Billing Instruction Detail for AWA Spreadsheets – All Direct Services

* = Required for payment

		Adult Day Care (ADC)
*	A.	Authorization Number – Enter the Number from the CSA DDA authorized the service. *Pre-filled in Output.*
*	B.	Service Year Month – 6 characters. The year and month (**YYYYMM**) for which services are being reported. *Pre-filled in Output.*
*	C.	Service Code – 1 to 5 characters – ADC. *Pre-filled in Output.*
	D.	Provider Name – 1 to 60 characters. Enter your agency's name. *Pre-filled in Output.*
*	E.	County Provider Number – Enter the Provider Number, which has been assigned to your agency by CARE. *Pre-filled in Output.*
*	F.	Client Last Name – 1 to 30 characters. Client authorized for ADC services by the case manager on the County Services Authorization (**CSA***). Pre-filled in Output.*
*	G.	Client First Name – 1 to 30 characters. *Pre-filled in Output.*
	H.	Client Middle Initial – 1 character. *Pre-filled in Output.*
*	I.	ADSA Client ID – The ADSA Client ID from the CSA. *Pre-filled in Output.*
*	J.	Fund Source – 1 to 5 characters. Enter the Fund Source from the CSA. *Pre-filled in Output.*
	K.	Service From Date – The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	L.	Service To Date - The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	M.	County ID - Residence - The number (1-39) of the county in which the client resides. See Appendix A. *Pre-filled in Output.*
*	N.	County ID - Provider - The number (1-39) of the county in which your agency provided this service. See Appendix A. *Pre-filled in Output.*
*	O.	Units Type Code – 1 character. The unit of service defined in the County Program Agreement**: D** for day. The unit describes how your County is billing for the service and should be consistent with your fee/rate schedule.

Billing Instruction Detail for AWA Spreadsheets – All Direct Services

*	P.	Number of Units - Enter total number of service units received by the client. The "Units Number" should be consistent with the "Units Type Code" of daily <u>and must be whole numbers only</u>.
*	Q.	Units Rate – Enter the rate paid for each service as authorized by the county. This should be consistent with your fee/rate schedule <u>and must be divisible by four</u>.
	R.	Provider Staff Hours Number - Enter the total DDA paid hours of direct service the agency's staff provided the client during the month.
	S.	Input Error Code – Used by the application. If blank, enter zero.
*	T.	RAC – 1 to 80 characters. Enter the Recipient Aid Category (RAC) from the CSA. *Pre-filled in Output*

* = Required for payment

		**Child Development Services (CDS)**
*	A.	Authorization Number – Enter the Number from the CSA DDA authorized the service. *Pre-filled in Output.*
*	B.	Service Year Month – 6 characters. The year and month (**YYYYMM**) for which services are being reported. *Pre-filled in Output.*
*	C.	Service Code – 1 to 5 characters – CDS. *Pre-filled in Output.*
	D.	Provider Name – 1 to 60 characters. Enter your agency's name. *Pre-filled in Output.*
*	E.	County Provider Number – Enter the Provider Number, which has been assigned to your agency by CARE. *Pre-filled in Output*.
*	F.	Client Last Name – 1 to 30 characters. Client authorized for CDS by the case manager on the County Services Authorization (**CSA**). *Pre-filled in Output.*
*	G.	Client First Name – 1 to 30 characters. *Pre-filled in Output.*
	H.	Client Middle Initial – 1 character*. Pre-filled in Output.*
*	I.	ADSA Client ID – The ADSA Client ID from the CSA. *Pre-filled in Output.*
*	J.	Fund Source – 1 to 5 characters. Enter the Fund Source from the CSA. *Pre-filled in Output.*

