Persons with Developmental Disabilities Program Family Managed Services

How to Prepare and Submit Invoices for Payment



Government of Alberta ■

Albertan

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Introduction

As the Funds Administrator, you will purchase supports for your family member, and then invoice the PDD program each month for the supports plus any eligible administrative or service delivery expenses. This handbook takes you through the steps of how to prepare and submit your invoice to the PDD program for payment.

Where Can I Find a Blank Invoice?

A blank invoice is attached at the end of your Family Managed Service Agreement as Schedule B – Monthly Service Invoice. The invoice is also included on page 7 of this handbook.

You can print and/or photocopy the invoice on page 7 and fill it out by hand, or you can ask your PDD regional staff to email you the invoice as an Excel worksheet and enter your information in the worksheet.

How Do I Fill Out the Invoice?

- On the first line, write your name where it says Funds Administrator Name.
- If you hired a service provider, write in your Service Provider's Name. If not, leave blank.

Where can I find a sample completed invoice?

- Have a look on page 8.
- For Period of Assistance, write in the year and month for which you are claiming expenses using the format YYYYMM. So for June 2011 you would write 201106.
- For Contract #, write in your contract number. This is provided to you by your PDD regional staff when you sign the Family Managed Service (FMS) Agreement. The contract # will change with each new FMS Agreement.
- For Invoice #, please use a different number for every month in the format requested by your PDD Community Board.
- For Invoice Date, write in the date *following* the period of assistance.
 For example, if the period of assistance is June 1 to June 30, the invoice date would be July 1st or later.

Note:

The PDD program cannot accept an invoice until the period of assistance is completed.

Example: If the period of assistance is June 1 to June 30, the PDD program cannot accept an invoice dated June 30, because the last day of service (June 30) has not yet been completed.

- Write the Last Name and First Name of the individual receiving supports as well as their Client ID#. The Client ID# is provided by your PDD regional staff.
- In the Type of Service column, write in the service code(s) from Schedule A of your Family Managed Service Agreement.
- For the Units of Service Rate column, go to Schedule A in your Family Managed Service Agreement and divide the Cost of Units by the # of Units (estimate) to get your 'Units Rate'. Write this amount in the Units of Service Rate column.

What is a Units of Service Rate?

The Units of Service Rate, or 'Units Rate', is the *total* cost of each hour of service for the individual.

This includes staff wages, any benefits, any mandatory payroll deductions (e.g. income taxes, Canada Pension Plan contributions, Employment Insurance premiums) and Workers Compensation Board premiums, if applicable.

The 'Units Rate' is negotiated when you sign your contract and stays the same for the time of your contract.

- In the Units of Service Delivered column, write in the number of hours the individual was supported in the month
- In the Units of Service Held column, write in the number of hours, if any, that were "held" in the month. "Held" means you paid staff for time they did not actually work. For example, this may happen if your family member suddenly becomes ill and you tell your staff they can leave early that day, but still pay them for their full shift.

- In the Total Units column, add the Delivered Units to the Held Units and write in the total number of units.
- In the Total column, multiply the 'Units Rate' by the Total Units and write in the total dollars.

If you had any eligible administration expenses that were approved in Schedule A of your Family Managed Service Agreement, add them all up and write the total dollar amount next to Administration on the invoice.

If you had any eligible service delivery expenses that were approved in Schedule A of your Family Managed Service Agreement, add them up and write the total dollar amount next to Service Delivery on the invoice.

Add up your total expenses for supports, Service Delivery, and Administration and write this dollar amount inside the Total Monthly Invoice box. This is the amount you are invoicing PDD for the month.

At the end of the invoice, please sign where it says Signature of Funds Administrator and write in the date you signed the invoice where it says Date.

That's it!

What Receipts Should I Include?

 Include any receipts requested by your PDD Community Board.
 For example, these may include monthly bank charges and/or bookkeeper receipts.

How Do I Submit my Invoice?

Ask your PDD Community Board about the best way to submit your invoice.

Before you submit your invoice ... double check:

- Is your name on the invoice?
- Does the Invoice Date fall after the Period of Assistance?
- Is the 'Units Rate' accurate?
- Is the number of Total Units accurate?
- Please remember to submit your invoice no later than 10 days after the end of the month, as stated in your Family Managed Service Agreement.

