



Service Area 2 Healthcare Coalition

SA2 FISCAL/BILLING PROCESS

PURPOSE:

Provide explanation of reimbursement procedures for local hospitals, public health agencies, and EMS agencies within Service Area 2 to bill for preparedness and system development expenses defined within the workplan approved by the governing entities. Provide methods for tracking and monitoring preparedness funds for accuracy and compliance.

SCOPE:

Reimbursement process for the Service Area 2 All Hazard Emergency Preparedness and Response System Development grant.

DEFINITIONS:

Fiscal Agent (FA): CG Public Health will serve as the fiscal agent and is required to fulfill fiscal and contractual duties with agencies in Service Area 2.

Iowa Department of Public Health (IDPH): Lead health agency in Iowa charged in part with administering the EMS System Development Grant, Hospital Preparedness Program (HPP), and Public Health Emergency Preparedness (PHEP). HPP and PHEP come with federal guidance to be supported at state and local levels.

Match Requirement: Agencies are responsible for submitting at minimum 10% match on every reimbursement claim. If an agency does not meet the minimum 10% match on a claim, IDPH will withhold 10% of the reimbursement claim. Match withholding will be released upon Service Area meeting the required match for the entire grant expenditures. Match should be recorded on the Monthly Expense Workbook provided by the FA with supporting documentation. For additional match guidance, visit <https://www.govinfo.gov/content/pkg/CFR-2005-title2-vol1/pdf/CFR-2005-title2-vol1-part215-subpartC-subjectgroup-id57.pdf>.

Monthly Claim Workbook: An Excel document that agencies are required to use to submit for expense reimbursement.

Work Plan: A budget planning tool in which agencies list grant activities and planned purchases for the grant year. All expenses are required to support guidance in meeting the grant's expected deliverables. Monthly claim workbooks may not be submitted for agencies that do not have an approved work plan on file.

Submit the Following Administrative Information ASAP Prior to the First Reimbursement (one time only):

- Email to Marcy Strasheim, Fiscal Officer at mstrasheim@cghealth.com and Brandy Choate, Fiscal Assistant at bchoate@cghealth.com.
- Name of organization/department reimbursement checks should be MADE OUT
- Address by which check should be MAILED
- Contact Information of person submitting Monthly Claims, including:
 - 1) *Name/Title*
 - 2) *Telephone Number*
 - 3) *Email Address*

Preapproval Process

Prior to any expenditure over \$500, written approval must be received by IDPH. Agencies are required to submit a written request identifying the need, purpose, and cost of the expenditure. Expenditures over \$500 listed in the “Other” category on claims workbooks that do not have prior approval are subject to removal and denial of reimbursement.

- a. Agency completes the HPP/EMS/PHEP Expense Pre-Approval Form (Appendix A)
- b. Completed Pre-Approval Form and supporting documentation will be emailed to Christi Lanczos, Grant Coordinator, at clanczos@cghealth.com. Failure to submit proper supporting documentation could result in denial of request.
- c. Grant coordinator will submit the request to IDPH by entering the preapproval request into iowagrants.gov.
- d. Once the approval/denial notification from IDPH is received, the Grant Coordinator will forward the approval/denial email from IDPH to the requesting agency and include a copy of the approval/denial from IDPH.
- e. Service Area 2 public health and hospital partners are required to submit at least 10% match on all pre-approvals. EMS partners do NOT require match.

All pre-approval request forms must be submitted no later than the April Monthly Meeting Date of the fiscal year.

Claims/Invoices

Claim workbooks and supporting documentation are due by the 15th of the month, claims from the previous month will be submitted to the Fiscal Officer and Fiscal Assistant.

Monthly Claim Workbook:

- a. The claims workbook is a replica of the IDPH expense workbook used by the Fiscal Agent to submit service area expenditures and contains details required by IDPH for reimbursement. Agencies are required to complete their own workbook and fill out all cells. (Description, salary, fringe, fund, activity, core/match, cost, etc.)
- b. Service Area agencies must attach supporting documentation for items listed within the workbook. This information will be requested during audits. See Appendix B for Checklist. Failure to supply sufficient documentation to support expenditures will result in removal of expenses from the claim workbook.
- c. The workbook and Supporting Documents should be emailed to the Fiscal Officer, Marcy Strasheim at mstrasheim@cghealth.com and the Fiscal Assistant, Brandy Choate at bchoate@cghealth.com. Please include the following in your email subject:
[Agency Name], [Month Name] Claim Workbook
- d. No expenses older than 90 days will be reimbursed.

Workbook Information Required for Reimbursement

a. Personnel:

A full description of grant activity should be listed. Vague descriptions can result in denial of reimbursement. Salary and fringe rates must be listed separately in their respective columns.

b. Equipment:

This is ONLY for expenses that are over \$5,000 per item. Must have Service Area 2 approval via vote (in addition to IDPH approval).

c. Other (Travel):

- 1) In-state maximum allowable amounts for food are \$12.00/breakfast, \$15.00 lunch, and \$29.00/dinner; lodging maximum \$120.00 plus taxes per night and mileage maximum of \$0.50 per mile.
- 2) Out of state maximum allowable amounts for meals are available upon request. There is no restriction on airfare or lodging, but the incurred Expenses are to be reasonable. Pre-approval may be required. Check Out-of-State City Level and Rate Information on the Iowa Department of Administrative Services website.
- 3) Note: Travel amounts more than the limits established by Iowa Department of Administrative Services are Un-Reimbursable.

d. Other (Supplies) and approved expenses that do not fit into the above budget areas

It is the sole responsibility of each agency in the service area to monitor their budget and submit expenses that fit within grant guidelines that can be tied back to a specific goal, objective and activity stated in the work plan. Workplans can be amended until the end of the calendar year (December 31st).

