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What's new for FFY 2018?

- New look

- Two separate worksheets
  - Cover Sheet to collect Provider Information
  - Billing Roster to collect client and reimbursement information

- Autofill and auto sum functions

- Participant Reimbursement reconciliation function

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Step 1: The Cover Sheet

Provider Information

Provider Name:	
eJAS Contractor Code:	
Return List to the following email address(es):	

Billing Information

Select the month for this Billing	
Select the FFY for this Billing	
Is this Billing Roster for ORIA?	

Participant Reimbursements Information

Previous month's expenses included on this A-19	
Current month's expenses on this A-19	$ -
Total Participant Reimbursement on A-19	$ -

DSHS Use Only

Completed by:	
Completed on:	

Instructions:

Completing this information on this page will autofill the Billing Roster on the next page. Please follow the instructions below so the roster is completed correctly.

1. Complete the Provider Information
   a. Enter your Agency's Name
   b. Enter your EJAS Contractor Code
   c. Enter the email addresses of all individuals to receive the completed Billing Roster.

2. Complete the Billing Information
   a. Use the dropdown menu to select the month and FFY for this billing
   b. Use the dropdown menu to asnwer "Is this Billing Roster for ORIA?"

3. Complete the Participant Reimbursement Information
   a. Enter the amount of Participant Reimbursement expenses from previous months in the current FFY that will be included on this month's A-19 invoice in cell E16.
   b. Use the dropdown menu in the "Include in this month's A-19" *(column F on the Billing Roster)* **IF** you are including this expense on this month's A-19. *(All approved cases will auto sum the amount on cell E17.)*

   PLEASE NOTE: The amount in cell E18 *(Total Participant Reimbursement on A-19)* must match the total Participant Reimbursement amount on this month's A-19.

4. Save your Billing Roster using the following naming convention:
   a. This naming convention will help us locate and process your roster.
   [eJAS Contractor Code]_[Agency Name]_[Billing Month]
   Examples:
   6AT_KCJI_December
   6EJ_CDCAC_February
   6AO_NHORIA_October

Provider Information

Provider Information	
Provider Name:	
eJAS Contractor Code:	
Return List to the following email address(es):	

Complete the Provider Information section by:

- Your agency's name

- eJAS Contractor Code

- Email addresses for all individuals to receive the completed copy

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Billing Information

Billing Information	
Select the month for this Billing	
Select the FFY for this Billing	
Is this Billing Roster for ORIA?	

Complete the Billing Information section for this month's roster. Use the dropdown menu for **all** three boxes.

- Select the month and FFY for this roster

- Answer the "Is this Billing Roster for ORIA?" question

(This information is important. It will auto format the Billing Roster for the BFET Operations Team.)

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Participant Reimbursements Information

Participant Reimbursements Information		
Previous month's expenses included on this A-19	$	1,500.00
Current month's expenses on this A-19	$	-
Total Participant Reimbursement on A-19	$	1,500.00

1. Enter the Participant Reimbursement from previous month(s) that you are including on this A-19.

Do not concern yourself with the current month's expenses at this moment. This amount will be updated when you receive your Billing Roster back from the BFET Operations Team.

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Provider Information

Provider Name:	Agency's Name
eJAS Contractor Code:	6XY
Return List to the following email address(es):	Barney.Fife@agencyname.org
	Theodore.Ogelvie@agencyname.org

Billing Information

Select the month for this Billing	December
Select the FFY for this Billing	FFY 2018
Is this Billing Roster for ORIA?	No

The information from the Cover Sheet will autofill the header and format columns on the Billing Roster sheet.

Provider Code:	6XY		Provider Name:	Agency's Name		Month	December	FFY 2018
Demographics			Participant Reimbursements			DSHS Use Only		
Last Name	First Name	eJAS ID	Type (use multiple lines if more than one issuance)	Amount	Included in this month's A-19	Provider Comments	BFET Eligible		DSHS Comments

The ORIA column will be visible with an answer of "Yes" to the "Is this Billing Roster for ORIA?" question.

