Children’s disABILITY Services

Family Guide to Invoicing

This guide is available in alternate formats upon request
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Manitoba

This guide explains how to send a claim to Children's disABILITY Services (CDS) to be repaid for self-managed services and transportation expenses.

Background

In a self-managed agreement, CDS agrees to repay you for disability-related services such as respite, adolescent care (employment support) and transportation to access professional services, when approved for your family.

- To be repaid for these services and expenses, you must send a claim with all the information CDS needs.

Services and expenses that can be claimed

The types of services and expenses that you can claim are listed in your current funding document from CDS.

If this is your first funding agreement with CDS, this information is found in "Schedule A" of your *Conditional Funding Agreement*. If your funding is being changed or renewed, your newest *Funding Commitment Letter* from CDS will tell you what you are eligible to claim.

Your current funding document shows the approved number of hours of service, how often you can use a service, and the rates at which you can be repaid. The type and amount of services and expenses that CDS may repay are meant to meet your family's assessed disability-related needs.

- Do not vary the approved use of these services without first talking to your case manager.

- You are responsible to track the number of hours of service you claim during the current funding period as CDS will only repay you up to the maximum number of hours indicated on your current funding document.

Note that your funding document is valid only for the period shown on your document. You and your case manager will review your family's needs for disability-related supports at least once a year as your funding does not automatically renew. You can still ask your case manager to review your family's needs at any time during the year.

How to make a claim for reimbursement

You must send a claim to CDS every month that you pay for self-managed services such as respite, adolescent care (employment support) or you have eligible transportation expenses.

- ❖ Please submit an invoice form for every month that you are making a claim. You cannot claim more than one month's services and expenses on the same invoice form.

To help us process your claim faster:

- Send all your claim documents at the same time.
- Make sure that all forms are completed properly.

- ❖ Missing supporting documents, mistakes on your forms and/or missing signatures may require you to re-send the claim form, delaying its processing and your payment.

Documents needed to claim self-managed services

1. CDS Self-Managed Invoice Form

The *CDS Self-Managed Invoice Form* must be filled out completely, including your signature. See Appendix A for a sample completed *CDS Self-Managed Invoice Form*.

- ❖ If you have more than one CDS-eligible child, send your claims for all your children on the same *Self-Managed Services Invoice* form.
- ❖ You cannot send duplicate claims for services provided at the same time by the same worker for two or more CDS-eligible children.
- ❖ Remember that you can only claim services that are approved on your current funding document from CDS.

2. Service Log Form

The *Service Log Form* must be submitted along with your *CDS Self-Managed Invoice Form* to show when and what services were received during the month, as well as who provided them. See Appendix B for a sample of a completed *Service Log Form*.

To complete the *Service Log Form*, you must write:

- what type of service was received,
- on what date and during what times,
- the name and phone number of the person who provided the service, and
- also have your worker sign the form for each time they delivered services.

- ❖ If claiming services for more than one CDS-eligible child, you must provide separate *Service Log Forms* for each child. This is to show when services were provided to each child.

- ❖ Note that CDS may contact your self-managed workers to confirm the information on the *Service Log Form*.

- Note that you may not claim services while your child is hospitalized, out of province or no longer in your care. Please tell your case manager if you are in these situations.

- Note that respite services received during school hours to school age children are not eligible for reimbursement.

You can download and print the *CDS Self-Managed Services Invoice Form* and *Service Log* at www.manitoba.ca/fs/cds/forms.html or you may ask for copies from your case manager.

Documents needed to claim transportation expenses

1. **Invoice Form**
   Transportation expenses such as mileage, meals, accommodations, and fares are claimed using the *CDS Transportation Assistance Invoice Form.* This form asks you to show each of the expenses that you are claiming by the date of your child's appointments.

   For more information on how to fill out a claim for transportation expenses, see Appendix C for a sample of a completed *CDS Transportation Assistance Invoice Form*.

- Remember: You may claim only the expenses listed in your current funding document up to the maximum amounts shown.

  For example, if your funding document says that you are approved for mileage only, you cannot also claim for meals or accommodations.
- Note that help with meals and accommodations is only approved when the rules set in the Transportation Assistance to Access Professional Services policy are met.

2. **Proof of Attendance**
   To support your claim for transportation expenses, you must provide proof that your child had attended the approved disability-related appointment.

   The service provider, or their office staff, who helped your child, can fill in the *Confirmation of Attendance form* as proof of attendance. A letter, diagnostic or medical report from the service provider may also serve as proof of attendance if it shows the date that your child was seen by the service provider.

   See appendix D for a sample of a completed *Confirmation of Attendance form.*

3. **Receipts**
   You must provide receipts to claim expenses such as meals, accommodations, and fares. You do not need to provide gas receipts to claim mileage.
   Remember: You may only claim the expenses that are indicated in your current funding document.

If you send your claim by mail or in person, you must provide the original receipts. It is a good idea to make a copy of your receipts for your records.

If you send your claim by email or fax, you must provide digital copies of your receipts.

You can download and print the *CDS Transportation Assistance Invoice Form* and *Confirmation of Attendance form* at www.manitoba.ca/fs/cds/forms.html, or you may ask for copies from your case manager.

How to submit a claim

You must submit a claim at the end of every month after services are received or you have eligible transportation expenses.

You must submit your claim no later than 10 working days after the end of the month in which services were received. For example, if you are submitting a claim for services received in June 2024, then your claim is due no later than July 15, 2024. Contact your case manager if you have trouble submitting your claim within 10 working days of the end of the month, as late claims may not be repaid.

You can send your claims by email or fax. Claims can also be mailed or dropped off at a CDS office location. Please ensure that you provide all the needed paperwork (e.g. invoice forms, service log, confirmation of attendance, receipts) at the same time.

