

# AGING COMMISSION OF THE MID-SOUTH, Inc.



Aging Commission  
*of the Mid South*

*Assistance. Advocacy. Answers on Aging.*

**PROVIDER TRAINING MANUAL**

**FY10**



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## INTRODUCTION AND OVERVIEW

Welcome to the Aging Commission of the Mid-South, Inc. We are proud to have you as one of our providers, and we're delighted to partner with you as members of the aging network in West Tennessee.

### ***Who We Are:***

The Aging Commission of the Mid-South, Inc. is the designated Area Agency on Aging and Disability for the City of Memphis and Fayette, Lauderdale, Shelby and Tipton Counties. We work with the U.S. Administration on Aging and our own Tennessee Commission on Aging & Disability to implement the Older Americans Act programs in West Tennessee.

Our mission is to assist older adults and adults with disabilities in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

Through partnerships with our trusted providers, the Aging Commission of the Mid-South, Inc. is the link between older adults and adults with disabilities and the agencies and programs that serve them.

We are the...

*Area Agency on Aging and Disability  
District Conservator and Public Guardian  
Shelby County Mayor's Office on Aging  
RSVP Program and more*

### ***What We Do:***

#### **ACMS Information and Assistance Program**

The Information and Assistance program of the Aging Commission of the Mid-South is available to provide information about community programs and services to senior adults, adults with disabilities, family members, friends, caregivers and social service professionals. Staff assists callers with a wide variety of issues from easily answered questions to multiple-issue problems that require extensive time and effort to resolve. The Information and Assistance program also completes screenings for the agency's home-delivered meals program, Options for Community Living program, the Family Caregiver Support program and is the Single Point of Entry for home and community based services including the State-wide Medicaid Waiver. Additionally staff provides SHIP program and SMP program services. These programs provide information about Medicare, including Medicare D prescription drug benefits, Medicaid, long-term care insurance, Medicare supplement insurance policies and Medicare fraud.

### **Education and Outreach**

Staff provides education on multiple aging and disability related issues, information booths for health fairs, and educational seminars for any interested group.

### **Office of the Public Guardian & District Public Conservator**

The Office of the Public Guardian provides conservatorship services to persons who are 60 years of age and older who are unable to manage their own affairs and who have no family member, friend, bank or corporation willing to act on their behalf. The District Public Conservator through court appointment and supervision makes decisions for the care and management of the person and/or property of a disabled individual.

### **Home & Community Based Services (HCBS)**

HCBS is a network of programs designed to assist older adults and adults with disabilities enabling them to live independently for as long as possible. Programs offered through HCBS include:

- ***Options for Community Living***

The “Options” program was created for adults 60 and older and adults aged 18-59 who are living with a disability and who are having a difficult time carrying out activities of daily living.

- ***Older Americans Act of 1965 (OAA)***

The OAA was designed to assist in local needs identification, planning and service funding such as nutrition programs, health promotion and disease prevention activities, certain in-home services and services which protect the rights of older persons such as legal assistance and the long term care ombudsman program. Seniors aged 60 and older may be eligible for the program.

- ***National Family Caregiver Support Program***

As part of the OAA, the Family Caregiver Support Program provides respite services in-home to family members who are caring for an adult who is 60 years of age or older, as well as older adults caring for a minor relative.

### ***How we Serve You:***

As the designated Area Agency on Aging and Disability for the City of Memphis and Fayette, Lauderdale, Shelby and Tipton counties, we also help fund many agencies and programs geared towards enhancing the quality of life for older adults and adults with disabilities. We partner with these agencies to deliver much needed services from socialization to health promotion to in-home services.

Our aging network partners receive funding from us to provide services such as:

- Adult Day Care
- Congregate Meals
- Individual Counseling
- Home-delivered Meals
- Homemaker
- Home Modification/Repair
- In-Home Adult Care
- Institutional Respite
- Legal Assistance
- Long-Term Care Ombudsman
- Medical Equipment and Supplies
- Public Guardianship
- Prevention of Elder Abuse
- Senior Center Activities
- Transportation



# Aging Commission *of the Mid South*

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## Service Provider Agency Who to Call List...

