

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



Department of Developmental Services Flexible Funding Forms Refresher Training

August 10, 2021



Overview



- Refresher Training: Target Audience
 - New Providers with Flexible Funding contracts (3779 Activity Code)
 - Staff that are completing forms for first time
- Forms: Invoice Documentation and Transaction Detail
 - Transaction Detail:
 - Individual expenditure information
 - Invoice Documentation:
 - Totals transaction detail information by person, type of expenditure and amount by month
 - Total on the Invoice Documentation Form and amount invoiced in the Enterprise Invoice Management (EIM) system must match
- For additional information, refer to the January 2019 *Family Support Program Manual and Guidelines*



Workflow



- Provider submits invoice in EIM
- Provider emails Invoice Documentation and Transaction Detail Forms to Regional Contract Office
 - See last slide for list of Regional Office emails
- Regional contract staff will approve payment in EIM if total billed and total for month on the Invoice Documentation Form match.
 - If there are any discrepancies, your contract officer will reach out to individual that submitted forms
- Provider repeats process for each month: DO NOT create a new form for each month
- Forms are shared with Area Offices for additional review



Reporting/Monitoring: Provider Requirements



- Programs are to develop written internal policies and procedures for the administration of flexible funding allocations which are to be made available to DDS upon request
- Programs will maintain back up documentation to justify amount paid and invoiced each month
- Quarterly: Area Office will pull select number of expenditure plans and compare to amount invoiced and paid
- Annually: DDS will review Expenditure Plans including back documentation and verification of receipt of supports, goods and/or services by the individual/family



Invoice Documentation Form



- Workbook includes two tabs: Invoice Documentation and Transaction Detail
- **IMPORTANT:** Names, months, etc., must match on two forms. The information from Transaction Detail will not populate Invoice Documentation form if there is a mismatch!
- Form was developed using Excel 2010
- The Invoice Documentation Form is designed to accommodate large and very small contracts. **Do not insert new rows or columns**

Printing: If you print form for your records, **Always** set print area



Invoice Documentation Form



Family Support Stipend (3779) - Invoice Documentation Form								
Fiscal Year								
Provider Name:			Contract Total:					
Contract #:			Total Authorized Allocations:	\$	-			
Date:			Amount Invoiced To Date:	\$	-			
			Contract Balance:					
DDS Area Office	Last Name	First Name	Authorized Allocation (If Applicable)	Amount Invoiced to Date	Balance	July	Month	Invoice Total
				\$ -	\$ -	\$ -	July	\$ -
				\$ -	\$ -	\$ -	August	\$ -
				\$ -	\$ -	\$ -	September	\$ -
				\$ -	\$ -	\$ -	October	\$ -
				\$ -	\$ -	\$ -	November	\$ -
				\$ -	\$ -	\$ -	December	\$ -
				\$ -	\$ -	\$ -	January	\$ -
				\$ -	\$ -	\$ -	February	\$ -
				\$ -	\$ -	\$ -	March	\$ -
				\$ -	\$ -	\$ -	April	\$ -
				\$ -	\$ -	\$ -	May	\$ -
				\$ -	\$ -	\$ -	June	\$ -
				\$ -	\$ -	\$ -	Supplemental - Jul	\$ -
				\$ -	\$ -	\$ -	Supplemental - Aug	\$ -
				\$ -	\$ -	\$ -	Supplemental - Sep	\$ -



Transaction Detail



Transaction_Date	Last_Name	First_Name	Transaction_Amount	Reason_for_Expenditure	Invoice_Month	Comments



Transaction Detail: Drop Down Choices



- Month
- Reason for Expenditure
 - Respite Support
 - Recreational and Social Inclusion Activities
 - Child Care
 - Home Management Support Services
 - Short Term Emergency Needs
 - Specialized Evaluations and Therapeutic Services and Supports
 - Adaptive Equipment and Supplies
 - Specialized Nutrition and Clothing
 - Specialized Utility Cost
 - Transportation
 - Personal Growth and Enrichment Activities
 - Family Training
 - Educational Consultation and Support
 - Vehicle Modification
 - Home Modification
 - Other Approved Use (Specify)



