# North Bay Regional Center

Billing Training for CMS/HCBS Compliance Projects

19/20 Grant Cycle

## Introductions

- Name
- ► Title and/or Role
- Agency & Type of Service Provided
- Tell us a little about your project

# Agenda

- ► Home and Community Based-Services (HCBS)
- Expectations: timeliness and documentation
- Examples of funded projects
- **▶** Budget Categories
- ► Billing and Payment Cycle
- ► How to submit billing reimbursement requests
- ► Required Supplemental Documentation & Samples
- ► Budget Revisions

## Home and Community-Based Services

- Services must be provided in integrated, non-isolated settings.
- Defined based on an <u>individual's experience and outcomes</u> in the setting, not just its location, geography, or physical characteristics
- Ensure individuals receiving services have full access to the benefits of community living.
- Meaningful community integration
  - The most integrated setting does not just mean in the community; rather, it means to be an <u>integral</u> part of their community <u>based on choices and desires</u>
- Compliance by March 23, 2023

# Purpose of HCBS Compliance Grants:

- To assist providers to modify current services to align with HCBS "Final Rule" Regulations
- Transition services to increase compliance

## Expectations

- Stay within your approved award amounts
- Funds must be spent only on approved items.
  - Per DDS approved concepts and NBRC contract budget
- Refer to your contract for milestone reporting and billing/payment timelines
  - Milestones due date reference document
- Submit the necessary progress reports in order to monitor utilization of funds
- ▶ ALL funds must be spent by February 28<sup>th,</sup> 2022.

## Expectations

- ▶ Please communicate with NBRC grant staff promptly regarding any questions or concerns.
  - Challenges and/or barriers that are interfering w/ progress towards milestones
  - Resources that can be shared with the 19/20 grant cohort (e.g. PCT trainings, etc.)
  - Success stories are welcome.
- Awarded funds will <u>not</u> cover all project expenses.
- ► All grant disbursements are **paid in arrears** (reimbursement)
- ► All requests for budget revisions must be <u>prior</u> approved by NBRC.

## Expectations

Input from individuals served is required throughout the project—integral to development, implementation, and ongoing monitoring.



## Staff positions

- for continued development of person-centered planning
- to establish program-wide PCT/discovery process, implement/develop trainings & develop plans for all participants
- to increase or continue competitive community employment opportunities
- develop & implement person-centered plans
- develop internal task force to host trainings, develop & implement person-centered plans for all participants

### Consultation & Training

- to develop & provide training in customized employment & personcentered practices
- to develop individualized plans to increase access & opportunities in the community for participants
- to train staff in PCP & implement an ongoing training plan to sustain the benefits of person-centered practices
- for staff to obtain train-the-trainer certification in personcentered planning

### Home Renovations

- bathroom renovations and ramps to support the physical accessibility of the home and/or to increase safety, autonomy and support aging in place.
- a chair lift to support accessibility in the home for residents who are aging in place

#### Vehicles

- to increase opportunities for participants in need of accessible transportation
- for individualized community integration/access
- to continue competitive community options for individuals served
- to support increased employment discovery & desired community participation

# **Budget Categories**

- Personnel: salary/wages & benefits
  - Overtime is not allowable
  - Cannot fund consumer wages for current program participants
- Operating Expenses
  - Per CalHR designated rates (Reference Document)
    - √ <a href="http://www.calhr.ca.gov/employees/Pages/travel-personalvehicle.aspx">http://www.calhr.ca.gov/employees/Pages/travel-personalvehicle.aspx</a>
  - Out-of-state travel is not allowable
- Capital Costs
- Administrative Expenses/Indirect Costs
  - Per Lanterman Act (Reference Document)

# **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 <u>require two (2) bids</u> 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 & Trainers**

### **Consultants:**

- Not staff
- Be sure to review the details of what is and what is <u>not</u> included
  - E.g. cost of materials, travel, lodging, etc.
- Operating Expenses category

### **Trainers:**

- PCP per CMS settings rules
  - https://www.ddslearning.com/pers on-centered-practices
  - https://www.dds.ca.gov/initiatives /cms-hcbs-regulations/traininginformation/
- PCP Mentor trainers provide Trainthe-Trainer certification
- PCP Certified Trainers can lead 2day trainings
- Curriculum & Learning Objectives
- Personnel category if internal, or Operating Expenses category if a subcontractor

# 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
  - For example:
    - Expenses incurred <u>January 1<sup>st</sup>-31<sup>st</sup></u> are submitted <u>by February 25<sup>th</sup></u>, and (upon approval) checks should be in the mail by <u>March 14<sup>th</sup></u>

