



Indiana
Department
of
Health

RYAN WHITE SERVICES INVOICE TEMPLATES

KATIE LINE & MARY BETH WREN

10/07/2020



Indiana
Department
of
Health

Invoicing

What's the Scoop?

Our goal is to send the new invoice templates to each agency via email in early November.

These will come from a RW Services Program Representative after Contract/Purchase Order have been fully executed.

Invoice Submission checklist will also be included in this email.

Ryan White Services Invoice Checklist

- Directions Tab on Template
- Date of Invoice
- Prepared by/Submitted by
- Expenses Claimed
- Invoice Tab on Template
- Grant Summary Report
- Naming Convention
- Submitting the Invoice Template
- Supporting Documentation
- Copies of Documentation
- Request for Budget Change (RBC)

Directions Tab – Screen 1

Invoice Tab – No data is to be entered on this tab

Monthly Tab – Only enter data in yellow areas

Dates of Service and Invoice Date must be correct

How to Use This Invoice Template:

Directions Tab

Please use the instructions provided on this tab to assist in completing this invoice template.

Invoice Tab

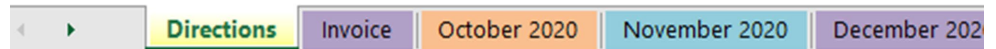
The data entered on this tab will populate automatically based on the information entered on your monthly tabs.

No data should be entered directly on this tab.

Monthly Tab

Once per month:

1. Fill out the information block at the top of the appropriate month's tab yellow boxes. This must include "Dates of Service"- generally the first day of the month through the last day of the month, i.e. 10/1/2020-10/30/2020.
"Date of Invoice"- this must match the date of submissions of the invoice to IDH.
"Prepared by"/" Submitted by"- Enter the name of everyone in the appropriate space.
2. Enter all gathered reimbursable expenditures for the month and put the lower yellow boxes Category totals under the "Expenses Claimed" column. The "Available Funding" and "Balance" tabs will auto-populate based on your expenses claimed.
3. Once complete, please review the "Invoice" tab, as this is the information that will be processed for payment. Please save this as a new and distinct Excel document with the following file naming convention: **Agency_SCM#_Month_Invoice_** (example: IDH 12345 OCT12345HIV21 Invoice.)
4. The subject line for your submission by email must have the same naming convention as the file name.



Directions Tab – Screen 2

Save document with correct naming convention – Agency SCM# Month Invoice

EXAMPLE:

IDH 12345 OCT12345HIV21 Invoice

Your subject line in the email must have the same naming convention

Email IDOH Ryan White Part B Invoices to HSPProgram@isdh.in.gov

- 4. The subject line for your submission by email must have the same naming convention as the file name.
- **Before sending the invoice in, it is vital to check the date of invoice, the file name, and the subject line of your email. Invoices will be returned to the agency if date, file name, or subject line does not align with these instructions****
- ***Email IDH Ryan White Part B invoices to HSPProgram@isdh.in.gov*****
- 5. Do not pre-load data into future tables, as doing so will result in an incorrect submission for the month.
- 6. For a request for budget change (RBC), please contact IDH Ryan White Part B email address listed above. The deadline to submit a Request for Budget Change (RBC) is 60 days prior to the end date of your contract.

Grant Summary Report Tab

This tab is a tool for managing your budget. Here you can see your original budget, any amendments, RBCs, expenditures, current budget, total expenses, and amount remaining.

No data is entered on this tab—this tab is for informational purposes only.

