



Department of Health Care Services
BULLETIN 2020-002

DATE: 04/07/2020

TO: All Participating Counties and Community-Based Organizations

FROM: Medi-Cal Health Enrollment Navigators Project (Navigators Project)

SUBJECT: Instructions for Submitting Quarterly Invoice and Progress Report

Department of Health Care Services (DHCS) Navigators Project (NP)
Instructions for Submitting Quarterly Invoice and Progress Report

DHCS will progressively allocate funding, in arrears, to counties and community-based organizations (CBOs) for actual costs incurred in meeting the objectives in the approved work plan. Reimbursements will not exceed program amounts established under the Allocation Agreement line item budget and are subject to approved quarterly invoices and quarterly progress reports.

I. Submission of Quarterly Invoices

Counties and CBOs must complete the Quarterly Invoice by providing detailed budget activity expenditures for the specific quarter and state fiscal year (FY) as described below.

A. Quarterly Invoice Instructions

1. Invoices must be prepared quarterly on the template provided by the State. Download the Quarterly Invoice template from the Navigators Project website at www.dhcs.ca.gov/services/medi-cal/eligibility/pages/NavigatorsProject.
2. Include the following in the spaces provided on the template:
 - County or CBO Name
 - The current FY and Invoice Number (see number 3 below)
 - Billing Period (specify months)
 - Vendor ID Number (Note: To be provided by your Navigators Project Analyst. If necessary, you can leave this blank on your first invoice.)
3. Identify the invoice by using the standard invoice numbering system, which is designed to identify the county or CBO, project, State FY, and the

quarter claimed. (Please see Attachment "A" for the County and CBO Coding Chart.)

- For example, invoice number **ALA-NP-19/20-Q3** would represent: Alameda County-Navigators Project-FY 19/20-Quarter 3 (1/1/20 – 3/31/20).
 - For a CBO, invoice number **CCHI-19/20-Q3** would represent: California Coverage and Health Initiatives-Navigators Project-FY 19/20-Quarter 3 (1/1/20 – 3/31/20).
4. If you are requesting initial funding prior to your first quarter of invoicing, please identify the invoice using the standard invoice number system referenced in item #3 and use **IF** (Initial Funding) in place of the quarter. For example, an initial funding request for Alameda County would be **ALA-NP-19/20-IF**.
 5. Indicate the Approved Budget, the Prior Amount Expended, the Expenses Billed this Quarter, the Amount Expended to Date, and the Remaining Balance. (The Adjustment and the Approved Amount sections are for the Department of Health Care Services (DHCS) use only.)
 6. Report actual expenses using exact amounts in dollars and cents. Do not round fractional dollar amounts or cents to the nearest whole dollar amount.
 7. Ensure the expenses, services, and materials support the activities that correspond with the approved Navigators Project Work Plan. Reimbursement may only be sought for those expenses and/or expense categories expressly identified as allowable in the allocation agreement and expenses approved by DHCS.
 8. Personnel Expenses - Salary Line Items
 - Identify each funded position title or classification.
 - Indicate the number of personnel in each position/classification.
 - Indicate the full time equivalent (FTE) or annual percentage of time/effort for each position (i.e., full time=1.0, $\frac{3}{4}$ time = .75, $\frac{1}{2}$ time = .50, $\frac{1}{4}$ time= .25, number of hours, if hourly, etc.).
 - Include the fringe benefits percentage rate as well as the total personnel costs.
 9. Invoice must be signed, in blue ink only, by the County or CBO authorized NP Project Manager, or authorized designee.

10. If applicable, paid subcontractor invoices must be submitted to DHCS as back-up for their charges. For more detailed information on invoice documentation, please see Section C below.
11. Invoices must be accompanied by a Quarterly Progress Report. Quarterly Progress Reports must be prepared on the template provided by the State. The Quarterly Progress Report template can be downloaded from the Navigators project website at www.dhcs.ca.gov/services/med-cal/eligibility/pages/NavigatorsProject.
12. Invoices must be accompanied by the NP Quarterly Invoice and Progress Report Cover Sheet (Cover Sheet). The Cover Sheet must be prepared on the template provided by the State. The cover sheet can be downloaded from the NP website referenced above.
13. Submit invoices and progress reports in both hard copy and electronic format.
 - E-mail the electronic copies to your assigned County or CBO NP Analyst using the NP mailbox at healthnavigators@dhcs.ca.gov.
 - Mail one (1) original signed invoice, along with one (1) copy of the Quarterly Progress Report, NP Quarterly Invoice and Progress Report Cover Sheet and invoice backup to:

Attention: Name of your Navigators Project Analyst
Department of Health Care Services
Medi-Cal Eligibility Branch
1501 Capitol Avenue, Suite 71-4001, MS 4607
PO Box 997417
Sacramento, CA 95899-7417

14. Your main point of contact for this project is your Navigators Project Analyst. Your analyst will work with you directly on any questions you have on this process, as well as other issues regarding the Navigators Project.

B. Submission Date Charts

Year 1 (1/1/2020 – 6/30/2020)

State FY	Quarter	Invoice Submission Date	Invoice Number	Incurred Expenditures for Months
19/20	3rd Quarter	April 30, 2020	XXX-NP-19/20-Q3	Jan-Mar 2020

Year 2 (7/1/2020 – 6/30/2021)

State FY	Quarter	Invoice Submission Date	Invoice Number	Incurred Expenditures for Months
19/20	4th Quarter	July 31, 2020	XXX-NP-19/20-Q4	Apr-Jun 2020
20/21	1st Quarter	Oct 31, 2020	XXX-NP-20/21-Q1	July-Sept 2020
20/21	2 nd Quarter	Jan 31, 2021	XXX-NP-20/21-Q2	Oct-Dec 2020
20/21	3 rd Quarter	April 30, 2021	XXX-NP-20/21-Q3	Jan- Mar 2021

Year 3 (7/1/2021 – 12/31/2021)

State FY	Quarter	Invoice Submission Date	Invoice Number	Incurred Expenditures for Months
20/21	4th Quarter	July 31, 2021	XXX-NP-20/21-Q4	Apr-Jun 2021
21/22	1st Quarter	Oct 31, 2021	XXX-NP-21/22-Q1	Jul- Aug 2021
21/22 Project Closeout	2nd Quarter	Jan 31, 2021	XXX-NP-21/22-Q2	Oct-Dec 2021

C. Invoice Documentation

1. Invoices are required to contain all necessary supporting documentation to substantiate the expenditures that are seeking payment. While DHCS may not request backup documentation for some expenditures that seem reasonable any customary, DHCS may request the missing supporting documentation at any time in the event of questions or an audit.
2. You must retain all records that substantiate expenditures billed to DHCS as part of this project for auditing purposes.
3. The NP Analyst will verify your billed expenditures and be reasonable when it pertains to requesting backup documentation. However, always strive to provide documentation as backup to your invoice to the best of your ability.
4. The NP Analyst will work with you if we require additional documentation for your invoice.

D. Allowable Line Item Shifts

1. Cumulative line item shifts of up to five percent (5%), each FY, per line item may be reported provided no line item is increased or decreased by more than five (5%) percent of the total budget number and the approved annual budget total is not changed.
2. Adjustments can only be made on approved line item activities.
3. The County or CBO must adhere to State requirements regarding the process to follow in requesting approval to make line item shifts.
4. Line item shifts may be proposed or requested by either the State or the County/CBO.

E. Corrections to Invoices

1. All invoices submitted to DHCS for payment are reviewed by the NP Analyst.

2. If discrepancies are found or additional documentation is required, the NP Analyst will contact the County or CBO Coordinator. It may be possible to resolve the discrepancies by phone and by the County or CBO Coordinator submitting additional documentation. As a courtesy, the NP Analyst will hold invoices for no longer than seven (7) calendar days in order to satisfactorily resolve any issues with the submitted invoice. If satisfactory resolution cannot be achieved, the invoice(s) will be disputed by the NP Analyst and returned to the County or CBO with a written explanation of the reasons it is being returned for correction.
3. When the County or CBO corrects and returns the rejected invoice(s), it must identify the resubmitted invoice(s) as a **Corrected Invoice**.
4. The invoice number should reflect the correction by adding a **(C-1)** to the end of invoice number.
5. If subsequent corrections are required, the invoice number will reflect the number of the correction **(C-2)**, etc.
6. Corrected amounts and totals must be indicated with **bold type**. Include an explanation of changes or corrections in the space provided.