Setting Up Invoice Documentation Form



- Enter Fiscal Year (4 digit), Provider Name, Contract ID (20 digits) and Contract Total in the Header Section
- Date: Date you submit Form to Regional Contracts Office
- The Contract balance is the Contract Total minus the Amount Invoiced to Date. The balance will automatically compute once you enter data in the Transaction Detail spread sheet
- If individuals do not have an Authorized Allocation, the Total Authorized Allocation will not match the Contract Total



Setting Up Form Cont'd



- DDS Area Office: See Drop Down
- The Last Name, First Name and Authorized Allocation Amount (if applicable) can be cut and pasted from the roster submitted with your contract
- Individuals can be added to the Form during the year along with an Authorized Allocation
- Changes (increases/decreases) can be made to an Individual's Allocation during the year
- TBD should not appear on the Form. When an expenditure is made, this information can be added
 - Examples of TBD: Emergency expenditures requested by Area Office; new individuals added to Flexible Funding contract during fiscal year



Setting up Form: Group Activities



- Includes situations when Area Office allocated funding for the development of specialized group activities/programs
- Funding is not allocated to specific individuals, but to the Center for development and operation of group activities
 - Vacation Program or Saturday Respite program
- Authorized Allocation column will be blank. Group activity should be listed under “Last Name”
 - The same nomenclature must be used on the Transaction Detail page
 - Example: Vacation Program
- The resulting expenditure will appear as negative balance as there was no Authorized Allocation. This is OK



Other Invoice Documentation



- The Month/Invoice Total columns will automatically compute based on the transactions entered in the Transaction Detail spread sheet.
- The Invoice Documentation Form allows for monthly supplemental invoices
 - If more than one more supplemental invoice is submitted during the month, add Supplemental2 – Jul
- The Form can be sorted. Click on the auto-filter arrows that appear in the header of each column to re-sort the page.



Invoice Documentation Form Set Up



Family Support Stipend (3779) - Invoice Documentation

Fiscal Year 2022

Provider Name: ABC Group **Contract Total:** \$ 15,000.00

Contract #: INTF19611234DDS3779C **Total Authorized Allocations:** \$ 11,500.00

Date: **Amount Invoiced To Date:** \$ -

Contract Balance: \$ 15,000.00

DDS Area Office	Last Name	First Name	Authorized Allocation (If Applicable)	Amount Invoiced to Date	Balance	July	Month	Invoice Total
						Amount by Month (Select Dropdown)		
MCRW	lattimore	dylan	\$ 2,000.00	\$ -	\$ 2,000.00	\$ -	July	\$ -
MCRW	gustus	toni	\$ 3,000.00	\$ -	\$ 3,000.00	\$ -	August	\$ -
MCRW	piccolo	anthony	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	September	\$ -
MCRW	clift	russ	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	October	\$ -
MCRW	tanda	william	\$ 2,500.00	\$ -	\$ 2,500.00	\$ -	November	\$ -
MCRW	smith	charles	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	December	\$ -
MCRW	Vacation program			\$ -	\$ -	\$ -	January	\$ -
				\$ -	\$ -	\$ -	February	\$ -
				\$ -	\$ -	\$ -	March	\$ -
				\$ -	\$ -	\$ -	April	\$ -
				\$ -	\$ -	\$ -	May	\$ -
				\$ -	\$ -	\$ -	June	\$ -
				\$ -	\$ -	\$ -	Supplemental Jul	\$ -



Transaction Detail



- For each flexible funding expenditure:
- Reason for Expenditure (drop down options)
 - Categories are from Expenditure Plan. For more information, refer to the January 2019 *Family Support Program Manual and Guidelines*
 - Transaction Date, Last Name, First Name, Transaction Amount, Reason for Expenditure, Invoice Month and Comments
 - The Month/Invoice Total Columns will automatically compute based on transaction entered in Transaction Detail spread sheet
 - **Names/Month must appear the same on both pages. Names must appear exactly as on the Invoice Documentation Form**
 - If a name is not matching, cut and paste from Invoice Documentation form to the Transaction Detail page