	K.	Service From Date – The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	L.	Service To Date - The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	M.	County ID - Residence - The number (1-39) of the county in which the client resides. See Appendix A. *Pre-filled in Output.*
*	N.	County ID - Provider - The number (1-39) of the county in which your agency provided this service. See Appendix A. *Pre-filled in Output.*
*	O.	Units Type Code – 1 character. The unit of service defined in the County Program Agreement: **M** for month. The unit describes how your County is billing for the service and should be consistent with your fee/rate schedule.
*	P.	Natural Number of Units – Enter the total number of direct service units received by the client and family in Natural Environment (as defined by IDEA – Part C) during the reporting month. If the client and family received direct service together, count only once. However, if the child and family receive direct services separately, include total units for each. Cannot be blank. Must contain a number or zero. Natural Units + Other Units must equal 1 or 0.
*	Q.	Natural Units Rate – Enter the unit rate paid for each Natural Based direct service unit per individual. Cannot be left blank. This should be consistent with your fee/rate schedule.
*	R.	Other Number of Units – Enter the total number of service units received by the client and family that occurred in other than a "Natural Environment". If the client and family received service together, count only once. If the child and family receive service separately, include total units for each. Cannot be left blank. Other Units + Natural Units must equal 1 or 0.
*	S.	Other Units Rate – Enter the rate paid for all other county funded service units. Cannot be left blank. This should be consistent with your fee/rate schedule.
*	T.	Additional or Misc Expense – Enter the amount of any Additional or Misc. expense for this client for this service month. Enter zero if none. Cannot be left blank. Use this category is to capture tangible material items purchased for children 0-3.
	U.	Projected End Date – The date (MM/DD/YYYY) services from your agency is projected to end for this client. Pre-filled in Output.
	V.	Age in Months – The client's age in months. Pre-filled in Output.

	W.	Input Error Code – Used by the application. If blank, enter zero.
	X.	RAC – 1 to 80 characters. Enter the Recipient Aid Category (RAC) from the CSA. *Pre-filled in Output.*

Note:

1) **When posting CDS client services the professional services charges should appear under direct services in the Natural or Other category.**

2) **Additional or Misc Expense is not for direct client services. The intention of the Additional or Misc Expense category is to capture tangible material items purchased for children 0-3.**

* = Required for payment

		Community Inclusion (CI)
*	A.	Authorization Number – Enter the Number from the CSA DDA authorized the service. *Pre-filled in Output.*
*	B.	Service Year Month – 6 characters. The year and month (**YYYYMM**) for which services are being reported. *Pre-filled in Output.*
*	C.	Service Code – 1 to 5 characters – CA. *Pre-filled in Output.*
	D.	Provider Name – 1 to 60 characters. Enter your agency's name. *Pre-filled in Output.*
*	E.	County Provider Number – Enter the Provider Number, which has been assigned to your agency by CARE. *Pre-filled in Output.*
*	F.	Client Last Name – 1 to 30 characters. Client authorized for CA services by the case manager on the County Services Authorization (**CSA**). *Pre-filled in Output.*
*	G.	Client First Name – 1 to 30 characters. *Pre-filled in Output.*
	H.	Client Middle Initial – 1 character. *Pre-filled in Output.*
*	I.	ADSA Client ID – The ADSA Client ID from the CSA. *Pre-filled in Output.*
*	J.	Fund Source – 1 to 5 characters. Enter the Fund Source from the CSA. *Pre-filled in Output.*

	K.	Service From Date – The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	L.	Service To Date - The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	M.	County ID - Residence - The number (1-39) of the county in which the client resides. See Appendix A. *Pre-filled in Output.*
*	N.	County ID - Provider - The number (1-39) of the county in which your agency provided this service. See Appendix A. *Pre-filled in Output.*
*	O.	Units Type Code – 1 character. The unit of service defined in the County Program Agreement**: H** for hour. The unit describes how your County is billing for the service and should be consistent with your fee/rate schedule.
*	P.	Number of Units – Enter total number of service units received by the client. The "Number of Units" should be consistent with the "Units Type Code" of hourly. Whole numbers and quarter hours are acceptable, all else unacceptable.
*	Q.	Unit Rate – Enter the rate paid for each service as authorized by the county. This should be consistent with your fee/rate schedule and must be divisible by four.
*	R.	Provider Staff Hours Number - Enter the total DDA paid hours of direct service the agency's staff provided the client during the month.
	S.	Number of Client Hours Volunteer - Enter the total number of hours the client spent in non-paid Volunteer activity during the service month. Do not include hours reported below under "Client Hours Other" item T.
	T.	Number of Client Hours Other - Enter the total number of hours the client spent in Other activities during the service month. Do not include hours reported under "Client Hours Volunteer" item S.
	U.	Input Error Code – Used by the application. If blank, enter zero.
	V.	RAC – 1 to 80 characters. Enter the Recipient Aid Category (RAC) from the CSA. *Pre-filled in Output*