When Will I Receive Payment?

Your PDD Community Board will review your invoice within 5 business days of receiving it and if it is approved, the PDD program will pay you within 15 business days from the date of approval.

For example:

- If your PDD Community Board receives your invoice on Wednesday June 1, they will review it by Tuesday June 7 (i.e. within 5 business days of the date it was received)
- If your invoice is approved on Tuesday June 7, it will be paid by Monday June 27 (i.e. within 15 business days of the date it was approved)

If changes need to be made to your invoice, your PDD Community Board will send the invoice back to you and ask you to make the changes and resubmit the invoice. Your revised invoice will once again be reviewed within 5 business days of your PDD Community Board receiving it, and paid within 15 business days from when it is approved.

The PDD program will deposit your payment into the bank account you opened for PDD funds.

Schedule B – Monthly Service Invoice

The information requested on this invoice may be used for the purposes of validating expenses and payments under the Family Managed Service Agreement.

Funds Administrator Name:									
Service Provider Name (if applicable):					Invoice #:				
Period of Assistance:				Invoice Date:					
Contract #:									
		15 //	Type of		nits of Servi			-	
Last Name	First Name	ID #	Service	Rate	Delivered	Held	Total Units	Total	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
TOTALS					\$				
SERVICE DELIVERY						\$			
ADMINISTRATION						\$			
TOTAL MONTHLY INVOICE					\$				

I certify that the above information is accurate and the amount claimed is the actual cost of hiring employees or engaging subcontractors to provide support for the funded individual indicated above. I will receive payment as per the PDD-Family Managed Service Agreement and I am responsible for paying my employee(s), contractors, approved service provider and related employer costs.

I know the amount of funding approved for the Family Managed Service Agreement period. I understand that I am expected to maintain my own records of funds available to ensure I have sufficient funds to pay my approved service provider throughout the period.

Signature of Funds Administrator

Date

Sample Completed Invoice

You can find a detailed step by step explanation of how to fill out the invoice on pages 2 - 4 of this handbook.

Funds Administrator Name: Mary Smith								
Service Provider Name (if applicable):				Invoice #: Use the format requested by your Community Board				
Period of Assistance: 201107				Invoice Date: August 1, 2011				
Contract #: CK0123-123								
		ID #	Type of		nits of Servi		T . 1. 1. 1. 1. 1. 1.	T . 1. 1
Last Name	First Name	ID #	Service	Rate	Delivered	Held	Total Units	Total
Smíth	Joe	5012345	1040	\$14.26	100	0	100	\$1,426.00
Smíth	Joe	5012345	3000	\$14.26	40	0	40	\$ 570.40
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
				TOTALS	140	0	140	\$1,996.40
SERVICE DELIVERY						\$		
ADMINISTRATION					VISTRATION	\$ 55.30		
TOTAL MC							ILY INVOICE	\$2,051.70

I certify that the above information is accurate and the amount claimed is the actual cost of hiring employees or engaging subcontractors to provide support for the funded individual indicated above. I will receive payment as per the PDD-Family Managed Service Agreement and I am responsible for paying my employee(s), contractors, approved service provider and related employer costs.

I know the amount of funding approved for the Family Managed Service Agreement period. I understand that I am expected to maintain my own records of funds available to ensure I have sufficient funds to pay my approved service provider throughout the period.

Mary Smith

August 1, 2011

Signature of Funds Administrator

Date

We Welcome Your Feedback ...

Please tell us what you think about the *How to Prepare and Submit Invoices for Payment* handbook. We welcome all comments.

Did you find the information in this handbook useful? How did it help you?

Do	you	have any	suggestions	for	how to	improve	this	handbook?	
	<i>,</i>	, j	00						

Would you recommend this handbook to other families/ Funds Administrators using Family Managed Services?

Tear along dotted line

No... please tell us why not _____

Please mail or fax your comments to:

PDD Program Branch #404, 10011 – 109 Street Edmonton, AB T5J 3S8

FAX: 780-427-1220

OR you can fill out this form on-line at www.seniors.alberta.ca/PDD/FMS

Thank you!

Updated November 2011

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