

2021

DDA Provider Leadership Meeting

Thursday, March 18, 2021

DDS/DDA

Time-12:00-3:30pm



Agenda

- Remitting payments to DDS
- Furniture Invoicing reminder
- Contractor Evaluations
- Close Out Memos for De-obligations
- Avoiding Invoice Rejections
- Q&A

Remitting Payments to DDS

- Make checks or money orders payable to DC Treasurer or the Department on Disability Services (payments should never be made payable to DDS employees name)
- The memo portion of the remittance should include the person's name and indicate the intended purpose
- Mail to:
Department on Disability Services
Attention: "Operations"
One Independence Square
250 E Street SW, 1st Floor
Washington, DC 20024

Furniture Invoicing Reminder

- When March expenditures for the billing period of March 1-31, 2021, are billed by April 10, 2021, the Provider shall present a fully detailed accounting and evidence of expenditures related to the furniture, furnishings, and equipment line item.
- DDS will no longer allow providers to bill a daily nor budgeted rate for the furniture line item. The furniture clin will be billed based upon actual cost incurred for the acquisition of “furniture, furnishings, and equipment”.
- Providers may only bill furniture to the HCA as purchased under the criteria stated above. Furniture purchases may not exceed the annual cap of \$1,000 without the approval of a Need Base Funding Request.
- DDS will monitor and track all furniture purchases made on the behalf of supported persons within their five-year \$5,000 limitation and adjust the remaining balances per person accordingly, within this time span.



Contractor Evaluations

At a minimum every year, Contract Administrators are required by the Office of Contracts and Procurement (OCP) to complete a contractor performance evaluation. The purpose of this document is to ensure that providers are “responsible”. The term responsible mean:

- (1) Possess adequate financial resources to perform
- (2) Complies with the delivery or performance schedule
- (3) Has a satisfactory performance record
- (4) Has a satisfactory record of integrity and business ethics
- (5) Possess the necessary organization and experienced staff
- (6) Maintains the necessary equipment and facilities, and
- (7) Otherwise, qualified and eligible for awards.

Contractor Evaluations

Purpose

- Used to determine if your HCA will be renewed.
- Contracting Officers from all District agencies view your performance evaluations before making any new award.

Evaluating Factors

1. Quality-

How well did the product(s)/ service(s) comply with contract requirements/specifications?

How accurate and complete was the required reporting?

Rate the contractor's personnel qualifications and performance in completing assigned task

2. Timeliness-

How well did the contractor deliver the product(s)/ services(s) based on agreed upon timelines?

Contractor Evaluations

Evaluating Factors – Contd

3. Cost control-

How well did the contractor control the cost of the contract and its components?

How accurate , complete and current were submitted invoices?

4. Management/ Business Relations

How was the contractor's performance in resolving issues for all involved stakeholders?

How well did the contractor meet the CBE subcontracting requirements?

How well did the contractor reasonable and cooperative behavior?

How would you rate the contractor's customer service?

Have you any reason to believe has not paid its subcontractors in accordance with the requirements of the contract?

Would you recommend the use of this contractor again?

Close Out Memos

Date**To:** *******From:** Contract Administrator**Subject:** Contract Closeout

Contract Number: *****

Purchase Order: *****

Fiscal Year: 2021

This action is to close out the above referenced Purchase Order between the Department on Disability Services and **Provider Name**.
The period of performance for the close out is from **Enter Period**.

Your signature below serves as confirmation that all services rendered and/or goods provided have been accepted, and invoiced and paid as indicated below. All contractual deliverables and reports have been submitted and approved and the reflective Purchase Order may now be closed.

Our records indicate the following invoices which total \$0.00 have been received. There remains an unexpended balance of \$11,666.67 on this purchase order.

PO***** Total Amount		\$0.00
List of Invoices:	Paid Invoices	
October 2020	\$0.00	
Subtotal of Invoicing through (10/12/20)		\$0.00
Amount to Be De-obligated		\$0.00

Response to this notice is required within (5) business days from the date of this memorandum issuance. If you have any questions, please contact me by phone at (202) **Enter your phone number here**, or by email to **Contract Administrator name**.