❖ Final Date to submit billing for this cycle: March 25<sup>th</sup>, 2022

# Submission of Billing

- Check that you are submitting a complete packet with all correct documentation <u>PRIOR</u> to submission.
- ▶ If your billing packet is not complete upon submission, NBRC may not be able to process it in time for that billing cycle
  - Make sure contractors and trainers prepare and sign an itemized invoice on their company letterhead.
  - Ensure that the invoice captures the same details that the payment schedule notes (documentation must match).
  - The date on the budget narrative should be the date that the transaction occurred, not the date of the event.
  - Training reimbursements for staff time require <u>proof of attendance</u>

# Submission of Billing

- ▶ Grant Liaisons
  - -- Maika Duncan, IQM, <u>maikad@nbrc.net</u>
  - -- Sasha Ivanoff, IQM, <a href="mailto:sashai@nbrc.net">sashai@nbrc.net</a>
  - -- Diana Azinger, RD, dianaa@nbrc.net
- ▶ Be sure to cc Ashley upon each time upon submission:
  - -- Ashley McConnell, Supe, <a href="mailto:ashleym@nbrc.net">ashleym@nbrc.net</a>
- Include the modifiable Excel Billing Workbook
- A <u>single</u> scanned and labeled PDF containing supplemental documentation

# What to submit to NBRC with billing

## Email the following documents:

- ► Cover Sheet and Budget Narrative (single Excel Workbook)
- Supplemental Documentation to support 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

2A 2B 2C

# Sample Cover Sheet

				Н	CBS Com	pli	ance Proj	ec	ts		
				Billing Cover Sheet							
									Fiscal Year:	202	0
Ver	ndor Name:	AB	C Vendor					Bi	lling Period:		
	Vendor #:						[		Submitted:		
SVC #						Authorization #: 12345678					
Budget Category		Total Budget Amount		Amount Reimbursed To Date		Balance Remaining After Previous Billings		Requested Billing		New Remaining Balance	
Operating Exp	enses	\$	25,000.00	\$	-	\$	25,000.00	\$	2,300.00	\$	22,700.00
Personnel		\$	50,000.00	\$	-	\$	50,000.00	\$	2,100.00	\$	47,900.00
Administrative	Costs	\$	5,000.00	\$	-	\$	5,000.00	\$	-	\$	5,000.00
Total		\$	80,000.00	\$	-	\$	80,000.00	\$	4,400.00	\$	75,600.00
			Total 5	24	get Amount:	¢	90,000,00				
		Δι			get Amount: sed To Date:		80,000.00				
E	Balance Rer				ous Billings:		80,000.00				
Requested Billing:						\$	4,400.00				
			New Rema	aini	ng Balance:	\$	75,600.00				
Diagram and a	lease see attached budget narrative and supporting documentation.										
PIDSED 600 8											

# Sample Budget Narrative

			Rudge	1 h	Varrative		,		
			Бийде	יו אכ	varrative				
Vend	dor Name	ABC Vendor				Billing Period:	1/1/20 1/31/20		
	Vendor #:								
					Da	ate Submitted:			
Vei	ndor SVC:	123				Auth #:	12345678		
			dget Amount:		80,000.00				
Bala	nce Rema	ining After Pre	evious Billing:	\$	80,000.00				
		Regu	ested Billing:	\$	4,400.00				
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Date of	Receipt#								
Purchase	(Label)	Purchase deta	ails, i.e. vendo	r, s	taff, credit	card/check #, (	etc.		
T di onasc	(Lubel)								Amount
Operating E	xpenses								
, ,	1a		books from FedEx					\$	300.00
1/10/2020	2a-c	First installment f	or PCP trainer Sal	ly Jo	hnson			\$	2,000.00
								\$	-
								\$	-
								\$	-
							Subtotal:	\$	2,300.00
Personnel:	salary/wag	es and benefit	ts						
			sition: Arlene Dar	ling				\$	2,100.00
		·						\$	-
								\$	-
								\$	_
							Subtotal:	s	2,100.00
Administrati	vo Evnen	ses/Indirect Co	ecte				oubtotal.	Y	2,100.00
Auministrati	ve Expens	ses/mairect Co	7515					_	
								\$	-
<del>                                     </del>								\$	-
								\$	-
								\$	-
							Subtotal:	\$	-
			· · · · · · · · · · · · · · · · · · ·			Total Regu	uested Billing:	\$	4,400.00

- Description of item/service, such as:
  - Itemized Invoice
  - Contract
  - Mileage Log
  - Confirmation of staff attendance at training (e.g. Sign In Sheet)
  - Job description for new staff position(s)
- Confirmation of payment, such as:
  - Itemized Receipt
  - Cleared check
  - Copy of Credit Card
- Reimbursement requests must clearly be for approved items/services

## ► Staff Time for Trainings

- Confirmation of attendance (e.g. sign in sheet)
- Confirmation of payment of staff wages (pay stub or payroll register)
- Description of training content
  - Can be materials used during the training, like as handouts or PPT slides
  - Can be a flyer or copy of online advertisement of training

- Establishing Benefit Load
  - Total amount agency has paid in salaries/wages in the most recent month or year available (<u>Total Payroll</u>)
  - Total amount agency has paid in benefits in the same month or year (<u>Total Benefits</u>)
    - Such as taxes, workers comp, health insurance, etc.
- Must be established <u>prior</u> to any benefit reimbursement.
- Calculated as an average percentage, and will be applied to all staff at the agency.

