



Storyboard

Relative Caregiver Invoicing

This Storyboard covers how Relative Caregiver Workers will invoice payments for youth receiving a stipend.

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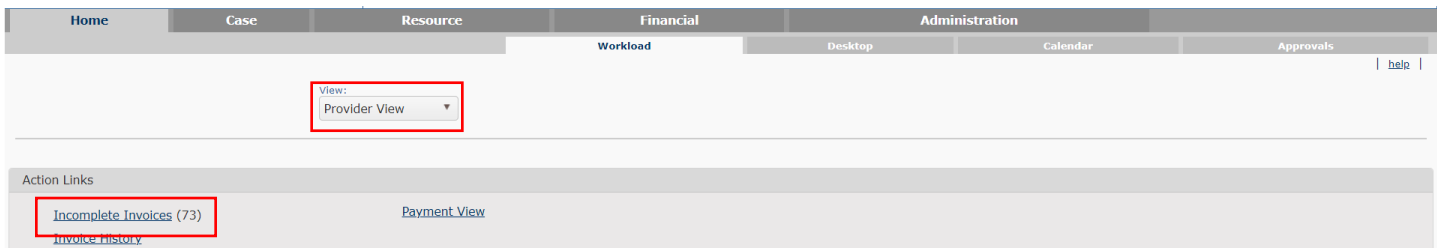
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Relative Caregiver Invoicing

Step 1: Incomplete Invoices

Invoices are generated once a month for youth who were eligible for a Relative Caregiver Stipend during the previous month. These invoices will be available on the Incomplete Invoices list for Relative Caregiver Workers with this access in the early part of each month. Once available, the dates of service can be reviewed and confirmed by Relative Caregiver staff for payment.

1. From the **TFACTS Home** page, click the **View** dropdown
2. Click **Provider View**
3. Click **Incomplete Invoices**



The **Incomplete Invoice Search Criteria** displays

4. Click **Search Criteria** field to filter by **Description, Invoice Number, Period End Date, Person ID, Person Name** or **Region**
 - a. Multiple options can be selected to narrow results
 - b. To view only Relative Caregiver Stipend invoices, choose **Description** for **Search Criteria** and **Relative Caregiver Subsidy Regular Rate** in the **Description** dropdown

Note: If a selection is made using the **Search Criteria** field, this will open additional search fields; **Description, Invoice Number, Period End Date, Person ID, Person Name, Region** – If any of these are selected, there will be additional boxes that display to complete the search.

5. Click **Primary Sort** dropdown to sort by **Description, Period End Date, Person Name** or **Region** if applicable
 6. Click **Secondary Sort** dropdown to add a secondary sort by **Description, Period End Date, Person Name** or **Region** if applicable
 7. Click **Search** to display results or **Clear Form** to clear Search Criteria
- Incomplete Invoice Search Results** displays the **Period End Date, Region, Person Name, Description, Rate,** and **Invoice Number.**
8. **Invoice Number** can be updated if needed by clicking within the **Invoice number** field
 9. Enter the **Begin** and **End** date by clicking within the date field, then tab over for the **Total Days** and **Total Amount** calculate. (Example: 01/05/23-01/31/23 would be entered as Begin = 5, End Date = 31. If child is at eligible for the stipend from 01/01-01/31 the Begin = 1 and End = 31. The system will calculate the Total Days x the Rate = Total Amount.)
 10. **ICD Code** is not required for Relative Caregiver Stipend Youth

11. Click **Submit**

Period End Date	Region	Person Name	Description	Rate	Invoice Number	Begin	End	Total Days	Total Amount	ICD Code
01/31/2023	Northeast	Clai	Relative Caregiver Subsidy Regular Rate	\$15.51	Invoice	1	31	31	\$480.81	

12. A pop-up message will display, click **OK** to submit the Invoice or **Cancel** to be returned to the Invoice screen

Note: After clicking **OK**, you will no longer see the invoices that were successfully submitted. If there are any discrepancies with the invoices, Validation Errors will display, and those errors will need to be corrected before the invoices are able to be submitted successfully.