### **Home and Community Based Services (HCBS):**

Aging Commission of the Mid-South Telephone Number (901) 324-6333

HCBS FAX (901) 324-2488

Chief Operating Officer - **Gloria Lynch Collins**

[glynch@agingcommission.org](mailto:glynch@agingcommission.org)

- HCBS Issues (Options, OAA, and Family Caregiver Programs)
- Operations Issues
- Oversight of Medicaid Waiver Program

Medicaid Waiver Program Manager - **Pamela Dotson**

[pdotson@agingcommission.org](mailto:pdotson@agingcommission.org)

- Medicaid Waiver Issues/Concerns
- Medicaid Waiver Complaints/Incidents/Missed Visits

Quality Assurance Specialist - **Anitra Rogers**

[arogers@agingcommission.org](mailto:arogers@agingcommission.org)

- HCBS Quality Assurance and Service Delivery Issues
- HCBS Complaints/ Incidents/Missed Visits
- HCBS Provider Monitoring

Medicaid Waiver Quality Assurance Specialist - **Jennifer Lowe**

[jennifer.lowe@agingcommission.org](mailto:jennifer.lowe@agingcommission.org)

- Medicaid Waiver Quality Assurance
- Medicaid Waiver Provider Recruitment
- Medicaid Waiver Provider Monitoring

Public Guardianship Manager - **Peggy Dobbins**

[pdobbins@agingcommission.org](mailto:pdobbins@agingcommission.org)

- Public Guardianship Issues

**Information and Assistance (I & A):**

Aging Commission of the Mid-South Telephone Number (901) 324-6333  
I & A FAX (901) 327-0931

Chief Development Officer - **Kathryn Coulter**

[kcoulter@agingcommission.org](mailto:kcoulter@agingcommission.org)

- Information & Assistance Issues
- SHIP Issues
- Marketing/Brochures, etc.

**Information and Assistance Senior Information Line – (901)324-3399**

- Provides information about Aging Commission and other community resources to callers
- Screens for in-home services provided through the Aging Commission
- Makes referrals to appropriate services

Community Outreach Coordinator – **Larry Turner**

[lturner@agingcommission.org](mailto:lturner@agingcommission.org)

- Community presentations
- Represents agency at events and health fairs
- Edits Senior Information Handbook

**Fiscal:**

Aging Commission of the Mid-South Telephone Number (901) 324-6333  
Main FAX (901) 327-7755

Chief Financial Officer- **Kathy Williams**

[kwilliams@agingcommission.org](mailto:kwilliams@agingcommission.org)

- Contract Issues
- Fiscal Issues
- Budget Questions

Accountant - **Linda King**

[lking@agingcommission.org](mailto:lking@agingcommission.org)

- HCBS-Billing/Invoices (OAA, FCG, Options)
- HCBS- Payment Issues
- Options Cost Share
- Cost Reimbursement- Payment Issues

Budget Analyst - **Cinder Jones**

[cjones@agingcommission.org](mailto:cjones@agingcommission.org)

- Medicaid Waiver- Billing/Invoices
- Medicaid Waiver- Payment Issues

Lead MIS/IT Support Specialist - **Chan Park**  
[cpark@agingcommission.org](mailto:cpark@agingcommission.org)

- SAMS2K Issues
- Data Entry/Database Issues
- Technical Support
- Website

### **Administration:**

Aging Commission of the Mid-South Telephone Number (901) 324-6333  
Main FAX (901)327-7755

Executive Director - **Dora Ivey**  
[divey@agingcommission.org](mailto:divey@agingcommission.org)

- Community Relations
- Consumer Issues
- Supervision of Directors & Managers

Program Development & Grants Specialist – **Elaine Graf**  
[egraf@agingcommission.org](mailto:egraf@agingcommission.org)

- Provider Relations
- HCBS Provider Recruitment
- Request for Proposal/Grant Process

## Section II

### **REQUESTS FOR PROPOSALS**

Each year, ACMS will send out a Request for Proposals (RFP) to organizations in our four-county service area who wish to provide services funded by ACMS. While actual dates may change from year to year, ACMS has established the following RFP process for the coming year.