II. Quarterly Progress Reports

Counties and CBOs must provide Quarterly Progress Reports, to quantify and document progress-to-date on Scope of Work objectives and performance goals for the quarter being reported. For more information on Quarterly Progress Reports, please see Attachment 5 of the Allocation Agreement. A Quarterly Progress Report must be submitted in conjunction with each invoice submitted by the County or CBO. Please see Submission Date Charts above for timely submission. The Quarterly Progress Report template can be downloaded from the Navigators Project website at: www.dhcs.ca.gov/services/medical/eligibility/pages/NavigatorsProject.

III. Quarterly Invoice and Progress Report Cover Sheet

The Quarterly Invoice and Progress Report Cover Sheet template serves as a check-off list for Counties or CBOs to ensure the invoices, subcontractor invoices, and progress reports are submitted accurately. The Cover Sheet must accompany the invoice and progress reports. The County or CBO putting

together the invoice package should print and initial the cover sheet to ensure completion prior to sending to DHCS. This Cover Sheet will be submitted along with your invoice, backup, and progress report. The Cover Sheet template can be downloaded from the Navigators Project website at:

www.dhcs.ca.gov/services/medi-cal/eligibility/pages/NavigatorsProject

IV. Payment Provisions

The Health Navigators Project Program is funded through the State General Fund with equal matching federal funds from the Title XIX Medicaid Program. This funding can only be used for NP activities and use of this funding must meet all conditions for claiming Title XIX funding. County and CBO allocation funding may be used only to fund activities provided in each of the designated fiscal years and in accordance with the approved plan and budget for the fiscal year.

The State will allocate funding to the counties and CBOs in arrears subject to approved quarterly reports and invoices. Counties and CBOs will submit quarterly invoices that correspond to the approved FY budget that was included in the executed Allocation Agreement. The quarterly invoices will reflect all expenditures for the relevant quarter for the county's or CBO's outreach enrollment and retention plan activities, expenses, services, materials, and support.

Reimbursement shall be made for allowable expenses. Checks will be issued in accordance with the California Prompt Payment Act (Government Code Section 927 et seq). Most approved invoices should receive a state warrant (payment) within approximately 30-45 calendar days after approval. The assigned NP Analyst will contact the County or CBO, via an e-mail, when the invoices have been approved.

Reimbursement shall be made for allowable expenses up to the approved annual amount commensurate with the State FY in which services are performed. The Counties or CBOs must maintain records reflecting actual expenditures for each state fiscal year covered by the term of this agreement.

A. Recovery of Overpayments

DHCS will recover overpayments from the Counties and CBOs including, but not limited to, payments determined to be:

- In excess of allowable costs.

- In excess of the amount usually charged by the County or CBO, or any of its subcontractors.
- For services not documented in records of the County or CBO, or any of its subcontractors.
- For any services where the documentation of the County or CBO, or any of its subcontractors only justifies a lower level of payment.
- Based upon false or incorrect invoices.
- For services deemed to have been excessive or inappropriate.
- For services not covered in the approved AB 74 Work Plan (Attachment 2) and Budget Plan (Attachment 1).
- For services that should have been billed to another funding source; other State and federal agency or other governmental entity contract or grant; or any private contract or agreement for which the County, CBO, or any of its subcontractors were eligible to receive payment for such services. (This includes payments received by Enrollment Entities for applicant assistance reimbursement and Medi-Cal Administrative Activities claiming.)

Procedures for Recovery of Overpayments:

1. The NP Analyst will advise the county or CBO that an overpayment has occurred and discuss the overpayment with the County or CBO.
2. The county or CBO must pay the full amount due in one payment with a check made out to DHCS.
3. The county will mail the check to their NP Analyst.

B. Inappropriate Use of Funds

Counties and CBOs are prohibited from duplicate invoice billing for the approved activities for this project. Each County and CBO has signed an allocation agreement certifying there is an appropriate plan in place to ensure that state funds will not be inappropriately used. This prohibition shall remain in effect throughout the entire term of this allocation agreement. If the County violates this prohibition, the State may immediately terminate this allocation agreement, and the County or CBO must repay the State the amount of all payments received under this allocation agreement and any amounts received as application assistance fees. This prohibition is applicable for the entire term of this contract and is applicable to all Subcontractors/Collaborative Partners.