



Department of Health Care Services
BULLETIN 2020-003

DATE: 04/07/2020 (Revised 02/23/2023)

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 (Partners) must complete the Quarterly Invoice by providing detailed budget activity expenditures for the specific quarter and state fiscal year (FY) as described below. Partners should make all available efforts to electronically submit deliverables and required items identified in this bulletin (including supporting documents and those items requiring signatures), when feasible, to the NP Inbox at HealthNavigators@dhcs.ca.gov.

A. Quarterly Invoice Instructions

1. Invoices must be prepared quarterly on the template provided by the State. The Quarterly Invoice template has been provided to all Partners at the time of the Allocation Agreement signature, and will also be provided upon request by emailing the NP Email inbox at HealthNavigators@dhcs.ca.gov.
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. For example:
 - County invoice number **ALA-NP-22/23-Q2** would represent: Alameda County-Navigators Project-FY 22/23-Quarter 2 (10/1/22 – 12/31/22).
 - CBO invoice number **CCHI-NP-22/23-Q2** would represent: California Coverage and Health Initiatives-Navigators Project-FY 22/23-Quarter 2 (10/1/20 – 12/31/22).
4. If you are requesting initial payment prior to your first quarter of invoicing, please see section B, below, regarding the approval process. If approved, please identify the invoice using the standard invoice number system referenced in item #3 and use **IP** (Initial Payment) in place of the quarter. For example, an initial funding request for Alameda County would be **ALA-NP-22/23-IP**.
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 (electronically or wet-ink), by the County or CBO authorized NP Project Manager, or authorized designee. Invoices without a signature will not be processed.

10. Supporting documentation associated with the expenditures identified on the invoice are required. For more detailed information on appropriate supporting documentation, please see Section D below or review the Quarterly Invoice template Instructions, located on Tab 1.
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 has been provided to all Partners at the time of the Allocation Agreement signature, and will also be provided upon request by emailing the NP Email inbox at HealthNavigators@dhcs.ca.gov.
12. Invoices and progress reports can be submitted electronically or by mail to the NP Analyst at the following:
 - Electronic Mail: HealthNavigators@dhcs.ca.gov.
 - Physical Mail:

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

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. Initial Payment

1. An initial payment is permissible and must be approved by DHCS prior to submitting an initial payment invoice. The County/CBO is required to have a DHCS-approved Budget Plan, submit a prospectus invoice (using the Quarterly Invoice template) identifying anticipated expenditures, and provide a narrative explaining why these funds are needed and the work expected to be performed.
2. All initial payment requests cannot exceed twenty-five percent (25%) of the current fiscal year's budget. If a subsequent initial payment is requested, the County/CBO must provide proof of funds expenditure via the quarterly invoice process. All subsequent initial payments require full utilization before another initial payment will be considered for the requested amount; otherwise, the subsequent initial payment request will

be reduced by the unexpended amount (the difference between what was paid and what was expended in the approved quarterly invoice.)

3. Once the initial payment request is submitted, DHCS will provide notice within two (2) weeks if the request has been approved.

C. Invoice Documentation

1. Invoices are required to contain all necessary supporting documentation to substantiate the expenditures for reimbursement. While DHCS may not request backup documentation for some expenditures that seem reasonable and 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 for 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 the invoice number.
5. If subsequent corrections are required for that same invoice, the invoice number will reflect the number of the correction **(C-2)**, etc. (Subsequent new quarterly invoices that require correction would be notated with C-1.)
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. The Quarterly Progress Report has been provided to all Partners at the time of the Allocation Agreement signature, and will also be provided upon request by emailing the NP Email inbox at HealthNavigators@dhcs.ca.gov.

III. 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 permissible 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 permissible activities provided in each of the designated fiscal years and in accordance with the signed Allocation Agreement, approved work plan and budget for the fiscal year, and all pertinent NP Bulletins.

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, retention, and utilization plan activities.

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). The Prompt Payment Act requires that approved invoices must receive a state warrant (payment) no more than forty-five (45) calendar days after submission for 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 are not used inappropriately. This prohibition shall remain in effect throughout the entire term of this Allocation Agreement. If a County or CBO 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 also applicable to all Subcontractors/Collaborative Partners.