

CHAPTER 10: MONTHLY INVOICES AND REPORTS**General**

1. **Monthly Reports and Invoices** are to be emailed to the lead agency by 4:30 PM on the 20th day after the end of the month. If the date is on a weekend or holiday/snow day where the Council of Community Services is closed, the invoice is due on the immediate following business day at 4:30 PM. Subcontractors who are having difficulty with reports or who are going to be late must notify the lead agency prior to the deadline to ensure inclusion in the monthly report and reimbursement request to VDH.

Monthly reports (12 times per year) must contain a narrative statement on the approved form which includes:

- **Highlights:** Detailed notes of anything exceptional, noteworthy, or an ancillary service not directly funded by Ryan White, but benefiting Ryan White clients. Highlight must be more than one sentence and be thorough. The highlights should not be simply “stuck” in at the last minute just to have “something.” Highlights should not be repeated month after month with no additional progress. VDH will request additional information if highlights are incomplete. If a subcontractor is having difficulties identifying highlights, contact the lead agency for assistance.
- **Barriers:** Detailed notes of any problems encountered during service delivery, such as, the lack of available dentists or client needs that could not be met. The barriers **MUST** include any actions taken to resolve/try to resolve the impasse to services. Barriers should not be repeated month after month without documentation of progress. VDH will request additional information if barriers are incomplete. If a subcontractor is having difficulties with identifying barriers, contact the lead agency for assistance.
- **Reports on waiting lists:** In addition to highlights and barriers VDH would like reports of services, either at the subcontractor or provider level, that have a client waiting list or an unusual service delay. This is to be reported monthly even if there are no delays or waiting lists.
- **List of medication charges over \$500:** Brief explanation of why a medication is over \$500 and verification of full or co-payment.
- **Explanations of any unusual charges:** Brief explanation as to the nature of the charge.

Quarterly reports (June, September, December and March) include all of the narrative items listed under monthly reports, plus the following:

- **Progress on workplan:** Completed activities contained within the subcontractors Goals and Objectives as listed in the workplan for the current year.

Monthly invoices include:

- **Monthly Invoice sheet** which is not signed until after approval by the lead agency. Once emailed back to the subcontractor, it is to be signed and faxed back within 15 days.
 - **Monthly Client Status Report** documenting the number of clients:
 - served during the month
 - client entering services for the first time
 - returned to care after being out of ALL services for at least 6 months
 - clients discharged voluntarily or involuntarily
 - clients deceased during the month
 - **Billing Logs** for each service
 - **Employee Time and Effort (T&E) sheets** documenting all salaried personnel receiving Part B fund and part B funds ONLY. This **MUST** correspond with the FTE's listed on any salaried services billing logs.
2. **Report to VDH:** The lead agency will compile a master invoice and report, and submit it to VDH by the 30th day of the month.
 3. The lead agency will return the subcontractor invoice within 7 working days of the submission of the master invoice and report to VDH, unless otherwise notified by the lead agency in writing (in writing includes email communication). Included with be written feedback to the subcontractor which may include a request for additional information and/or corrective action. The lead agency monitors monthly submissions on a regular basis, feedback may include but is not limited to:
 - Timeliness of reports and invoices
 - Correctness of reports and Invoices
 - Completeness of reports (this includes agency highlights and barriers) and invoices

- The amounts of funds spent in relation to the budget
 - The amount of service units in relation to the annual target
 - Number of clients served in relation to annual target
 - Completeness of outcomes evaluation data on the subcontractor billing logs
 - Data entry into VA-CRS for timeliness and completeness.
4. The subcontractor will have 15 working days to return a signed copy of the invoice by fax. Also, to respond to an information request or corrective action. The invoicing process is not complete until the lead agency obtains a signed invoice sheet from the subcontractor. The subcontractor must keep the original signed copy of the invoice on file and available for lead agency inspection.
 5. VDH typically turns around reimbursement requests in 30 days.
 6. Upon receiving the reimbursement from VDH, the lead agency is required to issue payment within seven (7) days. Payment cannot be rendered unless and until a signed invoice is received by the subcontractor. All payments are done by electronic transfer with no exceptions.
 7. The Lead Agency may pull charges due to:
 - Unclear explanation of individual charges on billing logs
 - Non-allowable services
 - Duplicate charges from a previous invoice
 - Charges with service date that occurs after the month of invoice being processed
 While the lead agency will make every effort to be correct on removing charges from billing logs and correcting consumer codes and descriptions of services, these changes are to be reviewed and verified by the subcontractor. Some removed charges may in fact be valid charges and will need to be re-invoices on the next month.
 8. **Corrections to invoices:** Subcontractors who find that they must change a previously invoiced amount due to a mathematical error, Medicaid back billing, or other reason must make the adjustment in the current month. Such charges should be as detailed as possible and include the:
 - Client code,
 - Original service date,
 - Description of service,
 - Whether it is a Full/co-pay amount
 - Whether it is a full or partial credit
 Amounts are listed as a negative number.
 9. **Over Spending:** If a subcontractor overspends their annual budget without preauthorization the lead agency is under no obligation to request reimbursement of the overage.
 10. **Spending Restriction:** If a subcontractor has spent money on line items not in the initial budget, the lead agency cannot request reimbursement. Additional budget items may not be added during a program year.
 11. **Data Reporting:** Failure to adhere to required data reporting, such as VA-CRS, may affect either the subcontract and/or any future applications for funding, including, but not limited to the cancellation of the current subcontract, freezing/removing of administrative funds and/or freezing salary reimbursements. Subcontractor reimbursement may be withheld if data reporting to VCU-SREL is not up-to-date and the subcontractor has failed to negotiate a plan with the lead agency to bring the data up to date.

