

INSTRUCTIONS: LEGISLATIVE REPORT

The completed Legislative Report MUST be completed by the published due date and submitted electronically to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

The information and data reported in this document is needed to complete the annual report to the Legislature as required by the Department of Health and Human Services Appropriations Act, P.A. 268 of 2016, Section 908*, and to complete the annual Substance Abuse Prevention and Treatment (SAPT) Block Grant application.

The Legislative Report (LR) consists of three sub-reports, the financial/client data worksheet, the 'Integrated Treatment' worksheet and the Entity Inventory worksheet. They are separate tabs in the same workbook.

Prepaid Inpatient Health Plans (PIHPs) and Salvation Army Harbor Light (SAHL) MUST complete the report based on the counties in their service areas for the fiscal year. As a direct service provider, SAHL MUST report its' financial and client data as appropriate under its agreement with MDHHS.

Begin completion of the report by reviewing the "Reminders and Clarifications for Legislative Report" beginning on page 5.

Unit data may be cross walked to the following required Encounter Reporting modifiers, as applicable:

- HD: Substance Use Disorder: Women's Specialty Services (WSS) – pregnant/parenting women program (services provided in a program that treats pregnant women or women with dependent children);
- HG: Substance Use Disorder: Opioid Addiction Treatment Program;
- HH: Integrated service provided to an individual with co-occurring disorder (Mental Health/Substance Use Disorder). See 2/16/07 Barrie/Allen memo for further instructions; and,
- HH TG: SAMHSA-approved Evidence Based Practice for Co-occurring Disorders: Integrated Dual Disorder Treatment is provided.

*P.A. 268 of 2016, Section 908: on page 158 of [http://www.legislature.mi.gov/\(S\(txqfeaa53sxo3e31nhlaen\)\)/documents/2015-2016/publicact/pdf/2016-PA-0268.pdf](http://www.legislature.mi.gov/(S(txqfeaa53sxo3e31nhlaen))/documents/2015-2016/publicact/pdf/2016-PA-0268.pdf)

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

Legislative Report Worksheet #1

Column Letter	Instructions for Completion of Financial/Client Data
A	Enter the license number of the provider. Use separate entries if a provider has more than one license number. Enter "NL" if the provider is unlicensed. Enter "UNK" if license number is unknown.
B	Enter the I-BHS number of the provider. Enter "NL" if the provider is unassigned. Enter "UNK" if I-BHS number is unknown.
C	Enter the name of each provider receiving funds, any source, by service category.
D	Enter Block Grant expenditures paid to the provider by service category.
E	Enter General Fund expenditures paid to the provider by service category. NOTE: DO NOT include State Disability Assistance (see Column N).
F	Enter Medicaid expenditures paid to the provider by service category.
G	Enter Healthy Michigan Plan (HMP) expenditures paid to the provider by service category.
H	Enter MI Health Link expenditures paid to the provider by service category.
I	Enter Block Grant expenditures paid to the provider by service category in support of Women Specialty Services (WSS).
J	Enter General Fund expenditures paid to the provider by service category in support of Women Specialty Services (WSS).
K	Enter Medicaid expenditures paid to the provider by service category in support of Women Specialty Services (WSS).
L	Enter Healthy Michigan Plan (HMP) expenditures paid to the provider by service category in support of Women Specialty Services (WSS).
M	Enter MI Health Link expenditures paid to the provider by service category in support of Women Specialty Services (WSS).
N	Enter State Disability Assistance (SDA) funding paid to the provider in support of Residential services only.
O	Enter Partnership For Success 2015-2020 expenditures paid to the provider by service category in support of Prevention services only
P	Enter State Targeted Response expenditures paid to the provider by service category.
Q	Enter actual Fees collected by the provider by service category.

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

Column Letter	Instructions for Completion of Financial/Client Data
R	Enter Local (Current Year PA2 and Other Local) funding paid to the provider by service category. This report is intended to reflect comprehensive program expenditures; therefore, providers that receive only local funds MUST be included here.
S	Enter Federal funding paid to the provider by service category. Federal funds included in this column are those received directly from the federal government by the PIHP, SAHL, or a PIHP's provider.
T	Enter Other funding paid to the provider by service category. These funds may have been received through the PIHP, SAHL, or a PIHP's provider.
U	No entry required. A formula is provided for this cell. Please ensure the reported expenditures are consistent with the Final SUD Financial Status Report.
V	Treatment Only - Enter the number of Units of Service paid for, in whole or in part, under the PIHP or SAHL contract. NOTE: DO NOT report Units for General Administration or Access Management System (AMS) or WSS (see Column Y).
W	Treatment Only - Enter the number of Admissions paid for, in whole or in part, under the PIHP or SAHL contract. NOTE: DO NOT report Units for General Administration or Access Management System (AMS) or WSS (see Column Z).
X	Treatment Only - Enter the number of Unduplicated Clients that received services that were paid for, in whole or in part, under the PIHP or SAHL contract. NOTE: DO NOT report Unduplicated Clients for General Administration or Access Management System (AMS) or WSS (see Column AA).
Y	Treatment Only - Enter the number of WSS Units of Service paid for, in whole or in part, under the PIHP or SAHL contract. NOTE: DO NOT report Units for General Administration or Access or Access Management System (AMS). Prevention Only - Enter the number of "Prevention Recipients" who received Prevention services. "Prevention Recipients" are defined as the "number of new attendees" who received <u>primary</u> Prevention services. All reporters MUST submit this data. NOTE: The number of recipients reported MUST NOT include persons receiving indirect services; such as, activities targeted to communities in the form of education, public service announcements, and media campaigns.

