

FY24 PROVIDER MEETING DAY 2- FISCAL

Ryan White Services Division
Infectious Disease Bureau Fiscal Team



Agenda

- Welcome & Introduction
- FY23 Review
- RFP Overview
- Fiscal Overview

Break

- Highlight topic: Invoicing
- Highlight topic: Budget Revision
- Questions

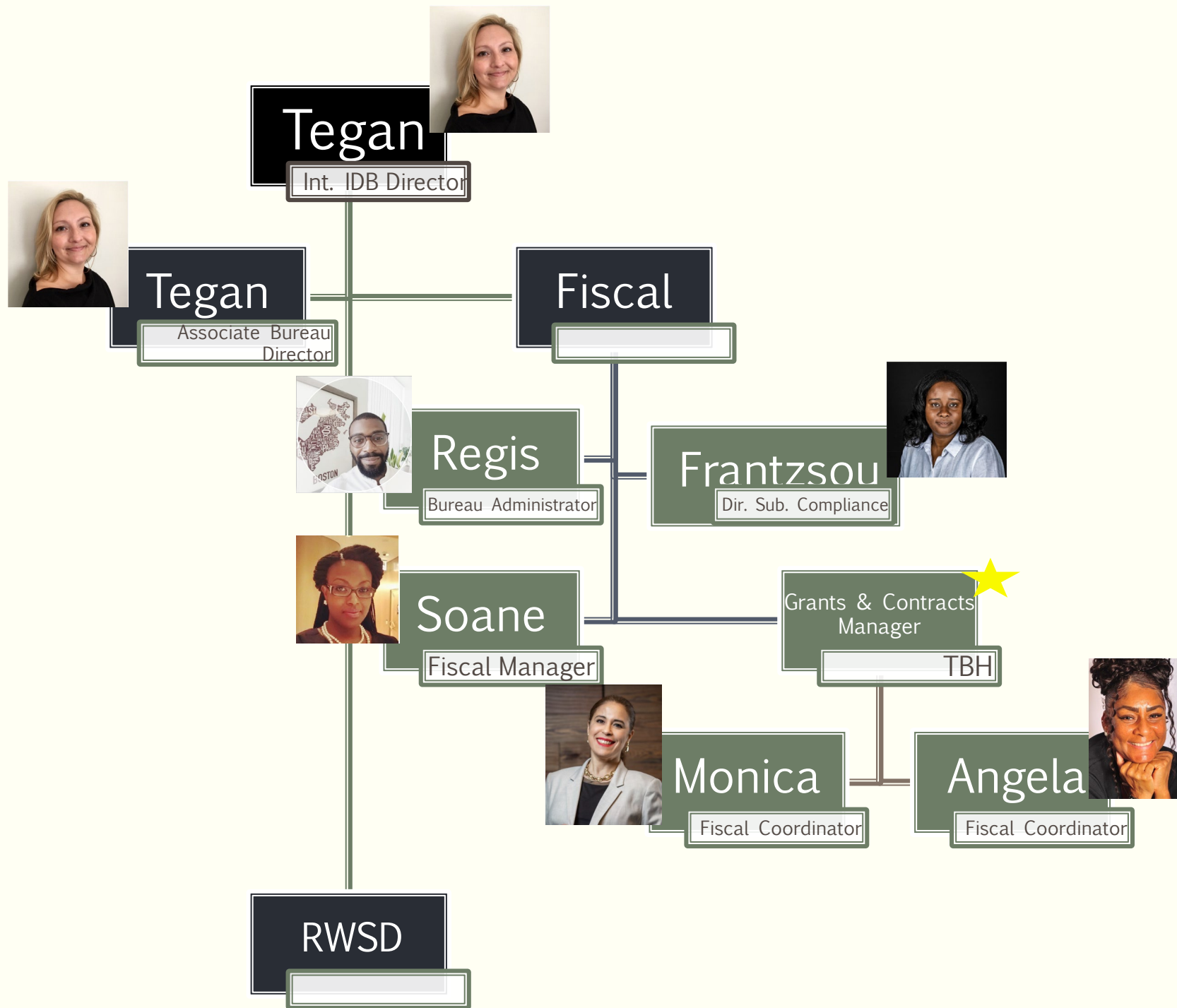


A photograph of a business meeting. Several people are gathered around a table, looking at and pointing to various financial documents. The documents include a pie chart, a bar chart, and a line graph. A pair of glasses is resting on one of the documents. A semi-transparent grey box with the text 'GROUND RULES' is overlaid on the center of the image.

GROUND RULES

- Please keep yourself muted.
- Having your cameras on is encouraged but not required!
- We will not be taking questions during the presentations but we will have a questions block at the end. Please write down any questions or comments in the chat and we will address them at the end of the session.
- Be respectful.
- Be considerate.
- Be present.

Meet the Team



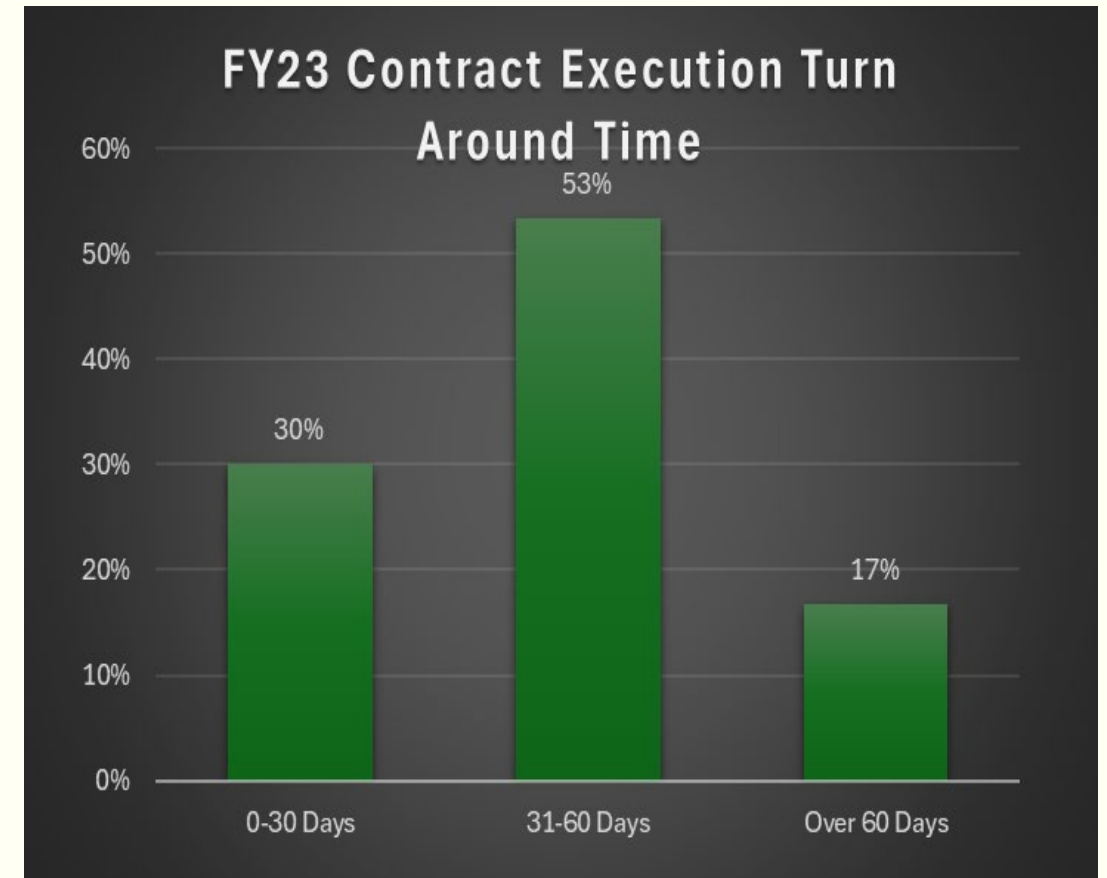


FY23 REVIEW

Frantzou Balthazar-Toussaint

FY23 Contracts

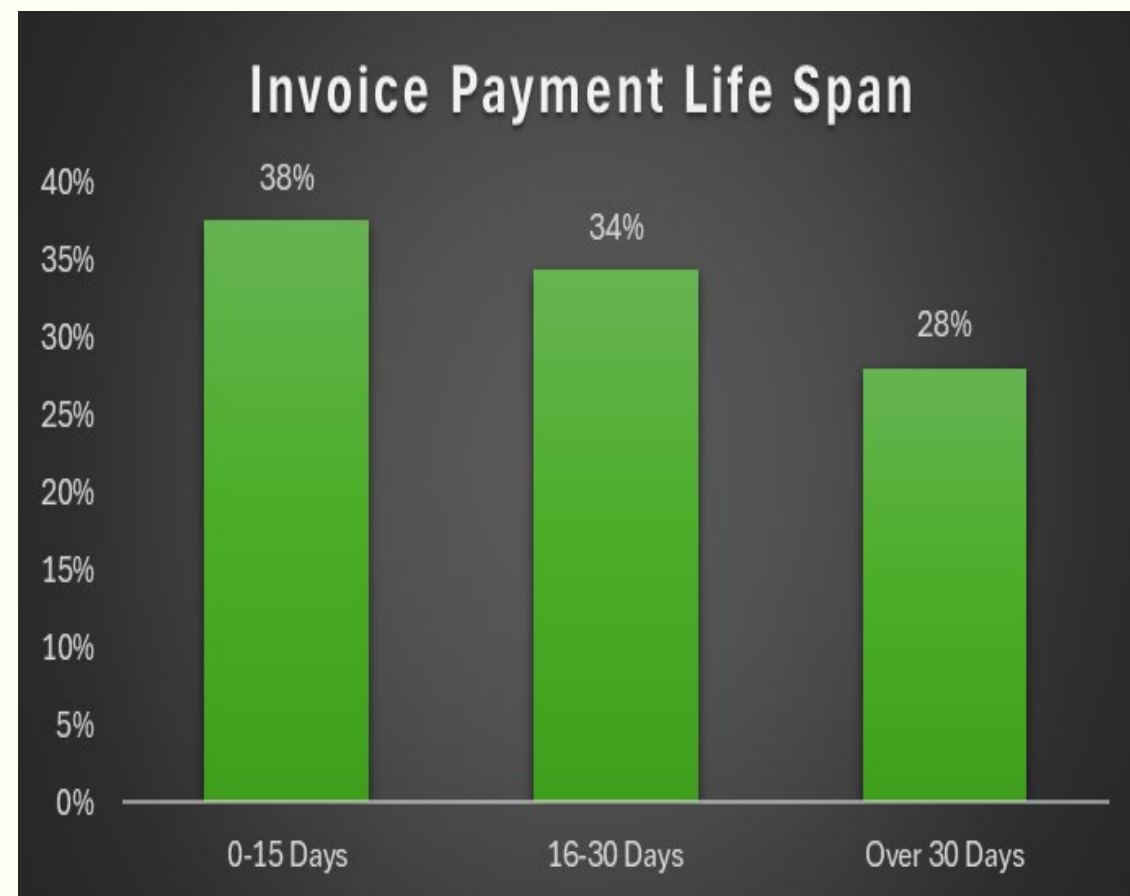
- In FY23 RW Part A contracts had major updates to comply with federal requirements
- Current Part A contracts have a 2-year life span
- Data for contract execution post submission from subrecipients looks as follows:



