COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH SUBSTANCE ABUSE PREVENTION AND CONTROL

Provider Invoice Automation System Training Manual

Table of Contents

| PURPOSE | 4 |
|---|----|
| SECTION 1: THE PROVIDER INVOICE AUTOMATION SYSTEM | 4 |
| Accessing the Provider Invoice Automation System | 4 |
| Home Screen | 5 |
| SECTION 2: ADDING INVOICES | 6 |
| Adding a Provider | 6 |
| Adding an Attachment | |
| Adding Cost Line Item/Staff Hours/Deliverable | 12 |
| Personnel Salary/Staff Hours | 12 |
| Benefit/Deliverable | 16 |
| Services and Supplies | 19 |
| Equipment Leases | 21 |
| Facility Rent/Leases | 22 |
| Administrative Overhead | 24 |
| Adding Service Codes | 26 |
| Adding Summary | 27 |
| Add Approved Budget | 28 |
| Section 1- Budgeted Line Item | 29 |
| Section 2 – Revenue | |
| Section 3- Net Amount Requested | |
| Invoice Status | |

ACKNOWLEDGMENTS

We would like to acknowledge the SAPC Provider Invoice Automation Planning team and SAPC IT for all their hard work assisting with the development, recommendations, edits, and revisions of the Provider Invoice Automation System Training Manual.

PURPOSE

The Los Angeles County Department of Public Health Substance Abuse Prevention and Control's (SAPC) Provider Invoice Automation System Pilot is designed to automate the process of submitting and approving monthly provider invoices. Monthly invoice statements must be verified by SAPC Finance and SAPC Program Specialists prior to payment. The monthly invoices report monthly expenditures by each agency/contract. Claims must be paid or denied based on correct invoice statements and in line with any federal/local/SAPC restrictions and written contracts. Contracted agencies will only be reimbursed after their monthly invoices are submitted. These invoices are also relied on for auditing purposes.

The Provider Invoice Automation System is used to submit monthly expenditures monthly in an accurate manner. Once the invoice has been submitted by the provider, it allows SAPC to verify them in a timely manner.

SECTION 1: THE PROVIDER INVOICE AUTOMATION SYSTEM Accessing the Provider Invoice Automation System

To log into the system, Provider must go to the Community Information System (CIS):

Step: 1

Prior to accessing CIS, providers must have a C# assigned to them. If providers do not have a C#, they can access this <u>website</u>, fill out the form and submit it.

Step: 2

Providers need to have VPN access. The VPN registration form can be found <u>here.</u> Please fill out the sections 1-9, 29-32 and sign at the very end. All pages must be emailed to:

SAPC APP SUPPORT@ph.lacounty.gov

Step: 3

Providers need to fill out the application user registration form. The application user registration form can be found <u>here.</u> This form should be completed and signed. All pages must be emailed to:

SAPC APP SUPPORT@ph.lacounty.gov

| LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH SUBSTANCE ABUSE PREVENTION AND CONTROL | |
|--|--|
| Community Information System (CIS) | |
| | |
| Access to this device is restricted to authorized persons only. Any unauthorized access may result in disciplinary action or criminal prosecution. ALL CONNECTIONS ARE MONITORED AND LOGGED. Use of this device is deemed acceptance of these conditions. | |
| Log In | |
| Please enter your username and password. | |
| Account Information | |
| Username: | |
| Password: | |
| Log In | |

Home Screen

The invoice home page will display as below once logged in. Previous invoices will be shown in a table at the top of the page.

| | | | SUBSTANCE ABUSE PRI Community Infor | | | | | | | Welcome invoio | |
|--------------------------------------|--|---------------------------------------|---|--------|--------------|--|------------|---------------|------------------|----------------|--|
| Tuesday, August 6, 2024 | | | | | | | | | | [Los | |
| Home Provider Automated Invoicing | | SUBSTAN | COUNTY - DEPARTMENT ICE ABUSE PREVENTION IDER INVOICE AUTOMAT | AND CO | NTROL | тн | | | | | |
| | You can search by partial provider name, add Leave the search box empty and click on Sear | ch to search for all record Search | | | | | | | | | |
| | Provider Provider Address | Contract Number | | | Claim Period | | <u>SPA</u> | ICR Rate Stat | | 4 | |
| | Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 | | | | | Cost Line Item - Harm Reduction | | Ope | | | |
| | Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 | | | | | Cost Line Item - Prevention Cost Line Item - Prevention | 1 | Ope | | - | |
| | Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 | | | | | Cost Line Item - Prevention | 1 | Оре | Delete | - | |
| | Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 | | | | | Cost Line Item - Prevention | | | Delete | - | |
| | Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 | | | | 07/2023 | Deliverable | | Ope | | | |
| | Select DEMO. INC. 555 Test Avenue. La Puente. CA 917 | | | | | Staff Hours - CENS | | | Delete | - | |
| | Provider Information Cast Line Item/Self HouryD | | | | | | | | Show 8 Show 8 | | |
| | L | | | | | | | | | | |
| | | | | | | | _ | | _ | | |

The invoice home page will also contain the following tabs with fields under each:

A. Provider Information

- a. Provider Information
- b. Attachment

B. Cost Line Item/Staff Hours/Deliverable

- a. Personnel Salary/Staff Hour
- b. Benefit/Deliverable
- c. Service and Supplies
- d. Equipment Leases
- e. Facility Rent/Leases
- f. Administrative Overhead

C. Service Codes

- a. Service Codes
- D. Summary
 - a. Add Approved Budget
 - b. Section 1- Budgeted Line Item
 - c. Section 2- Revenue
 - d. Section 3- Net Amount Requested
 - e. Invoice Status

| Provider Information | Cost Line Item/Staff Hours/Deliverable | Service Code | Summary |
|----------------------|--|--------------|---------|
| | | | |
| PROVIDER INFORMATIO | N | | |
| ATTACHMENT | | | |
| | | | |
| | | | |

SECTION 2: ADDING INVOICES

Adding a Provider

Click on the "Provider Information" tab. Once tab opens, click "+Add Provider Information"

| Provider Information | Cost Line Item/Staff Hours/Deliverable | Service Code | Summary |
|---------------------------|--|--------------|---------|
| | | | |
| PROVIDER INFORMATIO | N | | |
| + Add Provider Informatic | n | | |
| ATTACHMENT | | | |

A form will open in the tab. Select the correct contract number, provider address, service planning areas served, supervisorial districts served, contract type, service category, invoice type and claim period. Enter the required fields of contact person, contact phone, contact email as well. For contract type, users may select from 5 options-Cost Line Item-Harm Reduction, Cost Line Item- Prevention, Deliverable, Staff Hours CENS, and Staff Hours SYTF. Providers may contact their program specialist if clarification is needed on selecting contract type. Dependent on the contract type, the

service category will change. The SPA Served and SUP Served fields will populate dependent on the contract type as well. The invoice type can be selected as Original or Supplemental. (Please note, if selecting Supplemental and no original invoice is found, a validation message will appear asking provider to create the original invoice first.) Once the Provider Information form is filled, click "Add".