Step 2: Invoice History

1. Click **Invoice History**

The **Invoice Search Criteria** displays and allows the user to filter by **Invoice Number, From Date, or To Date.**

2. Enter Search Criteria information

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3. Click **Search** or **Clear Form**

Invoice Search Criteria

Invoice Number: R20230131_711

From Date: To Date:

Search Clear Form

Invoice Search Results

Region	Person Name	Pay Period	Service Description	Invoice Number	Invoice Amount	
Northeast	Clark,	27/2017; Male	01/01/2023 - 01/31/2023	Relative Caregiver Subsidy Regular Rate	R20230131_710138925	\$77.55

10 items per page 1 - 1 of 1 Items

Select

4. Invoice Search Results display, Highlight the row and click **Select**

Invoice Search Criteria

Invoice Number: R20230131_710138925

From Date: To Date:

Search Clear Form

Invoice Search Results

Region	Person Name	Pay Period	Service Description	Invoice Number	Invoice Amount	
Northeast	Clark,	27/2017; Male	01/01/2023 - 01/31/2023	Relative Caregiver Subsidy Regular Rate	R20230131_710138925	\$77.55

10 items per page 1 - 1 of 1 Items

Select

The Invoice Detail displays exactly what has been entered (Date, Invoice Number, Pay Period, Invoice Amount, Resource Name/Address and what amount to expect for payment).

Line Items display Status of Invoice, Client Name, Description (contract level), Term= Days @ Rate, Amount.

A Status of **Processed** shows the invoice has been submitted and is ready to be sent to Edison.

5. Click **select** to view the **Line Item** details of the Invoice

6. Click **Close** to return to prior screen

Invoice Date: 01/31/2023

Pay Period: 01/01/2023 - 01/31/2023 Invoice Number: R20230131_710138925

Invoice Amount: \$77.55

Resource Name: Hou

Address: 357 RC

Phone: (865)

Edison Vendor Information

Vendor ID: 0000213061

Vendor Address Sequence Num: 1 Remit Address: Vendor Location: MAIN

Line Items

Status	Client Name	Person Name (Child)	Description	Term	Amount
Processed	Clark,	Clark,	Relative Caregiver Subsidy Regular Rate	01/06 - 01/10; 5 Days \$15.51	\$77.55

