



# **Invoicing Webinar**

Welcome SOR3 Hub and Spoke | 3/29/23



### Housekeeping



**Join by phone:** Click Join Audio, Phone Call tab, dial the desired phone number, and enter Meeting ID & Participant ID.



**Cameras:** Please keep your cameras on unless you have low bandwidth.



**Name:** Please change your name to your actual name.



Chat: Click the Chat icon to open the Chat panel.



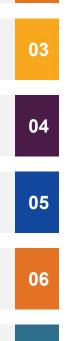
Reactions: Located on bottom toolbar.



Full-screen: Double click to toggle.



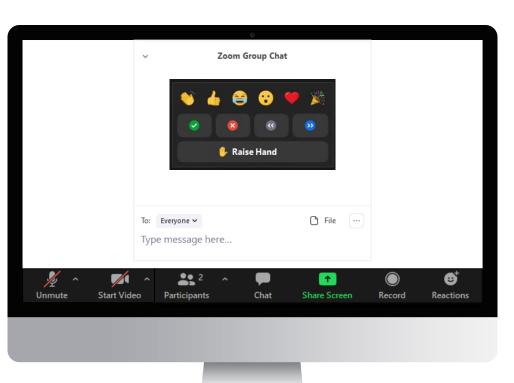
**Need help?** Type in the Chat box!



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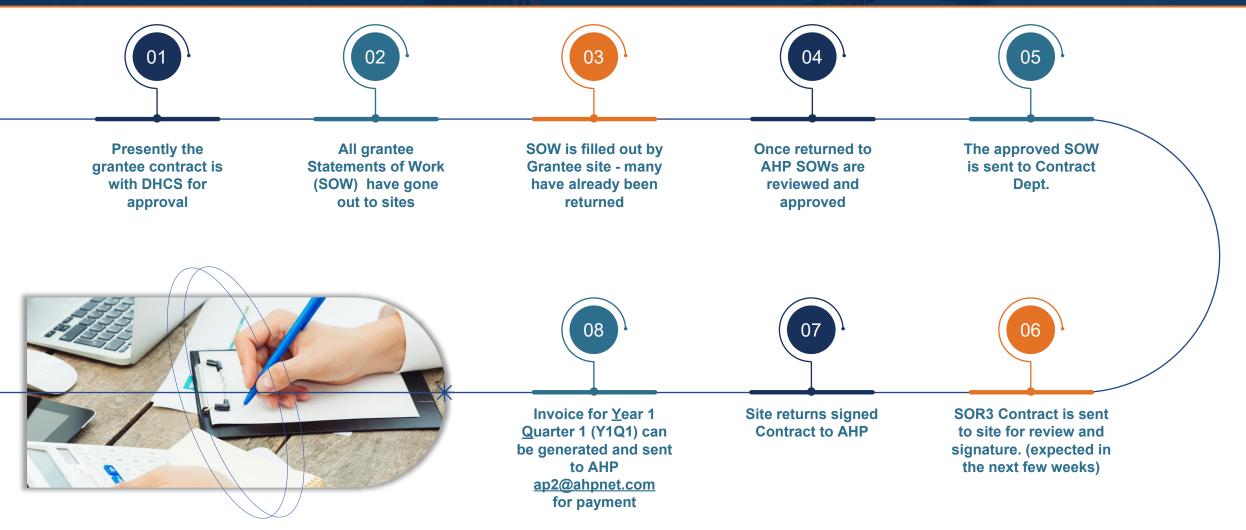


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### **Meet your Grantee Liaison**

Doveina has a Master's of Social Work and worked in the professional helping field, including with substance use issues for around 10 years. She served as supervisor and provider increasing access to and improving quality of behavioral health services along with medication assisted treatment for vulnerable populations in southern California. She lives in sunny San Diego.

#### **Contracts and Invoicing Updates for Y1Q1**





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### **Meet your Accountant**

Linda McCarthy is a Project Accountant in the Finance Department at Advocates for Human Potential and has over 25 years of experience in project accounting. Linda has worked at AHP for over 5 years and provides training to users of the company accounting system. Her project portfolio history at AHP has included serving as the Project Accountant on the CA Hub and Spoke SORII project (2020-2022). In this role, Linda provided contract development and monitoring; budget and forecasting management; and subcontractor invoice review, approval, and payment. Linda will continue this role in support of the CA Hub and Spoke SOR III project