- Prior to Vehicle Purchase
  - Submit <u>two quotes</u> to NBRC for review and approval.
     Quotes should include vehicle specifications.
- ► After approval of vehicle quote
  - Vehicle purchase contract with dealer
  - Proof of payment, such as a cleared check

Ouote amount
 \*must match\*
contract amount
\*which must match\*
final payment amount

- Input from individuals served must be documented in corresponding milestones report
- Any accrued interest on vehicle purchases is NOT reimbursable. If your agency is having difficulty purchasing the vehicle without accruing interest, please reach out to NBRC.

## Supplemental Documentation

### ► Remember:

- Always send <u>copies</u> of receipts, <u>not original receipts</u>.
- Make sure all documentation is legible and dark enough for NBRC staff to read.
- Not necessary to submit a pdf copy of budget cover sheet and narrative.

# Supplemental Documentation:

Sample Consultant Invoice

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.

Totals on the invoice should match the <u>cancelled check</u> amount and payment from <u>payment schedule</u>

Behavioral Acrobats, Inc.

221 4st street, Benicia CA 94590

#### **PCT** trainer

- >3/12/20
  - > 12pm 2pm; trained staff on behavior management goal tracking ...... 2 hours
- **4/1/20** 
  - > 3pm 5 pm; staff training on working with individuals in crisis...... 2 hours

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

Signed....Dr. Maple

Supplemental Documentation:

Sample Sign In Sheet

Attendance Sheets must contain:

- Title of training including Trainer Name
- Date of training
- Duration of training
- Name of staff attending

**Person-Centered Training** 

Led by Certified Trainer: Molly Holly

7/6/20

1 pm - 4 pm

**Printed Staff Name** 

Adrian Apple

Beatrice Banana

Carrie Cantaloupe

Signature

Adrian Apple

Beatrice Banana

Carrie Cantaloupe

# Supplemental Documentation:

Sample Mileage Log

### Mileage log must contain:

- Staff Full Name
- Date of trip
- Destination
- Purpose
- Mileage Reimbursement Rate

Reimbursement rate <u>must not exceed state</u> <u>allowable rates</u>. See "DDS Travel Reimbursement" document for details.

Proof of mileage payment by agency is required if mileage is accrued in private vehicle.

### Mileage Claim Form

Staff Name: Mighty Mouse

- > 11/13/20 Day 1 of 2 day PCT Training. From Dazzling Agency to All Star Agency (987 Maple Rd, Vacaville)
  - 42mi round trip x rate = \$24.15
- > 11/16/20 Day 2 of 2 day PCT Training. From Dazzling Agency to All Star Agency (987 Maple Rd, Vacaville)
  - 42mi round trip x rate = \$24.15

Total Mileage: 84 miles

Total Reimbursement: \$48.30

Rate: 57.5

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

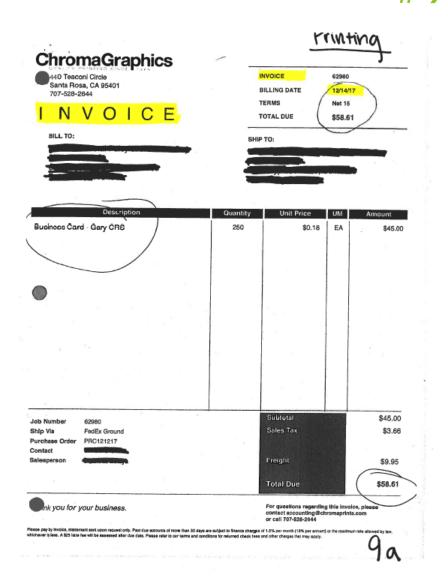
### CREDIT CARDS

- 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 <u>copy</u> of the credit card that matches up to the purchase receipt you submit to us (two-sided)
- Black out all numbers except the last four numbers which should match the receipt submitted with it.
- One copy of each credit card used must be submitted (just once).

#### CHECKS

If you used a check to pay for items or to pay for staff training, you must submit a copy of a <u>cancelled check</u> obtained from your bank.