- ◆ ACMS determines services to be delivered through the proposed Area Plan.
- ◆ Program Development Grants Specialist drafts two types of Request for Proposal (RFP's), Unit Cost and Cost Reimbursement ("Block") Grants, to reflect services outlined in the proposed Area Plan.
- ◆ In December, the Program Development Grants Specialist publicizes the RFP and deadline for submission date. Proposals submitted after the deadline will not be accepted or reviewed.
- ◆ In January, the Program Development Grants Specialist sends RFP packets to providers who have requested them allowing approximately four weeks for preparation and submission.

Packets for each type of RFP will include:

RFP Form

Instructions

Service Definitions

Reporting requirements (by category)

Electronic RFP application and Budget forms will be emailed to interested providers.

- ◆ Proposals received will be reviewed by the ACMS Grant Review Committee as part of the competitive application process.
- ◆ Requests for more information will be sent out to applicants with a new deadline, allowing approximately 2 weeks for re-submission.
- ◆ In early April, Contracts will be drafted by Fiscal staff from approved proposals.
- ◆ By mid-April, contracts will be sent to applicants for signature and due back at ACMS within approximately two weeks.
- ◆ Upon receipt of the signed contract, ACMS will forward it to Shelby County for all other required signatures.
- ◆ Fully-executed contracts will be copied and forwarded to each applicant/provider upon return from the County offices.

## RFP Format

While the actual forms for the RFP may change the content is expected to contain, at a minimum, the following:

**1. Organizational Information:** All applicants will be required to describe their organization through identification of their organizational structure, status, history, financial capacity (including organizational budget), and organizational conduct. For those applicants who have submitted an application in a prior year, some of this information may not be required to be re-submitted.

**2. Assurances and Certifications:** Applicants must agree to certify the following: the application was completed independent of any special treatment, the application factually represents the organization and the proposed services, and that if approved, applicant agrees to abide by the terms and conditions of the Provider Contract. Applicant will comply with the specific Service Description and Standards required for each proposed service activity and applicant has written policies regarding personnel, non-discrimination, ADA compliance, Drug-free workplace, affirmative action, confidentiality, civil rights compliance, and lobbying activities.

**3. Service Delivery:** A complete narrative for service delivery will be required. The narrative must include, at a minimum, the manner in which each proposed service will be provided, the process for accepting referrals from ACMS, quality assurance measures, hours of operation, bad weather/emergency policy, and any other information to fully describe the program.

**4. Scope of Work:** Each applicant must identify which services are proposed to be provided, where the services will be delivered, and how much the applicant proposes to be paid for the delivery of each service. Additionally, applications for Cost Reimbursement grants will require a description of the program's objectives, action steps to achieve stated objectives, the processes/outcomes/impacts of the proposed program, projected number of unduplicated persons to be served, projected number of units to be delivered, targeting goals, and a statement of the use of program income.

**5. Contact Information:** Each application must also contain a statement that the applicant is willing to contract with the Aging Commission of the Mid-South and a statement of the applicant's mailing address, physical location, CEO/Chairman of the Board, Program manager, and a statement of to whom correspondence regarding the RFP and contract should be addressed.

**6. Detailed Budget Information:** Each application will require a detailed organizational budget. While it is expected that audited financial reports will be provided, ACMS will also make sample forms available. Additionally, each application will be required to include budgetary information specific to the provision of the proposed service(s); this information is especially critical to Cost Reimbursement applications and forms for the submission of that information will be included in the RFP packet.

## Contract Requirements

All applicants must execute and abide by the terms of a contract developed by the Tennessee Commission on Aging and Disability, in conjunction with Shelby County Government and the Aging Commission of the Mid-South.

The contract will include pertinent portions of each application, such as the **Scope of Work/Scope of Services** section, and will also include attachments such as rate schedules and service descriptions.

Incorporated into the contract by reference, although not attached, is the remainder of the application. In the case of any discrepancy or ambiguity of the parties' rights and duties, the application (together with all amendments and revisions later submitted) may be referred to for purposes of clarification.

Part of each contract requires providers to submit monthly, quarterly, and/or annual reports to ACMS detailing the services provided, the consumers who received the services, and the provider's expectations for the future of the program. Reports required are listed in Section IV Reporting.