### **IMPORTANT - Unique Site I.D**





**HCS** 

Where to find your unique site ID







### Hub & Spoke Quarterly Deliverables Invoice

#### Scan to PDF & email completed invoice to: Imccarthy@ahpnet.com - Linda McCarthy

- Payment terms are 30 days from AHP's receipt & approval of the Invoice, unless otherwise specified in your Consulting Agreement.
- Invoices received more than 15 days after completion of services may not be eligible for payment.
- No invoice will be approved for payment if AHP does not have your executed Subcontractor Agreement and signed W-9 on file.
- Signature and Date

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#### Advocates For Human Potential, Inc. Hub and Spoke SOR3 Subcontractor Quarterly Deliverables Invoice (01/01/2023-06/30/2024)

NAME:						
ADDRESS:						
CITY:	ST	ATE:		ZIP:		
TEL. #:	EN	IAIL:				
Project#:	7545.01.003 (CA Hub & Spoke SOR3 Subcontractors)					
Unique GPRA Site Identifier:						

For description of deliverable services, refer to the Statement of Work included in your Subcontractor Agreement.

Quarter #/Date Range	Deliverable Description	Deliverable Amount
(e.g.: Qtr, 1:01/01-03/31/2023)		( <u>per</u> contract)
Quarter:	Equipment (Itemized list of purchases, if budgeted in contract):	\$
Dates:		
	Quarterly Deliverables:	\$
	Total Amount Due:	\$

By signing below, Consultant certifies this is a true and correct report of the performance of services for Advocates for Human Potential, Inc., in accordance with the terms of the Agreement between the parties.

### **Invoicing Steps**

**HCS** 

1. Complete the top portion of the invoice with your agency name, address, phone number, submitters name & email.

#### Advocates For Human Potential, Inc. Hub and Spoke SOR3 Subcontractor Quarterly Deliverables Invoice (01/01/2023-06/30/2024)

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
TEL. #:		EMAIL:			
Project#:	7545.01.00	3 (CA Hub 8	& Spoke S	SOR3 Sub	ocontractors)
Unique GPRA Site Identifier:					

For description of deliverable services, refer to the Statement of Work included in your Subcontractor Agreement.

Quarter #/Date Range	Deliverable Description	Deliverable Amount
(e.g.: Qtg 1:01/01-03/31/2023)		(per contract)
Quarter:	Equipment (Itemized list of purchases, if budgeted in contract):	\$
Dates:		
	Quarterly Deliverables:	
		\$
	Total Amount Due:	s
	Total Amount Duci	2
	ertifies this is a true and correct report of the performance of services for .	Advocates for Human
Potential, Inc., in accordance w	ith the terms of the Agreement between the parties.	
Culture the star Cimentan	Scan to PDF & email completed invoi	ce & report to:
Subcontractor Signature	ap2@ahpnet.com	
	Payment terms are 30 days from AH	
	approval of the Invoice, unless otherv your Consulting Agreement.	wise specified in
	your consulting Agreement.	
Date	Invoices received more than 30 days	
1	services may not be eligible for payn	nent.
I	No invoice will be approved for paym	ent if AHP does
	not have your executed Subcontract	or Agreement and
	signed W-9 on file.	

#### Equipment Receipts Submission If you have an equipment budget

#### 2. Fill out Equipment.

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- Please highlight receipt to easily identify purchases.
- Equipment totals must match exactly what is stated on your receipt.
- If you are only billing part of an equipment purchase to this project, please note on the receipt how much is being billed.
  - **Example:** If there are 25 laptops purchased but only 3 are for MAT, please note that on the receipt, with the total for those 3 laptops.
- Only include items you bought that quarter in the Equipment section.
- Any unspent equipment amounts can be carried over into the next quarter. There is no budget modification necessary when doing this.
- **Please send ONE PDF** with all attachments(invoice form + receipts) accounts payable. DO NOT send invoice and receipts separately.

#### Advocates For Human Potential, Inc. Hub and Spoke SOR3 Subcontractor Quarterly Deliverables Invoice (01/01/2023-06/30/2024)

NAME:									
ADDRESS:									
CITY:			STATE:		ZIP:				
TEL. #:			EMAIL:						
Project #:		7545.01.00	7545.01.003 (CA Hub & Spoke SOR3 Subcon						
Unique GPRA Site Ider	ntifier:								
For description of deliverable services, refer to the Statement of Work included in your Sub-					bcontracto	or Agreement.			
Quarter #/Date Range a.g.: Qtr. 1:01/01-03/31/2023)		Delive	rable Descrip	tion			erable Amount		
uarter:	Equipm	ent (Itemized lis	st of purchases	, if budgete	d in contrac	t): \$			
ates:	Quarter	ly Deliverables:							
	quarter	ly benverables.							
						s			
			Total	Amount	Due:	\$			
By signing below, Consultant co Potential, Inc., in accordance w					e of services;	br Advocate	ss for Human		
		_							
Scan to PDF & email completed invo Subcontractor Signature ap2@ahpnet.com					voice & rep	port to:			
			approval		0 days from e, unless oth ement.				
Date Invoices received more than 30 day services may not be eligible for pay						ompletion of			
				your execut	proved for pa ed Subcontr				

#### **Invoice Form**

**Optional:** 

Please attach a detailed description of all activities completed for the quarterly deliverable in a separate document along with your invoice.

