

# North Bay Regional Center

*Billing Training for CMS/HCBS Compliance Projects*

# Agenda

- ▶ Home and Community Based Services (HCBS)
- ▶ Expectations: timeliness and documentation
- ▶ Examples
- ▶ Billing and Payment Cycles
- ▶ Important Dates
- ▶ Required Supplemental Documentation
- ▶ Budget Revisions

# Home and Community Based Services

CMS/HCBS Compliance Projects: the purpose of these funds associated with your developing projects is to adjust or implement new aspects of your existing program in order to provide true home and community based services.

# Expectations

- ▶ Stay within your approved amounts
- ▶ Refer to your contract for milestone reporting and billing/payment timelines
- ▶ Submit the necessary progress reports in order to monitor utilization of funds
- ▶ ALL funds must be spent by March 31<sup>st</sup>, 2021
- ▶ Please communicate with NBRC grant staff promptly regarding any questions or concerns.
- ▶ Awarded funds will not cover all project expenses
- ▶ All requests for budget revisions must be prior approved by NBRC

# Category Examples

- ▶ Furnishings/Equipment based on residents' needs
- ▶ Office supplies (*related to maintaining and securing client information*)
- ▶ Household items
- ▶ Landscape (*related to needs of residents*)
- ▶ Consultant fees
- ▶ Staff Training (that is specialized and relevant to the targeted client population)
- ▶ Travel
- ▶ Transition
- ▶ Program supplies (for clients use)
- ▶ Van lease deposit OR Van Lift Conversion

# Facility Modifications

## Parameters:

- ▶ Funds cannot be used for modifications that are solely aesthetic in nature.
- ▶ Purchases must be cost effective and meet the need
- ▶ All facility modifications require two (2) bids from licensed contractors who are in good standing.
- ▶ Bids must be:
  - ▶ Based on official facility floor plans drafted/developed by a qualified individual (e.g. architect)
  - ▶ Documented on the contractor's letterhead
  - ▶ Priced out per line item (*not just a lump sum at the end of a list of work to be done*)
  - ▶ Identical, detailed and itemized including materials and labor.
  - ▶ Final bid, permits, and plans need to be reviewed approved by NBRC prior to hiring the contractor

# Facility Modifications (cont'd)

Payment schedule from the identified contractor should:

- ▶ Outline work to be done per payment amount.
- ▶ Clearly state *what* is to be done *by when*, per payment.
- ▶ Reflect total amount at the end of your payment schedule that is the same as the amount of the accepted bid.

**NOTE:** At times your contractor may need to edit the payment schedule. Be sure they document what and why the edits are necessary.

Before you pay your contractor:

- ▶ Make sure they prepare and sign an invoice on *their company* letterhead
- ▶ Ensure that the invoice captures the same details that the payment schedule details.

# Consultants and Trainers

## Consultants:

- ▶ Not staff
- ▶ Be sure to review the details of what is and what is not included
  - ▶ E.g. cost of materials, travel, lodging, etc.

## Trainers:

- ▶ PCP per CMS settings rules
  - ▶ <https://www.ddslearning.com/person-centered-practices>
- ▶ PCP Mentor trainers for Train-the-Trainer certification
- ▶ PCP Certified Trainers
- ▶ Curriculum

# Billing and Payment Cycle



# Submission of Billing

- ▶ Billing is due by the **25<sup>th</sup>** of the month and checks are cut on the **14<sup>th</sup>** of the following month
  - ▶ E.g.  
Expenses incurred January 1<sup>st</sup>-31<sup>st</sup>  
are submitted by February 25<sup>th</sup>, and (upon approval)  
checks should be in the mail by March 14<sup>th</sup>

- ▶ Check that you are submitting a complete packet with all correct documentation PRIOR to submission.
  - ▶ Promptly reach out with any questions or concerns.
- ▶ If your billing packet is not complete, NBRC may not be able to process it in time for that billing cycle
  - ▶ Make sure contractors prepare and sign an invoice on *their company* letterhead
  - ▶ Ensure that the invoice captures the same details that the payment schedule notes.
  - ▶ Ensure the date on the budget narrative is the date that the transaction *occurred*, not the date of the event
  - ▶ Staff training reimbursements require a sign in sheet