| PROVIDER INFORMATION | | | | | | |
|--------------------------------------|------------|--------|----------------|----------|-------------|---------------------|
| + Add Provider Information | | | | | | |
| Add Provider Information | | | | | | |
| Provider Name: | DEMO, IN | C. 🗸 | | | | |
| Contract Number: | PH-12345 | 6 (FY2 | 2023-2024) 🗸 | | | |
| Provider Address: | 123 South | Demo | Avenue, Alha | ambra, | CA 91801 (C | Corporate Office) 🗸 |
| Contract Type: | Cost Line | Item - | Harm Reduct | ion 🗸 | | |
| Service Category: | Care First | Comm | nunity Investm | nent (Cl | FCI) | ~ |
| Service Planning Areas (SPA) Served: | 1 V | • | | | | |
| Invoice Type: | Original | ~ | • | | | |
| Claim Period: | 06/2024 > | • | | | | |
| Provider Number: | | | | | | |
| Contact Person: | | | | | | |
| Contact Phone: | | | | | | |
| Contact Email: | | | | | | |
| Prepared By: | invoiceuse | r | | | | |
| Prepared Date: | 8/7/2024 2 | :17:29 | PM | | | |
| Add | | | | | Car | ncel |

If Contract type: Cost Line Item- Harm Reduction is selected:

If Contract Type: Cost Line Item – Prevention is selected:

| dd Provider Information | | |
|--------------------------------------|---|-------------------------|
| Add Provider Information | | |
| | | |
| Provider Name: | DEMO, INC. 🗸 | |
| Contract Number: | PH-123456 (FY2023-2024) V | |
| Provider Address: | 123 South Demo Avenue, Alhambra, CA 918 | 01 (Corporate Office) 🗸 |
| Contract Type: | Cost Line Item - Prevention 🗸 | |
| Service Category: | Community Collaboration Program (CCP) 🗸 | · |
| Service Planning Areas (SPA) Served: | 1 🗸 | |
| Invoice Type: | Original 🗸 | |
| Claim Period: | 06/2024 🗸 | |
| Provider Number: | | |
| Contact Person: | | |
| Contact Phone: | | |
| Contact Email: | | |
| Prepared By: | nvoiceuser | |
| Prepared Date: | 3/6/2024 10:39:08 AM | |
| Add | Car | icel |

If Contract Type: Deliverables is selected:

| ROVIDER INFORMATION | |
|--------------------------|--|
| Add Provider Information | |
| Add Provider Information | |
| Provider Name: | DEMO, INC. V |
| Contract Number: | PH-123456 (FY2023-2024) V |
| Provider Address: | 123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) 🗸 |
| Contract Type: | Deliverable V |
| Service Category: | Community Collaboration Program (CCP) V |
| Invoice Type: | Original 🗸 |
| Claim Period: | 06/2024 🗸 |
| Provider Number: | |
| Contact Person: | |
| Contact Phone: | |
| Contact Email: | |
| Prepared By: | invoiceuser |
| Prepared Date: | 8/6/2024 10:40:39 AM |
| Add | Cancel |

If Contract Type: Staff Hours – CENS is selected:

| OVIDER INFORMATION | |
|----------------------------|--|
| Add Provider Information | |
| Add Provider Information — | |
| | |
| Provider Name: | DEMO, INC. 🗸 |
| Contract Number: | PH-123456 (FY2023-2024) V |
| Provider Address: | 123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) V |
| Contract Type: | Staff Hours - CENS V |
| Service Category: | AB 109 🗸 |
| Invoice Type: | Original 🗸 |
| Claim Period: | 06/2024 🗸 |
| Provider Number: | |
| Contact Person: | |
| Contact Phone: | |
| Contact Email: | |
| Prepared By: | invoiceuser |
| Prepared Date: | 8/6/2024 10:40:54 AM |
| Add | Cancel |

If Contract Type: Staff Hours – SYTF is selected:

| OVIDER INFORMATION | |
|--------------------------|--|
| Add Provider Information | |
| Add Provider Information | |
| | |
| Provider Name: | DEMO, INC. V |
| Contract Number: | PH-123456 (FY2023-2024) V |
| Provider Address: | 123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) V |
| Contract Type: | Staff Hours - SYTF 🗸 |
| Service Category: | JJRBG 🗸 |
| Invoice Type: | Original 🗸 |
| Claim Period: | 06/2024 🗸 |
| Provider Number: | |
| Contact Person: | |
| Contact Phone: | |
| Contact Email: | |
| Prepared By: | invoiceuser |
| Prepared Date: | 8/6/2024 10:41:07 AM |
| Add | Cancel |

Click "OK" when a pop up will appears asking whether user wants to insert the record. Once added, the invoice will appear in the table at the top with the status of Open. (Please note: Any action will prompt a pop-up screen confirming whether the provider wants to complete the action or not – creating a new record, editing, and saving a record, or deleting records.)



If something is entered incorrectly or invoice needs to be deleted, it can be deleted by selecting the hyperlink on the right side of the record. The record may only be deleted when the status is "Open".

You can search by partial provider name, address, contract number, provider number. Leave the search box empty and click on Search to search for all records.

| | | | Search | | | | | | | | |
|--------|-----------------|--------------------------------------|-------------------------|--|--------------|--------------|---------------------------------|------------|-------------|-------|--------|
| | <u>Provider</u> | Provider Address | Contract Number | Service Category | Invoice Type | Claim Period | Contract Type | <u>SPA</u> | ICR Rate St | tatus | |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Care First Community Investment (CFCI) | Original | 04/2024 | Cost Line Item - Harm Reduction | | 0 | pen | Delete |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 07/2023 | Cost Line Item - Prevention | 1 | 0 | pen | Delete |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 08/2023 | Cost Line Item - Prevention | 1 | 0 | pen | Delete |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 12/2023 | Cost Line Item - Prevention | 1 | 0 | pen | Delete |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 06/2024 | Cost Line Item - Prevention | 1 | 0 | pen | Delete |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 07/2023 | Deliverable | | 0 | pen | Delete |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 07/2023 | Staff Hours - CENS | | 0 | pen | Delete |

To enter monthly expenditures, click the "Select" hyperlink on the left side of the record. Verify that the record is bolded, and the provider information is populated in the tab below before moving on to enter invoice data.