Note: *Provider Staff Hours Number* - If staff is supporting two clients at one time – divide the paid staff hours among the clients being supported. Example: a staff member provides four paid hours of support to two clients at the same time – report two paid staff hour for each of the two clients for the reporting period. If staff has two

clients and one needs one-to-one support and the others needs check-ins, then more time would be reported to the client requiring the one-to-one. *Note all services are meant to be provided on an individual basis.*

* = Required for payment

		Group Supported Employment (GSE)
*	A.	Authorization Number – Enter the Number from the CSA DDA authorized the service. *Pre-filled in Output.*
*	B.	Service Year Month – 6 characters. The year and month (**YYYYMM**) for which services are being reported. *Pre-filled in Output.*
*	C.	Service Code – 1 to 5 characters – GSE. *Pre-filled in Output.*
	D.	Provider Name – 1 to 60 characters. Enter your agency's name. *Pre-filled in Output.*
*	E.	County Provider Number – Enter the Provider Number, which has been assigned to your agency by CARE. *Pre-filled in Output.*
*	F.	Client Last Name – 1 to 30 characters. Client authorized for GSE services by the case manager on the County Services Authorization (**CSA**). *Pre-filled in Output.*
*	G.	Client First Name – 1 to 30 characters. *Pre-filled in Output.*
	H.	Client Middle Initial – 1 character. *Pre-filled in Output.*
*	I.	ADSA Client ID – The ADSA Client ID from the CSA. *Pre-filled in Output.*
*	J.	Fund Source – 1 to 5 characters. Enter the Funding Source code from the CSA. *Pre-filled in Output.*
	K.	Service From Date – The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	L.	Service To Date - The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	M.	County ID - Residence - The number (1-39) of the county in which the client resides. See Appendix A. *Pre-filled in Output.*
*	N.	County ID - Provider - The number (1-39) of the county in which your agency provided this service. See Appendix A. *Pre-filled in Output.*

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*	O.	Units Type Code – 1 character. The unit of service defined in the County Program Agreement: **H** for hour. The unit describes how your County is billing for the service and should be consistent with your fee/rate schedule.
*	P.	Number of Units – Enter total number of service units received by the client. The "Number of Units" should be consistent with the "Units Type Code" of hourly. Whole number and quarter hours are acceptable, all else unacceptable.
*	Q.	Unit Rate – Enter the rate paid for each service as authorized by the county. This should be consistent with your fee/rate schedule and must be divisible by four.
*	R.	Site Hours –Enter the total number of hours the client participated in GSE during the report month. Do not include lunch time.
	S.	Number of Client Hours Paid - Enter the total number of hours the client spent in paid community employment (including paid hours for vacation, sick or holiday) during the service month. This information needs to be accurately obtained.
	T.	Number of Client Community Assessment Hours- Enter the total number of hours the client spent in non-paid community assessment activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities. Do not include hours reported under "Site Hours" item R or in "Other" hours item U. Providers should only report time they spent supporting the client under this column.
	U.	Number of Client Pathway Hours Other - Enter the total number of hours the client spent in Other activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities without staff. Do not include lunchtime. Do not include hours reported under "Site Hours" item R or in "Community Assessment" hours item T or "Provider Staff Hours Number" item W.
	V.	Gross Wages – Enter the total earnings of the client during the reporting month. This should include all wages, any paid holiday or sick leave. This information needs to be reported in a consistent manner – multiply the clients' hourly wage rate by the number of scheduled work hours for the period of time you are reporting on. When you learn of corrections please report them thru CMIS.
	W.	Provider Staff Hours Number - Enter the total DDA paid hours of direct service the agency's staff provided the client outside of group time or crew time during the month.