Transaction Detail



- Reason for Expenditure
 - If unable to identify correct category, make your best judgment and use comment field
 - If chose “Other” use comment field to describe transaction
 - Do not type the name of another category as error message will appear
- If transaction for an individual in a month includes more than one type of expenditure, list the individual twice:

Smith	Joe	Respite Services	\$100.00	July
Smith	Joe	Spec Utility Cost	\$200.00	July
- Campership or Y membership:
 - Select Recreational and Other Social Activities
 - List each individual separately even if paid for multiple memberships with one check.
- Group Activities:
 - Use same naming convention as on Invoice Documentation Form
 - Names of participants do not need to be included in comment field, but may be requested



Transaction Detail Example



Transaction_Date	Last_Name	First_Name	Transaction_Amount	Reason_for_Expenditure	Invoice_Month	Comments
7/5/2021	Lattimore	Dylan	\$ 28.00	Recreational & Social Inclusion Activities	July	
7/6/2021	Gustus	Toni	\$ 45.00	Adaptive Equipment & Supplies	July	
7/9/2021	Tanda	William	\$ 66.00	Transportation	July	
7/16/2021	Lattimore	Dylan	\$ 33.23	Transportation	July	
7/16/2021	Tanda	William	\$ 55.00	Transportation	July	
7/18/2021	Piccolo	Anthony	\$ 89.00	Respite Support	July	
7/19/2021	Lattimore	Dylan	\$ 150.00	Specialized Utility Cost	July	
7/21/2021	Clift	Russ	\$ 98.00	Adaptive Equipment & Supplies	July	
7/22/2021	Piccolo	Anthony	\$ 23.00	Adaptive Equipment & Supplies	July	
7/28/2021	Gustus	Toni	\$ 45.00	Recreational & Social Inclusion Activities	July	gym membership for month of July



Invoice Documentation Form (JULY)



Family Support Stipend (3779) - Invoice Documentation

Fiscal Year	2022								
Provider Name:	ABC Group		Contract Total:	\$	15,000.00				
Contract #:	INTF19611234DDS3779C		Total Authorized Allocations:	\$	11,500.00				
Date:	8/2/2021		Amount Invoiced To Date:	\$	632.23				
			Contract Balance:	\$	14,367.77				

DDS Area Office	Last Name	First Name	Authorized Allocation (If Applicable)	Amount Invoiced to Date	Balance	July	Month	Invoice Total
						Amount by Month (Select Dropdown)		
MCRW	lattimore	dylan	\$ 2,000.00	\$ 211.23	\$ 1,788.77	\$ 211.23	July	\$ 632.23
MCRW	gustus	toni	\$ 3,000.00	\$ 90.00	\$ 2,910.00	\$ 90.00	August	\$ -
MCRW	piccolo	anthony	\$ 1,500.00	\$ 112.00	\$ 1,388.00	\$ 112.00	September	\$ -
MCRW	clift	russ	\$ 1,000.00	\$ 98.00	\$ 902.00	\$ 98.00	October	\$ -
MCRW	tanda	william	\$ 2,500.00	\$ 121.00	\$ 2,379.00	\$ 121.00	November	\$ -
MCRW	smith	charles	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	December	\$ -
MCRW	Vacation Program			\$ -	\$ -	\$ -	January	\$ -
				\$ -	\$ -	\$ -	February	\$ -
				\$ -	\$ -	\$ -	March	\$ -
				\$ -	\$ -	\$ -	April	\$ -
				\$ -	\$ -	\$ -	May	\$ -
				\$ -	\$ -	\$ -	June	\$ -



Transaction Detail: Returned Check



- Returned Check/Funds Returned.
- If cost already invoiced and paid by DDS, and funds are either returned or check returned, record the amount as a negative the following month:
 - Smith Joe Respite Services (\$100.00) August
- Be sure to select the same reason for expenditure