| | <u>Provider</u> | Provide | r Address | Contract Number | Service Category | Invoice Type | Claim Period | Contract Type | <u>SPA</u> | ICR Rate | <u>Status</u> | |
|--|---|---------------------------------------|--|--|--|--------------|--------------|---------------------------------|------------|----------|---------------|--------------|
| elect | DEMO, INC. | 555 Test Avenue, L | a Puente, CA 91744 | PH-123456 (FY2023-2024) | Care First Community Investment (CFCI) | Original | 04/2024 | Cost Line Item - Harm Reduction | | | Open | Dele |
| elect | DEMO, INC. | 555 Test Avenue, La | Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 07/2023 | Cost Line Item - Prevention | 1 | | Open | Delet |
| elect | DEMO, INC. | 555 Test Avenue, La | Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 08/2023 | Cost Line Item - Prevention | 1 | | Open | Delet |
| elect | DEMO, INC. | 555 Test Avenue, La | Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 12/2023 | Cost Line Item - Prevention | 1 | | Open | Delet |
| _ | DEMO, INC. | 555 Test Avenue. La | Puente CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 06/2024 | Cost Line Item - Prevention | 1 | | Open | Delet |
| | | 555 Test Avenue. La | | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 07/2023 | Deliverable | | | Open | Delet |
| _ | | | | | | - | | | | | | |
| elect | DEMO, INC. | 555 Test Avenue, La | Puente, CA 91/44 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 07/2023 | Staff Hours - CENS | | | Open | <u>Delet</u> |
| | | | | | | | | | | | | |
| | ER INFORMA | | | | | | | | | | | |
| | rovider Inform | | | | | | | | | | | Hiq |
| Add P | | nation | | _ | | | | | | | | Hid |
| Add P | rovider Inform ider Informa | nation | DEMO, INC. | | | | | | | | | Hid |
| Add P Prov | rovider Inform ider Informa | nation | DEMO, INC. PH-123456 (FY2023- | 2024) | | | | | | | | Hid |
| Provi Provi Contr | rovider Inform ider Informa der: | nation | - | | | | | | | | | Hid |
| Add P Provi Provi Contr Provi | rovider Inform ider Informa der: act Number: | nation | PH-123456 (FY2023- | Puente, CA 91744 | | | | | | | | Hid |
| Provi Provi Contr Provid | rovider Inform ider Informa der: act Number: der Address: act Type: | nation | PH-123456 (FY2023- 555 Test Avenue, La | Puente, CA 91744 m Reduction | | | | | | | | Hid |
| Provi Provi Contr Provi Contr Servio | rovider Informa ider Informa der: ract Number: der Address: ract Type: re Category: | nation | PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr | Puente, CA 91744 m Reduction | | | | | | | | Hid |
| Provi Contr Provi Contr Servic | rovider Inform ider Informa der: act Number: der Address: act Type: ce Category: ce Planning Ar | nation | PH-123456 (FY2023 555 Test Avenue, La Cost Line Item - Harr Care First Communit | Puente, CA 91744 m Reduction | | | | | | | | Hid |
| Add P Provi Contr Provi Contr Servic Servic | rovider Inform ider Informa der: act Number: der Address: act Type: act Type: ce Category: te Planning Ar rvisorial Distric | nation ation reas (SPA) Served: | PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr Care First Communit No SPA | Puente, CA 91744 m Reduction | | | | | | | | Hid |
| Provi Contr Provi Contr Servic Servic Super Invoi | rovider Inform ider Informa der: act Number: der Address: act Type: ce Category: ce Planning Ar | nation ation reas (SPA) Served: | PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Hari Care First Communit | Puente, CA 91744 m Reduction | | | | | | | | Hid |
| Provi Contr Provi Contr Servic Servic Servic Super Invoic | rovider Inform ider Informa der: act Number: der Address: act Type: te Category: te Planning Ar rvisorial Distric te Type: Period: | nation ation reas (SPA) Served: | PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr Care First Communit No SPA No SUP Original | Puente, CA 91744 m Reduction | | | | | | | | Hid |
| Add P Provi Contr Provi Contr Servic Servic Servic Super Invoic Claim Provi | rovider Inform ider Informa der: act Number: der Address: act Type: ce Category: ce Planning Ar rvisorial Distric ce Type: | nation ation reas (SPA) Served: | PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr Care First Communit No SPA No SUP Original | Puente, CA 91744 m Reduction | | | | | | | | Hid |
| Add P Provi Contr Provi Contr Servic Servic Servic Servic Super Invoic Claim Provi Conta | rovider Inform ider Informa der: act Number: der Address: act Type: te Planning Ar rvisorial Distric te Type: - Period: der Number: | nation ation reas (SPA) Served: | PH-123456 (FY2023- S55 Test Avenue, La Cost Line Item - Har Care First Communit No SPA No SUP Original 04/2024 | Puente, CA 91744 m Reduction | | | | | | | | Hid |
| Add P Provi Contr Provi Contr Servic Servic Servic Super Invoic Claim Provi Contr Contr Contr | ider Inform ider Informa der: act Number: der Address: act Type: te Category: te Planning Ar visorial Distric Period: Period: der Number: tet Person: | nation ation reas (SPA) Served: | PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item + Test Communit Care First Communit No SPA No SUP Original 04/2024 Heather Frank | Puerte, CA 91744 m Reduction y Investment (CFCI) | | | | | | | | Hid |
| Add P Provi Contr Provi Contr Servic Servic Super Invoic Claim Provi Contr Contr Contr Contr | rovider Inform ider Informa der: act Number: der Address: act Type: ee Category: te Planning Act visorial Distri- te Type: Period: der Number: tet Peron: tet Peron: | nation ation reas (SPA) Served: | PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Har Care First Communit No SPA No SUP Original 04/2024 Heather Frank (323) 914-2253 | Puente, CA 91744 m Reduction y Investment (CFCI) | | | | | | | | Hid |
| Add P Provi Contr Provi Contr Servic Servic Super Invoic Claim Provi Contr Contr Contr Contr Contr Provi | rovider Inform ider Informa der: act Number: der Address: act Type: te Category: te Planning Ar visorial Distric der Number: tet Preson: tet Phone: tet Email: | nation ation reas (SPA) Served: | PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr Care First Communit No SPA No SUP Original 04/2024 Heather Frank (323) 914-2253 hguentzelfrank@ph. | Puente, CA 91744 m Reduction y Investment (CFCI) | | | | | | | | Hid |
| Add P Provi Contr Provi Contr Servic Servic Super Invoi Contr Contr Contr Contr Contr Contr Contr Contr Contr | rovider Inform ider Informa der: act Number; der Address; act Type: e Category: er Category: er Visorial Distri- ce Type: Period: der Number: tet Person: tet Person: tet Person: red Date: red By: | nation ation reas (SPA) Served: | PH-123456 (FY2023- 555 Text Avenue, La Cost Line Item - Harr Care First Communit No SPA No SUP Original 04/2024 Heather Frank (323) 914-2253 hguentzelfrank@ph. 4/25/2024 1142:02 / | Puente, CA 91744 m Reduction y Investment (CFCI) | | | | | | | | Hid |

Adding an Attachment

To attach attachments, click the "Attachment" tab below the "Provider Information" tab. Files may be chosen by clicking "Choose Files" and once selected, click "Add" to attach it to the invoice.

| Provider Information | Cost Line Item/Staff Hours/Deliverable | Service Code | Summary |
|----------------------|--|--------------|---------|
| | | | |
| PROVIDER INFORMATIO | N | | |
| ATTACHMENT | | | |
| Attachment | | | |
| Choose Files No fil | e chosen | | Add |
| | | | |

Adding Cost Line Item/Staff Hours/Deliverable

This section will explain how to fill out each section under the Cost Line Item/Staff Hours/Deliverable tab. To open each section, click the drop-down arrow next to the word "Show" on each tab.

Show 🕅

This section will require different fields to be filled out depending on which "Contract Type" is selected under the provider information.

Please note: the system will carry over the previous months invoice data to the next month's invoice so that providers do not have to re-enter invoice information again for below forms.

- Personnel Salary
- Benefit
- Services & Supplies
- Equipment Leases
- Facility Rent
- Administration Overhead

Providers can make changes, add more information, and remove information if needed.

Personnel Salary/Staff Hours

The Personnel Salary/Staff Hours section will populate based off what is selected for Contract Type under Provider Information.

If Cost Line Item – Harm Reduction, Cost Line Item – Prevention, Staff Hours CENS & Staff Hours SYTF is selected, the Personnel Salary/Staff Hours section will be editable. If Deliverable is selected, this section will not be open to enter information.

Personnel Salary

To enter Personnel Salary, click the "+Add Personnel Salary/Staff Hours" hyperlink. This will open a table to enter personnel and staff information. Enter the required fields of first name, last name, budgeted position, FTE percent, and amount claimed. Select staff type and whether this is an allowable ICR expense. Once information has been entered, click the "Add" button at the bottom of the table. A pop up will appear asking whether provider wants to save record. Provider may click "OK" or "Cancel".

Please note: If the staff type is direct, 100% of the staff's amount is counted in the total Administrative Overhead amount.

If the staff type is indirect, only 10% of the staff's amount is counted in the total Administrative Overhead amount.