FY23 Invoices

Invoice challenges continue to be around:

- Quality of Invoices
 - PO#
 - Activity #
 - Invoice #
 - Back-up/Supporting Documentation
- Timeliness of Submission
 - Late or No submission
- Internal BPHC Challenges
 - New staff understanding of invoice processes which sometimes creates unnecessary delays.



FY24 Goals

Meet

Meet the 45 days contract execution deadline per the Part A grant requirement

- Partial Award Contract Amendment is at 90% returned and 4% execution
- Full Award Contract Amendment – Set to Meet Goal !!!

Increase

Increase the percent of invoices paid within 30 days of receipt to at least 95% from the 72% in FY23

Continue

Continue collaborations with subrecipients to reduce/eliminate barriers to fast and efficient contract and invoice processing

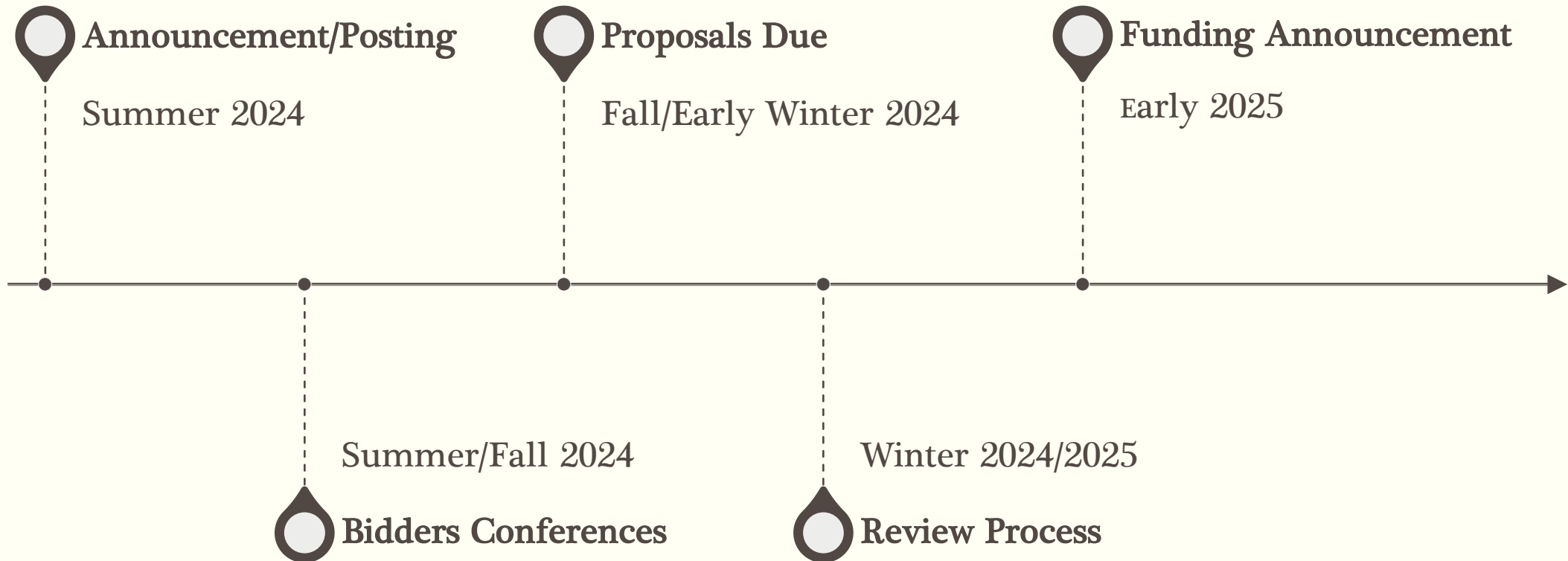
FY25 - 30 RFP OVERVIEW

Melanie Lopez & Tegan Evans

What is an RFP?

- Request for Proposal (RFP)
- Used to determine which agencies will be funded during Part A's next grant cycle
- Next RFP: FY25- 30
- Agencies who previously were funded will need to rebid for their services, and any additional, during this cycle.
- This RFP is open to new agencies as well!

Draft Timeline



Bidders Conference

- Two sets of conferences running throughout the summer. Attendance is REQUIRED for one or both conference(s) that is applicable:
 1. Organizations who are rebidding services:
 - a) Would like to ask questions about the review and proposal process.
 - b) Confirm intent of rebidding.
 2. Organizations who will be bidding for NEW services:
 - a) Would like to ask specific questions on how best to write a proposal for those services.
 - b) Would like to review the separate additional prompts for new services.

Requirements

- Letter of Intent
 - Including narrative on how the agency plans on utilizing the funds
- Completed Application
 - HRSA and BPHC compliance measures
 - Proof of financial capacity within the agency
 - Demographic data submission
- Budget
 - For all services requesting
- Any required supplemental information (more to come!)
 - E.g: historical allocations/use narrative



Services Open for Bid

Core Medical

- AIDS Drug Assistance
- Medical Case Management (MAI)
- Medical Nutrition Therapy
- Oral Health

Support Services

- Emergency Financial Assistance
- Housing
- Food Bank/Home Delivered Meals
- Non-Medical Case Management (MAI)
- Psychosocial Support Services (MAI)
- Substance Abuse Residential
- Health Education and Risk Reduction
- Medical Transportation
- Linguistics
- Other Professional Services- Legal



FY24 UPDATE

Monica Araujo & Frantzou Balthazar



Ryan White Part A

FY24 Fiscal Provider Orientation

May 3, 2024

Monica Araujo

Fiscal Coordinator

Infectious Disease Bureau

Fiscal Overview

- **Fiscal Rules**
 - Rules
 - Policies
- **Budgets**
 - HHS Negotiated Rate/Administrative Rate
 - Budget Revision
- **Invoice Update**
 - Invoice Requirements
 - Proper Invoice Submission
 - Invoice Payment Processes
- **Fiscal Monitoring Processes**
 - Monthly Invoice Monitoring
 - Site Visit
- **Contract Update**
 - Contract requirements
- **Breakout Sessions**



Fiscal Rules



Contract Spending

- Subrecipients are expected to spend **100%** of their Part A award.
- Subrecipients will only be paid for approved services as stated in their contracts Scope of Services and budgets.
- Invoices submitted for payments which are missing required information or documentation will not be processed and will be returned to subrecipients.

Contract Document Amendments

- Subrecipients may request to revise their Scope of Service and budget, to use different means to accomplish the original agreed upon goals and objectives as outlined in their Part A contract, at any time during the fiscal year up until the **December 15, 2024**, deadline.
- All scope of Service and/or budget revision must be approved by BPHC.

Fiscal Rules & Policy References



-
- **Refer to the FY24 Provider Manual**
 - **Fiscal Overview section**
 - **Policies and Procedures Section**
 - Federal Monitoring Standards
 - HRSA PCN 15-01
 - HRSA PCN 15-02
 - HRSA PCN 16-02
 - **Refer to the Target HIV website at**
<https://targethiv.org>

FY24 Budget Update

Budget

- FY24 revision to potential full award budget should have been sent to BPHC in preparation for FY24 full award.

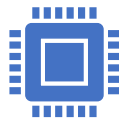
Budget Format:
Ryan White
budgets are
divided into three
main sections:

- Core/Support **Direct Care Cost** – All Ryan White Part A paid staff that provide direct services.
- **Other Direct Care Cost** – Non-Personnel Direct Care Costs, i.e., Supplies, Travel, Training, etc.
- **Administrative Cost**
 - Itemized Administrative Cost - Aggregate 10% Cap;
 - HHS Indirect Approved Rate - 10% Cap

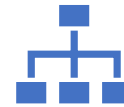
Budget Administrative Costs



Are capped at 10% on the aggregate.



Administrative Costs are usual and recognized administrative overhead activities (ref. PCN 15-01, FY24 Provider Manual).



Administrative expenses must meet legislative administrative definition.



Subrecipients are responsible for :

Tracking all administrative expenses.