The Provider hereby acknowledges that there are no further outstanding invoices beyond the period of performance for which the purchase order relates. Provider has received payment for all services rendered and the final base year invoice amount of \$0.00 will be paid from this PO. No further invoicing beyond this amount for this period of performance will be permissible:

Date: _____

 Provider Name
 E-mail: |

Purpose of Close Out Memos

- Once your HCA's period of performance (POP) expires, you will receive a new purchase order (PO) for the next performance period in advance of the expiration.
- A close-out memo will be provided for all expired POs within 30-days.
- Close-out memos are documents used to verify DDA has received all invoices associated with the expired PO & POP. Your official signature confirms that DDA has been invoiced for all outstanding authorizations and the PO may now be closed (excess funds de-obligated).
- This allows DDA to reallocate and unused funds remaining on the PO.
- The close-out memo details the original PO amount, a listing of all invoices received and their total, and the remaining PO balance to be de-obligated.
- It is important for providers to reconcile their invoicing against authorizations prior to signing the close-out memo.
- If they determine they missed invoicing against an authorization and services were rendered, the provider should first ensure they submitted a report and received the counselor's approval of that report. Once confirmed, immediately submit an invoice for any unbilled services. Notify the CA to revise the close-out memo prior to signing.
- Otherwise, our expectation is that the signed document that certifies you have no further billing needs to be returned timely within 5 business days.
- When there remains a zero balance on the PO, DDA still requires the closeout memo be returned because you are attesting that there is no further billing before the PO is officially closed out.





Common Mistakes

E-Invoicing Portal Mistakes

- Billed against incorrect Purchase Order (PO) in the e-portal.
- Uploaded Invoice amount does not match the amount entered in the e-portal.
- The service period (Period of Performance [POP]) does not match what was entered in the e-portal.
- Invoice not attached to the voucher in the e-portal.

Common Mistakes

Provider Invoicing Mistakes

- Incorrect PO Number listed on provider invoice.
- Invoice missing service period (POP).
- Report services period (POP) does not match invoice service period.
- Report or deliverable not submitted or approved.
- Missing Remittance Preference on where to send payments.
- Unclear or Missing Milestone description on invoice.
- Misspelled Client's Names.
- Incorrect HCA billing rate.
- Billing for a pending Need Based Funding Request (NBFR).
- Billing for an expenditure without an authorization.



HELPFUL TIPS!

- Submit Report and confirm approval before invoicing.
- Invoice correct HCA billing rates.
- Include accurate milestone description for billing.
- Correct spelling of supported person's names.
- Cross-Check e-portal & invoice to match amounts & dates of service.
- Verify Purchase Order number, Period of Performance for the PO, and the PO Title all match to ensure uploading to correct PO.
- Cross Check Authorization number to ensure only billing for authorized services.
- Check Remit to Preferences.

Sample Invoice

INVOICE EXAMPLE

INVOICE NUMBER	DATE OF ISSUE	PO No.	SERVICE PERIOD
00001	3/1/2021	PO123456	2/1/2021 - 2/28/2021

Period of Performance

BILLED TO

Dept. on Disability Services
250 E Street, SW
Washington, DC 20024

1. Ensure invoice #, PO,
invoice amount, and
billing period match

Your Company name

123 Your Street
City, State, Country, ZIP code
564-555-1234
your@email.com
yourwebsite.com

2. Include Correct client name and address

3. Please indicate service type
(CLIN line number is encouraged)

CUSTOMER	ADDRESS	SERVICE	CLIN No.	DAILY RATE	QUANTITY	AMOUNT
John Doe	1111 Customer Street, City, State, Zip Code	Residential	001	\$71.05	28	\$1,989.40
Steven Doe	222 Customer Street, City, State, Zip Code	Residential	002	\$55.35	28	\$1,549.80
Angela Doe	333 Customer Street, City, State, Zip Code	Residential	003	\$61.55	28	\$1,723.40
Maria Doe	444 Customer Street, City, State, Zip Code	Residential	004	\$73.16	28	\$2,048.48
Edgar Doe	222 Customer Street, City, State, Zip Code	Residential	005	\$69.48	28	\$1,945.44

INVOICE TOTAL

\$9,256.52

SUBTOTAL

\$9,256.52

REMIT TO PREFERENCE

E.g. Please pay invoice by Check to [Address] or by ACH [Need to be Registered]

5. Remit to Preferences

4. Verify correct HCA
rate is used

TOTAL

\$9,256.52

Thank You