Riverside/San Bernardino, CA TGA Policy and Procedure Policy #2 Monthly Invoice/Reporting Packet	Effective.....March 4, 2009 Revised.....January 19, 2011 APPROVED Scott Rigsby, Public Health Program Coordinator

PURPOSE This policy is intended to summarize the Monthly Invoice/Reporting Packet format and requirements.

POLICY RWP-funded agencies are required to adhere to this policy to facilitate accurate and timely invoicing.

SCOPE This applies to all contracted agencies providing RWP services to eligible clients in the Riverside/San Bernardino, CA TGA.

PROCEDURE

A. Description

The Monthly Provider Reporting Invoice Packet consists of:

- Document Transmittal Form (see Attachment 1)
- Narrative Progress Report (Mid Year and Year End)
- Ryan White Program Invoice (Monthly) (see sample Attachment 2)
- Ryan White Program Invoice documentation
- EIS/Outreach Log (if applicable) (see examples Attachments 3 and 4)
- Utilization Data (ARIES printout)

Submission of the Monthly Provider Invoice/Reporting Packet to the Ryan White Program Office, hereinafter referred to as RWP, is a contractually mandated requirement. These documents will be submitted to the RWP following the guidelines detailed below. Electronic versions of all required forms are available from the RWP upon request.

B. Grantee Expectation of Provider:

- Provider Review of Policy Letter
- Provider Staff Review of Policy Letter
- Submission of requested information to the RWP
- Submission of revisions of Provider Policy or Forms, if applicable
- Implementation of the procedure and documents effective: **March 1, 2009**

C. Submission of Monthly Reports:

A Document Transmittal Form must accompany the Monthly Provider Reporting Invoice Packet per *Section III, Part J* of the RWP Standard Contract. A sample Document Transmittal Form is contained in every RWP Standard Contract.

The Monthly Provider Reporting Invoice Packet is due to the RWP within **20 calendar days** following the month in which services were provided pursuant to *Section V, Part C* of the RWP Standard Contract.

Narrative Reports, Invoices, Logs, and Utilization Data must be received by the RWP as one package. Per *Attachment C* of the RWP Standard Contract, Narrative Reports are due semi-annually (Mid Year and Year End). Per *Section II, Part C.3*, Utilization Data is to be entered into ARIES MIS System. Per *Section V, Part C*, progress and utilization reports must be entered at the time the invoices are submitted. These documents must be received by the RWP in the correct format (attached) and be complete (as determined by the RWP).

Providers are to submit their Monthly Provider Reporting Invoice Packet to the RWP by Standard US Mail, Electronic Mail, Fax, or by Courier to the RWP. Please address all Monthly Provider Reporting Invoice Packets to the attention of RWP Office.

A record of Provider performance on Monthly Provider Reporting Invoice Packet submission will be factored into the RWP Request For Proposals review process.

D. Invoices:
Under *Section V, Part C* of the Standard Contract, the County reserves the right to revise invoice formats to meet updated program requirements. At this time, the Invoice format will remain consistent with the format provided in the RWP Standard Contract.

In the interest of facilitating service delivery to RWP clients, it has been the practice of the RWP to accept supplemental invoices from Providers after the standard deadline. The RWP is not contractually required to accept invoices more that 20 days after the month in which services were provided

RWP will continue to accept supplemental invoices with the requirement that supplemental invoices be submitted under the general invoices guidelines noted in this Policy Letter. Supplemental invoices will only be accepted if received within 30 calendar days after the end of the RWP fiscal year. Supplemental invoices will be subject to the same review process as all other Monthly progress reports.

Supplemental Invoices must be accompanied by:

- Document Transmittal Form,
- Revised Utilization Data (ARIES printout)
- Revised Service Provision Logs, if applicable, and
- Revised Narrative Report, composing a Supplemental Progress Report, clearly highlighting changes from the previously submitted Monthly Progress Report for the same period.

E. Narrative Progress Reports:
The Narrative Progress Report serves to inform the RWP of Provider progress regarding conditions outlined in Provider Scopes of Work, changes in Provider staff or physical plant issues that affect service delivery, needs for technical assistance, and other such progress. Pursuant to *Section III, Parts G, H, and I,* changes in Provider telephone number, new and continued Provider staff vacancies and associated challenges, and current contact information for the person with signatory authority (usually the Executive Director of the Agency) and for the Provider's liaison to the RWP, must be included in the Narrative Progress Report.

The Narrative Progress Report form clearly delineates the report requirements and must be completed in full. Topics for which there are no changes to report must be expressed in narrative form.

F. Utilization Data:

Pursuant to Section V, Part C, invoices must be supported by utilization data in ARIES. A print out of the utilization report in ARIES must be included in the packet. Utilization/service provision that cannot be captured in ARIES (e.g. EIS/Outreach field encounters) must be documented and tracked on a separate log. See Attachment 3 for an example. This log or something similar must be attached to the appropriate service category invoice in the Invoice Packet. Be sure not to include identifying information (see Attachment 4).

NOTE: Any changes to data submitted in previous months must be reported to the RWP.

G. Grounds for Non-acceptance of Monthly Provider Reporting Invoice Packet:

- In accordance with *Section V, Part C,* ARIES Utilization Data reports printed from

ARIES must accompany the invoice at the same time the invoice is submitted for payment. Invoices submitted without corresponding Utilization Data reports will not be processed for payment. Monthly Provider Reporting Invoice Packets must contain all of the following, completed components:

- Document Transmittal Form,
- Narrative Report (if applicable),
- Invoice,
- Invoice Supporting Documentation
- EIS Log (if applicable) and
- Utilization Data

Note: If any of the items above is found to be incomplete, the entire Monthly Provider Reporting Invoice Packet will be returned to the Provider.