## **Section III**

### **SERVICE DELIVERY**

#### **Authorized Services**

Services are authorized by the Aging Commission of the Mid-South's (ACMS) assessment team. These services include personal care and homemaker services; home-delivered meals, personal emergency response systems, minor home modifications, medication management, assistive technology, medical equipment and supplies, food supplements, pest control as well as four types of respite services. Respite may be authorized in the form of in-home adult care (sitter-services), personal care, adult day care, and institutional respite.

These authorized services are provided via several programs and funding sources. The federal funding sources include Older Americans' Act (OAA) and National Family Caregiver Support Program (NFCSP), administered by the Administration on Aging through the Tennessee Commission on Aging and Disability (TCAD). The state funding sources include OPTIONS for Community Living Program (OPTIONS).

ACMS authorized services include:

- Homemaker
- Personal Care
- Home Delivered Meals
- Minor Home Modifications
- Personal Emergency Response System
- Adult Day Care
- Adult Care (Sitter Services)
- Supplemental Services

The Aging Commission of the Mid-South serves as the Single Point of Entry for all of the elderly and disabled community members in the city of Memphis, and the counties of Shelby, Fayette, Lauderdale and Tipton who will benefit or are benefiting from funds received through OAA, NFCSP, OPTIONS, and the Medicaid Waiver.

#### **Service Delivery**

There are various forms that must be completed depending on which service is delivered and at what point in the service delivery we stand. Some forms are completed by ACMS staff; some are completed by service providers. Those forms include:

- 1) Assessment tool
- 2) Service Plan
- 3) Service Authorization
- 4) Notice of Action
- 5) Problem/Resolution Report
- 6) Work Order
- 7) Certification of Completion and Final Inspection (Home Modification)
- 8) Consent to Modify Property

The assessment is the cornerstone of service delivery and the point at which services are initiated on a new client. Service coordinators conduct home visits to assess the consumer's ability to perform certain activities of daily living (ADLs)<sup>1</sup> and instrumental activities of daily living (IADLs)<sup>2</sup>. These activities must be able to be performed without personal assistance, stand-by assistance, supervision, or cues in order for a consumer to be considered independent.

When there is no funding available, the client receives a letter informing them that an assessment will be done once funds become available.

A state- mandated **Assessment Tool** (see appendix) is used to determine the appropriateness of home and community based intervention. Numerical values are assigned to responses on the tool and the service coordinator computes a "score" to determine whether services are needed and which services are needed. Services are then designed in order to prevent or delay institutional placement and to preserve the dignity of the aged/disabled consumer. Additionally, consumers participate in the development of their plan of care (**Service Plan** – see appendix).

Upon return to the office, the service coordinator completes and faxes a **Service Authorization** to the service provider. (See appendix for Service Authorization). Upon acceptance of the commitment to provide services in accordance with the service authorization, the service provider must sign this form and return it to ACMS within 5 working days of the service authorization date and prior to the start of service.

After faxing the Service Authorization the service coordinator prepares a **Notice of Action** (see appendix). This notice informs the consumer of the status of their services. The Notice of Action may include approval, denial, re-determination, increases, decreases, and cost shares, reasons for actions, authorized services, begin dates, end dates, and units of service per week. The Notice of Action is mailed to the consumer. To enhance customer satisfaction, the consumer also receives a telephone call. Our telephone number and the service coordinators' name and date of the action are also included.

Reassessments are done on an annual basis, unless the consumer's last assessment places them in a high priority group.

All providers in contract with the Aging Commission of the Mid-South are required to adhere to the service authorization. That means that providers are expected to deliver the service identified and to provide good customer service. If the provider fails to do so, problems are recorded on the **Problem Resolution Form/Missed Visit Report**. The Problem Resolution Form/Missed Visit Report is also used to record other problems that occur with service delivery, such as:

- 1) Provider did not start services within 5 days of authorization.
- 2) Provider did not call consumer at beginning of services to schedule.
- 3) Provider did not return faxed confirmation of start date within 5 days.