If the allowable ICR expense is checked, the amount of that record is counted in the total Administrative Overhead amount (and based on the selection above as well). If not checked, the amount is not counted in the total Administrative Overhead amount.

| PERSONNEL SALARY/STAFF HOURS | | |
|---|------------------------|--------|
| Staff Type: All Staffs 🛛 🗸 | | |
| + Add Personnel Salary/Staff Hours Add Personnel Salary/Staff Hours | | |
| First Name: | Sponge | |
| Last Name: | Bob | |
| Budgeted Position: | Fry Cook | |
| FTE Percent: | 50 | |
| Amount Claimed: | 100 | |
| Staff Type: | Indirect Staff 🗸 |) |
| Allowable ICR Expense: | | |
| Created By: | testuser | |
| Created Date: | 12/14/2023 10:25:58 AM | |
| Add | | Cancel |
| | | |

If information does not need to be entered, provider may click "Cancel" at any time of editing the record. If more records need to be added, provider may click "+Add Personnel Salary/Salary Hours" again.

If a record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow the provider to edit the already inputted record. Staff type may also be filtered based on all staff, indirect staff, and direct staff.

| ff Type: | All Staffs | ~ | | | | | | | |
|--|---|------------------|--|-------------------------|----------------|------------|-------------------|-----------------------|---------------|
| | · | | | | | | | | |
| Persor | nnel Salary/ | Staff Hours | | | | | | | |
| | | | | | | | | | |
| | First Name | <u>Last Name</u> | Budgeted Position | FIE Percent | Amount Claimed | YTD Amount | <u>Staff Type</u> | Allowable ICR Expense | |
| <u>Select</u> | Eugene | Crabs | Supervisor | 80.00 | \$350.00 | \$350.00 | Direct Staff | | <u>Delete</u> |
| <u>Select</u> | Sponge | Bob | Fry Cook | 50.00 | \$100.00 | \$100.00 | Indirect Staff | | Delete |
| <u>Select</u> | Squidward | Tentacles | Cashier | 75.00 | \$200.00 | \$200.00 | Direct Staff | | Delete |
| | | | Total: | | \$650.00 | \$650.00 | | | |
| | 1 | 1 | | | | | | | |
| Add Per | sonnel Salary | /Staff Hours | | | | | | | |
| | nnel Salary/ | | Sponge | | 1 | | | | |
| Persor | nnel Salary/ | | Sponge Bob | |] | | | | |
| Persor First Na Last Na | nnel Salary/ | | | | | | | | |
| First Na Last Na Budget FTE Per | nnel Salary/ ame: ed Position: cent: | | Bob Fry Cook 50.00 | | | | | | |
| First Na Last Na Budget FTE Per Amoun | nnel Salary/: ame: ed Position: cent: t Claimed: | | Bob Fry Cook 50.00 100.00 | | | | | | |
| Persor First Na Last Na Budget FTE Per Amoun Staff Ty | nnel Salary/: me: ed Position: cent: t Claimed: pe: | Staff Hours | Bob Fry Cook 50.00 | laff | | | | | |
| Persoi First Na Last Na Budget FTE Per Amoun Staff Ty Allował | ame: me: ed Position: cent: t Claimed: pe: pe: ple ICR Expen | Staff Hours | Bob Fry Cook 50.00 100.00 Indirect S | laff | | | | | |
| Persor First Na Last Na Budget FTE Per Amoun Staff Ty Allowal Created | nnel Salary/: me: ed Position: cent: t Claimed: pe: ple ICR Expen d By: | Staff Hours | Bob Fry Cook 50.00 100.00 Indirect S testuser | | | | | | |
| Person First Na Last Na Budget FTE Per Amoun Staff Ty Allowal Created Created | mnel Salary/ ime: ed Position: cent: t Claimed: pe: ole ICR Expen d By: d Date: | Staff Hours | Bob Fry Cook 50.00 100.00 Indirect S testuser | taff 23 10:25:58 Alv | | | | | |
| Persor First Na Last Na Budget FTE Per Amoun Staff Ty Allowal Created | mnel Salary/ ime: ed Position: cent: t Claimed: pe: ole ICR Expen d By: d Date: | Staff Hours | Bob Fry Cook 50.00 100.00 Indirect S testuser | 23 10:25:58 AM | | | | | |

The provider may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

Staff Hours

To enter Staff Hours, Click "+Add Personnel Salary/Staff Hours". This will open a table to enter personnel and staff information. Depending on the contract type, Staff Hours-CENS or SYTF, certain fields will prepopulate and the staff hour rate will be set. Fill out the required information. The staff hour amount will be calculated once staff hour is entered. Once information has been entered, click the "Add" button at the bottom of the table.

Staff Hour – CENS:

| dd Personnel Salary/Staff Hours | | |
|---------------------------------|----------------------|---|
| | • | |
| | | |
| Add Personnel Salary/Staff Hour | s | |
| | | |
| First Name: | Mickey | |
| Last Name: | Mouse | |
| Budgeted Position: | Supervisor | |
| Staff Hour: | 15 | |
| Staff Hour Rate: | 73.70 | |
| Staff Hour Amount: | 1105.5 | |
| Service Population: | AB 109 🗸 | |
| Location of Rendered Services: | 123 South Demo Avenu | ue, Alhambra, CA 91801 (Corporate Office) 🗸 |
| Total Hours Worked: | 40 | |
| DMC Hours: | 5 | |
| Created By: | invoiceuser | |
| Created Date: | 8/6/2024 11:06:56 AM | |
| Add | | Cancel |

Staff Hour – SYTF:

| Add Personnel Salary/Staff Hours | | | | |
|----------------------------------|---------------|---------|---------------|---|
| | | | | |
| | | | | |
| Add Personnel Salary/Staff Hours | | | | |
| | | | | |
| First Name: | Goofy | | | |
| Last Name: | Dog | | | |
| Budgeted Position: | Assistant | | | |
| Staff Hour: | 40 | | | |
| Staff Hour Rate: | 84.84 | | | |
| Staff Hour Amount: | 3393.6 | | | * |
| Created By: | invoiceuser | | | |
| Created Date: | 8/6/2024 12:3 | 8:06 PM | | |
| Add | | | <u>Cancel</u> | |
| | | | | |
| | | | | |

If information does not need to be entered, provider may click "Cancel" at any time of editing the record. If more records need to be added, provider may click "+Add Personnel Salary/Salary Hours" again.