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	X.	Phase 1 Provider Staff Hours - Intake / Discovery / Resources / **Job Prep** / Exploration – (*A subset of the "Provider Staff Hours Number" total*) Enter the number of phase 1 staff hours the agency provided the client during the month.
	Y.	Phase 2 Provider Staff Hours - Marketing / **Job Development** – *(A subset of the "Provider Staff Hours Number" total)* Enter the number of phase 2 staff hours the agency provided the client during the month.
	Z.	Phase 3 Provider Staff Hours - **Job Coaching** / Job Support / Retention / Follow Along – *(A subset of the "Provider Staff Hours Number" total)* Enter the number of phase 3 staff hours the agency provided the client during the month.
	AA.	Phase 4 Provider Staff Hours - **Record Keeping**– (**A subset of the "Provider Staff Hours Number" total)** Enter the number of phase 4 staff hours the agency provided the client during the month.
	AB.	Input Error Code – Used by the application. If blank, enter zero.
	AC.	RAC – 1 to 80 characters. Enter the Recipient Aid Category (RAC) from the CSA. *Pre-filled in Output*

* = Required for payment

		Individual Supported Employment (IE)
*	A.	Authorization Number – Enter the Number from the CSA DDA authorized the service. *Pre-filled in Output.*
*	B.	Service Year Month – 6 characters. The year and month (**YYYYMM**) for which services are being reported. *Pre-filled in Output.*
*	C.	Service Code – 1 to 5 characters – IE. *Pre-filled in Output.*
	D.	Provider Name – 1 to 60 characters. Enter your agency's name. *Pre-filled in Output.*
*	E.	County Provider Number – Enter the Provider Number, which has been assigned to your agency by CARE. *Pre-filled in Output.*
*	F.	Client Last Name – 1 to 30 characters. Client authorized for IE services by the case manager on the County Services Authorization (**CSA**). *Pre-filled in Output.*
*	G.	Client First Name – 1 to 30 characters. *Pre-filled in Output.*

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	H.	Client Middle Initial – 1 character. *Pre-filled in Output.*
*	I.	ADSA Client ID – The ADSA Client ID from the CSA. *Pre-filled in Output.*
*	J.	Fund Source – 1 to 5 characters. Enter the Fund Source from the CSA. *Pre-filled in Output.*
	K.	Service From Date – The date (/MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	L.	Service To Date - The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	M.	County ID - Residence - The number (1-39) of the county in which the client resides. See Appendix A. *Pre-filled in Output.*
*	N.	County ID - Provider - The number (1-39) of the county in which your agency provided this service. See Appendix A. *Pre-filled in Output.*
*	O.	Units Type Code – 1 character. The unit of service defined in the County Program Agreement: **H** for hour. The unit describes how your County is billing for the service and should be consistent with your fee/rate schedule.
*	P.	Number of Units – Enter total number of service units received by the client. The "Number of Units" should be consistent with the "Units Type Code" of hourly. Whole number and quarter hours are acceptable, all else unacceptable.
*	Q.	Unit Rate – Enter the rate paid for each service as authorized by the county. This should be consistent with your fee/rate schedule and must be divisible by four.
	R.	Number of Client Hours Paid - Enter the total number of hours the client spent in paid community employment (including paid hours for vacation, sick or holiday) during the service month. This information needs to be accurately obtained.
	S.	Number of Client Community Assessment Hours- Enter the total number of hours the client spent in non-paid community assessment activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities. Do not include hours reported under "Client Hours Paid" item R or in "Other" hours item T. Providers should only report time they spent supporting the client under this column.
	T.	Number of Client Pathway Hours Other - Enter the total number of hours the client spent in Other activities during the service month in non-