- ▶ Be sure to cc all NBRC grant staff, *each time*:
  - Maika O'Brien, [maikao@nbrc.net](mailto:maikao@nbrc.net)
  - Katy Vanzant, [katyv@nbrc.net](mailto:katyv@nbrc.net)
  - Ashley McConnell, [ashleym@nbrc.net](mailto:ashleym@nbrc.net)
  
- ▶ Include the modifiable Excel Billing Workbook
  
- ▶ A single scanned and labeled PDF containing supplemental documentation

# What to submit to NBRC with billing

Email the following documents:

- ▶ Cover Sheet and Budget Narrative (Excel)
- ▶ Supplemental Documentation to prove each transaction indicated in the budget narrative
  - ▶ Examples may include pay statement, receipts, invoices, proof of payment, cancelled checks, bank statements (if needed)
  - ▶ Copy of credit card (only one copy needed per card)
  - ▶ Cash purchases still require some proof of payment like a receipt.
- ▶ Each supplemental document should be labelled

# Sample Cover Sheet

HCBS Compliance Projects Billing Cover Sheet					
Vendor Name: ABC Vendor			Fiscal Year: 2019		
Vendor #: AB34567			Billing Period: 7/1/19-7/31/19		
SVC #: 123			Date Submitted: 8/25/19		
			Authorization #: 12345678		
Budget Category	Total Budget Amount	Amount Reimbursed To Date	Balance Remaining After Previous Billings	Requested Billing	New Remaining Balance
Person-Centered Planning Staff Training and Materials	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 300.00	\$ 24,700.00
PCP Training Consultant	\$ 15,000.00	\$ -	\$ 15,000.00	\$ 2,000.00	\$ 13,000.00
Administrative Costs	\$ 5,000.00	\$ -	\$ 5,000.00	\$ -	\$ 5,000.00
<b>Total</b>	\$ 45,000.00	\$ -	\$ 45,000.00	\$ 2,300.00	\$ 42,700.00
<b>Total Budget Amount:</b>			\$ 45,000.00		
<b>Amount Reimbursed To Date:</b>			\$ -		
<b>Balance Remaining After Previous Billings:</b>			\$ 45,000.00		
<b>Requested Billing:</b>			\$ 2,300.00		
<b>New Remaining Balance:</b>			\$ 42,700.00		
Please see attached budget narrative and supporting documentation.					

# Sample Budget Narrative

Budget Narrative			
<b>Vendor Name:</b> ABC Vendor		<b>Billing Period:</b> 7/1/19-7/31/19	
<b>Vendor #:</b> AB34567		<b>Date Submitted:</b> 8/25/19	
<b>Vendor SVC:</b> 123		<b>Auth #:</b> 12345678	
<b>Total Budget Amount:</b> \$ 45,000.00			
<b>Balance Remaining After Previous Billing:</b> \$ 45,000.00			
<b>Requested Billing:</b> \$ 2,300.00			
Date of Purchase	Receipt # (Label)	Purchase details, i.e. vendor, staff, credit card/check #, etc.	Amount
<b>Person-Centered Planning Staff Training and Materials</b>			
7/5/2019	1a	PCP training workbooks from FedEx	\$ 300.00
			\$ -
			\$ -
			\$ -
<b>Subtotal:</b>			\$ 300.00
<b>PCP Training Consultant</b>			
7/10/2019	2a-c	First installment for PCP Trainer Sally Johnson	\$ 2,000.00
			\$ -
			\$ -
			\$ -
<b>Subtotal:</b>			\$ 2,000.00
<b>Administrative Costs</b>			
			\$ -
			\$ -
			\$ -
			\$ -
<b>Subtotal:</b>			\$ -
<b>Total Requested Billing:</b>			\$ 2,300.00

# Supplemental Documentation

## Invoices from Merchants

Invoices are often necessary to accompany certain receipts.