Pre-purchase of Durables: Tangible items, such as bus passes may be purchased in advance under the following conditions:

1. Any time during the year with funds in the appropriate line item and
2. Providing the lead agency with proof of purchase attached to the monthly invoice.
3. Distribution of pre-purchased items follows all requirements applicable to any Ryan White Part B service and is reported to the lead agency monthly under “voucher.”
4. Only Tangible items may be repurchased, services may not be pre-purchased and vouchered.
5. At the end of the year with “surplus” funds under the following conditions:
 - a) The service must be funded in both the current year and the following year.
 - b) The purchase is pre-approved by the lead agency prior to March 31st of each year.

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Bills may not be carried from one fiscal year to the next fiscal year due to federal regulation. Final billing is due to the lead agency by May 15th of each year. This deadline cannot be extended for any reason.

Modifications of Annual Service Plan and Work Plan:

1. Modification of Service Plan:

- Request for service plan modifications must be made prior to March 15th for each program year. Subcontractors requesting a reallocation of funds from one or more service categories must submit the request on the approved S/PHCC form (see below) with a narrative statement explaining why the funds are not needed under some line items and are needed under others.
- The budget and unit total will automatically be calculated by the spreadsheet. Client total WILL NOT. The total number of clients is unduplicated. For example, if a client received 5 different services, that client is counted as only 1 client.
- Requests for reallocations must be signed by an authorized representative and may be sent by fax to the lead agency at (540) 982-2935.
- Budget categories may be increased, decreased or eliminated.
- Budget categories not initially funded may not be created during the course of the year.
- Internal budget reallocations that do not change the Subcontractors award amount are approved by the lead agency and are not required to be approved by the Virginia Department of Health.
- Reallocations that move funds from Subcontractor to Subcontractor must be approved by the Virginia Department of Health.
- Once approved, the countersigned copy will be faxed back to the subcontractor. New budgets due into effect prior to the next invoice.

2. Modification of Workplan: Requests for changes to the narrative workplan must be made prior to December 31 of each year.

3. The Council of Community Services as the lead agency shall be solely responsible for determining the legitimacy of the extenuating circumstances and the acceptability of revised service plans and work plans.

Subcontractor Service Plan Reallocation Request Form:

Line Item	Budget		Units		Clients	
	Current	Proposed	Current	Anticipated	Current	Anticipated
Outpatient Medical Care						
Medications						
Dental Care						
Mental Health/Counseling						
Case Management						
Non-Medical Case Management						
Patient Transportation						
Substance Abuse						
Total:	\$0.00	\$0.00	0	0		

Authorized by: _____ **Signature:** _____ **Date:** _____

Instructions:
 Enter the current and proposed budget, service units and clients.
 Attach a narrative statement explaining the need for reallocation of each line item.
 Fax a signed copy of this form with the narrative to (540) 982-2935.

New service line items may not be offered.
 Budget modifications which change the subcontractor award amount must be approved by the Virginia Department of Health.
 Line item reallocation requests are tentative until approved in writing by the Lead Agency.
 Final deadline for reallocation requests is March 15th.

CCS Office Use Only:

Approved by: _____ **Signature:** _____ **Date:** _____

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Subcontractor Invoice Form:**

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This form is linked to the other forms in the invoice worksheet. The totals will be automatically calculated.

	Funds	Units	Clients	Month:	April	
Outpatient Medical Care	187.00	0.0	0	Authorized Signature: _____		
Pharmacy Assistance	100.00	0.0	0			
Oral Health Care	88.00	0.0	0			
Mental Health care	110.00	0.0	0			
Medical Case Management					Name:	Ineeda Vacation
Non-Medical Case Management						
Medical Transportation	49.75	54.0	0		Date:	June 6, 2008
Total Expenditures:	534.75	54.0	6			

The signature above certifies this invoice and all supporting paperwork are true and correct under the terms of the subcontract with the Council of Community Services.

The subcontractor will enter the following:

- The month of the invoice
- The name of the authorized signer
- The signature date.

The invoice is to be signed and faxed to the lead agency within 15 days of the lead agency returning the approved invoice to the subcontractor via email.

Case Manager Time and Effort								
Name:		Freddy Case Manager			Month:		APRIL	
List Hours Paid With Ryan White Part B Funds Only								
Date	Hours Worked	Vac./Sick Time Used	Holiday Time Used	Date	Hours Worked	Vac./Sick Time Used	Holiday Time Used	
1	8			16	8			
2	8			17	8			
3	8			18	8			
4	8			19				
5				20				
6				21	8			
7	8			22	8			
8	8			23	8			
9	8			24	8			
10	8			25	8			
11	8			26				
12				27				
13				28		8		
14	8			29		8		
15	8			30		8		
				31				
Total Hours Worked			152					
Total PTO Taken			24					
Total Holiday			0					
Total Hours worked during month:			176					

- ❖ Enter the month of report and Case Managers name at the top of the page
- ❖ Enter the number of hours worked for Part B, PTO time taken and/or Holiday time used.

Fee for service employees are not paid under Ryan White Part B and are not required to fill out Time and Effort (T&E) Reports to the Lead Agency every month.

ONLY Ryan White Part B hour are to be reported. DO NOT report hours from any other funding source.