Hub and Spoke			uarterly E		es Invoice	
NAME:						
ADDRESS:						
CITY:		STATE:		ZIP:		
TEL. #:		EMAIL:				
Project #:	7545.01.003 (CA Hub & Spoke SOR3 Subcontractors)					
Unique GPRA Site Identifier:						

For description of deliverable services, refer to the Statement of Work included in your Subcontractor Agreement.

Quarter #/Date Range	Deliverable Description	Deliverable Amount	
e.g.: Qtx 1:01/01-03/31/2023)		(per contract)	
Quarter:	Equipment (Itemized list of purchases, if budgeted in contract):	\$	
Dates:			
	Quarterly Deliverables:		
		\$	
	Total Amount Due:	s	
	rtifies this is a true and correct report of the performance of services for . ith the terms of the Agreement between the parties.	Advocates for Human	



Unique Site ID refers to the series of letters and number corresponding to your site (e.g., **HSSNAY02**).

For Deliverable Description box, use the text in the deliverable description in your final executed contract's Statement of Work that corresponds with the Quarter you are invoicing for.

Quarterly deliverable amounts are a fixed total. Amounts listed match what is in your Statement of Work and quarterly payment schedule.

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#### Advocates For Human Potential, Inc. Hub and Spoke SOR3 Subcontractor Quarterly Deliverables Invoice (01/01/2023-06/30/2024)

NAME:	ABC Clinic					
ADDRESS:	1234 Main Street					
CITY:	Anytown	STATE:	CA	ZIP:	01234	
TEL. #:	123-456-7890 EMAIL: Ismith@ABCclinic.org					
Project #:	7545.01.003 (CA Hub & Spoke SOR3 Subcontractors)					
Unique GPRA Site Identifier:	H\$SABC1					

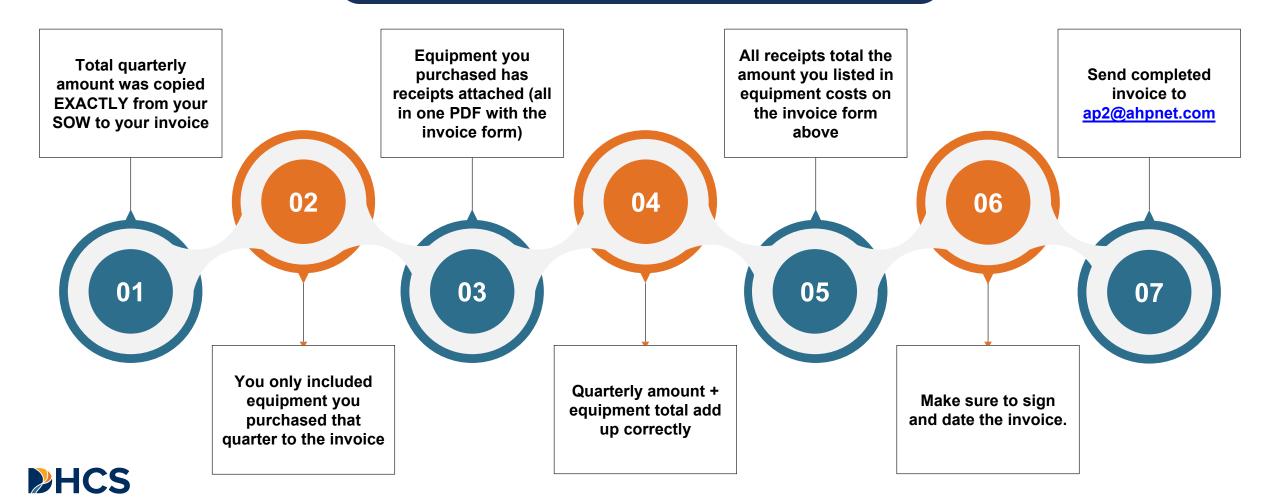
For description of deliverable services, refer to the Statement of Work included in your Subcontractor Agreement.