Navigation tabs: < > Directions Invoice October 2020 November 2020 December 2020



Monthly Tab

This is where the data is entered in the yellow areas only

Blue areas are formatted – no information is to be entered here

Check that your totals from the yellow areas match the above blue areas

Monthly Detail					
Vendor Name		Olbrich Wren Group (SCM # 55555)			
Dates of Service	9/30/2020 - 10/31/2020				
Date of Invoice	10/7/2020				
Prepared By:	Robin Olbrich				
Submitted By:	Mary Beth Wren				
Invoice #:	OCT55555HIV21				
		Available Funding	Expenses Claimed	Balance	
ADMIN00		5,000.00	800.00	4,200.00	
EFAH00		2,000.00	100.00	1,900.00	
EFAUTL		1,000.00	200.00	800.00	
FOOBNK		500.00	300.00	200.00	
HOUSNG		500.00	250.00	250.00	
MEDCMGT		200.00	150.00	50.00	
NMCMGT0		300.00	130.00	170.00	
OUTRCH		800.00	200.00	600.00	
		\$ 10,300.00	\$ 2,130.00	\$ 8,170.00	
		TOTAL - Invoice \$ 2,130.00			
ADMIN00	Expenses Claimed	EFAH00	Expenses Claimed	EFAUTL	Expenses Claimed
Personnel	600.00	Personnel	100.00	Personnel	
Benefits	200.00	Benefits		Benefits	
Consultants		Consultants		Consultants	
Contractual		Contractual		Contractual	200.00
Supplies		Supplies		Supplies	
Equipment		Equipment		Equipment	
Travel		Travel		Travel	
Other		Other		Other	
SUBTOTAL	\$ 800.00	SUBTOTAL	\$ 100.00	SUBTOTAL	\$ 200.00
FOOBNK	Expenses Claimed	HOUSNG	Expenses Claimed	MEDCMGT	Expenses Claimed
Directions		Invoice		October 2020	
				November 2020	



Invoice Tab

No entry is to be made on this tab

A visual check is **extremely** important


Dates of Service

Invoice Date

Expenses Entered

Totals cannot be checked too often!



		FY2021- Invoice HIV Olbrich Wren Group (SCM # 55555)																																																																																	
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Grant Summary Tab

No entry is to be made on this tab, this is for your information only

It shows your budget amount, total expenses and the amount remaining on your budget

Approved RBCs

This should match your records

		Budget		Expenses				
	Amended Budget	RBC 1	Oct-20	Sep-21	Current Budget	Total Expenses	Amount Remaining	% Remaining
ADMIN00	\$ 5,000.00		\$ 800.00	\$ -	\$ 5,000.00	\$ 800.00	4,200.00	84.00%
EFAH05	\$ 2,000.00		\$ 100.00	\$ -	\$ 2,000.00	\$ 100.00	1,900.00	95.00%
EFAUTL	\$ 1,000.00		\$ 200.00	\$ -	\$ 1,000.00	\$ 200.00	800.00	80.00%
FOODBK	\$ 500.00		\$ 300.00	\$ -	\$ 500.00	\$ 300.00	200.00	40.00%
HOUSING	\$ 500.00		\$ 250.00	\$ -	\$ 500.00	\$ 250.00	250.00	50.00%
MEDCMGT	\$ 200.00		\$ 150.00	\$ -	\$ 200.00	\$ 150.00	50.00	25.00%
NMCMGTO	\$ 300.00		\$ 130.00	\$ -	\$ 300.00	\$ 130.00	170.00	56.67%
OUTRRCH	\$ 800.00		\$ 200.00	\$ -	\$ 800.00	\$ 200.00	600.00	75.00%
Subtotal	\$ 10,300.00	\$ -	\$ 2,130.00	\$ -	\$ 10,300.00	\$ 2,130.00	\$ 8,170.00	79.32%
Grand Total	\$ 10,300.00	\$ -	\$ 2,130.00	\$ -	\$ 10,300.00	\$ 2,130.00	\$ 8,170.00	79.32%



Supporting Documentation

Supporting Documentation

Personnel:

Documentation that will be provided monthly with your invoice would include:

- *Personnel* – all salaries & allowances paid directly to staff who contribute directly to the activities of the service category
- *Personnel Benefits* – Schedule of benefits with list of definite expenditures

Documentation can be submitted by individual employee or in the aggregate for all employees.



Time and Effort:

Time & effort reporting documentation must:

- Account for 100% of employee's compensated time
- Not exceed 1 FTE
- Separately record multiple federal grants/projects

Non-federal sources do not have to be documented in as much detail; a lump sum balance can be provided.