Sample
Budget-Admin
Costs

ATTACHMENT C
RYAN WHITE PART A: ALN 93.914
Boston Public Health Commission
FY 2024
March 1, 2024 – February 28, 2025

AGENCY NAME					
Medical Case Management					
Core/Support Service Direct Cost	Personnel	Salary	FTE	Months	Annual
Program Director	B. Smith	\$50,000	0.50	12	\$25,000
Medical Case Manager	K. Jones	\$45,000	1.00	12	\$45,000
Medical Case Manager	J. Doe	\$41,000	0.80	12	\$32,800
SUBTOTAL			2.3		\$102,800
FRINGE			30.00%		\$30,840
					\$133,640
Other Direct Care Cost					
Staff Training					\$1,000
Staff Travel					\$200
Program Supplies					\$1,000
SUBTOTAL					\$2,200
DIRECT CARE TOTAL					\$135,840
Administrative Cost					
Program Director	B. Smith	\$50,000	0.15	12	\$7,500
Program Rent (8% of total rent)					\$6,084
ADMIN COST TOTAL					\$13,584
DIRECT CARE TOTAL					\$135,840
ADMINISTRATIVE COST					\$13,584
SERVICE AWARD TOTAL					\$149,424

Per Federal policy, funds may only be used to support services to those individuals with a documented HIV status. Funds may not be used to provide items or services for which payment already has been made or reasonably can be expected to be made, by third party payors, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance. Subrecipients are reminded that this is subject to an audit.

HHS- Approved Indirect Rate Costs

- The “**Indirect**” line item may include ***administrative*** expenses not directly associated with a specific program, which are necessary for the management and operation of the whole agency (**45 CFR 75, subpart E**).
- Indirect Rate costs are **capped at 10%**.
- Subrecipients wishing to use an **Indirect Rate**, must provide documentation of Certificate of Indirect Costs that is **HHS-negotiated** and signed by an individual authorized to sign on behalf of the subrecipient.

ATTACHMENT C
RYAN WHITE PART A: ALN 93.914
Boston Public Health Commission
FY 2024
March 1, 2024 – February 28, 2025

AGENCY NAME

Psychosocial Support Services

<u>Core/Support Service Direct Cost</u>	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Months</u>	<u>Annual</u>
Peer Support Coordinator	B. Smith	\$32,000	0.50	12	\$16,000
Peer Advocate	K. Jones	\$28,000	0.20	12	\$5,600
Peer Advocate	J. Doe	\$28,000	0.30	12	\$8,400

SUBTOTAL	1.0	✓	\$30,000
FRINGE	29.10%		\$8,730
			\$38,730

Other Direct Care Cost

Staff Training	\$1,000
Staff Travel	\$200
Program Supplies	\$1,000

SUBTOTAL	\$2,200
DIRECT CARE TOTAL	\$40,930

<u>HHS Indirect Approved Rate</u>	<u>40%</u>	<u>Annual</u>
Ryan White Indirect Rate Cap	10%	\$4,093

DIRECT CARE TOTAL	\$40,930
INDIRECT RATE CAP (10%)	\$4,093

SERVICE AWARD TOTAL	\$45,023
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Sample
Budget-
HHS Rate

Budget Revision

Subrecipient may be allowed to shift funds between existing line items via a **Budget Revision Request**:

- Due to evolving service needs.
- To use different means to accomplish the original agreed upon goals and objectives outlined in the Scope of Services.
- In general, adding new line items are not acceptable requests.
- The last day to submit a **Budget Revision Request** to BPHC is **December 15, 2024.**

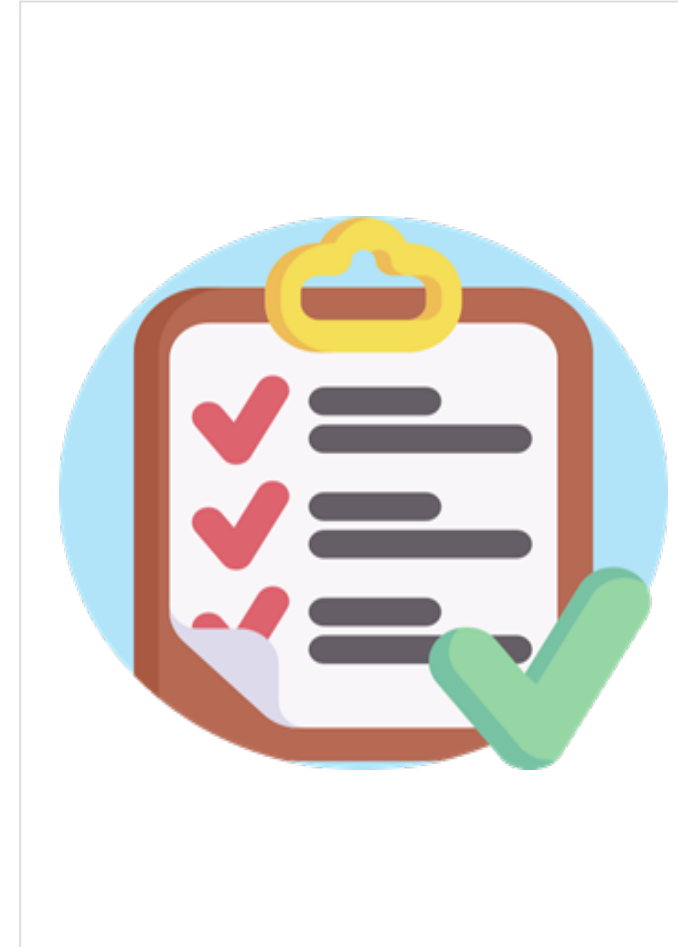
Invoice Update

- Invoice must follow BPHC's invoice format and must match BPHC's approved budget.
- Invoice must be specific to each funded service.
- Invoice must be submitted to BPHC on a monthly basis – One (1) invoice per funded service per month (i.e., Medical Case Management Invoice, Emergency Financial Assistance Invoice, etc.).
- Invoice **must be submitted to BPHC by the 30th of every month via email at: IDBInvoices@bphc.org.**
- **Invoice payment terms is Net 30 days from the invoice submission date** – all invoice requirements must be met for Net 30 days payment to be applicable.
- Invoices are paid via ACH direct deposit only.

Fiscal Monitoring Process:

Purpose:

- To ensure consistent communication between fiscal coordinators, subrecipients and contract managers.
 - ❑ This is where clarification on FTEs, salaries, part time status of employees, and follow-up on program and fiscal items including invoice submission issues are recorded.
- To give BPHC's staff the ability to help subrecipient even if your assigned Fiscal Coordinator or Contract Managers are absent.
- We currently use Microsoft List to track this process.



Purpose:

- To track subrecipient award expenditure for monthly and annual reporting to our funder (HRSA) and mandated planning body (Boston EMA Planning Council).
- To ensure spending are in compliance with our federal and BPHC rules.
- To keep subrecipient's management staff informed of agency's monthly invoice compliance status.

Fiscal Monitoring Process: Monthly Invoice Monitoring



Fiscal Monitoring Process: Fiscal Site Visit



Why do Site Visits?

- To ensure contract terms as explained in the fiscal rules are being followed and are met.
- To identify fiscal technical assistance needs.
- Per the National Monitoring Standards, a **Ryan White Fiscal Site Visit** should be conducted annually for each funded subrecipient.
- Be on the lookout for your site visit date for this fiscal year (FY24).

FY24 Contract Update



- FY24 will have 2 Contract Amendments:
 - 1- **Contract Amendment Packet I – Partial Award**
 - Sent out to all subrecipient on April 10.
 - 83% have been returned thus far.
 - Partial Award POs are in process.
 - 2- **Contract Amendment Packet II – Full Award**
- All subrecipient must have an active System for Award Management (SAM) report. SAM report should be accessible by BPHC staff.
- All contract document should be filled out electronically
- Handwritten documents are not allowed except for signatures.

BREAK

5- Minutes
Meet back at:





HIGHLIGHT TOPIC: INVOICING

Angela O'Neil & Frantzou Balthazar

Ryan White Part A FY24

Fiscal Provider Orientation

May 2, 2024

Angela O'Neil

Fiscal Coordinator

Infectious Disease Bureau



Invoice Requirement

Invoice must follow specific BPHC format which includes:

- An **Invoice Number** – Invoice # must be unique to each billing month and must have less than 20 characters e.g., **RW24MarMCM** (see abbreviation cheat sheets).
 - ☐ Invoice Number – must include **letters and/or numbers only**. No special characters or spacing.
- A **PO number** – PO # is updated every fiscal year and is unique to every funded service per subrecipient; PO number is valid for the entire fiscal year.
- An invoice **Activity** number – Invoice activity number changes every fiscal year and is valid for the entire fiscal year.
- Invoice **Cumulative Billing** – Invoice cumulative billing must reflect accurate billing to date up to the billing month.

Invoice Format

- Invoice including back-up documents must be in **PDF format**.
- Each invoice PDF **must contain** one invoice cover with all necessary backup (see FY24 Provider Manual).
- Each invoice must be submitted as a separate PDF file. Multiple invoices submitted as one attachment will be rejected.
- Invoice PDF file must be named as the subrecipient name/services/month/year (**Victory Programs-Food-March 2024**).
- “Revision to Invoice” must be stated on the invoice with corrections. Notification of revision will not be accepted in the body of email.
- Except for the signatures, invoice covers must not have any handwritten notes.