For example:

If you purchased furniture from Furniture Warehouse and their receipt is not itemized, you must obtain an invoice listing:

- ▶ all items purchased
- ▶ with date
- ▶ method of payment (CC. check, etc.)
- ▶ Name of store where purchased
- ▶ Must be SIGNED by the cashier when cash is used that payment was received

## Invoices from Contractors

Invoices from contractors must be:

- ▶ On contractor's letter head
- ▶ Signed by the contractor
- ▶ Totals on the invoice should match the cancelled check amount and payment from payment schedule

# Supplemental Documentation (cont'd)

## Invoices from Consultants

Invoices from consultants must be:

- ▶ On consultant's letter head
- ▶ Signed by the consultant
- ▶ Include dates, hours worked, description of what was done
- ▶ Include total amount paid for service.

### Sample Invoice

*Behavioral Acrobats, Inc.*

221 4<sup>st</sup> street, Benicia CA 94590

#### PCP trainer

➤ 3/12/16

➤ 12pm - 2pm; trained staff on behavior management goal tracking ..... 2 hours

➤ 4/1/16

➤ 3pm - 5 pm; staff training on working with individuals in crisis..... 2 hours

Total service hours: 4 hours 115/hr. = \$460

Signed....Dr. X

# Note about invoices and budget narratives

## Consultant Invoices:

- \*\* Submit along with a cancelled check (proof of payment)
- \*\* State name(s) of consultant that provided the service
- \*\* List amount paid (*this amount should be the same amount as note on the invoice*).

## Staff Training Invoices:

- \*\* List the date, time of day and duration (e.g., 2-4pm), topic of training, and who provided the training.
- \*\* Include a copy of your [training sign-in sheet](#) with names of attendees along, with all cancelled checks you paid those staff for that particular training.

## Remember:

Always send *copies of receipts, not original receipts.*

Make sure all documentation is legible and dark enough for NBRC staff to read.

# Forms of documentation/proof of payment to be submitted by the billing due date

## CREDIT CARDS

- ▶ CC should have your name (or business name) on it. *\*\* If a credit card receipt does not have your name on it, you must either provide a banking statement and circle or highlight the purchases included*
- ▶ Provide a copy of the credit card that matches up to the purchase receipt you submit to us
- ▶ Black out all numbers except the last four numbers which should match the receipt submitted with it.
- ▶ This must be done for each credit card used and for each billing request when you use credit cards for purchases unless you are submitting your bank statement for proof of payment.

## CHECKS

- ▶ If you used a check to pay for items or to pay for staff training, you must submit a front and backside copy of a cancelled check obtained from your bank.

# Example: Supplemental Documentation

## #9a

**ChromaGraphics**  
440 Tasconi Circle  
Santa Rosa, CA 95401  
707-528-2644

**INVOICE**

*Printing*

**INVOICE** 62980  
BILLING DATE 12/14/17  
TERMS Net 15  
TOTAL DUE \$58.61

BILL TO: [REDACTED]  
SHIP TO: [REDACTED]

Description	Quantity	Unit Price	UM	Amount
Business Card - Gary CRS	250	\$0.18	EA	\$45.00

Job Number 62980  
Ship Via FedEx Ground  
Purchase Order PRC121217  
Contact [REDACTED]  
Salesperson [REDACTED]

Subtotal \$45.00  
Sales Tax \$3.66  
Freight \$9.95  
Total Due \$58.61

Thank you for your business.  
For questions regarding this invoice, please contact accounting@chromaprints.com or call 707-528-2644

Please pay by invoice, statement sent upon request only. Past due accounts of more than 30 days are subject to finance charges of 1.5% per month (18% per annum) or the maximum rate allowed by law, whichever is less. A \$25 late fee will be assessed after due date. Please refer to our terms and conditions for returned check fees and other charges that may apply.