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<sup>1</sup> Activities of daily living are eating, dressing, bathing, and toileting, transferring in and out of a bed/chair, and walking.

<sup>2</sup> Instrumental activities of daily living are preparing meals, shopping for personal items, medication management, managing money, using the telephone, doing heavy housework, doing light housework, and the ability to use available transportation.

See form for additional examples of problems noted with the delivery of service. Also noted on this form is the name of the Provider representative contacted, the name of the ACMS staff who contacted the provider, and how the problem was resolved.

The process for initiating a home modification is slightly different from other authorized services. Below is the procedure:

- 1) The service coordinator assesses consumer for need. **Consent to Modify Property** will be obtained by the service coordinator. (See Appendix).
- 2) The **Service Authorization** is sent to provider.
- 3) The provider does an assessment and sends a **Work Order** to ACMS.
- 4) The service coordinator will case conference with the Lead Service Coordinator.
- 5) If approved, the manager will sign off on the work order.
- 6) The approved order will be faxed to the provider.
- 7) The chart and work order will be routed to Finance.
- 8) Finance will keep a copy of the Work Order and reconcile it to invoices when received.
- 9) Upon completion of the work, a **Certification of Completion** and **Final Inspection** form will be completed.

The Homeowner **Consent to Modify Property** (see appendix) is a form that gives permission to make changes to the property.

A **Work Order** (see appendix) is a form where the work, its related costs, and contact information are described.

The **Certification of Completion and Final Inspection** form (see appendix) is the certificate of proof that work was completed per the work order. This form also includes the status of satisfactory completion according to relevant codes.

### **Non-Authorized Services and Cost Reimbursement Grants**

Through the Older Americans Act and the National Family Caregiver Support Program, ACMS funds the provision of services categorized as “Non-Authorized,” so called because the provision of each service does not require the generation of an individual service authorization. The Non-Authorized services funded by ACMS are:

- ◆ Caregiver Training
- ◆ Group Information
- ◆ Support Groups
- ◆ Transportation
- ◆ Individual Counseling
- ◆ Congregate Meals

Providers who receive funding through cost reimbursement grants deliver services in much the same way as providers of non-authorized services. The provision of services is authorized at the time of contract execution and therefore no individual service authorization is needed for these services. Providers/ Programs under a cost reimbursement grant are:

- ◆ Congregate Meals
- ◆ Get Fit / Stay Fit Program
- ◆ Long-Term Care Ombudsman
- ◆ Legal Assistance
- ◆ Medication Management
- ◆ Senior Centers
- ◆ Senior Companions

Providers of these services presented complete program plans at the outset of the contracting period. Provision of services, then, was approved upon execution of the contract, so there is no need for an individual service authorization. Service delivery procedures for non-authorized services and cost reimbursement grant providers are unique to each individual provider. Reporting requirements for these services are addressed in Section IV Reporting. For technical assistance, please contact the Program Development Grants Specialist.

## Section IV

### **REPORTING**

Each provider must report their program status to ACMS periodically; monthly, quarterly, and/or annually. Required reports are listed below, organized by service delivery. Instructions for completing the forms are included; however, requests for technical assistance with financial reports should be addressed to the Chief Financial Officer and requests for technical assistance with programmatic reports should be addressed to the Program Development Grants Specialist.

#### Authorized Services

Agencies which have contracted to provide authorized services shall complete the following reports:

- ◆ **Invoice** – verified and submitted monthly
- ◆ **Roster** – verified and submitted monthly
- ◆ **Home Care Aide Weekly Report** – prepared daily and maintained by provider for Quality Monitoring annual visit (for providers of homemaker and personal care services only).
- ◆ **Work Order / Receipt of Goods** – prepared as authorized (for home modifications and supplemental services providers only).
- ◆ **Certification of Completion and Final Inspection** – prepared as authorized (for home modifications providers only).