- When submitting claims electronically, please ensure that the digital versions of your invoice forms and supporting documents can be easily read and that the full document is shown in the digital version.
- Remember: Keep records, such as copies of your funding and claims documents, for six years, as set out in the terms of the *Conditional Funding Agreement*.

How to receive payments

Payments are sent by direct deposit. If you haven't already registered for direct deposit, submit the *Vendor Direct Deposit Payment Form* along with a void cheque or pre-printed direct deposit letter from your bank or credit union with your first claim. Before we send your first payment, we will contact you to verify your direct deposit information.

Please allow up to 30 days for your claim to be processed and payment to be issued.

For more instructions on completing the *Vendor Direct Deposit Payment Form*, visit www.manitoba.ca/finance/direct.html. Contact your case manager if you have any questions.

Where to get more information

Please contact your case manager if you have any questions about self-managed services, including about how to submit a claim for repayment.

More information on self-managed services is available in the *CDS Guide to Self-Managed Services* at www.manitoba.ca/fs/cds/pubs/cds-guide-to-self-managed-services.pdf.

Appendix A

Manitoba Families

Self-Managed Services Invoice Form

Children's disABILITY Services

Section One - Service Recipient and Service Summary

Service Period
from June 1, 2024 to June 30, 2024

Child Name James Quintin Public

Service Type	Rate	# Hours	Total per service
Respite	$ 19/hour	12 hours	$ 228
	$		$
		Total – All Services	$228

Child Name Jane Quincy Public

Service Type	Rate	# hours	Total per service
Respite	$ 19/hour	6 hours	$ 114
Adolescent Care (Employment Support)	$ 19/hour	30 hours	$ 570
	$		$
		Total – All Services	$ 684

Child Name John Q. Public

Service Type	Rate	# Hours	Total per service
Respite	$ 19/hour	8 hours	$ 152
	$		$
	$		$
		Total – All Services	$ 152

Section Two – Parent/Guardian Information*

*as written on your Conditional Funding Agreement

Parent/Guardian Name: Jessica Public

Parent/Guardian Address: 205-114 Garry Street
Winnipeg, MB R3C 4V4

I certify that all information herein is true and correct and that services have been provided.

Parent/Guardian Signature: *Jessica Public*

Date: July 10, 2024

Section Three – For Department Use Only

D.I.N.	AMOUNT
	$
	$
	$
	$
VENDOR #	TOTAL PAID: $

Certified Services Provided and Payment Authorized

SIGNATURE _____ DATE _____

SAMPLE

This form is available in alternate formats upon request
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Appendix B

Manitoba Families

Self-Administered Services Log Form

Children's disABILITY Services
*Please Print

Child Name James Quintin Public

Case Manager Name Johnny Worker

Service Information **Month/Year** June 2024				Service Provider Information Note: Service providers may be contacted to verify that services have been provided.		
Date	**Service Type** e.g. respite, after-school care	**Time of Service** e.g. 6pm – 9pm	**# of Hours**	**Full Name**	**Phone Number**	**Signature**
7	**Respite**	6pm – 9pm	**3**	Jane Carriere	**204-555-1234**	JCarriere
14	**Respite**	6pm – 9pm	**3**	Jane Carriere	**204-555-1234**	JCarriere
21	**Respite**	6pm – 9pm	**3**	Jane Carriere	**204-555-1234**	JCarriere
28	**Respite**	6pm – 9pm	**3**	Jane Carriere	**204-555-1234**	JCarriere
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SAMPLE

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Appendix C

Manitoba Families

Transportation Assistance Invoice Form

Children's disABILITY Services

Section One - Service Recipient and Service Summary

Child Name	James Quintin Public

Service Period			
Month	June	**Year**	2024

Appointment Date June 10, 2024

Expense Type	Details	Total
Mileage	500 km x $0.20/km	**$100**
		$
		$
		$100

Appointment Date June 24, 2024

Expense Type	Details	Total
Mileage	500 km x $0.20/km	**$100**
Meals	$17.20/day x 2 days x 2 people	**$68.80**
Accommodations	Hotel – one night	**$127.68**
		$296.48

Appointment Date

Expense Type	Details	Total
		$
		$
		$

Total all appointments **$396.48**

Section Two – Parent/Guardian Information*

*as written on your Conditional Funding Agreement

Parent/Guardian Name	Jessica Public
Parent/Guardian Address	205-114 Garry Street Winnipeg, MB R3C 4V4

I certify that all information herein is true and correct and that services have been provided.

Parent/Guardian Signature *Jessica Public*

Date May 10, 2024

Section Three – For Department Use Only

D.I.N.	AMOUNT
	$
	$
	$
VENDOR #	TOTAL PAID: $

Certified Services Provided and Payment Authorized
SIGNATURE _____ DATE _____

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SAMPLE

Appendix D

Confirmation of Attendance Form

Manitoba Families

Children's disABILITY Services

Please print and complete all applicable sections

Child Information and Appointment Details	
Child Name James Quinton Public	Starting Address (if other than home address)
Appointment Address 1155 Portage Ave Winnipeg	Appointment Date 2024-06-10
	Appointment Time 1:00 p.m.

Service Provider Information	
Name of Service Provider and Agency Jane Therapist, Children's Clinic	Phone Number 204-555-1234
I confirm that the child listed has attended the appointment indicated above. Signature of Service Provider or Office Administrator _____Jane Therapist_____	

Additional Appointment (not required for appointments on same date as above)	
Appointment Address	Appointment Date
	Appointment Time

Service Provider Information	
Name of Service Provider and Agency	Telephone Number
I confirm that the child listed has attended the appointment indicated above. Signature of Service Provider or Office Administrator _____	

SAMPLE

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