Invoice Cover

BPHC Ryan White Part A Emergency Relief Funding																																																																																																																											
Monthly Invoice																																																																																																																											
Subrecipient Name: ENTER SUBRECIPIENT NAME HERE		<div>INFECTIOUS DISEASE BUREAU USE ONLY</div> <div>APPROVED FOR PAYMENT</div> <div>Date: </div> <div>Federal Grant Number: H89HA00011 RW Part A ALN: 93.914</div>																																																																																																																									
Pay To: WRITE COMPLETE SUBRECIPIENT NAME Address: ENTER AGENCY ADDRESS HERE																																																																																																																											
Bill To: Boston Public Health Commission Procure to Pay Office 1010 Massachusetts Avenue Boston, MA 02118																																																																																																																											
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Activity Number: 3546002		Billing Period: Enter Billing Period																																																																																																																									
BPHC PO Number: Enter new Fiscal Year PO		Invoice Number: Cannot exceed 20 characters. Letters and numbers only. No special characters or spacing. RW24 [Insert MONTH & SERVICE abbrev.]																																																																																																																									
<table border="1"><thead><tr><th>DIRECT CARE STAFF</th><th>FTE</th><th>Budget (A)</th></tr></thead><tbody><tr><td>Program Director</td><td>0.00</td><td>\$0</td></tr><tr><td>Medical Case Manager</td><td>0.00</td><td>\$0</td></tr><tr><td>Medical Case Manager</td><td>0.00</td><td>\$0</td></tr><tr><td></td><td></td><td>\$0</td></tr><tr><td>Sub-total</td><td>0.00</td><td>\$0</td></tr><tr><td>Fringe</td><td>30.00%</td><td>\$0</td></tr><tr><td>Personnel Totals</td><td></td><td>\$0</td></tr><tr><td colspan="3">OTHER DIRECT CARE COST</td></tr><tr><td>Local Travel</td><td></td><td>\$0</td></tr><tr><td>Staff Training</td><td></td><td>\$0</td></tr><tr><td>Program Supplies</td><td></td><td>\$0</td></tr><tr><td></td><td></td><td>\$0</td></tr><tr><td>Sub-total</td><td></td><td>\$0</td></tr><tr><td>DIRECT CARE TOTAL</td><td></td><td>\$0</td></tr><tr><td colspan="3">HHS INDIRECT APPROVED RATE</td></tr><tr><td>Ryan White Indirect Rate Cap</td><td>10%</td><td>\$0</td></tr><tr><td>HHS INDIRECT APPROVED RATE COST TOTAL (10% Cap)</td><td></td><td>\$0</td></tr><tr><td>TOTALS EXPENSE</td><td></td><td>\$0</td></tr></tbody></table>		DIRECT CARE STAFF	FTE	Budget (A)	Program Director	0.00	\$0	Medical Case Manager	0.00	\$0	Medical Case Manager	0.00	\$0			\$0	Sub-total	0.00	\$0	Fringe	30.00%	\$0	Personnel Totals		\$0	OTHER DIRECT CARE COST			Local Travel		\$0	Staff Training		\$0	Program Supplies		\$0			\$0	Sub-total		\$0	DIRECT CARE TOTAL		\$0	HHS INDIRECT APPROVED RATE			Ryan White Indirect Rate Cap	10%	\$0	HHS INDIRECT APPROVED RATE COST TOTAL (10% Cap)		\$0	TOTALS EXPENSE		\$0	<table border="1"><thead><tr><th>Amount this Invoice (B)</th><th>Cumulative Billing (C)</th><th>Remaining Balance (D)</th></tr></thead><tbody><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr></tbody></table>		Amount this Invoice (B)	Cumulative Billing (C)	Remaining Balance (D)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Invoice Amount (No rounding. Use up to 2 decimal places)		\$0.00																																																																																																																									
I hereby certify that the bills, receipts, and payroll documentation attached to this invoice are expenditures solely associated with the Ryan White Part A funding.																																																																																																																											
Prepared by:		Authorized by:																																																																																																																									
Contact Name:		Name:																																																																																																																									
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Invoice Format

Upper Left Side of Invoice Cover

- All items that are entered once during the fiscal year including:
 - ☐ Funded Service Name
 - ☐ PO#
 - ☐ Activity#

Upper Right Side of Invoice Cover

- Items that are pre-populated or to be approved by BPHC including:
 - ☐ BPHC approval (For BPHC use only)
 - ☐ Grant #
 - ☐ CFDA/ALN #
- All items that **must be updated monthly**:
 - ☐ Invoice Submission Date – actual submission date, not 1st day of billing month
 - ☐ Billing Period – actual billing month (March 1 to March 30, 2024, etc.)
 - ☐ Invoice # – Unique number, specific to each month, and must be less than 20 characters

Lower Part of the Invoice Cover

Includes:

- ☐ Invoice Amount
- ☐ Prepared by information
- ☐ Approved/authorized by information

Invoice Format

Upper Left Side of Invoice Cover

- All items that are entered once during the fiscal year including:

- ☐ Funded Service Name
- ☐ PO#
- ☐ Activity#

Include *Doing Business As (DBA)* name as well if applicable

Subrecipient Name: ENTER SUBRECIPIENT NAME HERE

Pay To: WRITE COMPLETE SUBRECIPIENT NAME
Address: ENTER AGENCY ADDRESS HERE

Bill To: Boston Public Health Commission
Procure to Pay Office
1010 Massachusetts Avenue
Boston, MA 02118

Part A Service: ENTER FUNDED SERVICE HERE

Activity Number: 3546002

BPHC PO Number: Enter new Fiscal Year PO

Invoice Format

Upper Right Side of Invoice Cover

INFECTIOUS DISEASE BUREAU USE ONLY	
APPROVED FOR PAYMENT	
Date:	

Federal Grant Number	H89HA00011
RW Part A ALN:	93.914

- Items that are pre-populated or to be approved by BPHC including:
 - ☐ BPHC approval (For BPHC use only)

- ☐ Grant #
- ☐ CFDA/ALN #

- All items that **must be updated monthly**:

- ☐ Invoice **Submission Date** – actual submission date, not 1st day of billing month

- ☐ Billing Period – actual billing month (March 1 to March 30, 2024, etc.)

- ☐ Invoice # – **Unique number**, specific to each month, and **must be less than 20** characters. No special characters or spacing.

Invoice Submission Date:	Enter submission Date
Billing Period:	Enter Billing Period
Invoice Number: <small>Cannot exceed 20 characters. Letters and numbers only. No special characters or spacing.</small>	RW24 [Insert MONTH & SERVICE abbrev.]

Invoice Format

No rounding, include exact amount with decimals (if applicable)








Invoice Amount \$0.00	
<i>I hereby certify that the bills, receipts, and payroll documentation attached to this invoice are expenditures solely associated with the Ryan White Part A funding.</i>	
Prepared by:	Authorized by:
Contact Name:	Name:
Phone:	Title:
Email:	Signature (blue ink):

Lower Part of the Invoice Cover

Includes:

- ☐ Invoice Amount
- ☐ Prepared by information
- ☐ Approved/authorized by information

Abbreviation Cheat Sheet

Service Category Abbreviation Cheat Sheet	
Case Management – Non Medical	NMCM
Drug Reimbursement	DR
Emergency Financial Assistance	EFA
Food Bank/Home Delivered Meals	MLS
Health Education and Risk Reduction	HERR
Housing Services 	 HSNB
Linguistic Services	LS
MAI Case Management – Non Medical	 MAINMCM
Medical Case Management 	 MCM
Medical Nutrition Therapy	MNT
Medical Transportation	TN
Minority AIDS Initiative – Medical Case Management	 MAICM
Minority AIDS Initiative - Psychosocial Support	 MAIPS
Other Professional Services	OPS
Oral Health Care (Dental)	Dent
Psychosocial Support	PS
Substance Abuse - Residential	SA

Abbreviation Cheat Sheet

Months Abbreviation Cheat Sheet	
March	Mar
April	Apr
May	May
June	Jun
July	Jul
August	Aug
September	Sept
October	Oct
November	Nov
December	Dec
January	Jan
February	Feb

Invoice Backup Documentation

Each funded service invoice must include sufficient and proper backup documentation including:

A summary of the **Direct Care personnel expenses**.

- This summary should serve as a cover page for any additional payroll back-up.
- This summary should show the calculations for any split billing (<1 FTE staff) between funding sources.

A summary of the **Other Direct Care expenses** (below line items).

- This summary **is a must** for program budgets with more than one other direct care expenses (below line items).
- The summary page must show the additions of all costs that made up the total monthly expense for said other direct care expense.
- Subrecipient must reference their internal invoice numbers for these expenses for the purpose of site visit monitoring.

Personnel Expenses Backup Documentation

Personnel Expense Payment request must include:

- **Personnel Expenses Summary** (see Summary Page sample)
- **Payroll registers** or **General Ledger** (GL) reports as back-up documentation for all staff paid by the grant.

Some examples of payroll registers are:

- ☐ ADP
- ☐ PAYCHEX
- ☐ RIPPLING

Sample of Direct Care Personnel Expenses Summary

PERSONNEL SUMMARY REPORT							
Corporate Name	Program Name	Program Number	Activity Number			Billing Period	
	Case Management						
PROGRAM COMPONENT POSITION TITLE	EMPLOYEE NAME	GROSS WAGES ACTUALLY PAID	PERCENT ALLOWED BY CONTRACT	TOTAL DUE FROM CONTRACT	TOTAL SALARY BY LINE ITEM	AMOUNT PAID BY CATHOLIC CHARITIES CANNOT BE NEG (Actual is reimb then)	
Program Director		5,580	11.00%	614	614		
				614			
Supervising Professional		612	100.00%	612	612		
				612			
Case Manager		3,000	100.00%	3,000	3,000		
				3,000			
	0	0	100.00%	0	0		
				0			
					4,226		4,226
					4,226		

Sample of Direct Care Personnel Expenses Summary

Sample 1

Save The world

323

Salary Schedule, RW - Psychosocial Support

March 2024

Position	Employee	Pay date 3/02/24	Pay date 3/16/24	Pay date 3/30/24	FTE	Total Salary	Other Contracts	Net Amount
PS Advocate	Vacant	\$0.00	\$0.00	\$0.00	1	\$0.00	0.00	0.00
PS Advocate	Jane Doe	\$1,926.80	\$1,926.80	\$1,926.34	.55	5,779.94	2,581.76	3,198.18
						5,779.94	2,581.76	\$3,198.18

Sample 2

Agency Name:	Save Lives				
Ryan White - Medical Case Management					
Personnel Summary					
Name	FTE	Monthly Salary	Billable Hours	Monthly Total	Payroll Period
George Clooney	42.00%	3,738.45	150.0	1,570.15	3/01/2024-3/31/2024
Jane Doe	2.00%	6,986.54	150.0	139.73	3/01/2024-3/31/2024
LeBron James	5.00%	4,470.00	150.0	223.50	3/01/2024-3/31/2024
Jennifer Lopes	8.00%	5,575.38	150.0	446.03	3/01/2024-3/31/2024
Jimmy Kimmel	21.00%	4,000.00	150.0	840.00	3/01/2024-3/31/2024
Doe Smith	17.00%	2,920.02	150.0	496.40	3/01/2024-3/31/2024
Steph Curry	16.00%	3,072.75	150.0	491.64	3/01/2024-3/31/2024
				4,207.45	