		segregated community activities designed to build skills and broaden awareness of job opportunities without staff. Do not include lunchtime. Do not include hours reported under "Client Hours Paid" item R or in "Community Assessment" hours item S or "Provider Staff Hours Number" item V.
	U.	Gross Wages – Enter the total earnings of the client during the reporting month. This should include all wages, any paid holiday or sick leave. This information needs to be reported in a consistent manner – multiply the clients' hourly wage rate by the number of scheduled work hours for the period of time you are reporting on. When you learn of corrections please report them thru CMIS. For clients who are self-employed report the gross earnings and the hours worked.
*	V.	Provider Staff Hours Number - Enter the total DDA paid hours of direct service the agency's staff provided the client during the month.
	W.	Phase 1 Provider Staff Hours - Intake / Discovery / Resources / **Job Prep** / Exploration – (*A subset of the "Provider Staff Hours Number" total*) Enter the number of phase 1 staff hours the agency provided the client during the month.
	X.	Phase 2 Provider Staff Hours - Marketing / **Job Development** – *(A subset of the "Provider Staff Hours Number" total)* Enter the number of phase 2 staff hours the agency provided the client during the month.
	Y.	Phase 3 Provider Staff Hours - **Job Coaching** / Job Support / Retention / Follow Along – *(A subset of the "Provider Staff Hours Number" total)* Enter the number of phase 3 staff hours the agency provided the client during the month
	Z.	Phase 4 Provider Staff Hours - **Record Keeping**– (**A subset of the "Provider Staff Hours Number" total)** Enter the number of phase 4 staff hours the agency provided the client during the month.
	AA.	Input Error Code – Used by the application. If blank, enter zero.
	AB.	RAC – 1 to 80 characters. Enter the Recipient Aid Category (RAC) from the CSA. *Pre-filled in Output*
	AC.	Client Employment Acuity - 3 to 6 characters – IE. *Pre-filled in Output.*
	AD.	JF Job Outcome Payment - Enter the Job Foundation outcome payment paid for high acuity clients who entered service with a job between July 1 – June 30. This should be consistent with the Job Foundation Outcome Payment Table.

	AE.	JF 10+ Hr Job Outcome Payment - Enter the Job Foundation outcome payment paid for high acuity clients who reported 10+ weekly paid work hours between July 1 and June 30. This should be consistent with the Job Foundation Outcome Payment Table.

*Required for payment

		Individualized Technical Assistance (ITA)
*	A.	Authorization Number – Enter the Referral Number from the CSA DDA authorized the service. *Pre-filled in Output.*
*	B.	Service Year Month – 6 characters. The year and month (YYYYMM) for which services are being reported. *Pre-filled in Output.*
*	C.	Service Code – 1 to 5 characters – ITA. *Pre-filled in Output.*
	D.	Provider Name – 1 to 60 characters. Enter your agency's name. *Pre-filled in Output.*
*	E.	County Provider Number – Enter the Provider Number, which has been assigned to your agency by CARE. *Pre-filled in Output.*
*	F.	Client Last Name – 1 to 30 characters. Client authorized for ITA services by the case manager on the County Services Authorization (**CSA**). *Pre-filled in Output.*
*	G.	Client First Name – 1 to 30 characters. *Pre-filled in Output.*
	H.	Client Middle Initial – 1 character. *Pre-filled in Output.*
*	I.	ADSA Client ID – The ADSA Client ID from the CSA. *Pre-filled in Output.*
*	J.	Fund Source – 1 to 5 characters. Enter the Fund Source from the CSA. *Pre-filled in Output.*
	K.	Service From Date – The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	L.	Service To Date - The date (MM/DD/YYYY) from the CSA DDA authorized the service. *Pre-filled in Output.*
	M.	County ID - Residence - The number (1-39) of the county in which the client resides. See Appendix A. *Pre-filled in Output.*
*	N.	County ID - Provider - The number (1-39) of the county in which your agency provided this service. See Appendix A. *Pre-filled in Output.*

