

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 individual's experience and outcomes 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 integral part of their community based on choices and desires
- 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 28th, 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 not cover all project expenses.
- ▶ All grant disbursements are paid in arrears (reimbursement)
- ▶ All requests for budget revisions must be prior approved by NBRC.

Expectations

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



Examples of 19/20 cycle funded projects

► 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

Examples of 19/20 cycle funded projects

► Consultation & Training

- to develop & provide training in customized employment & person-centered 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 person-centered planning

Examples of 19/20 cycle funded projects

► 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

Examples of 19/20 cycle funded projects

► 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)
 - ✓ <http://www.calhr.ca.gov/employees/Pages/travel-personalvehicle.aspx>
 - 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 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 & 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.
- ▶ Operating Expenses category

Trainers:

- ▶ PCP per CMS settings rules
 - <https://www.ddslearning.com/person-centered-practices>
 - <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/training-information/>
- ▶ PCP Mentor trainers provide Train-the-Trainer certification
- ▶ PCP Certified Trainers can lead 2-day 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 **25th** of the month and checks are cut on the **14th** of the following month

- For example:

Expenses incurred January 1st-31st

are submitted by February 25th, and (upon approval)

checks should be in the mail by March 14th

❖ Final Date to submit billing for this cycle: March 25th, 2022

Submission of Billing

- ▶ Check that you are submitting a complete packet with all correct documentation PRIOR 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 proof of attendance

Submission of Billing

- ▶ Grant Liaisons
 - Maika Duncan, IQM, maikad@nbrc.net
 - Sasha Ivanoff, IQM, sashai@nbrc.net
 - Diana Azinger, RD, dianaa@nbrc.net
- ▶ Be sure to cc Ashley upon each time upon submission:
 - Ashley McConnell, Supe, 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 (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

HCBS Compliance Projects Billing Cover Sheet					
Vendor Name: ABC Vendor			Fiscal Year: 2020		
Vendor #: AB34567			Billing Period: 1/1/20-1/31/20		
SVC #: 123			Date Submitted: 2/25/2020		
			Authorization #: 12345678		
Budget Category	Total Budget Amount	Amount Reimbursed To Date	Balance Remaining After Previous Billings	Requested Billing	New Remaining Balance
Operating Expenses	\$ 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 Budget Amount:			\$ 80,000.00		
Amount Reimbursed To Date:			\$ -		
Balance Remaining After Previous Billings:			\$ 80,000.00		
Requested Billing:			\$ 4,400.00		
New Remaining Balance:			\$ 75,600.00		
Please see attached budget narrative and supporting documentation.					

Sample Budget Narrative

Budget Narrative			
Vendor Name: ABC Vendor		Billing Period: 1/1/20-1/31/20	
Vendor #: AB34567		Date Submitted: 2/25/2020	
Vendor SVC: 123		Auth #: 12345678	
Total Budget Amount:		\$	80,000.00
Balance Remaining After Previous Billing:		\$	80,000.00
Requested Billing:		\$	4,400.00
Date of Purchase	Receipt # (Label)	Purchase details, i.e. vendor, staff, credit card/check #, etc.	Amount
Operating Expenses			
1/5/2020	1a	PCP training workbooks from FedEx	\$ 300.00
1/10/2020	2a-c	First installment for PCP trainer Sally Johnson	\$ 2,000.00
			\$ -
			\$ -
			\$ -
Subtotal:			\$ 2,300.00
Personnel: salary/wages and benefits			
1/1-1/31/20	3b-c	Job Coach staff position: Arlene Darling	\$ 2,100.00
			\$ -
			\$ -
			\$ -
Subtotal:			\$ 2,100.00
Administrative Expenses/Indirect Costs			
			\$ -
			\$ -
			\$ -
			\$ -
Subtotal:			\$ -
		Total Requested Billing:	\$ 4,400.00

Supplemental Documentation: What is required to be submitted?

- ▶ 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

Supplemental Documentation: What is required to be submitted?

▶ 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

Supplemental Documentation: What is required to be submitted?

▶ Establishing Benefit Load

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

Supplemental Documentation: What is required to be submitted?

