Invoicing

Invoicing Requirements

CSDJFS will reimburse on either a unit rate or cost reimbursement basis. “Cost reimbursement” is a contract in which a subrecipient or contractor is reimbursed for all allowable expenses incurred through delivery of service to eligible participants up to a set limit. The determined total cost allows the agency to establish a budget based on the cost of service.

Subrecipients and contractors must have a current (updated at least annually) Summit County Vendor Application, IRS Substitute W-9, OPERS Non-Member Form (“Form”) on file with the County of Summit Fiscal Office (“Fiscal”) and in the MUNIS financial system, prior to processing any purchase orders, vouchers or payments. If a current Form is not on file, it must be completed pursuant to the provided instructions. If you mark “Individual” or “Sole Proprietor/Single Member LLC” in Part II, Section B: Federal Tax Classification/Entity Type and/or have a starred category in Part III, Section A “Payment Description Category,” an OPERS Independent Contractor/Worker Acknowledgement (“PEDACKN”) must be completed and returned with the Form. If you have retired from a government agency, you must also complete an SR-6 PEDACKN. For automated payment processing via vendor direct deposits (electronic funds transfer), you must complete a County Vendor Direct Deposit Authorization form and include either an original voided or canceled check or a signed letter from the bank as verification of the bank account identified. All forms must be returned to CSDJFS for review and verification prior to submission to Fiscal.

Only actual costs as approved in the budget are reimbursable. Please refer to the Subaward/Contractor Agreement, the Approved Program Plan, and the Approved Budget for specific program and compensation information. Expenses incurred outside of the agreement effective dates are not reimbursable. The only expenses that may be included in the invoice are the allowable expenses approved in the budget. It is the subrecipient’s/contractor’s responsibility to maintain accurate records of all expenses submitted for reimbursement, as well as understand all reimbursement requirements to prevent compliance issues.

The subrecipient/contractor is required to provide CSDJFS an invoice within fifteen (15) days after the end of the service month. All invoices should be e-mailed to the CSDJFS invoice email box: SCDJFS_INVOICE@jfs.ohio.gov. They may also be sent to:

County of Summit, Dept. of Job and Family Services
1180 S. Main Street Suite 102
Akron, Ohio 44301-1256
Attention: Accounts Payable

The invoice packet shall contain the following forms:

- Provider Monthly Expense Report & Invoice
- Supporting documentation for all expenses paid during the month
- Billing rosters identifying participants served during the month
- Personnel Activity Report (PAR), if applicable

Provider Monthly Expense Report & Invoice

Please update the expense report to include the cost categories (line items) and dollar amounts approved in your budget. When completing the Provider Monthly Expense Report & Invoice, Section I of the form shall include the provider's name and remittance address, the invoice period, the provider's telephone number, the date the invoice is being completed, and the signature of the individual responsible for approving the invoice and supporting documentation being submitted. Electronic signatures (e.g., DocuSign) are acceptable, otherwise the form should be signed and scanned.

Section II shall list the approved budget, the current month's expenses, the cumulative year-to-date expenses, and the remaining balance of the contract for each line item. **The CSDJFS provided template can be modified, but providers are ultimately responsible to ensure the information submitted monthly is accurate.**

Supporting Documentation for Expenses

Supporting documentation should be provided for all expenses identified on the monthly Provider Monthly Expense Report & Invoice. This documentation shall include but is not limited to, payroll records, fringe benefits documentation, general ledger reports, itemized receipts, and bills, with the purchase and/or invoice date and the amount paid on each. **Excel spreadsheets and system printouts may be included to summarize expenses but is not sufficient back up documentation of actual costs.**

When only a portion of an expense from an invoice is applicable to the program, the percent billed, or calculation of the amount billed must be indicated on the documentation.

Billing Roster

The Billing Roster(s) shall include the approval date (the date the participant was approved for service), participant's Social Security number, participant's name, and parent's name when services are for a child. A service provider who provides more than one service shall list each service on separate Billing Rosters. **This roster is a summary of all billable activities including those documented on Sign In/Out Sheets and Collateral Contact Logs.**

Hard Services Billing Roster

Hard services are a tangible item or benefit, having cash value (e.g., rent, diapers) that are provided to participants. CSDJFS will reimburse for hard service items on either a unit rate or cost reimbursement basis after all costs have been documented and deemed allowable according to the Subaward Agreement. Hard service providers are required to submit a Hard Service Billing Roster spreadsheet (e.g., Microsoft Excel) with each invoice along with supporting documentation by the fifteenth (15th) of the month following service.

The Hard Service Billing Roster is a summary of all items disbursed as documented and signed for by the participant. The roster must include the following:

- Date paid or distributed by the Provider
- Participant's full Social Security number
- Participant's name
- Parent's name, when applicable
- Service/item description
- Amount Paid (per person, per item)

PAR – Instructions for Completing

PARs are required for ALL cost reimbursement contracts for which salary is included in the budget. PARs must be prepared monthly and coincide with the pay period compensated during the month. Include the agency name, invoicing period, Employee's Name/Title, Program/Contract name, and signatures of both the Employee and Supervisor responsible for approving program time. For each day, indicate the date, a descriptive summary of the activity performed, amount of Program Hours worked, amount of Eligibility Hours worked (if applicable, otherwise indicate zero), Total Work Hours (include ALL hours worked minus any Holiday/Leave Hours), and Holiday/Leave Hours (these hours will be split proportionately based on the time to the program). If you have multiple contracts, you should submit separate PARs for each contract. **PARs are based on actual time to the program, not on budgeted estimates.** Time fluctuations are expected based on the services being provided and any program staffing changes.

Sign In/Out Sheets, Collateral Contact Forms, Driver's Logs/Trip Tickets (NET Providers), or Other Forms of Service Provision

These forms shall be used to record when a client participates in service. The Sign In/Out Sheet shall include the client's name/signature, date, and time (in/out) of service.

Collateral contact logs shall be used to document collateral contacts for case management. A collateral contact is defined as contact with agencies, friends, relatives, and others directly related to arranging, coordinating and/or monitoring services. Communication with a collateral contact may include but is not limited to face-to-face (in person and video conferencing), over the telephone, via text messages, or by mail. The collateral contact log shall be kept per person, per month, and include the provider's name, the month of service, the date(s) of the contact, the type(s) of contact, the Social

Security number and name of the participant for whom the contact was made, the agency or person contacted, the purpose of the contact, the time spent on the contact, and the initials of the service provider worker making the contact.

Sign In/Out Sheets, Collateral Contact Logs, Driver's Logs/Trip Tickets (NET providers), or other forms of service provision that contain the client's signature are required, but do not need to be submitted at the time of invoicing. Please be aware that clients will be selected randomly from your billing roster during CSDJFS monitoring, requiring the submission of additional documentation.

Provider must complete the CSDJFS Provider Engagement webform to obtain approval to use any additional or alternative methods of service documentation prior to billing.