#### Non-Authorized Services

Agencies providing non-authorized services shall complete the following reports:

- ◆ **Invoice** – submitted monthly
- ◆ **Event Sheet** – prepared at each caregiver training session and submitted monthly
- ◆ **Monthly Program Report** – prepared and submitted monthly

#### Cost Reimbursement Grants

Agencies providing services under a cost reimbursement grant shall complete the following reports:

- ◆ **Monthly Program Report** – prepared and submitted monthly
- ◆ **Monthly Financial Report** – prepared and submitted monthly
- ◆ **Revenue Spreadsheet** – prepared and submitted monthly
- ◆ **Total Expense Spreadsheet** – prepared and submitted monthly
- ◆ **Request for Funding Spreadsheet** – prepared and submitted monthly
- ◆ **Computation of Cash Balance** – prepared and submitted monthly

## INSTRUCTIONS FOR THE COMPLETION OF THE MONTHLY INVOICES FOR UNIT COST CONTRACTS – AUTHORIZED SERVICES

1. A pre-formatted **Invoice** will be provided to the agency with their agency information, the service they are offering, and the unit rate for the service they are providing. The Invoice will be provided in an electronic format and we encourage electronic submission.
2. Submit to the ACMS by the fifth (5th) of each month an **Invoice** and completed **Roster** on the previous month. (e.g., MARCH INVOICE TO REQUEST FUNDS IS DUE APRIL 5th).
3. Upon receipt of the **Invoice** from the ACMS, the provider will verify the agency name and address, and make corrections as necessary.
4. Along with the **Invoice** will be a blank **Roster** for the month with names of the consumers listed. If any consumers have been authorized since the roster was printed, add the names of the consumer at the bottom of the list. Verify the consumers listed to those authorized for services.
5. For each consumer, enter the “Units” actually provided on the **roster**. This is the total number of units rendered during the month. If the provider made an unsuccessful attempt to deliver the service as authorized, or for any reason the consumer was not at home or the visit was missed, the provider may bill for one (1) unit of service only.
6. Indicate on the **Invoice** the number of units provided. Verify the total units shown on the Invoice agree with the Roster and organization (provider) records.
7. HCBS units may be recorded in one quarter (1/4) units but whole units are preferred.
8. The electronic file calculates the **Total Invoice** amount automatically. Without the electronic file, the total units to date are multiplied by the unit rate to arrive at the Total Invoice amount.
9. Send an electronic copy of the **Invoice** to the ACMS with the title of the provider’s authorized signatory and the date on the invoice.
10. Print a copy of the **Invoice** and sign in the appropriate space. The signature must be by the provider’s authorized person. **A hard copy of the Invoice with the appropriate signature must be submitted to the ACMS in order to receive payment.**
11. Submit the completed **Roster** with the signed hard copy of the **Invoice**.
12. The ACMS accountant will review all submitted **Invoices** and **Rosters** for accuracy and completeness. In addition, he/she will follow-up on Invoices and Rosters not submitted on a timely basis or that reflect errors or appear to contain a discrepancy. Any major discrepancies or Invoices not submitted within ten (10) working days of the due date will be reported to the Chief Financial Officer.

## INSTRUCTIONS FOR THE COMPLETION OF THE MONTHLY INVOICES FOR UNIT COST CONTRACTS – NON-AUTHORIZED SERVICES

1. A pre-formatted **Invoice** will be provided to the agency with their agency information, the service they are offering, and the unit rate for the service they are providing. The invoice will be provided in an electronic format and we encourage electronic submission.
2. Upon receipt of the **Invoice** from the ACMS, the provider will verify the agency name and address, and make corrections as necessary.
3. Submit to the ACMS by the fifth (5th) of each month an **Invoice** and completed **Event sheet** and **Roster** on the previous month's trainings, support groups, and/or group information. (e.g., MARCH INVOICE TO REQUEST FUNDS IS DUE APRIL 5th).
4. For each event/unit, enter the "Units" actually provided on the **Event sheet** and **Roster**. This is the total number of units rendered during the month. The units to be billed should be the same as approved in the contract and be actual events held.
5. Include the date of the event, name of the event, the presenter's name, and signature of the presenter on the **Event Sheet** for each event.
6. Indicate on the **Invoice** the number of units provided. Verify that the total units shown on the invoice agree with the roster, event sheets, and provider records.
7. Using the electronic file, the **Total invoice** amount will be calculated automatically. If the provider is not using the electronic file, the Total Invoice amount is determined by multiplying the total units by the unit rate.
8. Send an electronic copy of the **invoice** to the ACMS with the title of the provider's authorized signatory and the date on the invoice.
9. Print a copy of the **invoice** and sign in the appropriate space. The signature must be by the provider's authorized signatory. A hard copy of the invoice with the appropriate signature must be submitted to the ACMS in order for the provider agency to receive payment.
10. The ACMS accountant will review all submitted **invoices**, **event sheets**, and **rosters** for accuracy and completeness. In addition, he/she will follow-up on invoices, event sheets, and rosters not submitted on a timely basis or invoices, event sheets, and rosters that reflect errors or appear to contain a discrepancy. Any major discrepancies or invoices not submitted within ten (10) working days of the due date will be reported to the Chief Financial Officer.

