

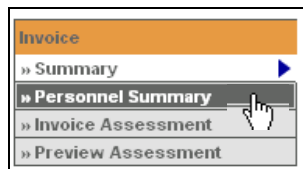


This job aid includes steps to update Category 1 Line Item information with or without creating a Personnel Summary. You should refer to your Agency Contract Manager to determine if you are required to complete a Personnel Summary to update Category 1 information before using this job aid.

## Updating Category 1 Line Item Information: Creating a Personnel Summary in EIM

If you are required to complete a Personnel Summary:

- 1) Access the **Invoice Summary** page.
- 2) Select **Personnel Summary** from the navigation bar.



The **Personnel Summary Information** page appears.

Current Location: Billing: Invoice Search > Invoice Summary > Personnel Summary

- 3) Click **Add Personnel Summary**.

The **Personnel Summary** page expands.

- 4) Select a Budget Number.
- 5) Click **Select**.

The **Personnel Summary Add** page appears.

### Personnel Summary Information

- 6) Enter data in the required fields: Budget Number, UFR Title, Employee Last Name, Employee First Name, Hours, Employee Amount

**Tip:** The **Employee Amount** field should be the total of all wages paid to the employee during the billing period.

- 7) Click **Add Personnel Summary**.

The **Personnel Summary** page reappears with newly-entered information.

### Personnel Summary Information

Activity: 3153 Training Service Activity Budget: 1

UFR Title	Last Name	First Name	Hours	Employee amount	Less Offsetting Support	Net Employee Amount
104-Supervising Professional	Client	James	5.00	\$100.00	\$0.00	\$100.00
104-Component Total			5.00	\$100.00	\$0.00	\$100.00
Staff Total			5.00	\$100.00	\$0.00	\$100.00

**Note:** When you add multiple Personnel Summary records (staff names) to the same Program Component UFR, the updated amount is reflected in the Invoice Summary for individual staff members as well as shown as a component total.



## Updating Category 1 Information Without Creating a Personnel Summary

If you are **not** required to complete a Personnel Summary to update Category 1 Line items:

1) Access the **Invoice Summary** page.

2) Click **Edit Invoice**.

*The Invoice Summary page appears in “edit” mode:*

**Invoice #4089**

**Update Invoice**

Corporate Name:	Provider 2	State Agency Name:	VG Training Org
Vendor Customer Code:	HHS1002	Invoice Status:	Draft
Service Contract Number:	CRB1002Z	Service Contract Amendment Number:	
Billing Period:	02/01/2009 - 03/01/2009	Invoice Reference Number:	
Supporting Documentation Reference Number:		Supporting Documentation Description:	
Supporting Documentation Type:	Select Below	Invoice Type:	Regular
Monthly Service Narrative:			

**Activity:3153 Training Service Activity Budget:1**

Line Item Budget Component	Category	FTE	Reimbursable Cost	Balance to Date	Invoice Amount	Current Balance
104 Supervising Professional	1-Direct Care / Program Staff	1	\$41,000.00	\$34,100.00	\$500	\$33,600.00
108 Registered Nurse	1-Direct Care / Program Staff	3	\$114,000.00	\$103,100.00	\$0	\$103,100.00
114 Dietitian/Nutritionist	1-Direct Care / Program Staff	0.5	\$20,000.00	\$14,750.00	\$0	\$14,750.00
151 Fringe Benefits	1-Direct Care / Program Staff	1	\$35,000.00	\$24,350.00	\$0	\$24,350.00
410 Agency and Program Administration and Support	4-Administrative Support		\$30,000.00	\$25,000.00	\$0	\$25,000.00
<b>Total</b>		<b>5.50</b>	<b>\$400,000.00</b>	<b>\$343,100.00</b>	<b>\$500.00</b>	<b>\$342,600.00</b>

**Save Invoice**

3) Enter new Invoice Amount(s), as needed.

4) Click **Save Changes**.

*The Invoice Summary page appears in “read only” mode with the new Invoice Amount(s) and Current Balance:*

**Invoice #4089**

**Update Invoice**

Corporate Name:	Provider 2	State Agency Name:	VG Training Org
Vendor Customer Code:	HHS1002	Invoice Status:	Draft
Service Contract Number:	CRB1002Z	Service Contract Amendment Number:	
Billing Period:	02/01/2009 - 03/01/2009	Invoice Reference Number:	
Supporting Documentation Reference Number:		Supporting Documentation Description:	
Supporting Documentation Type:		Invoice Type:	Supplemental
Monthly Service Narrative:			

**Activity:3153 Training Service Activity Budget:1**

Line Item Budget Component	Category	FTE	Reimbursable Cost	Balance to Date	Invoice Amount	Current Balance
104 Supervising Professional	1-Direct Care / Program Staff	1	\$41,000.00	\$34,200.00	\$500.00	\$33,700.00
108 Registered Nurse	1-Direct Care / Program Staff	3	\$114,000.00	\$103,100.00	\$0.00	\$103,100.00
114 Dietitian/Nutritionist	1-Direct Care / Program Staff	0.5	\$20,000.00	\$18,350.00	\$0.00	\$18,350.00
151 Fringe Benefits	1-Direct Care / Program Staff	1	\$35,000.00	\$31,550.00	\$0.00	\$31,550.00
215 Program Supplies, Materials and Expendable Items of Equipment and Furnishings	2-Other Direct Care/Program Resources		\$80,000.00	\$72,500.00	\$0.00	\$72,500.00
301 Program Facilities	3-Occupancy		\$35,000.00	\$29,900.00	\$0.00	\$29,900.00
302 Facilities Operation, Maintenance, Equipment and Furnishings	3-Occupancy		\$45,000.00	\$39,400.00	\$0.00	\$39,400.00
410 Agency and Program Administration and Support	4-Administrative Support		\$30,000.00	\$25,000.00	\$0.00	\$25,000.00
<b>Total</b>		<b>5.50</b>	<b>\$400,000.00</b>	<b>\$354,000.00</b>	<b>\$500.00</b>	<b>\$353,500.00</b>

☐ By checking this box, you hereby confirm that by clicking the “Authorize” or “Release” button below, you are providing data that is complete and accurate in all respects, and that you have been given authority by your organization to submit such data through EIM if after submission of this record you determine that it is incorrect, you can submit a supplemental transaction to correct it. Please see the user guide for instructions on submitting supplemental transactions.

**Edit Invoice** **Release Invoice** **Delete Invoice**

**Run CR Invoice Report**

**Questions or need assistance?**

**Call Virtual Gateway Customer Service**

**1-800-421-0938**

**(617-847-6578 - TTY for the deaf and hard of hearing)**

**8:30 am to 5:00 pm Monday through Friday**