Other Direct Care Expenses Backup Documentation

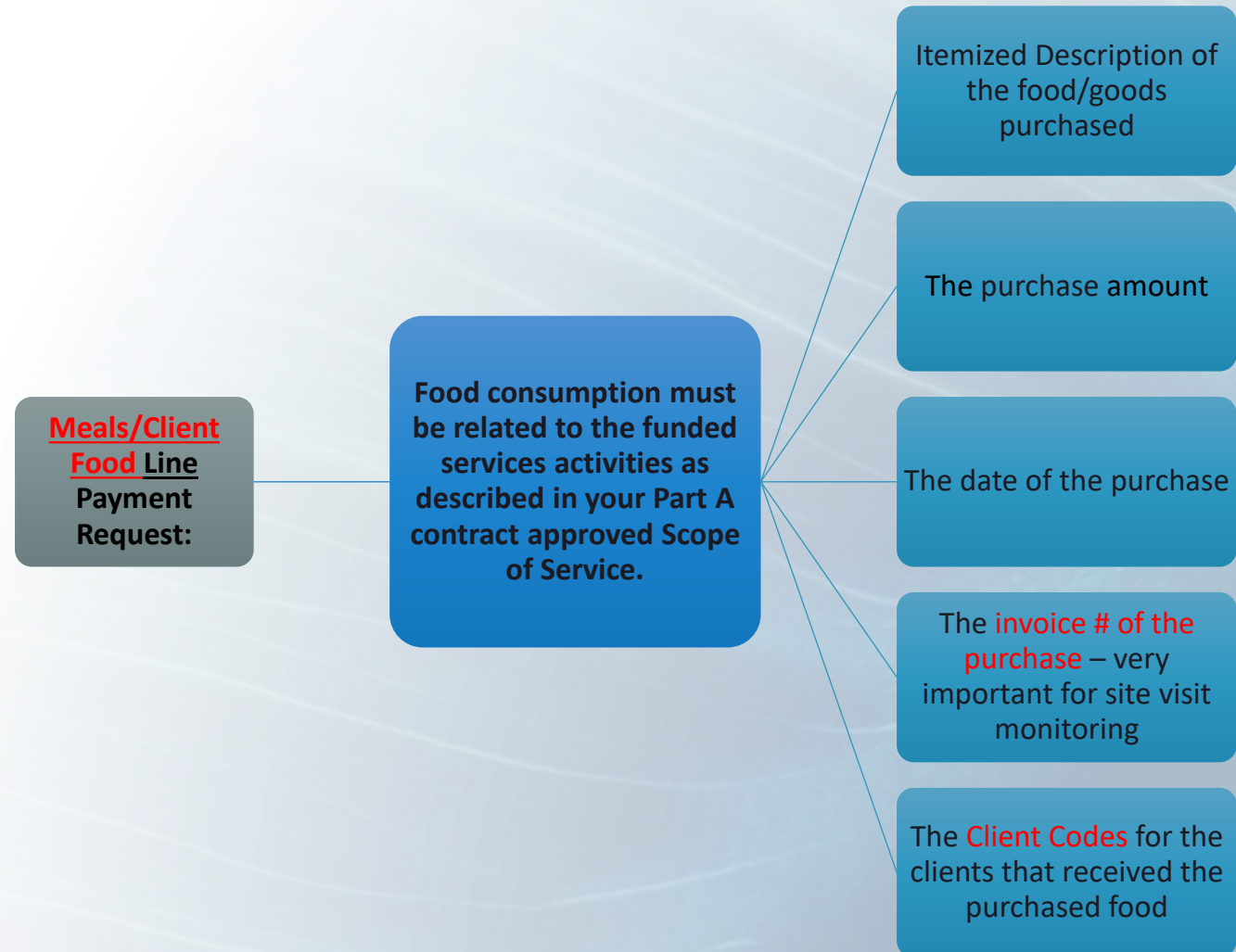
For grant compliance/site visit monitoring purposes, subrecipients **must have** the following **readily available** on site for **all** Other Direct Care Expenses with no exceptions:

- ☐ Details receipts of all expenses
- ☐ Proof of payment for all expenses
- ☐ Gift Card Distribution Log – including client codes
- ☐ Client Transportation log – including client codes
- ☐ Consultant agreements/contracts and consultant invoices
- ☐ Policy for gift cards or Charlie cards distribution (if applicable)

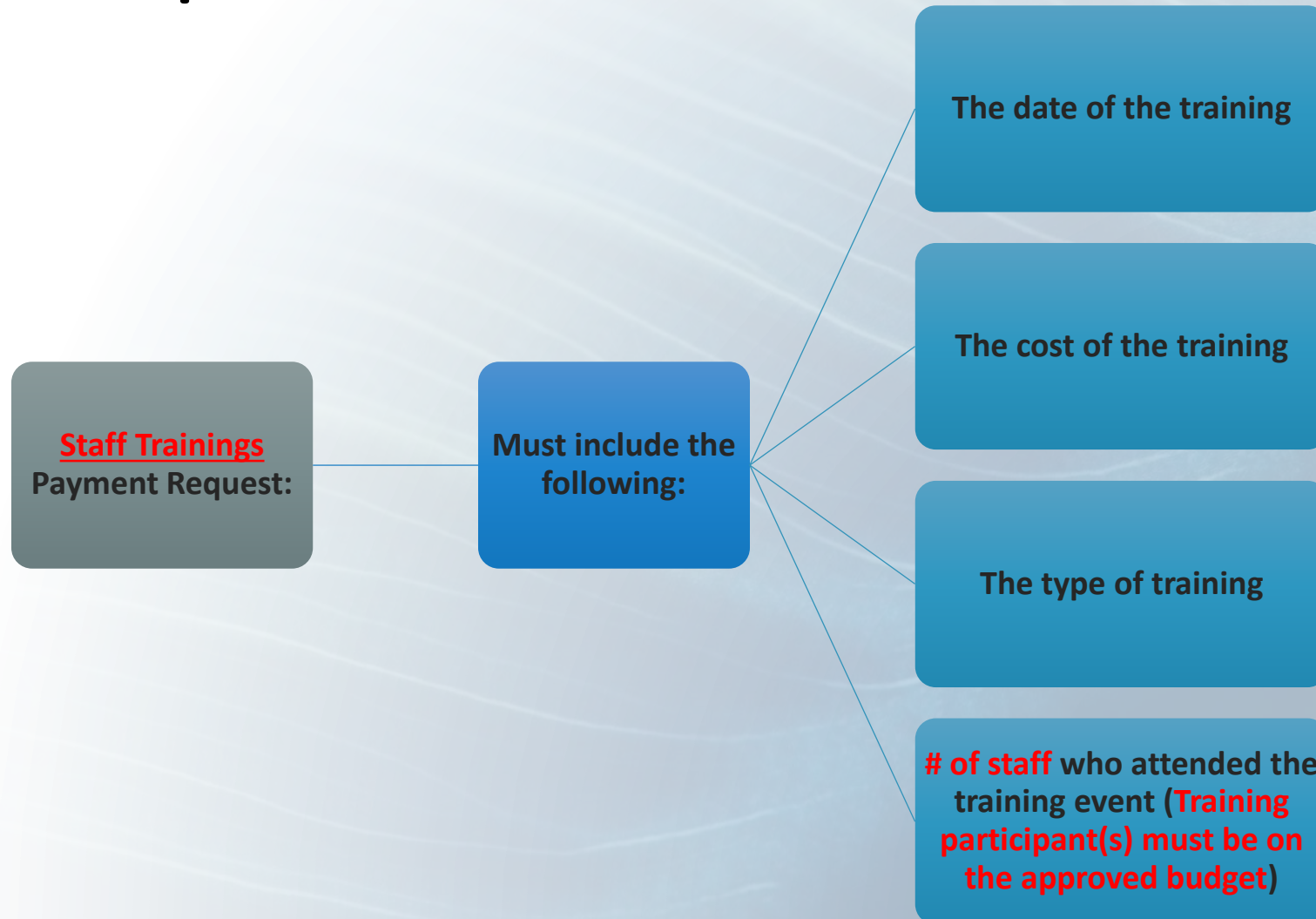
Sample of Other Direct Care Expenses Summary

Ryan White - Medical Case Management				
March 2024				
PROGRAM SUPPLIES				
Vendor	Type	Invoice Date	Invoice #	Amount
W B Masson	Program Supplies	3/22/2024	CR12345	\$1,000.00
Stapples	Program Supplies	3/15/2024	CR12346	\$235.00
Target	Program Supplies	3/15/2024	CR12347	\$25.00
Total Program Supplies				\$1,260.00
Staff Training				
Vendor	Type	Invoice Date	Invoice #	Amount
Smart Goals Institute	MCM Treatment Adherence	3/15/2024	CR12345	\$500.00
We Care Institute	Working with HIV+ Clients	3/30/2024	CR20007	\$350.00
Total Staff Training				\$850.00
Staff Travel				
Vendor	Type	Invoice Date	Invoice #	Amount
Total Staff Travel				\$0.00
OCCUPANCY COST				
Vendor	Description	Invoice Date	Invoice #	Amount
RENT				
Museum Properties	Rent	3/1/2024	CR00121	\$22,869.06
			<u>1.00%</u>	<u>\$225.83</u>

Other Direct Care Expenses Documentation



Other Direct Care Expenses Backup Documentation



Other Direct Care Expenses Backup Documentation

Staff Travel payment Request:

Must include:

