campaigns and cohorts as needed for continued service data entry.
- These contract and program updates are expected to be completed by Wednesday, October 5, 2022.

Contracts and Program End Date Extension

- CPWI - All active contracts and related programs that have an end date before 6/30/2023, except “Training Program Profiles” will be extended through 6/30/2023.
- MHPP and DMA CBOs – All active contracts and related programs that have an end date before 6/30/2023, except “Training Program Profiles” funded by MHPP and/or DMA will be extended through 6/30/2023.
- SOR II CBOs - Contracts and programs funded only by SOR II will not be extended.

ACTION NEEDED:

- For programs with current end dates other than 9/29/2022, providers will need to submit a change request through the system to update the end date as needed. Prevention Managers will need to review/accept changes. End dates should not extend past 6/30/2023.
- For Cohorts and Campaigns - Providers will need to extend and/or create new campaigns and cohorts as needed to accurately reflect service delivery per regular reporting guidance.
- Training data entry – All training data entry beginning 9/30/22 should be entered into the Build Capacity channel. "Training Program Profiles" should no longer be used to report trainings.

See you virtually at the Prevention Summit!

- Register for the Provider Meeting and the Prevention Summit at preventionsummit.org.

VIRTUAL | NOVEMBER 8-9, 2022

ADVANCING PREVENTION:

CONNECTION AND HOPE

Washington State Prevention summit

Washington State Health Care Authority

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