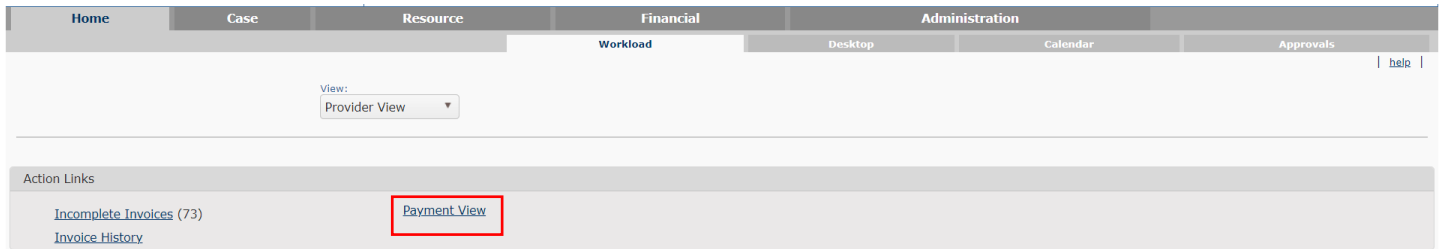
10 items per page 1 - 1 of 1 Items

Status: Completed

Close

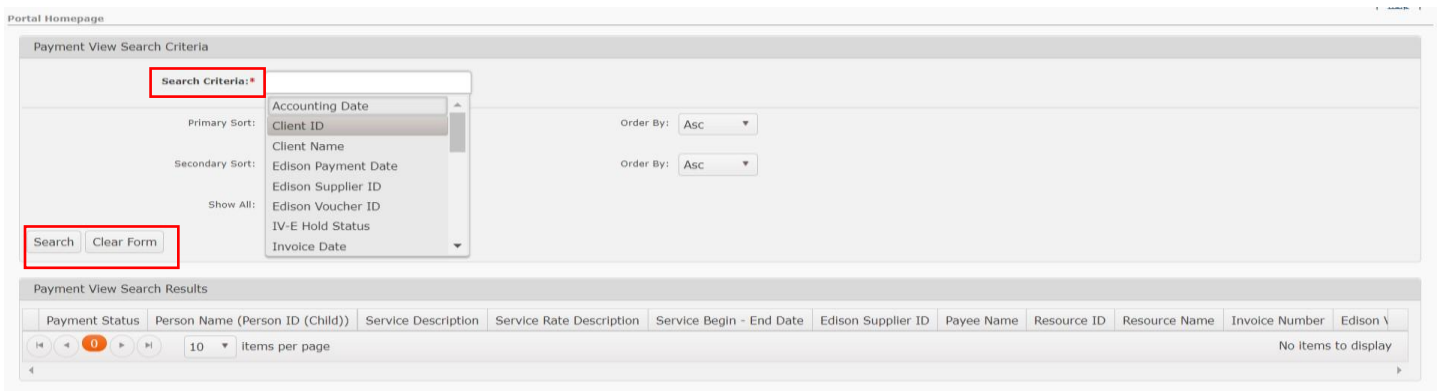
Step 3: Payment View

1. Click **Payment View** to check the Payment Status of an Invoice



Payment View Search Criteria displays

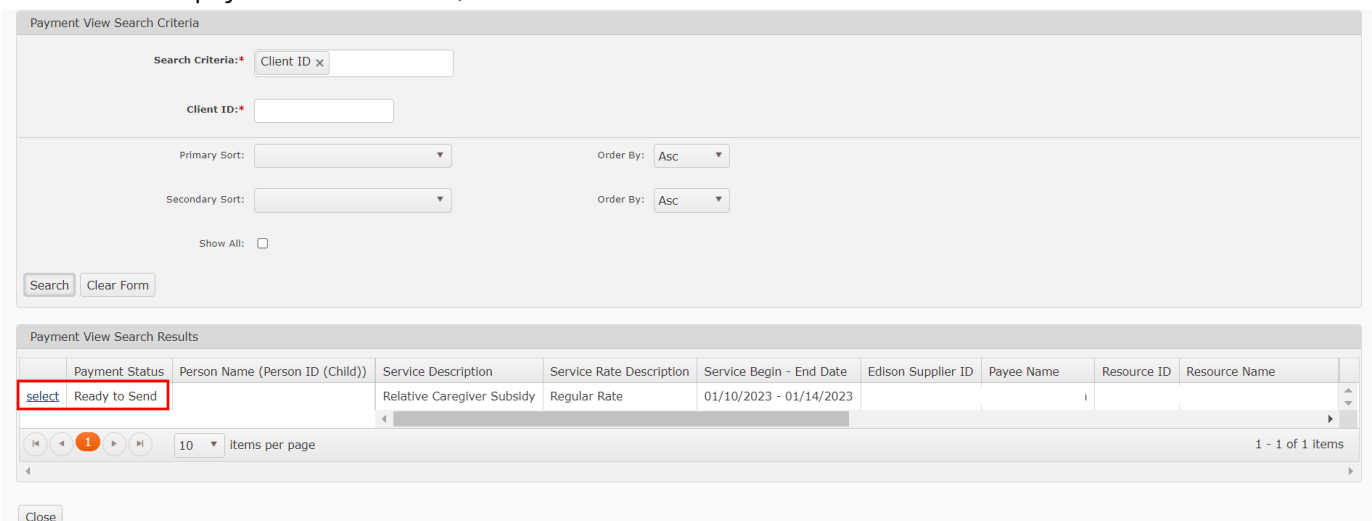
2. Select applicable criteria from **Search Criteria*** dropdown; depending on what criteria is being used, the system will prompt additional fields to perform the search.
3. Click **Search** or **Clear Form**



Payment View Search Results display.

The **Payment Status** will display **Ready To Send** until it has been paid; once the Invoice has been paid, the Payment Status changes to Paid.

4. To view the payment information, click **select** next to the row that is to be reviewed.



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The **Line Item Detail** displays.

5. Click **Close** to return to **Payment View**.

Invoice Header	
Pay Period: 01/01/2023 - 01/31/2023	Invoice Date: 01/31/2023
Invoice Number: R20230131_710138925	Status: Completed
Resource Name:)	

Line Item Detail	
Client Name: Clark,	?7/2017 (5 Yrs)
Person Name: Clark,	?7/2017 (5 Yrs)
Service Request: Clark,	Relative Caregiver Subsidy; 01/02/2023 - 01/10/2023
Service Rate: Regular Rate	
Begin Date: 01/06/2023	End Date: 01/10/2023
Number of Days: 5	
Rate Amount: \$ 15.51	
Total Amount: \$ \$77.55	
Amount: \$77.55	
Confirmed Date: 01/31/2023	Confirmed By: Christy Moore
Status: Processed	

You have completed this storyboard.