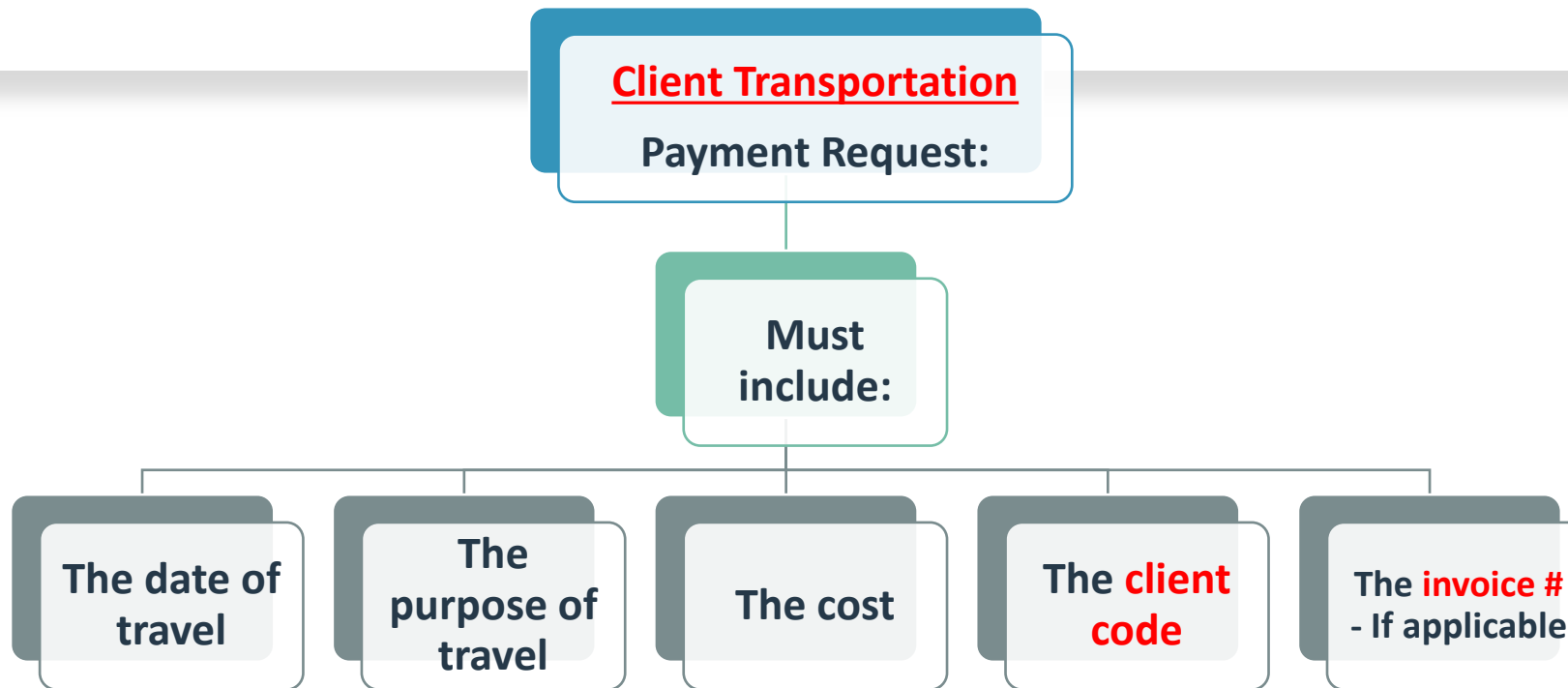
- The date of travel
- The purpose/description of travel
- The cost of travel
- The **invoice #** - If applicable

Staff Travel documents on site for site visit monitoring purposes must have the following details:

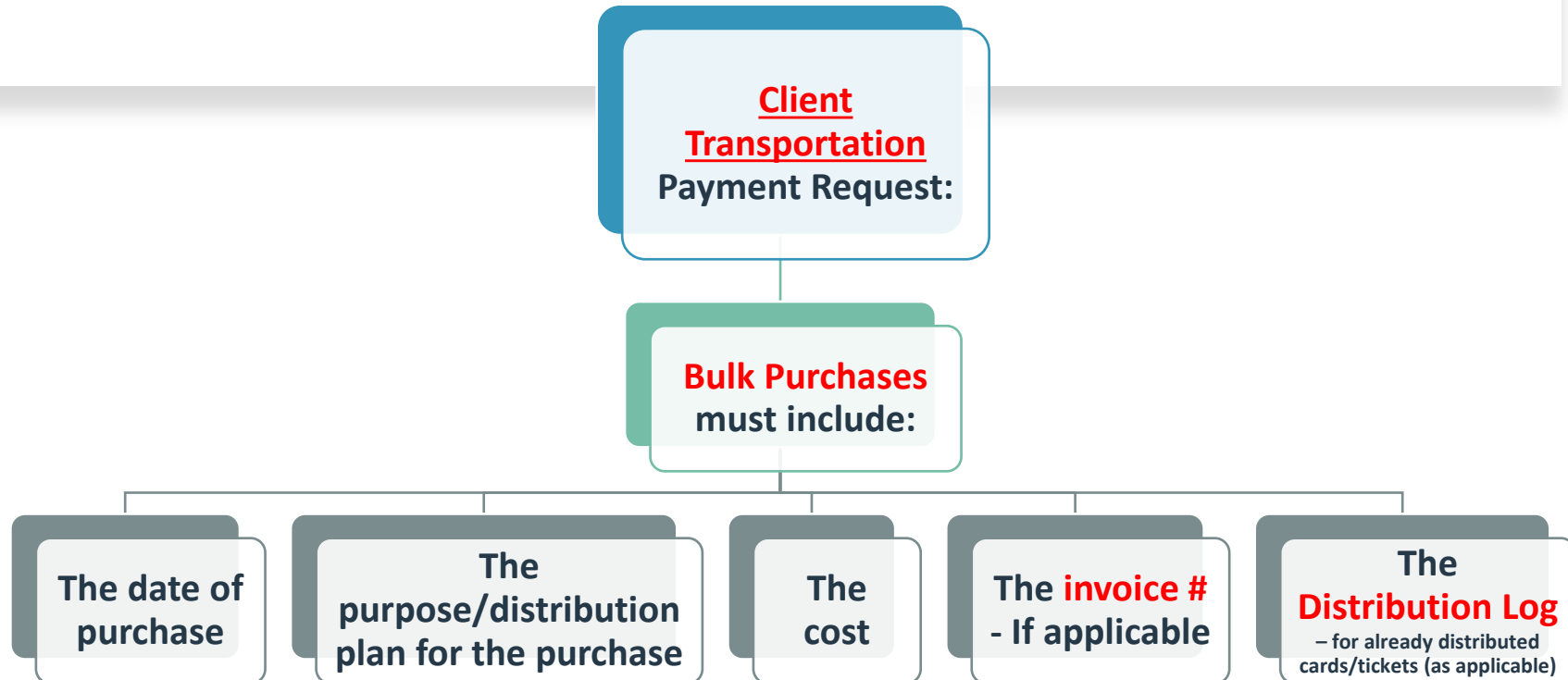
- Copy of the Travel Request Form
- The destination traveled (to and from information)
- The signature of both the staff and the staff supervisor
- Copies of parking and toll statements

Mileages for staff
travel are
reimbursed at the
IRS rate (\$0.67/mile)

Other Direct Care Expenses Backup Documentation



Other Direct Care Expenses Backup Documentation



Other Direct Care Expenses Backup Documentation

Consultant Expenses Payment Request:

Must include

Date of service provision	Description of services provided by the consultant	Consultant fee/rate and total invoice amount
---------------------------	--	--

For split payments, the portion of the grant requested for payment must be clearly labeled

Please Note: A **resume and list of qualifications** for the consultant along with a **description of services to be performed** must be on file at BPHC before you can start submitting payment requests for a consultant.

Administrative Costs Backup Documentation

Administrative costs are usual and recognized administrative overhead activities including:

- Utilities, Rent, Maintenance, and Facility* costs
- Costs of management oversight of specific programs funded under Ryan White, including:
 - ☐ Program coordination
 - ☐ Clerical, financial, and management staff not directly related to patient care
 - ☐ Program evaluation
 - ☐ Liability insurance
 - ☐ Audits
 - ☐ Computer hardware/ software not directly related to patient care

*Are not required to be included in the 10% administrative cost cap if used to provide core medical and support services for eligible RW clients (e.g., food bank, substance abuse treatment facilities, clinic, pharmacy)