## **INSTRUCTIONS FOR THE COMPLETION OF MONTHLY FINANCIAL REPORTS FOR COST REIMBURSEMENT GRANTS**

Service providers must submit to the ACMS by the tenth (10<sup>th</sup>) of the month each month a financial report(s) on the previous month. (e.g., MARCH FINANCIAL REPORT DUE NO LATER THAN APRIL 10<sup>th</sup>). The classification of funds received by each Service Provider determines the appropriate financial report(s) to be completed.

1. All data is reported on a year to date basis.
2. Round expenditures to the nearest dollar.
3. A report form in Excel will be provided for each service funded.
4. The monthly report will be used for reporting expenditures and requesting funds.
5. The provider must also complete the Computation of Cash Balance for each funding source.
  - a. Percentage of Budget Year – indicate the percentage by dividing the month by twelve, e.g. December would be month # 6 of the fiscal year which runs July-June. December would be 6/12 or 50% of the budget year.
  - b. Unearned Funds Prior Year – input amount received but not expended in the previous year, and amount carried over from the prior year.
  - c. Expended Federal or State Funds to Date – input the amount calculated in line 29 for State funds and line 30 for Federal funds.
  - d. Requests to Date – input what funds have been requested year to date, including current request.
  - e. Amount of Federal or State Funds Budgeted – input amount of award.
  - f. Year to Date Expended Funds – input the amount calculated in line 29 for State funds and line 30 for Federal funds.
  - g. Percentage of Funds Expended – calculates automatically in the file. For those providers not using the electronic file, input the amount of Year to Date Expended Funds divided by the Amount of Federal or State Funds Budgeted
6. Submit separate reports for State and Federal funds.
7. On the bottom right, enter the request for Federal and/or State funds and the month for which the funds are requested.
8. The report must be signed and dated by the authorized person of the provider.
9. Enter on lines 1 through 22 the year to date expenses on the appropriate lines. The amounts should agree with the accounting records of the provider. Allocate the expenses to the various lines according to the approved budget.
10. Expenditures should be reported per the following:
  - a. Professional fees - Enter the organization's expenditures to outside professionals, consultants, and personal service contractors. Include legal, accounting, and auditing fees.
  - b. Supplies - Enter the organization's expenses for office supplies, housekeeping supplies, food and beverages, and other supplies.

- c. Telephone - Enter the organization's expenses for telephone, cellular phones, beepers, telegram, FAX, E-mail, and other related expenses.
- d. Postage and Shipping - Enter the organization's expenses for postage, messenger services, overnight delivery, outside mailing service fees, freight and trucking.
- e. Occupancy - Enter the organization's expenses for use of office space and other facilities, heat, light, power, other utilities, outside janitorial services, mortgage interest, real estate taxes, and similar expenses.
- f. Equipment rental and maintenance - Enter the organization's expenses for renting and maintaining computers, copiers, postage meters, other office equipment, and other equipment.
- g. Printing and publications - Enter the organization's expenses for producing printed materials, purchasing books and publications, and buying subscriptions to publications.
- h. Travel - Enter the organization's expenses for travel, including transportation, meals and lodging, and per diem payments. Include gas and oil, repairs, licenses and permits, and leasing costs for company vehicles. Include travel expenses for meeting and conferences.
- i. Conferences and meetings - Enter the organization's expenses for conducting or attending meetings, conferences, and conventions. Include rental of facilities, speakers' fees and expenses, printed materials, and registration fees (but not travel).
- j. Insurance - Enter the organization's expenses for liability insurance, fidelity bonds, and other insurance. Do not include employee-related insurance reportable on line 2.
- k. Awards and Grants - Enter the organization's award, grants, subsidies, and other pass-through expenditures to individuals and to other organizations. Include allocations to affiliated organizations. Include scholarships, tuition payments, travel allowances, and equipment allowances to clients and individual beneficiaries.
- l. Other non-personnel expenses - NOTE: Expenses reportable on lines 1 through 17 should not be reported in an additional expense category on line 18. Enter the organization's *allowable* expense for advertising, organization's and employees' membership dues in associations and professional societies, other fees for the organization's licenses, permits, registrations, etc.
- m. Reimbursable capital purchases (equipment) - Include all equipment and organization's purchases of fixed assets.
- n. Administrative expenses - Enter the administrative expenses computed according to the organization's indirect cost rate for the reporting period. The "Total Expenses" on Expenses by Object should equal the "Total" on Revenue by Source.