If a record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

| Firs | rst Name | Last Name | Budgeted Position | Service Population | Location of Rendered Services | <u>Staff Hour</u> | YTD Staff Hour | Staff Hour Amount | YTD Staff Hour Amount | DMC Hour | YTD DMC Hour | |
|--|---|-------------|--|---------------------------|---|-------------------|----------------|-------------------|-----------------------|----------|--------------|--------|
| ma | andi | bane | sa counselor | | 8963 Valley Blvd , West Covina, CA 90024 | 0.00 | 73.70 | \$0.00 | \$160.00 | 0.00 | 0.00 | |
| elect Mic | ickey | Mouse | Supervisor | AB 109 | 123 South Demo Avenue, Alhambra, CA 91801 | 15.00 | 15.00 | \$1,105.50 | \$1,105.50 | 5.00 | 5.00 | Delete |
| | | | Total: | | | 15.00 | 88.70 | \$1,105.50 | \$1,265.50 | 5.00 | 5.00 | |
| | | Staff Hours | | | | | | | | | | |
| ersonnel rst Name: st Name: | l Salary/S | taff Hours | Mickey Mouse Superviso | | | | | | | | | |
| ersonnel rst Name: | I Salary/S | | | r | | | | | | | | |
| ersonnel rst Name: st Name: idgeted Po aff Hour: aff Hour A | I Salary/S | | Mouse Superviso 15.00 1105.50 | r | | | | | | | | |
| ersonnel rst Name: st Name: idgeted Po aff Hour: aff Hour A ervice Popu | I Salary/S Position: Amount: pulation: | taff Hours | Mouse Supervisor 15.00 1105.50 AB 109 | | | | | | | | | |
| ersonnel st Name: st Name: idgeted Pe aff Hour: aff Hour A aff Hour A rvice Popu cation of | I Salary/S Position: Amount: pulation: f Rendered | taff Hours | Mouse Superviso 15.00 1105.50 AB 109 123 South | r 1 Demo Avenue, Alhan | nbra. CA 91801 | | | | | | | |
| ersonnel st Name: idgeted Po aff Hour: aff Hour A strvice Popu cation of tal Hours | I Salary/S : Position: Amount: pulation: f Rendered s Worked: | taff Hours | Mouse Superviso 15.00 1105.50 AB 109 123 South 40.00 | | mbra. CA 91801 | | | | | | | |
| ersonnel st Name: dgeted Po aff Hour: aff Hour A ervice Popu cation of tal Hours MC Hours: | I Salary/S : Position: Amount: pulation: f Rendered s Worked: s: | taff Hours | Mouse Superviso 15.00 1105.50 AB 109 123 South 40.00 5.00 | n Demo Avenue, Alhan | mbra. CA 91801 | | | | | | | |
| ersonnel st Name: idgeted Po aff Hour: aff Hour A strvice Popu cation of tal Hours | I Salary/S Position: Amount: pulation: f Rendered s Worked: s: | taff Hours | Mouse Superviso 15.00 1105.50 AB 109 123 South 40.00 5.00 invoiceuse | n Demo Avenue, Alhan | nbra. CA 91801 | | | | | | | |

Benefit/Deliverable

The Benefit/Deliverable section will populate based off what is selected for Contract Type under Provider Information.

If Cost Line Item-Prevention & Harm Reduction and Deliverable is selected for contract type, the Benefit/Deliverable section will be editable.

Benefit

To enter Benefits, Click "+Add Benefit/Deliverable". This will open a table to enter benefits information. Enter the required fields of first name, last name, budgeted position, service population, location of rendered services, staff hour, staff hour and staff hour amount. Once information has been entered, click the "Add" button at the bottom of the table

| Add Benefit/Deliverabl | e | |
|--|--------------------|--|
| Add Benefit/Delive | rable | |
| | | |
| Benefit Amount: | 100 | |
| | 100 invoiceuser | |
| Benefit Amount: Created By: Created Date | | |

Once the benefits record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

| | Amount Claimed | YTD Amount | |
|--------------------|-------------------------|-----------------------|---------------|
| <u>Select</u> | \$100.00 | \$100.00 | <u>Delete</u> |
| Total: | \$100.00 | \$100.00 | |
| Benefi | t/Deliverable | | |
| | | 100.00 | |
| Benefit | Amount: | 100.00 invoiceuser | |
| 3enefit Created | Amount: By: | | 12 PM |
| | Amount: By: Date: | invoiceuser | 12 PM |

Deliverable

To enter Deliverables, Click "+Add Benefit/Deliverable". This will open a table to enter deliverable information. Enter the required fields of all six deliverables. The information must be entered numerically and if no information is needed to be input for a deliverable, enter "0". Once information has been entered, click the "Add" button at the bottom of the table. If information does not need to be entered, provider may click "Cancel" at any time of editing the record

| Add Benefit/Deliverable | 1 | | |
|---|-----------------------------------|---------------------|--------|
| Add Benefit/Deliver | able | | |
| Deliverable 1: Submit n | nonthly training summaries th | nat accurately | |
| reflect the number and | type of on-site (or virtual, as | indicated) training | 50 |
| assigned agency staff. I | Representing between 30-409 | % of total budget. | |
| Deliverable 2: Provide t | echnical assistance to assigne | ed agencies on | |
| | e prevention (ODP) kit distrik | | 75 |
| | unting of ODP kit by assigned | | |
| | templated overdose preventi | | |
| | duction policies and procedur | | |
| programs in adopting a | and updating their own proto | cols and compile a | 0 |
| | gencies' existing and updated | | · |
| and procedures related and harm reduction. | to overdose prevention, nalo | oxone distribution, | |
| | and deploy evaluation metho | delegies and | |
| metrics that indicate su | 1 2 | dologies and | 0 |
| | onthly summaries that accura | ately reflect other | |
| | ered to assigned agencies. | and y remeet of the | 25 |
| | progress reports (i.e. qualitativ | ve summaries) bv | |
| | rovide detailed descriptions of | | 100 |
| technical assistance eff | orts, barriers, challenges enco | ountered. | |
| Created By: | invoiceuser | | |
| Created Date | 7/18/2023 11:09:16 AM | | |
| | Add | | Cancel |

Once the deliverable record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

| De Select | liverable 1 | _ | | | | | |
|--|--------------|-----------------------------------|-------------------|-------------------|---------------|---------------|------------|
| Select | | Deliverable 2 | Deliverable 3 | Deliverable 4 | Deliverable 5 | Deliverable 6 | |
| | \$50.00 | \$75.00 | \$0.00 | \$0.00 | \$25.00 | \$100.00 | Delete |
| Total: | | | | | | | |
| | | | | | | | |
| Dama (th/D | | | | | | | |
| Benefit/D | eliverable | | | | | | |
| | | Deliverable Ca | | | Claimed / | Amount | YTD Amount |
| | | nonthly training | | | | | |
| | | type of on-site | | | | \$50.00 | \$50.0 |
| | | Representing be | | | | | |
| | | echnical assista | | | | | |
| | | e prevention (O | | | | \$75.00 | \$75.0 |
| | | unting of ODP k templated over | | | | | |
| | | duction policies | | · | | | |
| | | and updating th | | | _ | | |
| | | gencies' existing | | | | \$0.00 | \$0.0 |
| | | to overdose pr | | | | | |
| and harm re | | neo overdose pr | Evention, naioxe | she distribution, | ' | | |
| | | and deploy evalu | uation methodo | logies and | | | |
| metrics that | | | | | | \$0.00 | \$0.0 |
| | | onthly summari | es that accurate | ly reflect other | | | |
| | | ered to assigned | | | | \$25.00 | \$25.0 |
| | | progress reports | | summaries) by | | | |
| assigned ag | ency that p | rovide detailed | descriptions of t | training and | | \$100.00 | \$100.0 |
| technical as | sistance eff | orts, barriers, ch | allenges encour | ntered. | | | |
| | | | | Tota | l: | \$250.00 | \$250.0 |
| | | invoiceuser | | | | | |
| Created By: | | | | | | | |
| | | 7/18/2023 1 | 1:09:16 AM | | | | |
| Created By: Created Dai Updated: | | 7/18/2023 1 | 1:09:16 AM | | | | |

Services and Supplies

The Services and Supplies field will only be editable if the contract type is Cost Line Item – Prevention and Cost Line Item – Harm Reduction.

To enter Services and Supplies, Click "+Add Services and Supplies". This will open a table to enter services and supplies information. Enter values for all the fields. The information must be entered numerically and if no information is needed to be input for a service and supplies, enter "0". Select the checkbox if it is an allowable ICR expense. Once information has been entered, click the "Add" button at the bottom of the table. If information does not need to be entered, provider may click "Cancel" at any time of editing the record.