Invoice Reminder

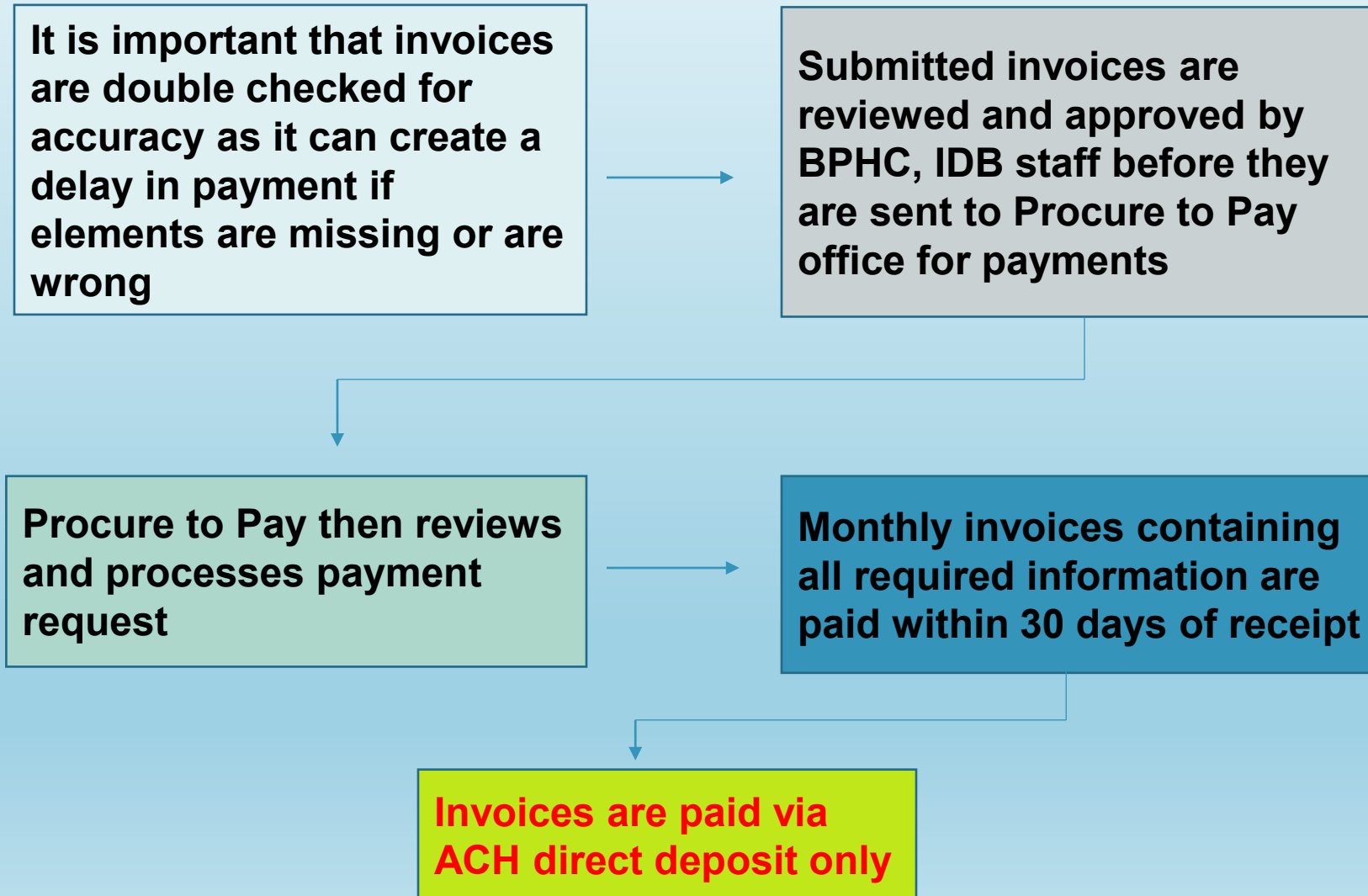
No international travel is allowed under the RW grant.

Boston Public Health Commission (BPHC) is exempt from Federal and State taxes.



State and Federal Tax should not be included on invoices.

Invoice Payment Processes



A green ribbon graphic hanging from the top left corner of the slide.

HIGHLIGHT TOPIC: BUDGET REVISION

Frantzou Balthazar

Subrecipient Budget Revision Session

May 2, 2024


Ryan White Services Division

Frantzou Balthazar-Toussaint

Director of Subrecipient Compliance

Infectious Disease Bureau






Budget Revisions That Don't Require the Full Revision Request Packet

Subrecipients DO NOT need to submit a full budget revision request packet for approval for the following budget revisions:

- The billing of direct cost budget lines (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) is over-or-under the original line cost but is within the 25% leeway
- Personnel changes for replacing a TBD/TBH line with the name of a new employee at the SAME salary, FTE, and billing months that were initially proposed in the award budget, at the beginning of the fiscal year before the start of billing
- Changing the title or the name of an employee

Under these circumstances, agencies must submit the invoice indicating changes along with required back up.



When to Submit Full Budget Revision Request Packets for Approval

Subrecipients must submit a full budget revision request packet for approval when:

- Transfers among budget line items such as Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc. for the current budget period **exceed 25% of the total approved line item** for that budget period
- A direct care or admin cost line needs to be added to or removed from a budget
- Substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual; (or)
- There is significant underspending on a budget line item and new proposals are needed to meet the deliverables and to utilize the full funding. This is especially important in the case of staff vacancies
- Purchasing of a piece of equipment (costs \$5,000 and up)
- For any changes in personnel salary, FTE, or billing months

Budget Revision Request Requirements



Each Budget Revision Request Packet must include:



1- Budget and Service Delivery Target Revision Request Form



2- Budget Revision Request Excel Spreadsheet



3- Supporting Documents



For new hires, provide:

A resume showing qualifications

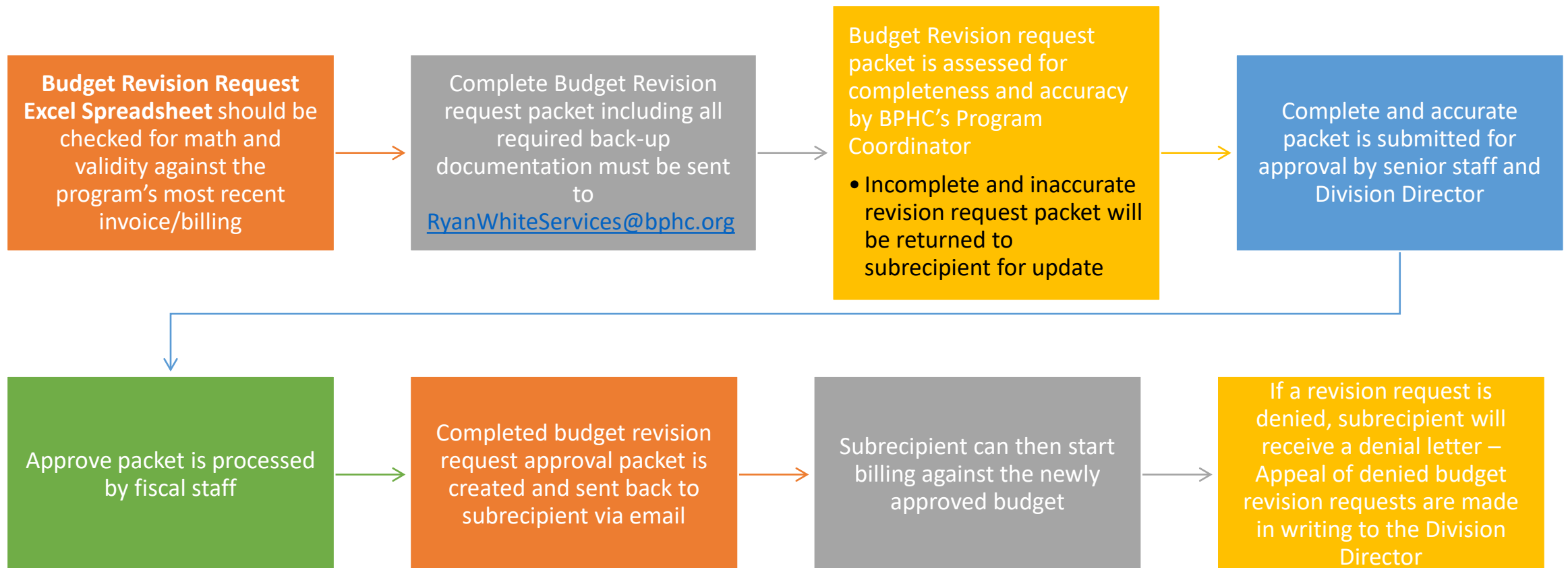
Proof of annual salary such as an offer letter or payroll statement

Brief description of the position's duties and responsibilities as they relate to the funding



For Consultant, provide resume/list of qualification along with a detailed description of the services/activities to be performed by the consultant

Budget Revision Process



Subrecipient Information and Change of Position

- Subrecipient and Submission information
- Direct Service or Admin. Revision
 - When a line requires a new row (split line) to account for changes to a personnel salary, months of work, FTEs or title – only the change being applied to the budget is required to be included.



Ryan White Services Division
Budget Revision Request
Form Fiscal Year 2024

Agency	
Service Category	
Date of Request	
Is the Budget Revision a resubmission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For BPHC Use Only	Date	Initial
Client Services Review		
Client Services Approval		
Fiscal Processing		
Approval Letter Sent		

1. **Change of Position, FTE, Salary, and Titles:** Include only the adjustment, removal, or addition of employee. Complete the Budget Revision Excel Form to account for financial adjustments. Do not include additional lines created from line-item splits in the excel document on this form. Check yes to indicate a line was split for the respective position.

Line Split	Start	End	Position	Personnel Name	Reason for Change
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Change of Other Direct Services and Supporting Documents

- Other Direct Cost
 - Review expenses invoiced to BPHC when adjusting budgets
- Supporting Documents
 - New hires require Offer Letter, Resume and Job Description.
 - Promotion requires job description, and a payroll adjustment form.
 - Any changes to salary require payroll verification
 - Adjustments to fringe require HHS certificate or documents that provide reason for the change.

2. Changes of Other Direct Service or Indirect Service Lines: Include any budgetary adjustments.

Line Item	Current Budget	New Budget	Reason for Change

3. Supporting Document: Check yes for supporting documents attached with this form.

Attachment	Document Type	Comments
<input type="checkbox"/> Yes	Offer Letter	
<input type="checkbox"/> Yes	Job Description	
<input type="checkbox"/> Yes	Resume	
<input type="checkbox"/> Yes	Quotes or estimates	
<input type="checkbox"/> Yes	Vendor Description	
<input type="checkbox"/> Yes	Payroll Forms	
<input type="checkbox"/> Yes	HHS Negotiated Rate	
<input type="checkbox"/> Yes	Other: <input type="text"/>	
<input type="checkbox"/> Yes	Other: <input type="text"/>	
<input type="checkbox"/> Yes	Other: <input type="text"/>	
<input type="checkbox"/> Yes	Other: <input type="text"/>	

Service Delivery Targets and Signature Section

- Service Delivery Targets
 - Update the service delivery targets if adjustments to the budget affect service delivery.
- Signature Section
 - Do not choose to lock the document. BPHC will add comments and complete the tracking section located on page one to support the processing of the budget revisions.

4. Service Delivery Targets: Insert any changes to subservices resulting from budgetary or service delivery adjustments.

Subservice	Original Target	New Target	Reason for Change

5. Signatures: Sign this document by completing the section below.

Name of Authorized Representative	
Title	
Email	
Signature	

For BPHC use only:

Contract Management Review Comments	
Supervisory Review Comments	
Fiscal Review Comments	

Instructions for Forms

BOSTON PUBLIC HEALTH COMMISSION
Ryan White Services Division
Budget Revision Request
Form Fiscal Year

Agency	
Service Category	
Date of Request	
Is the Budget Revision a resubmission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For BPHC Use Only	Date	Initial
Client Services Review		
Client Services Approval		
Fiscal Processing		
Approval Letter Sent		

1. **Change of Position, FTE, Salary, and Titles:** Include only the adjustment, removal, or addition of employee. Complete the Budget Revision Excel Form to account for financial adjustments. Do not include additional lines created from line-item splits in the excel document on this form. Check yes to indicate a line was split for the respective position.

