

In-Home Invoice Instructions



Instructions for In-Home Agencies submitting Aging, Disability, and Veteran Services Division (ADVSD) Contract Invoices

The PAYMENT REQUEST and RESOURCE SUMMARY serves as the monthly invoice document. The invoice and back-up documents (service data and program income report) are due by the 10th working day of the month following the month of service. Back-up service data and invoice must match for payment to be processed in a timely manner.

A separate invoice and backup is required for each program:

- Oregon Project Independence (OPI)
- Oregon Project Independence Expansion (OPI Expansion)
- Family Caregiver Support Program (FCSP)

The program each client is served by is indicated on the In-Home Service Authorization (546) form, submitted to the In-Home Agency by the client's Case Manager. Please reach out to the Case Manager if this information is missing.

INSTRUCTIONS

Fill in:

- Agency name
- Agency code
- Address
- Invoice #
- Invoice Date

For each service contracted with ADVSD, please list the following:

- Month and year of service
- Total Number of Billed Units for each service
The service units, rounded to the nearest .25, are documented on a backup report that lists services provided to clients
- Unit Rate for service - *Current contracted rate of each service*
- Total Amount - *Multiply the number of billed units times the unit rate.*
- Program Income collected during report month - *Total matches amount on program income report*
- Payment Request - *The total Amount minus the Program Income*

Sum and verify totals on TOTALS line for:

- Total Amount
- Payment Request
- Program Income

Include the name, title and phone of the person submitting the form.

Submit via email to: ads.contracts@multco.us