

Financial Management Policy

2021 HOPWA

Documentation of client services

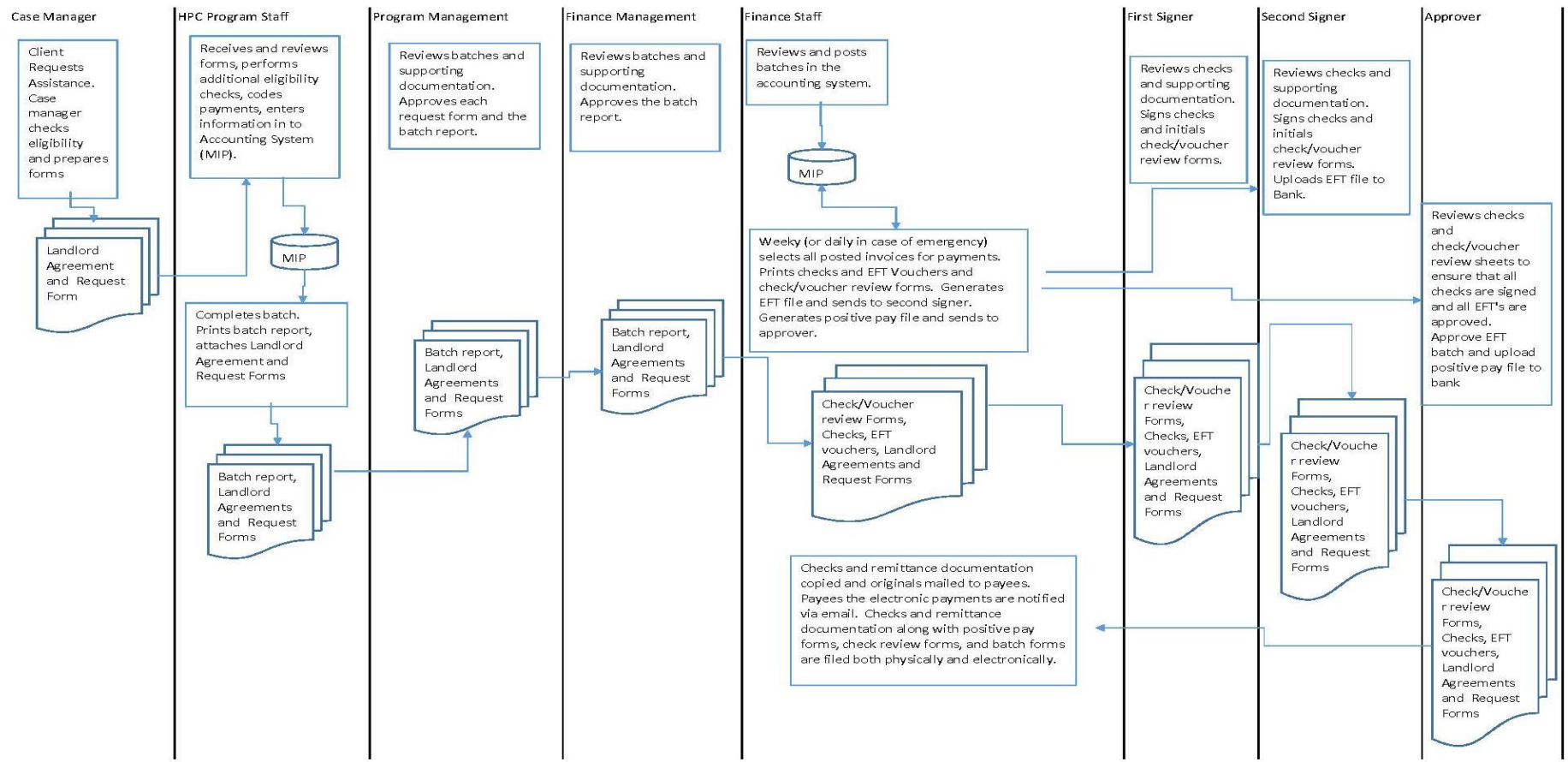
Client services are documented using multiple methods. Each client has a case file with written documentation of all services via case notes and copies of submitted forms and documentation. Documentation is reviewed following the policies laid out in the Compliance Policy.

The Project Sponsor further documents client services using MIP Accounting Software, which tracks all current and past services. All services are verified by comparing with past services for that client and vendor.

Financial Process- Paying Providers

Requests are received from the Case Managers and then processed by the Project Sponsor. Request are processed and payments are issued weekly. No completed request will take more than two weeks to be processed and paid by the project sponsor. Most requests are processed in less than one week. The process has been laid out in the following process map.

Health Planning Council of SWFL HOPWA Program Authorization Request Process Map



Financial Process- Paying Project Sponsors

Subcontracted agencies are contractually required to submit invoices for payment for subcontracted services by the 10th of each month. This invoice documents the number of clients that have been seen for the month and the date the client has been seen. Once the project sponsor receives the invoice and it is reviewed the invoice is paid within 30 days. This information is combined with the information on client services that have been directly paid by the project sponsor. Using this information, the Finance Director compiles a monthly expenditure report. This information is reviewed and approved by the Program Director who signs the invoice for services. This invoice is then submitted to the Florida Department of Health along with required documentation demonstrating the completion of deliverables such as monthly chart reviews and client counts as described in the HOPWA contract.

An example of the invoice used by the subcontractors and the information that is required can be seen below.

Monthly Case Management Invoice & FTE Verification

Agency: _____ Invoice Month: _____

Contract Amount	Carry-over	Total Available	Amount Requested	Amount to be Paid	Carry-over to next month
HOPWA Monthly Amount:		0		0	

HOPWA case management is reimbursed by Full Time Equivalent (FTE). Below is the information necessary to make contractual payment and comply with state regulatory reporting requirements. Amount cannot be greater than cost in table below.

The following employees were employed under the HOPWA case management contract during the invoice Month listed above.

Employee Name	FTE	% HOPWA	% Other	Total Cost Including Fringe	Amount HOPWA	Amount Other	Total Cost Including Fringe
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
Total	0			-	-	-	-

Instructions: Employee Name: enter all employees who are paid in any part under the HOPWA case management contract (i.e. case managers, supervisors). FTE: enter in the amount of a FTE each person is employed at your agency. % HOPWA: for each employee, enter in the % of the FTE listed in the earlier column paid for by HOPWA. % Other: for each employee, enter in the % of the FTE listed in the earlier column paid for Other funding sources (RW, general revenue, county commission funding, private donations). Percentages must total to 100%. Amounts paid must include taxes and benefits. Documentation for those payments must be retained and available at monitoring.

Total number of clients served during report period: _____

HOPWA: Includes clients who received services paid to another vendor including STRMU and deposits	HOPWA Referrals: Includes clients who received only counseling and referral services
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Clients served are the unique client count (no duplicates) of persons receiving any case management service. This includes persons getting an eligibility determination or update, assistance with a referral, or any documented activity related to case management of the individual client. Clients served by the FTEs listed above.

****This is a mandated State requirement. Make sure your information is accurate before you sign this form.

I attest the unduplicated client count is correct, and the units form is attached. (Must be signed by Supervisor or Program Manager)

Authorized Signature: _____ Date: 8/10/2019