Line Split	Start	End	Position	Personnel Name	Reason for Change
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

1

21 comments

PAGE 1

6

JDefreese

May 26

Line Split: A line item on the budget form may result from new personnel, changes in salaries, and FTE adjustments. If a line is split in the budget because of a personnel change to a respective position on the budget, mark yes. Insert the initial date that the line split begins and the end date of the line split. If a line is not splitting or the agency is requesting an additional line item, updating a TBA, or a name adjustment, mark no. You do not need to list each row that is created when a position is split to reflect adjustments within this section. You are required to indicate that line is being split.

JDefreese

May 26

Start Date: Enter the date a change in personnel will effectively start. Please use MM/DD/YY format for date.

JDefreese

May 26

End Date: Enter the date a change in personnel will effectively end. Please use MM/DD/YY format for date.

JDefreese

10:39 AM

Budget and Service Delivery Targets Revision Request Instructions

Procedures

1. Complete the "Budget and Service Delivery Targets Revision Request Form"
2. Complete the Budget Revision Excel Form
3. Include all required supporting documents.
4. Submit the Budget Revision packets with all required documents to your contract manger and copy RyanWhiteServices@bphc.org.
5. Incomplete packets (missing information, inaccurate information, or missing documents) will be sent back to the agency before processing.

Notes

- Please complete a Budget Revision form separately for each Service Category Budget awarded to the agency.
- It is recommended that the program and finance staff at the agency coordinate the submission of all budget revisions.
- The authorized representative is considered any Ryan White Part A designated contact that your contract manager has listed for your agency.
- Your assigned contract manager or another Ryan White Services Division staff will reach out to your program or fiscal contacts for additional information regarding your request if needed.

Agency and Submission Information

Agency: Enter the name of the agency.

Service Category: Enter the name of the service category.

Date of Request: Enter the date submitted.

Is this a resubmission of a previous request?

- Yes = If additional information is required or the last revision was denied
- No = If this is an original request

1. Direct Service or Admin. Personnel Revision:

Line Split: A line item on the budget form may result from new personnel, changes in salaries, and FTE adjustments. If a line is split in the budget because of a personnel change to a respective position on the budget, mark yes. Insert the initial date that the line split begins and the end date of the line split. If a line is not splitting or the agency is requesting an additional line item, updating a TBA, or a name adjustment, mark no. You do not need to list each row that is created when a position is split to reflect adjustments within this section. You are required to indicate that line is being split.

Start Date: Enter the date a change in personnel will effectively start.

End Date: Enter the date a change in personnel will effectively end.

Position: Enter the official position title.

Budget Revision Instructions

2024

Budget Revision Excel Template

- Left side of Excel Form must reflect current approved budget.
- Right side of the Excel Form must reflect proposed changes

Boston Public Health Commission
RYAN WHITE PART A: ALN 93.914
FY 2024
March 1, 2024 - February 28, 2025

AGENCY NAME										
MEDICAL CASE MANAGEMENT										
Budget Revision Request										
Core/Support Service Direct Cost	Salary	FTE	Months	Annual	Change	New Salary	New FTE	New Months	New Annual	
Program Director	\$50,000	0.50	12	\$25,000	\$0	\$50,000	0.50	12	\$25,000	
Medical Case Manager	\$45,000	1.00	12	\$45,000	\$0	\$45,000	1.00	12	\$45,000	
Medical Case Manager	\$41,000	0.80	12	\$32,800	\$0	\$41,000	0.80	12	\$32,800	
<div>Windows User: Salary should be the Full Time Equivalent (1.0 FTE) Salary.</div> <div>Windows User: Salary/12 x FTE x Months = Annual</div> <div>Change is Annual minus New Annual.</div> <div>Windows User: FTE = $\frac{\text{New Annual}}{\text{New Salary}} \times \frac{12}{\text{New Mos}}$</div>										
SUBTOTAL		2.30		\$102,800	\$0	SUBTOTAL	2.30		\$102,800	
FRINGE		30.00%		\$30,840	\$0	FRINGE	30.00%		\$30,840	
PERSONNEL TOTAL				\$133,640	\$0	PERSONNEL TOTAL			\$133,640	
Other Direct Care Cost										
Staff Training				\$1,000	\$0	Staff Training			\$1,000	
Staff Travel				\$200	\$0	Staff Travel			\$200	
Program Supplies				\$1,000	\$0	Program Supplies			\$1,000	
SUBTOTAL				\$2,200	\$0				\$2,200	
DIRECT CARE TOTAL				\$135,840	\$0				\$135,840	
Administrative Cost										
Program Director	\$50,000	0.15	12	\$7,500	\$0	\$50,000	0.15	12	\$7,500	
Program Rent (8% of total rent)				\$6,084	\$0				\$6,084	
ADMIN COST TOTAL				\$13,584	\$0	EXPENSE TOTAL			\$13,584	
DIRECT CARE TOTAL				\$135,840	\$0	DIRECT CARE TOTAL			\$135,840	
ADMINISTRATIVE COST				\$13,584	\$0	ADMINISTRATIVE COST			\$13,584	
SERVICE AWARD TOTAL				\$149,424	\$0	SERVICE AWARD TOTAL			\$149,424	

Budget and Service Delivery Target Revision Exercise

In this example, Medical Case Manager Doe's FTE changed from 0.80 to 1 after 3 months on the budget. The subrecipient has decided to decrease the Program Director's FTE from 0.50 to .37 on the Part A contract to make up for the additional funds needed for Doe. The subrecipient also had to reduce the Staff Training line to \$250 and the Program Supplies line to \$200. The sub-recipient's original budget is reflected in the first six columns. Staff names may be added if the new staff has been hired.

The following are terms related to budget revisions. "Change" is the difference between the Annual and the New Annual (Change = Annual - New Annual). "New Salary" is the Full-Time Equivalent (1 FTE total) salary. If there is a salary adjustment from the original "Salary," back-up documentation is required (e.g., hire letter). "New FTE" is the new percentage of time that the position listed will be paid through this contract. "New Months" indicates the new number of months that the employee will work; the number would differ from the original budget when a staff person is added or removed from a budget based on hiring or departure. "New Annual" is the updated total salary amount that will be paid for by Part A based on changes made to the salary, FTE, or months in the budget revision. "New Annual" for a staff member who is being removed from a budget must be the actual amount expended based on monthly invoices submitted to date.

Budget and Service Delivery Targets Revision Exercise



Ryan White Services Division
Budget Revision Request
Form Fiscal Year **2024**

Agency	ABC
Service Category	Medical Case Management
Date of Request	6/17/24
Is the Budget Revision a resubmission?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For BPHC Use Only	Date	Initial
Client Services Review		
Client Services Approval		
Fiscal Processing		
Approval Letter Sent		

1. **Change of Position, FTE, Salary, and Titles:** Include only the adjustment, removal, or addition of employee. Complete the Budget Revision Excel Form to account for financial adjustments. Do not include additional lines created from line-item splits in the excel document on this form. Check yes to indicate a line was split for the respective position.

[illegible]

Budget and Service Delivery Targets Revision Exercise

2. Changes of Other Direct Service or Indirect Service Lines: Include any budgetary adjustments.

Line Item	Current Budget	New Budget	Reason for Change
Staff Training	1000	250	Reduced to make additional funds for J. Doe
Program Supplies	1000	200	Reduced to make additional funds for J. Doe

3. Supporting Document: Check yes for supporting documents attached with this form.

Attachment	Document Type	Comments
<input type="checkbox"/> Yes	Offer Letter	
<input type="checkbox"/> Yes	Job Description	
<input type="checkbox"/> Yes	Resume	
<input type="checkbox"/> Yes	Quotes or estimates	
<input type="checkbox"/> Yes	Vendor Description	
<input type="checkbox"/> Yes	Payroll Forms	
<input type="checkbox"/> Yes	HHS Negotiated Rate	
<input type="checkbox"/> Yes	Other: _____	
<input type="checkbox"/> Yes	Other: _____	
<input type="checkbox"/> Yes	Other: _____	
<input type="checkbox"/> Yes	Other: _____	

Budget and Service Delivery Targets Revision Exercise

4. **Service Delivery Targets:** Insert any changes to subservices resulting from budgetary or service delivery adjustments.

<div>Subservice</div>	<div>Original Target</div>	<div>New Target</div>	<div>Reason for Change</div>

5. **Signatures:** Sign this document by completing the section below.

<div>Name of Authorized Representative</div>	B. Smith
<div>Title</div>	Program Director
<div>Email</div>	BSmith@clientservices.org
<div>Signature</div>	<div><div></div><div>B. Smith</div></div>

For BPHC use only:

<div>Contract Management Review Comments</div>	
<div>Supervisory Review Comments</div>	
<div>Fiscal Review Comments</div>	

Budget Revision and Service Delivery Target Exercise

Scenario Example



Fiscal Rule Reminders



Budget

Current budgets must reflect **actual** staff salary, FTE, **current** fringe rate, and **current** Indirect rate when applicable

Fringe rate and indirect cost rate certificates to confirm changes in fringe and indirect rate must be on file at BPHC

Budget Revision requests to BPHC for FY 2024 will be accepted until

December 15, 2024

Budget revisions after the December deadline will only be considered to fill vacant positions or to make title and legal name changes

Invoices

Invoices are submitted monthly, within 30 days of the month's end

Invoices are submitted monthly regardless of a pending budget revision

Invoices are sent to IDBinvoices@bphc.org

Audits

When applicable single audits must be sent to grants@bphc.org

QUESTIONS?

Any from the sessions provided today?