SERVICES AND SUPPLIES

+ Add Services and Supplies

Add Service and Supplies

| Services and Supplies | Claimed Amount | Allowable ICR Expense |
|-------------------------------------|------------------------|-----------------------|
| Professional Services Evaluator: | 15 | |
| Professional Services Consultant: | 10 | |
| Program Supplies: | 15 | |
| Mileage Parking Conferences Travel: | 0 | |
| Equipment Repairs Maintenance: | 15 | |
| Utilities: | 25 | |
| Office Supplies: | 90 | |
| Events: | 10 | |
| Dues Memberships Licenses: | 0 | |
| Telephone: | 0 | |
| Other Services: | 0 | |
| Created By: | invoiceuser | _ |
| Created Date: | 12/26/2023 11:20:51 AM | |
| Add | <u>Cancel</u> | |

Once the services and supplies record has been added, a table will populate. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers

may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

| Services and Supplies | | | |
|------------------------------------|------------------------|------------|-----------------------|
| Services and Supplies | Claimed Amount | YTD Amount | Allowable ICR Expense |
| Professional Services Evaluator: | \$15.00 | \$15.00 | |
| Professional Services Consultant: | \$10.00 | \$10.00 | 2 |
| Program Supplies: | \$15.00 | \$15.00 | 12 |
| Mileage Parking ConferencesTravel: | \$0.00 | \$0.00 | |
| Equipment Repairs Maintenance: | \$15.00 | \$15.00 | 2 |
| Utilities: | \$25.00 | \$25.00 | |
| Office Supplies: | \$90.00 | \$90.00 | 2 |
| Events: | \$10.00 | \$10.00 | 2 |
| Dues Memberships Licenses: | \$0.00 | \$0.00 | 2 |
| Telephone: | \$0.00 | \$0.00 | 12 |
| Other Services: | \$0.00 | \$0.00 | 2 |
| Total: | \$180.00 | \$180.00 | |
| Created By: | testuser | | |
| Created Date: | 12/14/2023 10:51:25 AM | | |

Equipment Leases

The Equipment Leases field will only be editable if the contract type is Cost Line Item – Prevention and Cost Line Item – Harm Reduction.

To enter Equipment Leases, Click "+Add Equipment Leases". This will open a table to enter equipment lease information. Enter the name of the equipment lease and equipment lease amount. Once information has been entered, click the "Add" button at the bottom of the table.

| Add Equipment Leases | | | | |
|---|-------------|----|--|--|
| Add Equipment Leases - | | | | |
| Equipment Lease: | Table | | | |
| | 150 | | | |
| Equipment Lease Amount: | 100 | | | |
| | invoiceuser | | | |
| Equipment Lease Amount: Created By: Created Date: | | PM | | |

If information does not need to be entered, providers may click "Cancel" at any time of editing the record. If more records need to be added, providers may click "+Add Equipment Leases" again.

Once the equipment lease record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

| equipr | ment Leases | | | |
|-----------------|--|-------------------|------------|---------------|
| | Equipment Leases | Amount Claimed | YTD Amount | |
| <u>Select</u> | Chair | \$200.00 | \$200.00 | <u>Delete</u> |
| <u>Select</u> | Table | \$150.00 | \$150.00 | Delete |
| | | | | |
| | Iotal: | \$350.00 | \$350.00 | |
| | | \$350.00 | \$350.00 | |
| Equip | lipment Leases | \$350.00 Table | \$350.00 | |
| Equip: | <u>iipment Leases</u> ment Lease | | \$350.00 | |
| Equip: | iipment Leases ment Lease ent Lease: ent Lease Amount: | Table | \$350.00 | |
| Equip: quipm | iipment Leases ment Lease ent Lease: ent Lease Amount: i By: | Table 150.00 | | |

Facility Rent/Leases

The Facility Rent/Leases field will only be editable if the contract type is Cost Line Item – Prevention and Cost Line Item – Harm Reduction.

To enter Facility Rent/Leases, Click "+Add Facility Rent/Leases". This will open a table to enter facility rent and lease information. Select the site address from the drop down and enter facility rent amount and whether this is an allowable ICR expense. The cost type will be prepopulated based on the site address selection. Once information has been entered, click the "Add" button at the bottom of the table.

| FACILITY RENT/LEASES | | |
|--|--------------------------|------------------------|
| Cost Type: All Cost Types 🗸 🗸 | | |
| + Add Facility Rent/Leases | | |
| Add Facility Rent/Leases | | |
| Facility Rent/Leases and Site Address: | 1000 S Fremont Avenue, W | est Covina, CA 90024 🗸 |
| Facility Rent Amount: | 1500 |] |
| Cost Type: | Program/Direct 🗸 | |
| Allowable ICR Expense: | | |
| Created By: | testuser | |
| Created Date: | 12/14/2023 10:38:06 AM | |
| Add | | Cancel |
| | | |

If information does not need to be entered, providers may click "Cancel" at any time of editing the record. If more records need to be added, providers may click "+Add Facility Rent/Leases" again.

Once the facility rent/lease record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table. Cost type can also be filtered based on all cost types, program/direct, or administrative/indirect.

| ost Type: All Cost Types | | | | | | |
|--|----------------------------------|--|---------------|-------------------------|-----------------------|--------|
| Facility Rent/Leases | | | | | | |
| | | | | | | |
| | | | | | | |
| Facility Rent/Leases | s and Site Address | Amount Claimed | YTD Amount | Cost Type | Allowable ICR Expense | |
| Select 1000 S Fremont Avenue, West Covir | na, CA 90024 | \$1,500.00 | \$1,500.00 | Program/Direct | | Delete |
| Select 123 South Demo Avenue, Alhamb | ora, CA 91801 (Corporate Office) | \$2,000.00 | \$2,000.00 | Administrative/Indirect | | Delete |
| | Total: | | | | | |
| | | | | | | |
| Facility Rent/Leases | 123 South Demo Avenue, Alhamb | ora CA 91801 (Corp. | orate Office) | | | |
| Facility Rent Amount: | 2000.00 | , a, a, b, | | | | |
| Cost Type: | Administrative/Indirect | | | | | |
| Allowable ICR Expense: | × | | | | | |
| Created By: | testuser | | | | | |
| Created Date: | 12/14/2023 10:41:33 AM | | | | | |
| Updated: | | | | | | |
| | | | | | | |

Administrative Overhead

To enter Administrative Overhead, Click "+Add Administrative Overhead". This will open a table to enter administrative overhead information. For the FY 23-24 and prior, enter the name of the administrative overhead and the indirect cost rate. The indirect cost rate should not be above 100%, otherwise a validation message will appear. For FY 24-25, the ICR rate will be prepopulated by SAPC Finance and only administrative overhead needs to be entered. The Administrative Overhead Amount will be calculated once the first two fields are complete. Once information has been entered, click the "Add" button at the bottom of the table.

FY 23-24:

| Add Administrative Overhead | | | | | |
|---------------------------------|------------|-------------|---------------|--|--|
| Add Administrative Overhead | | | | | |
| Administrative Overhead: | Computer | | | | |
| ICR: | 95 | | | | |
| Administrative Overhead Amount: | 978.5 | | | | |
| Created By: | testuser | | | | |
| Created Date: | 12/14/2023 | 10:52:58 AM | | | |
| Add | | | <u>Cancel</u> | | |

FY 24-25:

If ICR is prepopulated to 0, contact SAPC Finance to have them set up the ICR rate. Once Finance sets up ICR, the ICR field will prepopulated. User may continue by entering the administrative overhead field and selecting "Add".