9a

### ► Invoices

Please ensure following is included on the invoice:

1. Program Name
2. Date
3. If there are multiple items listed, you must indicate which item you are billing for.
4. A document reference label (9a)



# Example: Supplemental Documentation #9c

120267  
SUMMIT STATE BANK  
FOLSOM, CALIFORNIA  
1/11/18  
\$ 1,108.62  
One Thousand One Hundred Eight and 62/100  
DOLLARS  
ChromaGraphics  
440 Tasconi Circle  
Santa Rosa, CA 95401  
01/24/2018 120267 \$1,108.62

► Proof of payment (check)

9c



# Example: Supplemental Documentation #1C

*Proof of payment*

WESTAMERICA BANK  
22416  
03/22/2018

PAY TO THE ORDER OF Business Card 0127 \$ 1,418.78  
\*\*\*One Thousand Four Hundred Eighteen & 78/100\*\*\* DOLLARS  
The Signature Required is Over \$5,000.00

MEMO

Napa Valley PSI 22416

Date: 03/22/2018

Reference	Amount
5472 0635 8390 0127	1,418.78
Total Amount:	1,418.78

Business Card 0127  
PO Box 15796  
Wilmington, DE 19886-5796

*paid credit card fee*

Napa Valley PSI  
Business Card 0127 Date: 3/22/2018 Amount: 1,418.78 22416

Reference	Date	Amount	Net Amount	Memo
5472 0635 8390 0127	3/22/2018	1,418.78	1,418.78	

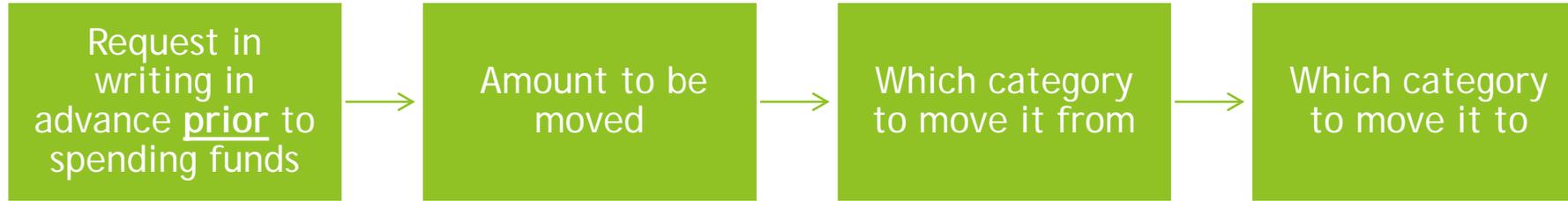
Total Amount: 1,418.78 1,418.78

10688 J17025 (5/17) 10281

1c Plan 2/14

- ▶ Proof of payment indicated by the payment of the credit card bill.

# Budget Revision Request Process



Please provide brief narrative explaining the monies being moved

## Original Budget

Program Supplies & Equipment	\$30,000
Staff and Consultants	\$3,000
Facility Modification	\$102,000
Insurance and Fees	\$5,000
<u>Van Lease Deposit or Van Lift Conversion</u>	<u>\$10,000</u>
<b>Total</b>	<b>\$150,000</b>