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Step 2: The Billing Roster

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Step 2: The Billing Roster (cont)

Demographics			Participant Reimbursements			
Last Name	First Name	eJAS ID	Type (use multiple lines if more than one issuance)	Amount	Included in this month's A-19	Provider Comments
Furley	Ralph	87878787	Housing	$ 100.00	No	
Applegate	Wheely	45454545	Clothing	$ 50.00	Yes	
			Personal Hygiene	$ 10.00	Yes	
Tucker	Amos	11122233	Transportation	$ 25.00	Yes	
			Work/Training Permits & Fees	$ 75.00	No	driver's license
Parker	Chuck	99988877				
Toddleberry	Duane	66655544	Transportation	$ 25.00	Yes	bus passes

1. Enter the client information in the Demographics columns.

2. Enter the applicable Participant Reimbursement information.

   a. Use the dropdown menu for the type. If you select "Other," please describe it in the "Provider Comments" column.

   b. Enter the Amount.

   c. Indicate if you are including this Participant Reimbursement on this month's A-19. *(This will aid in reconciling this month's A-19. A "No" means you plan to include this reimbursement in a later month's A-19.)*

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Step 3: Save and Send

1. Save your Billing Roster using the following naming convention:

   - (eJAS contractor code)_(agency name)_(billing month)

   - For example:

      - 6AT_KCJI_December

      - 6AO_NHORIA_December

      - 6EJ_CDCAC_December

   This naming convention helps us sort and find your rosters faster.

2. Send the Billing Roster to BFETBILLING@dshs.wa.gov

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Returned Billing Roster

This is what you will receive back from the BFET Operations Team.

Participant Reimbursements Information		
Previous month's expenses included on this A-19	$	1,500.00
Current month's expenses on this A-19	$	85.00
Total Participant Reimbursement on A-19	$	1,585.00

DSHS Use Only	
Completed by:	Dave
Completed on:	11/20/17

DSHS will complete the GREEN sections.

Demographics			Participant Reimbursements				DSHS Use Only		
Last Name	First Name	eJAS ID	Type (use multiple lines if more than one issuance)	Amount	Included in this month's A-19	Provider Comments	BFET Eligible		DSHS Comments
Furley	Ralph	87878787	Housing	$ 100.00	No		Yes		
Applegate	Wheely	45454545	Clothing	$ 50.00	Yes		Yes		
			Personal Hygiene	$ 10.00	Yes		Yes		
Tucker	Amos	11122233	Transportation	$ 25.00	Yes		No		Active TANF
			Work/Training Permits & Fees	$ 75.00	No	driver's license	No		Active TANF
Parker	Chuck	99988877					No		No Comp
Toddleberry	Duane	66655544	Transportation	$ 25.00	Yes	bus passes	Yes		

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Returned Billing Roster (cont)

This is what you will receive back from the BFET Operations Team.

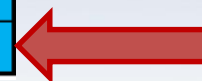| Participant Reimbursements Information		
Previous month's expenses included on this A-19	$	1,500.00
Current month's expenses on this A-19	$	85.00
Total Participant Reimbursement on A-19	$	1,585.00

The *Current month's expenses on this A-19* line auto sums all the amounts that are:

Participant Reimbursements				DSHS Use
Type (use multiple lines if more than one issuance)	Amount	Included in this month's A-19	Provider Comments	BFET Eligible
Housing	$ 100.00	No		Yes
Clothing	$ 50.00	Yes		Yes
Personal Hygiene	$ 10.00	Yes		Yes
Transportation	$ 25.00	Yes		No
Work/Training Permits & Fees	$ 75.00	No	driver's license	No
				No
Transportation	$ 25.00	Yes	bus passes	Yes

1. "Yes" for Included in this month's A-19
2. "Yes" for BFET Eligible

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Step 5: Create your A-19

Participant Reimbursements Information		
Previous month's expenses included on this A-19	$	1,500.00
Current month's expenses on this A-19	$	85.00
Total Participant Reimbursement on A-19	$	1,585.00

The amount in the *Total Participant Reimbursement on A-19* line must match the Participant Reimbursement amount on your A-19.

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Need help completing your Billing Roster?

Contact a member of the BFET Operations Team for assistance.

Name	Phone	Email
Debbie Wilson	(509) 839-7219	Debra.Wilson@dshs.wa.gov
Linda Dofelmire	(360) 501-2449	Linda.Dofelmire@dshs.wa.gov
Melissa Jones	(360) 529-6144	Melissa.Jones@dshs.wa.gov
Mike Hanratty	(206) 450-7251	Michael.Hanratty@dshs.wa.gov
Rick Lee	(206) 450-4874	Rick.Lee2@dshs.wa.gov
Robin Thrower	(425) 339-3923	Robin.Thrower@dshs.wa.gov
Tea'Launna Brown	(206) 716-2432	Tealaunna.Brown@dshs.wa.gov
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Terry Thomas	(509) 227-2643	Terry.Thomas@dshs.wa.gov