Before set up:

| Add Administrative Overhead | | | |
|---------------------------------|----------------------|------------------|--|
| Add Administrative Overhead | | | |
| | | | |
| Administrative Overhead: | | | |
| ICR: | 0.00 | | |
| Administrative Overhead Amount: | 0.00 | | |
| Created By: | sapcprogram | | |
| Created Date: | 8/6/2024 12:19:34 PM | | |
| | 10 | NAME AND ADDRESS | |

After set up:

| DMINISTRATIVE OVERHEAD | | | | | |
|------------------------------|-------------|------------|------------|--|--|
| Add Administrative Overhead | | | | | |
| Add Administrative Overhe | ad | | | | |
| Administrative Overhead: | | | | | |
| ICR: | 30.00 | | | | |
| Administrative Overhead Amou | nt: 0.00 | | | | |
| Created By: | invoiceuse | r | | | |
| Created Date: | 8/6/2024 12 | 2:51:11 PM | | | |
| Add | | | Cancel | | |
| | | | | | |

The ICR rate will also be visible on the table at the top of the Invoice page once it is set up by Finance.

| | <u>Provider</u> | Provider Address | Contract Number | Service Category | Invoice Type | Claim Period | Contract Type | <u>SPA</u> | ICR Rate | Status | |
|--------|-----------------|--|-------------------------|--|--------------|--------------|---------------------------------|------------|----------|--------|--------|
| Select | DEMO, INC. | 123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) | PH-123456 (FY2023-2024) | JJRBG | Original | 06/2024 | Staff Hours - SYTF | _ | | Open | Delete |
| Select | DEMO, INC. | 123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) | PH-123456 (FY2024-2025) | Care First Community Investment (CFCI) | Original | 08/2024 | Cost Line Item - Harm Reduction | | 30.00 | Open | Delete |
| Select | DEMO, INC. | 123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) | PH-123456 (FY2024-2025) | Community Collaboration Program (CCP) | Original | 07/2024 | Cost Line Item - Prevention | 1 | | Open | Delete |
| | | | | | | | | | | | |

If information does not need to be entered, providers may click "Cancel" at any time of editing the record. If more records need to be added, providers may click "+Add Administrative Overhead" again.

Once the administrative overhead record has been added, but needs to be edited at any point, providers may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

ADMINISTRATIVE OVERHEAD

Administrative Overhead

| | Administrative Overhead | <u>ICR</u> | Amount Claimed | YTD Amount | |
|---------------|-------------------------|------------|----------------|------------|---------------|
| <u>Select</u> | Computer | 95.00% | \$978.50 | \$978.50 | <u>Delete</u> |
| <u>Select</u> | Laptop | 5.00% | \$51.50 | \$51.50 | Delete |
| | Total: | 100.00 % | \$1,030.00 | \$1,030.00 | |

+ Add Administrative Overhead

| Administrative Overhead | |
|--------------------------------|------------------------|
| Administrative Overhead: | Laptop |
| ICR: | 5.00 |
| Administrative Overhead Amount | : 51.50 |
| Created By: | testuser |
| Created Date: | 12/14/2023 10:54:36 AM |
| Updated: | |
| <u>Edit</u> | <u>Cancel</u> |
| | |

Adding Service Codes

This section will explain how to fill out the service code section. To open the section within this tab, click the drop-down arrow next to the word "Show".

Show 🔀

The Service Code field will only be editable if the contract type is Cost Line Item – Prevention and Cost Line Item – Harm Reduction.

To enter Service Codes, Click "+Add Service Codes". This will open a table to enter service code information. Enter the duration for each service code. If no hours are to be claimed, input the field as "0". The Claimed Amount will be calculated once the hours are entered. Once information has been entered, click the "Add" button at the bottom of the table.

| Service Codes | | |
|---|------------------------|----------------|
| dd Service Codes | | |
| Service Code | Duration (Hours) | Claimed Amount |
| ervice Code 12 - Information Dissemination: | 15 | 1743 |
| ervice Code 13 - Education: | 10 | 1162 |
| ervice Code 14 - Alternatives: | 0 | 0 |
| ervice Code 15 - Problem Identification and Referral: | 0 | 0 |
| ervice Code 16 - Community Based Process: | 5 | 581 |
| ervice Code 17 - Environmental: | 20 | 2324 |
| Total: | 50 | \$5,810.00 |
| reated By: | testuser | |
| reated Date: | 12/14/2023 10:58:00 AM | |
| Add | | Cancel |

If information does not need to be entered, providers may click "Cancel" at any time of editing the record.

Once the service code record has been added, but needs to be edited at any point, providers may click "Edit". Providers may also delete a record by clicking the "Delete" hyperlink.

| RVICE CODES | | | | |
|--|-----------|---------------|----------------|------------|
| | | | | |
| | | | | |
| | | | | |
| Service Codes | | | | |
| | | | | |
| Service Code | Durati | ion (Hours) | Claimed Amount | YTD Amount |
| Service Code 12 - Information Dissemination: | | 15.00 | \$1,743.00 | \$1,743.00 |
| Service Code 13 - Education: | | 10.00 | \$1,162.00 | \$1,162.00 |
| Service Code 14 - Alternatives: | | 0.00 | \$0.00 | \$0.00 |
| Service Code 15 - Problem Identification and Referral: | | 0.00 | \$0.00 | \$0.00 |
| Service Code 16 - Community Based Process: | | 5.00 | \$581.00 | \$581.00 |
| Service Code 17 - Environmental: | | 20.00 | \$2,324.00 | \$2,324.00 |
| Total: | | 50.00 | \$5,810.00 | \$5,810.00 |
| CreatedBy: | testuser | | | |
| Create Date: | 12/14/202 | 3 10:58:00 AM | | |
| Jpdated: | | | | |
| Edit | | | Delete | |
| Eult | | | Delete | |

Adding Summary

This section will explain how to fill out each section under the Summary tab. To open each section, click the drop-down arrow next to the word "Show" on each tab.

Show 🔀

Add Approved Budget

To Add Approved Budget, Click "+Add Approved Budget". This will open a table to enter approved budget information. The information must be entered numerically. Once information has been entered, click the "Add" button at the bottom of the table. If information does not need to be entered, providers may click "Cancel" at any time of editing the record.

Different contract types will open different Add Approved Budgets.

Cost Line Item- Harm Reduction & Cost Line Item – Prevention:

| ADD APPROVED BUDGET | | | | |
|--------------------------|---------|----------------|--------|---|
| Add Approved Budget | | | | |
| | | | | |
| | | | | |
| Add Approved Budget | | | | |
| | 100 | | | |
| Salary Benefit: | 100 | | | |
| Service Supplies: | 150 | | | |
| Equipment Leases: | 200 | | | |
| Facility Rent: | | | | |
| Administrative Overhead: | | | | |
| Created By: | invoice | euser | | |
| Created Date: | 7/18/2 | 023 2:07:58 PM | | |
| Add | | | Cancel | |
| | | | | _ |

Deliverable:

| Add Approved Budget | | | | |
|-----------------------|-------------------|-----|-----|--|
| Add Approved Budget — | | | | |
| | | | | |
| Deliverable 1 Budget: | | | | |
| Deliverable 2 Budget: | | | | |
| Deliverable 3 Budget: | | | | |
| Deliverable 4 Budget: | | | | |
| Deliverable 5 Budget: | | | | |
| Deliverable 6 Budget: | | | | |
| Created By: | invoiceuser | | | |
| Created Date: | 8/6/2024 11:32:51 | AM | | |
| Add | | Can | col | |