Billing Instruction Detail for AWA Spreadsheets – All Direct Services

*	O.	<u>Units Type Code</u> – 1 character. The unit of service defined in the County Program Agreement**: H** for hour. The unit describes how your County is billing for the service and should be consistent with your fee/rate schedule.
*	P.	<u>Number of Units</u> – Enter total number of service units received by the client. The "Number of Units" should be consistent with the "Units Type Code" of hourly. <u>Whole number and quarter hours are acceptable, all else unacceptable.</u>
*	Q.	<u>Unit Rate</u> – Enter the rate paid for each service as authorized by the county. This should be consistent with your fee/rate schedule <u>and must be divisible by four</u>.
	R.	<u>Number of Client Hours Paid</u> - Enter the total number of hours the client spent in paid community employment (including paid hours for vacation, sick or holiday) during the service month. This information needs to be accurately obtained.
	S.	<u>Number of Client Community Assessment Hours</u>- Enter the total number of hours the client spent in non-paid community assessment activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities. Do not include hours reported under "Client Hours Paid" item R or in "Other" hours item T.
	T.	<u>Number of Client Pathway Hours Other</u> - Enter the total number of hours the client spent in Other activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities without staff. Do not include lunchtime. Do not include hours reported under "Client Hours Paid" item R or in "Community Assessment" hours item S or "Provider Staff Hours Number" item V.
	U.	<u>Gross Wages</u> – Enter the total earnings of the client from community employment during the reporting month. This should include all wages, any paid holiday or sick leave. This information needs to be reported in a consistent manner – multiply the clients' hourly wage rate by the number of scheduled work hours for the period of time you are reporting on. When you learn of corrections please report them thru CMIS. For clients who are self-employed report the gross earnings and the hours worked.
	V.	<u>Provider Staff Hours Number</u> - Enter the total DDA paid hours of direct service the agency's staff provided the client during the month.
	W.	<u>Phase 1 Provider Staff </u>Hours - Intake / Discovery / Resources /**Job Prep** / Exploration – *(A subset of the "Provider Staff Hours Number" total)* Enter the number of phase 1 staff hours the agency provided the client during the month.

	X.	Phase 2 Provider Staff Hours - Marketing / **Job Development** – *(A subset of the "Provider Staff Hours Number" total)* Enter the number of phase 2 staff hours the agency provided the client during the month.
	Y.	Phase 3 Provider Staff Hours - **Job Coaching** / Job Support / Retention / Follow Along – *(A subset of the "Provider Staff Hours Number" total)* Enter the number of phase 3 staff hours the agency provided the client during the month
	Z.	Phase 4 Provider Staff Hours - **Record Keeping** – *(A subset of the "Provider Staff Hours Number" total)* Enter the number of phase 4 staff hours the agency provided the client during the month.
	AA.	Personal Agent Hours – Enter the hours spent with a Personal Agent.
	AB.	Personal Agent Cost – Enter the cost of the Personal Agent for this client for this month.
	AC.	Input Error Code – Used by the application. If blank, enter zero.
	AD	RAC – 1 to 80 characters. Enter the Recipient Aid Category (RAC) from the CSA. *Pre-filled in Output*

County Billing Data Validation Rules

	Input Data Validations that can result in Error
1.	Required Field validation: Authorization Number Service Year Month Service Code County Provider Number County ID - Provider Client Last Name Client First Name ADSA Client ID Fund Source Unit Type (IE, GSE, CA, , & ITA must be hourly; CDS must be monthly; and ADC must be daily) Number of Units (Natural and Other for CDS)* Units Rate (Natural and Other for CDS) Rate Amounts (see County Service Table, page 20, for maximums) Additional or Misc Expense (CDS only) Provider Staff Hours Site Hours (GSE and SI only)