▶ Prior to Vehicle Purchase

- Submit two quotes 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

Quote 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 *copies of receipts, not original receipts.*
- 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 cancelled check amount and payment from payment schedule

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	Signature
Adrian Apple	<i>Adrian Apple</i>
Beatrice Banana	<i>Beatrice Banana</i>
Carrie Cantaloupe	<i>Carrie Cantaloupe</i>

Supplemental Documentation: Sample Mileage Log

Mileage log must contain:

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

Reimbursement rate must not exceed state allowable rates. 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 copy 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 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 #9b

PURCHASE ORDER

DATE: _____
P.O. # _____

VENDOR: _____ SHIP TO: _____

ChromoGraphics
440 Tesconi Circle
Santa Rosa, CA 95401

REQUISITIONER	SHIP VIA	F.O.B.	SHIPPING TERMS	
ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
	Booklet Envelope	1	\$158.34	\$158.34
	Annual Report	1	891.67	891.67
	Business Cards- Gary CRS	1	58.61	58.61
				30.00
<i>Indicate billed item</i>				
SUBTOTAL			\$	1,108.62
TAX RATE				0.000%
TAX			\$	-
S & H			\$	-
OTHER			\$	-
TOTAL			\$	1,108.62

Other Comments or Special Instructions:
Date Required: _____
Payment Terms: Please check that apply:
 Check
 Visa ending # _____
 On Account

Authorized by: _____ Date: _____

If you have any questions about this purchase order, please contact
Ludy Argovarch 510 685-0324

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

9b

Example: Supplemental Documentation #9c

120267
SUMMER STATE BANK
FRESNO, CALIFORNIA
1/11/18
TO THE ORDER OF ChromaGraphics \$ 1,108.62
One Thousand One Hundred Eight and 62/100 DOLLARS
ChromaGraphics
440 Tasconi Circle
Santa Rosa, CA 95401
EMO-
01/24/2018 120267 \$1,108.62

- ▶ Proof of payment (cancelled check)

9c

Example: Supplemental Documentation

#1B

cc charge

Bank of America

Page 3 of 4

Jan 2017

Posting Date	Transaction Date	Description	Reference Number	Amount
02/19	02/17	KIWANIS CLUB OF NAPA NAPA CA	42570000000000000000	\$6.00
02/25	02/25	TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD	056320680572000875724205	

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	14.99%	\$0.00	\$0.00
CASH	25.49% V	\$0.00	\$0.00

V = Variable Rate (rate may vary). Promotional Balance = APR for limited time on specified transactions.

WorldPoints Rewards for Business™ Summary

Beginning Balance	Points Earned	Other Bonuses	Ending Balance
00000000	00000000	.00	00000000

Redeem your points for cash, gift cards and travel by calling 1.800.673.1044, or visit bankofamerica.com/business.

Bank of America Business Advantage

A free tool to help manage your business expenses

With MyReport Center, you can:

- View your transactions organized by month and category
- Track company and employee card spending
- Create and download customized reports, including your Year-End Summary
- Review up to 36 months of transaction activity

Visit MyReport Center today. To log in or enroll, visit bankofamerica.com. Select your business credit card account to access the MyReport Center link.

©2017 Bank of America Corporation ARHFDYDW | SSM-09-17-0070 LIFE / BETTER CONNECTED™

1B

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

Example: Supplemental Documentation #1C

Proof of payment

WEST AMERICA BANK
22416
03/22/2018

PAY TO THE ORDER OF Business Card 0127 \$ 1,418.78
One Thousand Four Hundred Eighteen & 78/100 DOLLARS
Two Signatures Required If 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 J170205 (9/17) 100881

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

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

Revised Budget

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

Sample Revised Budget Request

HCBS Compliance Projects Budget Revision Request Form			
Vendor Name:			
Date Submitted:			
Categories to be Revised	Original Contracted Budget Amounts	Currently Approved Budget Amounts	Requested Revised Budget Amounts
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Totals:	\$ -	\$ -	\$ -
Narrative Justifying Request to Revise Budget:			
For NBRC Use Only:			
NBRC Approval Date:			
NBRC Approving Staff:			
NBRC Staff Title:			
NBRC Staff Signature:			

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, sashai@nbrc.net
- ▶ Diana Azinger, Resource Developer, 256-1204, dianaa@nbrc.net

Supervisor:

- ▶ Ashley McConnell, Federal Revenue Programs Supervisor, 256-1294, ashleym@nbrc.net

Thank you!