(i.e. state funds, or private funds for program income)

Types of Supporting Documentation

Acceptable Supporting Documentation:

- Signed time sheets/activity report
- Employee schedules or calendars
- Meeting minutes, monthly log of standing minutes
- Program management tracking
- Workload reports
- Health record notes
- Patient productivity report
- Documents from patient service encounters

Unacceptable Supporting Documentation:

- Estimates based on patient population
- Percentages written into a job description
- Unreconciled projections or budgets on their own
- Time studies

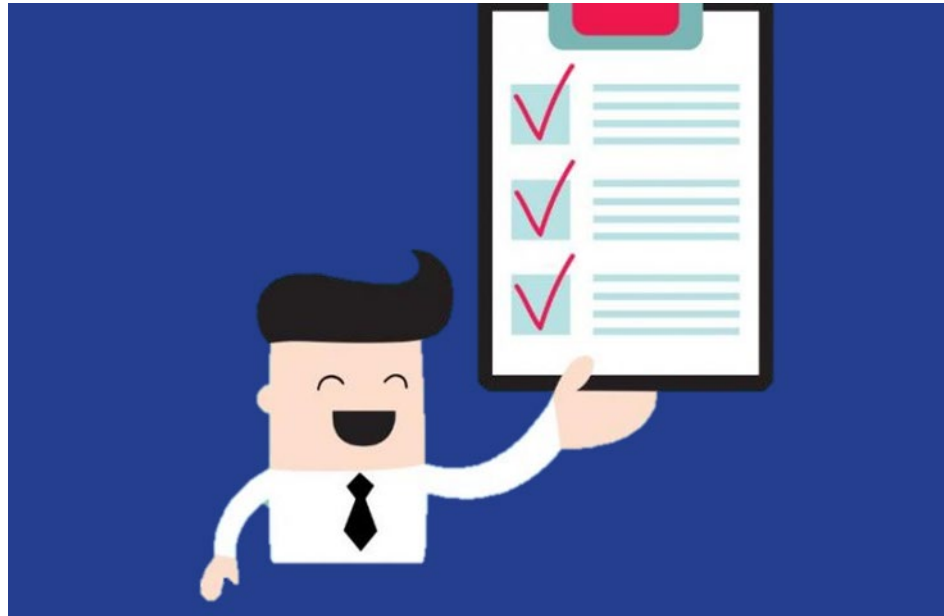
Documentation: How to Do it

- Time sheets capture hours for each funding stream & category under RW Part B
 - Core Medical Services, Support Services, and Administration
- Your **financial manager** should administer the procedure, provide training, and perform periodic reviews (monthly, semi-annually, etc.)
- **Supervisors** with first-hand knowledge of employee's work are responsible for ensuring the reporting is compliant and signing off on the Time and Effort Report
- **Employees** are responsible for reporting accurately and signing their Time and Effort Report

Sample Signature Language:

"I/We certify that to the best of our knowledge, the above allocation of time spent on performing Federal State and other program duties/activities is true and accurate."

Documentation: Reconciliation



- You must have a system in place to verify that actual time worked is consistent with the amount of time & effort allocated in the budget
- The budget should be reviewed at least quarterly to adjust salary/wage/benefit allocations as needed

Remember

- Time and Effort Reporting is based on actual time worked, not budgeted allocations

Documentation: Consultants

All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category.

The consultant's rate **must** be specified.

The invoice must reflect the job performed, rate, and hours.

Costs related to a consultant may include:

- Travel
- Accommodation
- Living expenses
- Support services hired directly by consultant



Documentation

Supplies/Other Direct Costs

- Separate office supplies from medical & educational purchases.
- Vendor invoices should be submitted for all supply purchases

Equipment/Supplies

- Same rules as above



Travel

- International costs are not permitted
- Out of state travel needs prior approval
- These costs may include:
 - Airfare (economy class)
 - Ground transportation
 - Accommodation meals/per diem

Documentation: Other Expenses

Contractual Expenses:

- An agreement between private parties creating mutual obligations enforceable by law.
- Usually specifies the scope of service and a specific payment.
- You must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.

“Other” expenses:

- This will include anything that does not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies & Equipment.
- i.e. Copier rental, facility rent, etc.
- Supporting documentation for these items will need to be properly approved vendor invoices

Background

- Title XXVI of the Public Health Service Act, 42 USC.
 - Section 300ff-11s
- Policy Clarification Notice #16-02



Questions?

Pause



Return in 15 minutes!