Staff Hours CENS & Staff Hours SYTF:

| Add Approved Budget | | |
|-----------------------|-------------------------------------|--|
| | | |
| Add Approved Budget - | | |
| Add Approved Budget – | | |
| Add Approved Budget – | | |
| Staff Hour Budget: | | |
| | invoiceuser | |
| Staff Hour Budget: | invoiceuser 8/6/2024 11:34:16 AM | |

Once the approved budget record has been added, but needs to be edited at any point, providers may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table. Once the invoice has been submitted, this Add Approved Budget field will no longer be editable.

| Approved Budget | | | | | |
|---|--------------------|------------------------------|-----------------|-------------------|---------------|
| | | | | | |
| Salary Benefit | Service Supplies | Equipment Lease | s Facility Rent | Administrative Ov | <u>erhead</u> |
| Select \$100.00 | \$150.00 | \$200.00 | 0 | | Delete |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Approved Budget | | | | | |
| Approved Budget | | | | | |
| | | \$100.00 | | | |
| Salary Benefit: | | \$100.00 | | | |
| Salary Benefit: Service Supplies: | | \$150.00 | | | |
| Salary Benefit: Service Supplies: Equipment Leases: | | | | | |
| Salary Benefit: Service Supplies: | | \$150.00 | | | |
| Salary Benefit: Service Supplies: Equipment Leases: Facility Rent: Administrative Overhead: | | \$150.00 \$200.00 | | | |
| Salary Benefit: Service Supplies: Equipment Leases: Facility Rent: | invoice | \$150.00 \$200.00 user | | | |
| Salary Benefit: Service Supplies: Equipment Leases: Facility Rent: Administrative Overhead: Created By: | invoice | \$150.00 \$200.00 | | | |
| Salary Benefit: Service Supplies: Equipment Leases: Facility Rent: Administrative Overhead: Created By: Created Date: | invoice 7/18/20 | \$150.00 \$200.00 user | | | |

Section 1- Budgeted Line Item

Budgeted Line Item will be populated and calculated based off the information entered in the previous tabs and will differ according to the different contract types.

Example: Cost Line Item- Prevention:

| CTION 1 - BUDGETED LINE ITEM | | | | |
|------------------------------|----------------------------|--------------------------|-----------------|-------------------|
| Section 1 | | | | |
| Budgeted Line Item | Amount Claimed This Period | Total YTD Amount Claimed | Approved Budget | Remaining Balance |
| Salary & Benefit: | \$750.00 | \$750.00 | \$100.00 | (\$650.00) |
| Services & Supply: | \$180.00 | \$180.00 | \$150.00 | (\$30.00) |
| Equipment Leases: | \$350.00 | \$350.00 | \$200.00 | (\$150.00) |
| Facility Rent/Leases: | \$3,500.00 | \$3,500.00 | \$0.00 | (\$3,500.00) |
| Administrative Overhead: | \$1,030.00 | \$1,030.00 | \$0.00 | (\$1,030.00) |
| Total: | \$5,810.00 | \$5,810.00 | \$450.00 | (\$5,360.00) |

Section 2 – Revenue

To enter Revenue, Click "+Add Revenue". This will open a table to enter revenue information. In this section information regarding grants, client fees, insurance and other fees may be entered. The information must be entered numerically. Once information has been entered, click the "Add" button at the bottom of the table. If information does not need to be entered, providers may click "Cancel" at any time of editing the record.

| ECTION 2 - REVENUE | | | |
|--------------------|----------|--------------|---------------|
| Add Revenue | | | |
| | | | |
| Add Revenue | | | |
| Grants: | 10000 | | |
| Client Fees: | 10000 | | |
| Insurance: | 5000 | | |
| Other Fee: | | | |
| Created By: | invoiceu | ser | |
| Created Date: | 7/18/202 | 3 2:21:01 PM | |
| Add | | | <u>Cancel</u> |
| | | | |

Once the revenue record has been added, but needs to be edited at any point, providers may click "Edit". Providers may also delete a record by clicking the "Delete" hyperlink.

| CTION 2 - REVENUE | | |
|-------------------|--------|----------------------|
| | | |
| | | |
| Revenue | | |
| | | |
| Revenue | | Claimed Amount |
| Grants: | | \$10,000.00 |
| Client Fees: | | |
| nsurance: | | \$5,000.00 |
| Other Fee: | | |
| | Total: | \$15,000.00 |
| Created By: | | invoiceuser |
| Created Date: | | 7/18/2023 2:21:01 PM |
| Updated: | | |
| Edit | | <u>Delete</u> |
| | | |

Section 3- Net Amount Requested

Net Amount Requested will be populated and calculated based off the information entered in the previous tabs.

| Net Amount Requested | |
|-------------------------|----------------|
| Net Amount Requested | |
| | |
| ltem | Claimed Amount |
| Gross Amount Requested: | \$5,810.00 |
| Total Revenue: | \$15,000.00 |
| Net Amount Requested: | (\$9,190.00) |

Invoice Status

Once providers are done inputting all the information necessary for the invoice, they may update the invoice status. Click the hyperlink "Update Invoice Status". This will open a table with an invoice status of "Finalized by Provider". Providers may add notes in the notes text field. Once ready to submit, click "Add" and select "OK" to the pop up message. If providers do not wish to update the invoice status, click "Cancel". **Please note: Once an invoice is submitted with the status of "Finalized by Provider", it can no longer be edited or deleted.**

| INVOICE STATUS | | |
|-----------------------|--------------------------------------|--|
| Update Invoice Status | Created Date 7/18/2023 1:04:51 PM | |
| Update Invoice Status | Finalized by Provider 🗸 | |
| Notes: | | |
| Created By: | nvoiceuser | |
| Created Date: | 7/18/2023 2:34:46 PM | |
| Add | Cancel | |

Once added, the finalized invoice can be found in the table above with the status of "Finalized by Provider". An email notification will be sent to SAPC that the invoice has been finalized by provider.

| | | / partial provider name, address, contract number, pro | | | | | | | | | |
|---------------|-----------------|--|-------------------------|--|--------------|--------------|---------------------------------|------------|----------|-----------------------|--------|
| .eave | the search | box empty and click on Search to search for all record Search | łs. | | | | | | | | |
| | <u>Provider</u> | Provider Address | Contract Number | Service Category | Invoice Type | Claim Period | Contract Type | <u>SPA</u> | ICR Rate | <u>Status</u> | |
| Select | DEMO, INC. | 123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) | PH-123456 (FY2023-2024) | JJRBG | Original | 06/2024 | Staff Hours - SYTF | | | Open | Delete |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Care First Community Investment (CFCI) | Original | 04/2024 | Cost Line Item - Harm Reduction | | | Open | Delete |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 07/2023 | Cost Line Item - Prevention | 1 | | Open | Delet |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 08/2023 | Cost Line Item - Prevention | 1 | | Open | Delet |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 12/2023 | Cost Line Item - Prevention | 1 | | Open | Delet |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 06/2024 | Cost Line Item - Prevention | 1 | | Open | Delete |
| Select | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 07/2023 | Deliverable | | | Open | Delet |
| <u>Select</u> | DEMO, INC. | 555 Test Avenue, La Puente, CA 91744 | PH-123456 (FY2023-2024) | Community Collaboration Program (CCP) | Original | 07/2023 | Staff Hours - CENS | | | Finalized by Provider | |

The status of the invoice will be reflected in the table. It will inform the providers at what stage of the process the invoice is at, whether it is being reviewed, approved, or denied. If approved or denied, an email notification will be sent, notifying the provider of the status. **Please whitelist the email:** SAPC-NoReply@ph.lacounty.gov

If providers need to edit a denied invoice, click "Select" in the table next to the record and update the necessary fields. Once ready to resend, update the invoice status again.