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	RAC – Required to be on the Client's RAC Screen in CARE. Not required in Input file. * Number of Units can be zero

2.	Valid Values check
	    Authorization Number
	    Service Year Month – Must be a valid year month in 'YYYYMM' format. The value cannot be in the future.
	    Service Code - Must be a valid value (Appendix F)
	    County Provider Number
	    Provider County- Must be a valid value (Appendix A)
	    ADSA Client ID
	    RAC on RAC Screen in CARE – Must be a RAC in the RAC screen in CARE and must include Service Year Month between Start and End Dates
	    Fund Source Column – cannot be blank

3.	Authorization verification
	    A valid authorization should exist matching the:
	    • Specified Client (ADSA Client ID),
	    • Provider (County Provider Number),
	    • County Of Contract (County ID - Provider), and
	    • Service period for the specified Service Year/Month

4.	Provider Verification
	    A valid provider record should exist matching the:
	    • Provider (County Provider Number),
	    • County of contract (County ID - Provider), and
	    • Service period for the specified Service Year/Month

5.	If (Units Number * Units Rate Number) is zero then Units Number should be zero
6.	If (Units Number * Units Rate Number) is greater than zero then Provider Staff Hours or Site hours number must be greater than zero
7.	If Provider Staff Hours number is zero then Phase 1 thru 4 Provider Staff Hours should be zero.
8.	If Provider Staff hours is greater than zero then correlating Phases 1-4 Provider Staff Hours must be equal to Provider Staff Hours number total.
*9.	If client Gross Wage is greater than zero then Number of Client Hours paid must be greater than zero.
10.	If Number of Client Hours paid is greater than zero then client Gross Wage must be greater than zero.
11	If client acuity is not high, then populate the Client Employment Acuity but do not allow entry into "Job Foundation Job Outcome Payment" and "Job Foundation 10+ Hr Job Outcome Payment" columns.
12	If Wages = $0, then do not allow entry into "Job Foundation Job Outcome Payment" and "Job Foundation 10+ Hr Job Outcome Payment" columns.
	Input Data Validations that can result in Warning:
1.	The specified RAC should match the value in the RAC Screen in CARE. (The billing will be processed with the most recent RAC specified in the RAC Screen.)
2.	Wages reported for IE and ITA are less than the current minimum wage
3.	Wages reported for IE and ITA are more than $20.00 per hour

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4.	Client hours worked are more than 200 hours per month
5	If Hours worked <10 weekly, do not allow entry into "Job Foundation 10+ Hr Job Outcome Payment" column.
6	If first reported wages occur after July the following year, then do not allow entry into "Job Foundation Job Outcome Payment" and "Job Foundation 10+ Hr Job Outcome Payment" columns.

County Service Table

CARE Service Code	CARE Service Description	Max Rate for Service	AWA Billing Unit Type
DV01	Adult Day Care	$45.00	Day
DV09	Child Development Services	$500.00	Month
DV10	Community Access	$66.08	Hour
DV26	Group Supported Employment	$93.80	Hour
DV29	Individual Employment	$108.80	Hour
DVIT	Individualized Technical Assistance	$1000.00	Hour

Job Foundation Outcome Payment Table for Clients with High Acuity

Date range for job placement	Outcome Payment Amount
July 1st – September 30th	$1,500 Provider is eligible for an additional payment of $1,000 if client paid hours are >= 10 hours/week
October 1st – December 31st	$1,000 Provider is eligible for an additional payment of $1,000 if client paid hours are >= 10 hours/week
January 1st – March 31st	$500 Provider is eligible for an additional payment of $1,000 if client paid hours are >= 10 hours/week
April 1st - June 30th	$250 Provider is eligible for an additional payment of $1,000 if client paid hours are >= 10 hours/week

Please note a current County Service Authorization for Individual Employment must be in place prior to outcome payment

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Billing Instruction Detail for AWA Spreadsheets – All Direct Services