- Significant variances between invoice amount and ARIES utilization Data, according to RWP staff.

- Please note that any of the following will result in a determination that the document is incomplete:
  - Blank areas of any of the reports or invoice,
  - Reports that are not in the format provided by the RWP
  - Reports that contain client or utilization data for services for which the Provider is not contracted to provide under their RWP Contract.

- Invoice Return Procedure:
  - Invoice packets will be returned to the Providers for incomplete/improper submission.
  - A letter from the RWP will accompany the Monthly Provider Reporting Invoice Packet and will detail the items that require corrections.
  - Payments will be delayed/returned until all required documents have been received and have been determined to be complete by the RWP according to the expectations detailed above.
  - Upon non-acceptance, no subsequent Monthly Provider Reporting Invoice Packets will be accepted by the RWP until the deficient report is corrected, received, and accepted as complete by the RWP.
  - Invoices will be paid in order and upon the RWP's acceptance of the Monthly Provider Reporting Invoice Packets as complete.
  - If a provider is more that 3 months in arrears, the RWP will contact the Executive Director of the Provider's Agency.

Providers with repeated deficiencies are urged to seek Technical Assistance from the RWP.

Ryan White Program

Document Transmittal Form

IMPORTANT: This Document Transmittal form must be attached to all correspondence and invoice supporting documentation. Any item received without this form will be returned to the Provider and may result in delayed payment.

Ryan White Program Office
San Bernardino County Public Health Department
120 Carousel Mall
San Bernardino, CA 92415-0475
Main Line: (909) 388-0400
FAX: (909) 387—0401

Provider Name:	
Date Documents Sent:	
Date Received by Ryan White Program Office:	
	Date Stamp (To be completed by Ryan White Program Office)

REPORT	ENCLOSED
Invoice	
Letter (Any Type)	
Other: _____ (Please Describe)	

Notes to Ryan White Program staff:
Attention:

CHANGE IN PROVIDER INFORMATION

Type of Change	N/A	Effective date, reason for change, estimated date to fill, etc
Change in Administrative & Board personnel (Director, Finance, Chair, etc)		
Number of line staff vacancies		
Change in Point of Contact		
Change in service delivery		
Change in contact info (new phone #'s, new address, etc)		
Change in service hours		
Change in locations (New site, closed down site, etc)		

INVOICE

Ryan White Program, Part A

Riverside/San Bernardino, CA TGA

Contract Period:_____ **Invoice #:**_____

Agency: _____ Billing Period: _____

Contract #: _____ Service Category: _____

Line Items	Total Budget	Expended This Period	Expended Contract-to-Date	Unexpended Budget	Check #	Invoice #	Allocation Spreadsheet (Y or N)
Personnel							
1. *(Position & Incumbent)*	$	$	$	$			
2.	$	$	$	$			
etc.							
Total Personnel	$	$	$	$			
1. Travel	$	$	$	$			
2. Supplies	$	$	$	$			
3. Equipment	$	$	$	$			
4. Contractual	$	$	$	$			
5. *(Nature of Service/Vendor)*	$	$	$	$			
6 .	$	$	$	$			
etc.							
Total Contractual	$	$	$	$			
Other							
1. *(Specify Nature of Cost)*	$	$	$	$			
2.	$	$	$	$			
3.	$	$	$	$			
etc.							
Total Other	$	$	$	$			
Indirect (*Admin. Only*)							
Totals	$	$	$	$			

I certify that the information provided herein and all costs being claimed are true, correct and in accordance with the contract provisions; that funds were expended or obligated during the contract period; and that the amount claimed has not been previously presented for payment to the County or another third party payor(s).

_____ _____

Authorized Signature *Date*

ATTACHMENT 3

EIS / OUTREACH LOG

This log is for those for which there is not enough information to enter record in ARIES. Transfer data to ARIES when there IS enough information and record ARIES URN on this log.

Format Revised (3/1/12)

Last Name, First Name, MI	Service Date	E/T	Service Units	Service Details	Status				Initial Entry (X)	Chart Number	Unaware or Not in Care	Part A or MAI	Gender (M/F)	Race (abbr)	Date of Birth	Residence Zip Code	Transfered to ARIES ARIES URN
					IP	LFU	REF	LNK									

ATTACHMENT 4

EXAMPLE: EIS / OUTREACH LOG - PORTIONS TO BE SUBMITTED WITH INVOICE

DO NOT SUMBIT ANY IDENTIFYING INFORMATION WITH THE INVOICE.

SUBMIT ONLY DATA COLUMNS SUCH AS DATES, UNITS, AND SERVICE DELIVERY DETAILS.....SEE EXAMPLE BELOW

IF THE INDIVIDUAL'S INFORMATION WAS SUBSEQUENTLY TRANSFERRED TO ARIES, THE ARIES URN MUST BE ENTERED ON THE LOG.

Last Name, First Name, MI	Service Date	E/T	Service Units	Service Details	Status				Initial Entry (X)	Chart Number	Unaware or Not in Care	Part A or MAI	Gender (M/F)	Race (abbr)	Date of Birth	Residence Zip Code	Transfered to ARIES ARIES URN
					IP	LFU	REF	LNK									

The data submitted with invoices must be backed up with the full log at your agency. The Ryan White Program office will verify these logs during annual monitoring visits.
Your log may look different from this log. This is an example that shows the MINIMUM variables that must be collected.