- In the event IDPH does not approve an expense, the agency will either need to withdraw the expense, or reimburse the fiscal agent (if they have already been reimbursed). In turn, the fiscal agent will reimburse IDPH.
- Fiscal agent will compile reimbursement information for all agencies and submit to IDPH within 30 days of the month of expenditures. Fiscal agent will track and follow up with agencies about reimbursement timelines, pending fiscal agent reimbursement from IDPH.
- Monthly expense workbooks and supporting documentation received after the 15th of each month will be processed for reimbursement the following month.
- Failure to maintain National Incident Management System (NIMS) compliance will jeopardize future contract status with Contractor until NIMS compliance is confirmed. This applies to local public health and hospital partners utilizing grant funding.
- The Fiscal Agent will provide fiscal updates at the Service Area 2 Monthly Meetings. Agencies may request a fiscal update at any point in time from the FA.
- *IDPH will withhold 20% of each monthly reimbursement claim, however, if the monthly claim includes at least 10% in matching funds from the service area, IDPH will only withhold 10%. This withholding will be passed down to the agencies. The 10% performance measure withholding will be paid out to agencies at the end of the fiscal year upon completion of all grant deliverables.*
- EMS System Development Grant Funds for Equipment require a dollar-to-dollar match of county or local funds for each dollar of EMS system development grant funds.
- Compliance site visits, either in person or via Zoom will take place annually for the fiscal agent. It is important that agencies provide supporting documentation throughout the year for audits. If documentation cannot be produced, FA shall be required. The fiscal agent will then require the local agency to reimburse the

fiscal agent for expenditures that failed audit. The FA and the service area agency together will be given 30 days to submit a corrective action plan to IDPH. IDPH shall withhold an additional 25% from each claim until corrective action plan is received and approved by IDPH.

Reviewed & Approved by

Date

My agency's director/fiscal leads have reviewed the above procedure and understand agency expectations to bill the Service Area 2 All Hazard Emergency Response Preparedness and Response System Development grant.

Name & Title (printed)	HPP Leadership, Bryan Williams (interim)
Agency	
Date	
Signature	

Name & Title (printed)	PHEP Leadership, Sandy McGrath
Agency	Wright County Public Health
Date	
Signature	

Name & Title (printed)	EMS Leadership, Carl Ginapp
Agency	Mason City Fire Department EMS
Date	
Signature	

Name & Title (printed)	EH Leadership, Sandy McGrath
Agency	Wright County Public Health
Date	
Signature	

Name & Title (printed)	EMA Leadership, Kris Olson
Agency	Mitchell County EMA
Date	
Signature	

Name & Title (printed)	Service Area 2 Fiscal Officer, Marcy Strasheim
Agency	Cerro Gordo Public Health
Date	
Signature	

Name & Title (printed)	Service Area 2 HCC Coordinator
Agency	Cerro Gordo Public Health
Date	
Signature	

Name & Title (printed)	EH & P Manager, Jodi Willemsen
Agency	Cerro Gordo Public Health
Date	
Signature	

Approved: 9/20/2017
 Revised: 08/15/2018
 Revised: 03/12/2019
 Revised: 08/12/2020
 Revised: 02/17/2022

APPENDICES

A	Service Area 2 Pre-Approval Form
B	Fiscal Process Check List for Workbook Submission

Appendix A

Service Area 2 Pre-Approval Form

Agency: [Click here to enter text.](#)

Name of entity making request: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Approved in a Previous Grant Year? Circle or highlight (Yes or No)

1. Describe the problem this expenditure will solve.

-

2. How was this need identified. (HVA, AAR, IP, etc.)

-

3. Which service area work plan activity does this relate to?

-

Please complete the cost breakdown table below with as much detail as possible.

Itemized Description of Proposed Expenditure (e.g. – AED)	Quantity	Cost of Each Item	Total PHEP Cost	Total HPP Cost	Total EMS Cost	Local Funds Cost	Complete Total

Appendix B

FISCAL PROCESS CHECKLIST

Prior to first Workbook Submission Checklist:

Please provide the following information for the Fiscal Agent to remit checks:

- Name of Organization/Department
- Mailing Address
- Contact Information of person submitting Monthly Claims
 - Name/Title
 - Telephone Number
- Email Address Email this information to the Fiscal Officer:
mstrasheim@cghealth.com

Monthly Workbook Checklist:

Workbook:

- Personnel
- Equipment
- Invoice
- Other:
 - Supplies
 - Training

Documentation (examples below):

- Timesheets/sign in sheets with dates/hours for meetings/trainings for Personnel
- Mileage Log Form/Receipts (hotels, meals, registration fees) for Travel Expenses
- Receipts for Equipment/Supplies (cellphone bills, contracts)
- IDPH Approved Pre-Approval Requests (if applicable)
- Any other documentation that is applicable

Submission:

- Scan all documentation into PDF form
- Attach Workbook to email
- Attach supporting document(s) to email
- Email to Fiscal Assistant, Brandy Choate & Fiscal Officer, Marcy Strasheim
- In the subject line of the email: Month and Workbook for Agency (i.e., June Workbook for Cerro Gordo Public Health)