# Example: Supplemental Documentation #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)

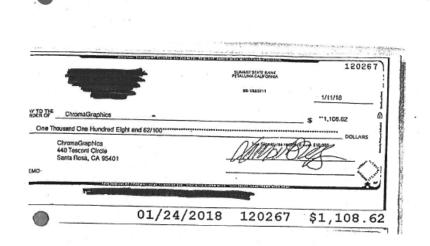
# **Example: Supplemental Documentation**



Ludy Argouarch 510 685-0324

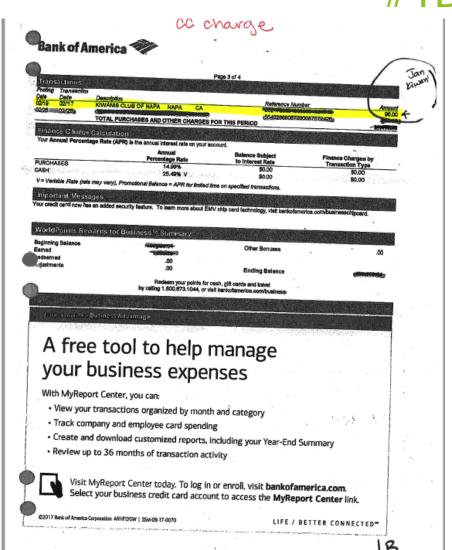
- Proof of purchase
  - \* Not everyone uses purchase orders; this is just an example

# Example: Supplemental Documentation #9c



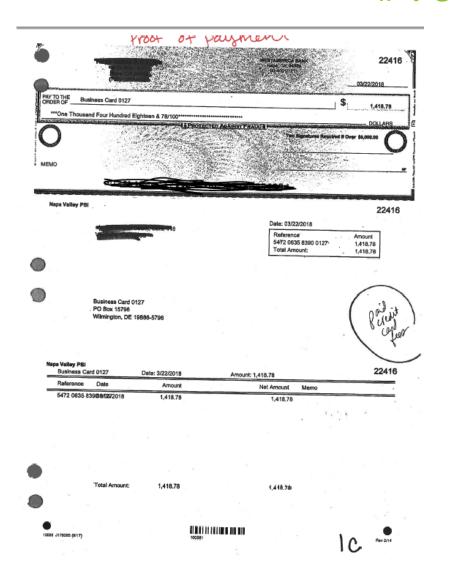
Proof of payment (cancelled check)

# Example: Supplemental Documentation #1R



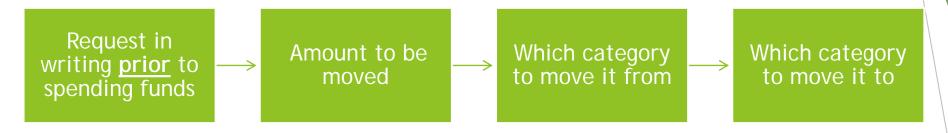
 Proof of purchase on a credit card statement (if needed)

# Example: Supplemental Documentation #1C



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	
Personnel: salary/wages and benefits	\$30,000
Capital Costs	\$60,000
Administrative expenses/Indirect costs	\$10,000
Operating Expenses	\$5,000
Total	\$105,000

Revised Budget	
Personnel: salary/wages and benefits	\$33,000
Capital Costs	\$57,000
Administrative expenses/Indirect costs	\$10,000
Operating Expenses	\$5,000
Total	\$105,000

Sample Revised Budget Request

	HCB2 C	ompliance Proje	CIS
	Budget Re	evision Request	Form
Vendor Name:			
Date Submitted:			
Categories to be Revised	Original Contracted Budget Amounts	Currently Approved Budget Amounts	Requested Revised Budget Amounts
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Totals:	\$ -	\$ -	\$ -
Narrative Justifiying Red	quest to Revise Bud	dget:	
Narrative Justifiying Red	quest to Revise Bud	dget:	
Narrative Justifiying Red	quest to Revise Bud	dget:	
	quest to Revise Bud	dget:	
For NBRC Use Only:	quest to Revise Bud	dget:	
For NBRC Use Only:  NBRC Approval Date:	quest to Revise Bud	dget:	

# For Reference

A copy of training will be posted here:

https://nbrc.net/hcbs-compliance-projects/

# Further questions:

### **Grant Liaisons:**

- Maika Duncan, Internal Quality Monitor, 256-1133 maikad@nbrc.net
- Sasha Ivanoff, Internal Quality Monitor, 566-3013, <a href="mailto:sashai@nbrc.net">sashai@nbrc.net</a>
- ▶ Diana Azinger, Resource Developer, 256-1204, dianaa@nbrc.net

### Supervisor:

► Ashley McConnell, Federal Revenue Programs Supervisor, 256-1294, <u>ashleym@nbrc.net</u>

# Thank you!