Quarter #/Date Range	Deliverable Description	Deliverable Amount		
(e.g.: Qtr 1:01/01-03/31/2023) Ouarter: 1	Equipment (Itemized list of purchases, if budgeted in contract):	(per contract) \$ 1.250.00		
Dates: 01/01/23-03/31/23	2 laptops at \$425 each = \$850 1 desk at \$400	<u>a_1,2:11:111</u>		
	Quarterly Deliverables: Tailored implementation Film • Develop implementation Film utilizing templates provided by AHP. Submit to AHP for approval Equipment Cost (If applicable)	\$ 55,000.00	Recom	imendation
	Treatment and Recovery Services Deliver direct Treatment and Recovery Services to patients utilizing Medication Assisted Treatment (MAT). Collect GPRA data. Participation in Technical Assistance and Training (TTA) Laaming Colluborative Sessions Participation in Technical Assistance and training (TTA) Laaming Colluborative Sessions Participation in Technical Assistance and statewale Learning Collaborative sessions on a minimum quanterly basis session schedule to be provided by AHP. Cone staff member shall attend the quarterly Learning Collaborative. Cone staff member shall attend in regional coaching calls each quarter. Cone staff member shall attend a minimum of one webinar each quarter. Reporting-Vear 1 Quarter 1 (YQL) Submit data barb's online particul when the portal is developed, or as directed by AHP. Submit data to UCLA HAP data portal.		Cut an	rly Deliverables: d paste ables from SOW.
	Total Amount Due:	\$ 56,250.00		Total Invoice
	Total Amount Due: ertifies this is a true and correct report of the performance of services for . with the terms of the Agreement between the parties. Scan to PDF & email completed invoi ap2@ahpnet.com	Advocates for Human		Total Invoice
Subcontractor Signature	Payment terms are 30 days from AH approval of the Invoice, unless othen your Consulting Agreement.			
Date	Invoices received more than 30 days services may not be eligible for payn			
	No invoice will be approved for payn not have your executed Subcontract signed W-9 on file.			

Make sure invoice is signed and dated.

#### **Please Double - Check Your Work!**

#### Verify that the amounts you invoiced for are correct:



# **Invoicing Instruction Summary**

- Invoices are to be completed and submitted to AHP promptly upon completion of quarterly deliverables.
   Invoices received more than 15 days after completion of deliverables may not be eligible for payment.
- Complete the top portion of the invoice with your organization name, address, and phone and email contact information.
- Make sure your unique ID is on invoice.
- Refer to the "Statement of Work" provided with your Subcontract Agreement, and fill out the invoice grid with the following information:
  - Quarter #/Date Range
  - Deliverable Description (per contract, copy from contract quarterly deliverables)
  - Deliverable Amount
- Enter the total of line items.



### **Invoicing Instruction Summary**

Please be sure to verify your invoice total; an invoice with incorrect values will be returned to the subcontractor for resubmission.

If your site has a budget for equipment purchases, itemize the purchases on the invoice, and attach all receipts for equipment purchased within that quarter.

Sign and date the invoice where indicated. Scan into PDF format and email the invoice to <u>ap2@ahpnet.com</u>.

Payment terms are 30 days from the date the invoice is received by A/P and approved by the project manager. No invoice will be approved for payment if you have not signed, or contract is not signed or if AHP does not have your signed EFT form / W-9 form on file (this is sent with your contract).

Questions or concerns regarding AHP's invoicing, and payment process may be directed to our Accounts Payable department at <a href="mailto:ap2@ahpnet.com">ap2@ahpnet.com</a>.



### When Can You Invoice? Due Dates

6 invoices will follow your approved Statement of Work (SOW).

- Y1Q1- Due as soon as your contract is signed and returned to AHP
- Y1Q2 July 7th , 2023
- Y1Q3 October 9th , 2023
- Y1Q4 January 8th , 2024
- Y2Q1- April 8th , 2024
- Y2Q2 July 7th, 2024

\*\*PLEASE NOTE - THERE IS A GRACE PERIOD MAKING THE FINAL DUE DATE THE 15th OF EACH QUARTER. IF NOT SUBMITTED BY THE 15th YOU WILL HAVE TO WAIT UNTIL THE NEXT QUARTER TO INVOICE.

\*\*Please communicate delays to the SOR3 team and we will be happy to accommodate you with an extension of time if needed.



# **AHP Billing Resource**

- 1. Questions or concerns regarding AHP's invoicing, and payment process should be directed towards your assigned Grantee Liaison.
- 2. Question about submitted invoices and audits can be directed to Linda McCarthy at Imccarthy@ahpnet.com.
- 3. Final Submission of invoice should be emailed to <u>ap2@ahpnet.com</u>.

#### PLEASE PUT ALL QUESTIONS IN Q&A BOX







# Thank You