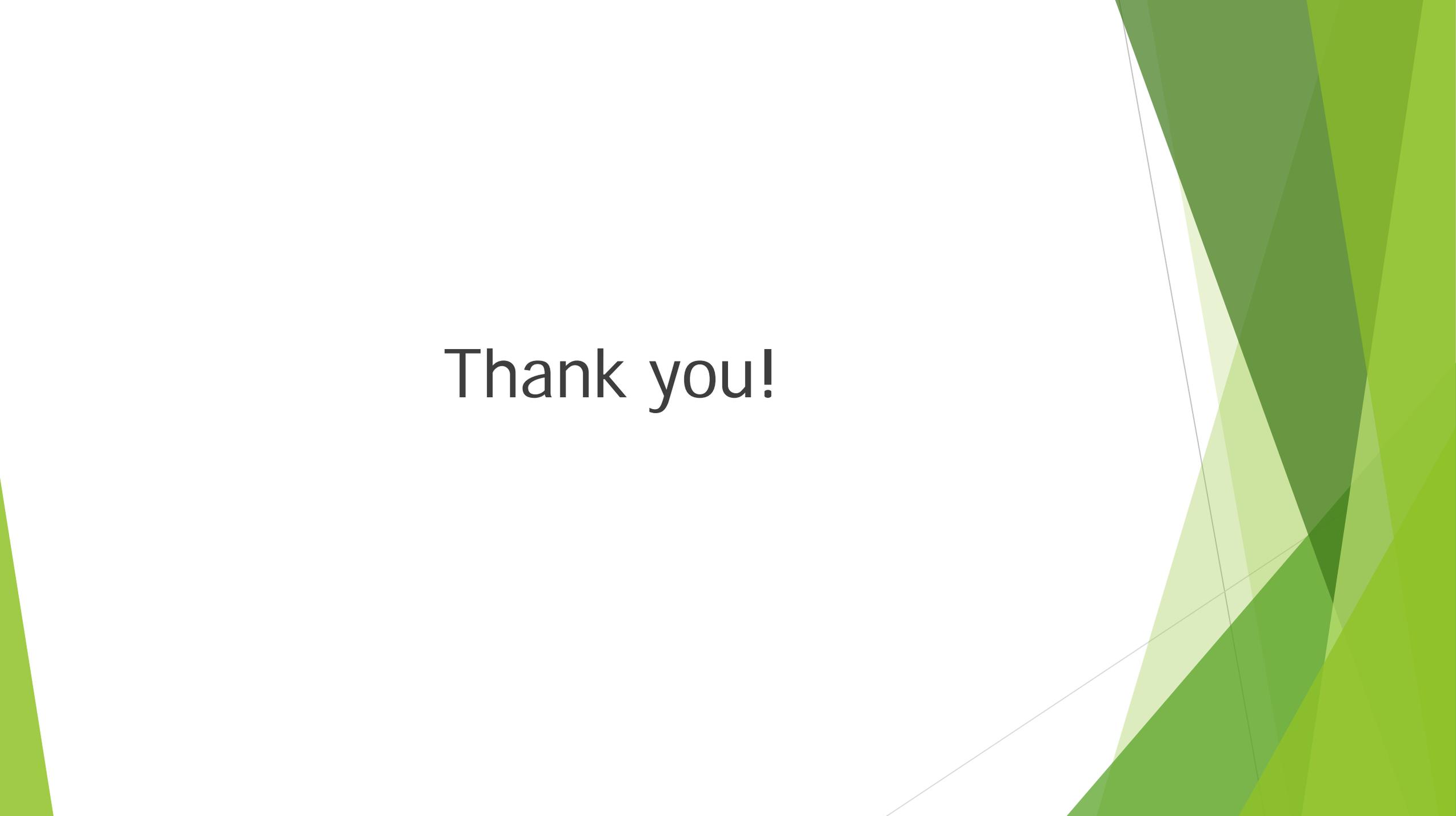
## Revised Budget

Program Supplies and Equipment	\$29,700
Staff and Consultants	\$3,300
Facility Modification	\$102,000
Insurance and Fees	\$5,000
<u>Van Lease Deposit or Van Lift Conversion</u>	<u>\$10,000</u>
<b>Total</b>	<b>\$150,000</b>

# Sample Revised Budget Request

HCBS Compliance Projects Budget Revision Request Form			
Vendor Name:		<input type="text"/>	
Date Submitted:		<input type="text"/>	
Categories to be Revised	Original Budget (as of 6/30/18)	Current Budget	Revised Budget
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Totals:	\$ -	\$ -	\$ -
<b>Narrative Justifying Request to Revise Budget:</b>			
<b>For NBRC Use Only:</b>			
NBRC Approval Date:		<input type="text"/>	
NBRC Approving Staff:		<input type="text"/>	
NBRC Staff Signature:		<input type="text"/>	

Thank you!

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, layered effect against the white background.