11. List Program Income, cash, In-Kind and State or Federal funds using the percentage approved during the RFP process for the organization's budget. In-Kind Contributions on Total Expenses page should equal In-Kind listed on Revenue by Source.

- a. To compute In-Kind use percentage approved in the program's budget.
- b. To determine the amount of in-kind, the following method is used:

i. Total cash expended	
80% Federal	\$80,000
<u>5% Cash</u>	<u>5,000</u>
85%	\$85,000
	<u>divided by 85%</u>
	Total cost \$100,000
	Less cash <u>(85,000)</u>
	Amount of In-Kind Required \$15,000

12. The Budget Analyst will review all submitted financial reports for accuracy and completeness. In addition, he/she will follow-up on reports not submitted on a timely basis or reports that reflect error or appear

to contain a discrepancy. Any major discrepancies or reports not submitted within ten (10) working days of the due date will be reported to the Chief Financial Officer.

Discrepancies noted or corrections required will require the provider to resubmit a corrected report. Technical assistance will be provided and may be requested at any time

## **Section V**

### **QUALITY ASSURANCE**

To assure the health, welfare, safety and satisfaction of consumers in all programs funded by the Aging Commission of the Mid-South, Inc. quality assurance measures will be an ongoing process in which all entities involved will play a role including the area agency, partners and consumers of service. Quality assurance activities will include systematically gathering and assembling data about programs and services carried out in the different programs: OAA, Options, Family Caregiver and the Medicaid Waiver Programs, to assure that they operate within the constraints of legislative, program rules and contractual agreement.

#### **Documentation Requirements by Service**

In order to assist in carrying out its responsibility, the area agency has developed an instrument, included in this section on the following pages, which displays the documentation required to support the service activities for each of the funded service. This instrument in no way removes/replaces the requirements outlined in each individual service description and contract.

## **APPENDIX**

These sample forms are provided for informational purposes only. Many of the forms included here are internal forms for ACMS use. Questions about which form to use, or how to complete a particular form, should be addressed to the appropriate AMCS staff member or to the Program Development Grants Specialist.

### **Service Delivery Forms:**

ACMS: Documentation Requirements by Service  
Participant Registration Form (Authorized & Non-Authorized Services)  
Family Caregiver Participant Registration Form (Individual Counseling & Support Groups)  
Service Authorization  
Notice of Action  
Problems & Complaints / Compliant Form  
Missed Visit Report  
Homeowner Consent to Modify  
Work Order  
Certification of Completion and Final Inspection  
Home Care Aide Weekly Report  
Roster  
Termination Notice

### **Reporting Forms:**

Event Sheet  
Unit Cost Invoice  
Spreadsheet- Total Expenses Contracting Services- Federal  
Spreadsheet-Revenue Contracting Services – Federal  
Spreadsheet Total Expenses Contracting – State  
Spreadsheet-Revenue Contracting Services - State  
Cost Reimbursement Monthly Program Report  
Caregiver Training Monthly Program Report  
Support Groups Monthly Program Report  
Group Information Monthly Program Report  
Individual Counseling Monthly Program Report