Phase I

Intake

- Meeting with individual, family and/or other support persons
- Provide system overview including services and funding
- Complete initial paperwork including intake assessment
- Collect individuals history/information/ records from other sources
- Explore resources from:
  – Division of Vocational Rehabilitation (DVR)
  – Social Security Administration
  – Mental Health (MH)

Discovery

- Identify what are job interests
- Conduct an assessment - skills inventory
- Spot potential obstacles and probable remedies
- Consider current job market compared to individuals desired job(s)
- Develop plan including:
  – Goals
  – Methods
  – Strategies

Assessment

- Sample various work sites – tours
- Trial work experience
- Adaptive technology planning

Job Prep

- Travel training
- Interview skills
- Grooming / hygiene / professional appearance
- Teach self-advocacy
- Assistance obtaining required job items – i.e. food handlers' permit, First Aid card etc.
- Develop portfolio / resume
- Apprise of job clubs

Phase II

Marketing / Job Development

- Conduct labor market analysis
- Network
- Target / Research Employer
- Develop relationship with employer
- Educate employer – benefits to employee individual, clarify roles, outline expectation, etc.
- Evaluate employment site, provide proposal to employer and secure commitment.
- Complete job/task analysis
- Identify natural supports
- Identify potential obstacles
- Negotiate job start
- Assist with interview process
- Job replacement / change
- Customize job / job carving
- Match the employment opportunity to the interest, strengths, and skills of the individual.

Phase III

Job Coaching / Job Support

- Assessment – development supports to maintain independence – i.e. jigs, checklist etc.
- Coordinate with: transportation and individuals home site schedule
- New hire orientation / testing
- Provide intensive onsite instruction / education
  – To the individual
  – To the co-workers
  – To the supervisor
- Develop natural supports
- Continuous evaluation – modifying job-site, task, and supports an necessary
- Advocating / problem solving / crisis management
- Identify stabilization
- Develop fade schedule
- Continuous communication- families, and the employer
- Coordinate referrals to community resources and case management
- Develop follow-up support plan

Retention / Follow Along

- Advancement
- Periodic on-site visits
- Communication upkeep and relationship expansion/continuation
- Quality assurance - monitoring
- Problem recognition / resolution
- Job modifications – new job tasks – re-training
- Business monitoring change – staff/co-worker re-training etc.
- Advocating – advancement opportunity, increased benefits, and/or more hours
- Update employment plans

Other Staff Hours

1. Record Keeping *(without client present), reported under recordkeeping*

- Periodic progress reports
- Incident reports
- Satisfaction surveys
- Maintain files/records
- Report wage/hour info

2. Recordkeeping (with client present) All recordkeeping that occurs with the client present, will be reported under the associated phase.

Effective July 2024

Billing Instruction Detail for AWA Spreadsheets – All Direct Services

General Descriptions related to Phases:

Phase 1 - clients are typically new to the system or new to the provider; they may be in the process of determining their vocational goals or they are getting ready for work.

Phase 2 – staff is marketing and/ or job developing with or without the client. Marketing is in the context of developing relationships with potential employers, identifying the employment needs of the employers, filling those needs, so that the employer is satisfied.

Phase 3 – client is working or will be working with in the month at a paid job. Clients that are not receiving a wage and or working will not be reported in this phase

Phase 4 – direct service staff is recording keeping without the client present. If direct service staff is with the client then the time should be reported under the associated phase.

Travel time for direct service staff is recorded under the associated phase.

HOW TO ADDRESS – HOW TO REPORT?

Bonus pay – If a client receives a bonus report in the month received in addition to the regular wage. If the client did not receive a regular wage the same month in which the bonus was received report it the next month a regular wage is reported.

Severance pay – If a client receives severance pay, divide the severance pay by the client's typical hourly rate received to obtain the hours worked.

Other funding source such as Millage, DVR, etc. – do not report information associated with other funding sources. Agency can have an open CSA with another fund source supporting the client but the fund source should be clearly identified on the CSA – example for a DVR client the fund source on the CSA would be VR, for County Millage fund source should be CM.

Effective July 2024