Transaction Detail: Returned Check and Vacation Program



Transaction Date	Last Name	First Name	Transaction Amount	Reason for Expenditure	Invoice Month	Comments
7/5/2021	lattimore	dylan	\$ 28.00	Recreational & Social Inclusion Activities	July	
7/6/2021	gustus	toni	\$ 45.00	Adaptive Equipment & Supplies	July	
7/9/2021	tanda	william	\$ 66.00	Transportation	July	
7/16/2021	lattimore	dylan	\$ 33.23	Transportation	July	
7/16/2021	tanda	william	\$ 55.00	Transportation	July	
7/18/2021	piccolo	anthony	\$ 89.00	Respite Support	July	
7/19/2021	lattimore	dylan	\$ 150.00	Specialized Utility Cost	July	
7/21/2021	clift	russ	\$ 98.00	Adaptive Equipment & Supplies	July	
7/22/2021	piccolo	anthony	\$ 23.00	Adaptive Equipment & Supplies	July	
7/28/2021	gustus	toni	\$ 45.00	Recreational & Social Inclusion Activities	July	gym membership for month of July
8/3/2021	gustus	toni	\$ (45.00)	Adaptive Equipment & Supplies	August	
8/5/2021	Vacation Program		\$ 500.00	Recreational & Social Inclusion Activities	August	



Invoice Documentation: Returned Check and Vacation Program



Family Support Stipend (3779) - Invoice Documentation

Fiscal Year	2022								
Provider Name:	ABC Group		Contract Total:	\$	15,000.00				
Contract #:	INTF19611234DDS3779C		Total Authorized Allocations:	\$	11,500.00				
Date:	8/30/2021		Amount Invoiced To Date:	\$	1,087.23				
			Contract Balance:	\$	13,912.77				
DDS Area Office	Last Name	First Name	Authorized Allocation (If Applicable)	Amount Invoiced to Date	Balance	August Amount by Month (Select Dropdown)	Month	Invoice Total	
MCRW	lattimore	dylan	\$ 2,000.00	\$ 211.23	\$ 1,788.77	\$ -	July	\$ 632.23	
MCRW	gustus	toni	\$ 3,000.00	\$ 45.00	\$ 2,955.00	\$ (45.00)	August	\$ 455.00	
MCRW	piccolo	anthony	\$ 1,500.00	\$ 112.00	\$ 1,388.00	\$ -	September	\$ -	
MCRW	clift	russ	\$ 1,000.00	\$ 98.00	\$ 902.00	\$ -	October	\$ -	
MCRW	tanda	william	\$ 2,500.00	\$ 121.00	\$ 2,379.00	\$ -	November	\$ -	
MCRW	smith	charles	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	December	\$ -	
MCRW	Vacation Program			\$ 500.00	\$ (500.00)	\$ 500.00	January	\$ -	
				\$ -	\$ -	\$ -	February	\$ -	
				\$ -	\$ -	\$ -	March	\$ -	



Additional Points



- As a reminder, if an individual does not have an Authorized Allocation, when an expenditure is made, the balance will reflect a negative.
 - This is not an error; this is how the spread sheet is supposed to work.
 - The negative amount will not result in a rejection of your Documentation Form
- Power Point will be posted to DDS POS web site by mid August. Forms and Instructions are already posted.



Regional Contract Staff: Send Monthly Forms



Central West Regional Contracts Office

Ronald.E.Desroches@mass.gov

Glynis.hargrove@mass.gov

Gary.Cameron@mass.gov

Metro Boston Regional Contracts Office

Andrea.M.Umpierre@mass.gov

DDS.Metro.ContractUnit@MassMail.State.MA.US

Northeast Regional Contracts Office

Karen.st.pierre@mass.gov

diane.chigas@mass.gov

Southeast Regional Contracts Office

Kerrilynn.Phillips@mass.gov