**CPGC MONTHLY BILLING REPORT**

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| **Invoice Date Range:** |  |
| **Contractor Name:** |  |
| **Contractor Address:** |  |
| **Contactor Phone Number:** |  |
| **Medicaid Client Name:** |  |
| **Medicaid Client ID Number:** |  |
| **Court Cause Number:** |  |
| **Services Billed:** | See attached monthly billing statement describing and documenting the work performed, activities accomplished, progress updates, and case related expenses and extended totals with associated fees and time allotments for said services rendered during the designated reporting period. |

*“By submission of this monthly invoice, I certify that the amounts invoiced are for costs incurred in accordance with the contract, the work reflected has been performed, prior payment ha not been received for this work, the Contractor conducted a meaningful visit with the client subject to guardianship or conservatorship in accordance with the Guardianship and Conservatorship Program Regulation 404: Contact with the Individual Subject to Guardianship and/or Conservatorship, and each certified professional guardian or conservator employed by the Contractor currently provides guardianship, conservatorship, or decision-making assistance services to no more clients than is currently permitted by HCS and of which has been communicated to Contractor at the time of this monthly submission.”*

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| **Contractor Signature:** | **Date:** |

**SUBMISSION:** Submit this form along with State Form A-19 Invoice Voucher and a full and complete billing report (generated independently by Contractor) to DSHS Contract Manager, Sherry Evenson, by mail: PO Box 45600, Olympia, WA 98504-5600; Fax: 360-407-0369; or Email: [hartmsm@dshs.wa.gov](mailto:hartmsm@dshs.wa.gov) . Regardless of submission method, please send copy to the Guardianship Program Manager via email at [sarah.tremblay@dshs.wa.gov](mailto:sarah.tremblay@dshs.wa.gov).

**HELPFUL HINTS WHEN GENERATING BILLING REPORTS TO ACCOMPANY THEREVIOUS FORM:**

# Utilizing the invoice system of their choice, a Contractor generated monthly billing report must document specific detailed pertaining to the service needs of each client as follows:

## Name of client and client ID number

## The specific services performed by the Contractor or Contractor’s staff for said client

## A description of supplies and services, labor costs, subcontractor costs, material costs, travel costs, other direct costs, and extended totals;

## Total amount of time in hours and partial hours expended on services for each client for the reporting period, identified by the specific service rendered;

## Identity of the person(s) providing services for said client;

## The current period and cumulative man-hours and costs incurred through the period indicated on the invoice