

## Procedures for Subrecipient Invoice Submittal

### BACKGROUND/PURPOSE:

HSP Procedure #18-05 provides instruction on how to evaluate the allowability of the presented invoices by service category by assuring compliance with service definitions on Title XXVI of the Public Health Service Act, 42 USC. Section 300ff-11s as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L.111-87) and Policy Clarification Notice #16-02. In addition, this procedure assures that ISDH will maintain adequate records to support all the expenses charged to the Ryan White Part B grant as required on 45 CFR 75.420.

### PROCEDURE:

1. The subrecipient submits invoices and backup documentation showing expenses accrued that are reflective of eligibilities as outlined in PCN 16-02 and correspond with the requirements contained in the contractual arrangement.
2. The sub recipient submits invoices to the appropriate HIV/STD/VH program area, email at [HSPProgram@isdh.in.gov](mailto:HSPProgram@isdh.in.gov) or [SupportiveServices@isdh.in.gov](mailto:SupportiveServices@isdh.in.gov).
3. The invoice and backup documentation will be reviewed by the appropriate program staff for compliance with the current and approved budget, work plan and allowability of expenses within 10 calendar days.
4. If the invoice needs additional information, the Program staff will reach out to the subrecipient for more information to be returned to the Division within 2 working days.
5. The HIV/STD/VH program staff will forward approved invoice to the ISDH HIV/STD Contracts and Rebates Specialist.
6. The ISDH HIV/STD Contracts and Rebates Specialist enters approved invoice into the Division Ledger sends approved invoice to [ISDH Invoices@isdh.IN.gov](mailto:ISDH Invoices@isdh.IN.gov).
7. The ISDH HIV/STD Contracts and Rebates Department stores the invoice and supporting documentation along with the email to the Services Shared folder.
8. ISDH Finance Accounts Payable enters the invoice into Encompass.
9. The invoice is approved internally by ISDH Finance Accounts Payable Manager and the Auditor's office. The approved entry is sent electronically to the State of Indiana Auditors Office for payment.

**Evaluation of Subrecipient Invoices by Service Category:** To be conducted by the HIV Services or Supportive Services Program Staff in compliance with the National HIV Monitoring Standards the division's policies and procedures for monitoring, and 45 CFR 75. These documents are available to all sub recipients prior to monitoring and evaluation.

### EXCEPTIONS:

**Indiana State Department of Health (ISDH)  
HIV Services Program (HSP)  
HSP Procedure #18-05B**

None

**REFERENCES:**

eCFR: Electronic Code of Federal Regulations:

<https://www.ecfr.gov/cgi-bin/text-idx?SID=3f0301db78a77fb16148690ca00f3d6a&mc=true&node=pt45.1.75&rgn=div5>

Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds:

[https://hab.hrsa.gov/sites/default/files/hab/Global/service\\_category\\_pcn\\_16-02\\_final.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf)

Policy Clarification Notice (PCN) #15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and

D:<https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1501.pdf>

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