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

Column Letter	Instructions for Completion of Financial/Client Data
Z	Enter the number of WSS Admissions paid for, in whole or in part, under the PIHP or SAHL contract. NOTE: DO NOT report Units for General Administration or Access Management System (AMS).
AA	Enter the number of WSS Unduplicated Clients that received services that were paid for, in whole or in part, under the PIHP or SAHL contract. NOTE: DO NOT report Unduplicated Clients for General Administration or Access Management System (AMS).

Reminders and Clarifications for Legislative Report Worksheet #1:

1. Do not enter formulas in any data cell.
2. Enter only whole numbers; no fractional amounts.
3. No cell that **MUST** contain financial data may be left blank. The completed Legislative Report (LR) **MUST** have a number in each unshaded cell in columns D through AA. The requirement to enter a number in each cell is intended to ensure the cell was not overlooked during completion.

The cells in columns W through AA **MUST** have a number entered in all unshaded cells.

For the Prevention Services category, submit data on the number of Recipients in Column Y.

4. Total expenditures **MUST** be consistent with the Final SUD Supplemental Financial Status Report. Below are examples of items that can and **MUST** be reviewed for consistency when completing the LR:
 - a) **General Administration:** Administration expenditures, including prevention administration, **MUST** be the same as the General Administration expenditures posted on the Final SUD Supplemental Financial Status Report.
 - i. Medicaid and HMP Administration expenditures **MUST** be the same as the expenditures posted in Section B of the Final SUD Supplemental Financial Status Report.
 - ii. If other funding sources were used for General Administration, post those expenditures in the General Administration rows under the appropriate LR column, e.g., PFS and/or STR.
 - b) **Access Management System (AMS):** Only administrative expenditures **MUST** be reported here, not direct services. Assessment expenditures (i.e. HCPC H0001) **MUST** be reported at the provider level and are not part of the AMS. Such expenditures **MUST** be reported in the appropriate treatment services categories.
 - c) **SDA:** SDA expenditures **MUST** be the same as the SDA expenditures posted in on the Final SUD Supplemental Financial Status Report. On the LR, these expenditures **MUST** be posted under the Residential services category only.
 - d) **Prevention:** Prevention expenditures **MUST** be the same as Prevention expenditures posted on the Final SUD Supplemental Financial Status Report, Composite Page, Prevention row, Prevention Expenditures column (Cell H18).
 - e) **Medicaid and Healthy MI Plan (HMP):** Medicaid and HMP expenditures for covered services (Outpatient, Residential, etc.) **MUST** be the same as expenditures posted on the final Medicaid Financial Reports.

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

5. DO NOT combine physical service sites on the LR. Each provider site MUST be listed separately under its own license number/row.
6. Columns V and Y (Units of Service), W and Z (Admissions), and Z and AA (Unduplicated Clients) MUST not be left blank unless section is grayed out. The General Administration and AMS sections are grayed out for these columns. Prevention section is grayed out for Columns W, X, Z and AA.
7. The Medication Assisted Treatment (MAT) service category section MUST include only dosing and associated laboratory expenditures; no OP expenditures are to be included under this service category section. Units MUST be posted under Column V (Units of Service) under this section. Post zeros under Columns W, Admissions and X, Unduplicated Clients. Include only financial data related to each service.

MAT OP expenditures MUST be reported under the OP service category section in a separate row, identifying these from drug-free OP providers by adding an “(MAT)” extension in the Service Category/Provider column.

8. On the LR, post Local, Fees and Collections, and Other Contracts and Sources expenditures consistent with the SUD Supplemental Financial Status Report instructions.
9. Client data (Units of Services, Admissions, and Unduplicated Clients) MUST be reported if the clients’ services were paid for, in whole or in part, by state-administered funds during the fiscal year. Client data MUST also be consistent with Behavioral Health Treatment Episode Data Set and Encounter Data reporting.
10. Financial data MUST correlate with client data across a given row on the report.
11. The Other Services category of the LR MUST contain information (contractor, etc.) pertaining to unlicensed services, such as Communicable Disease services, Non-Synar Compliance Checks. Enter a brief description of services provided, for example: ABC Consulting (utilization management). DO NOT report General Administration or MAT costs in the Other Services category.
12. Post explanations of any discrepancies between the LR and the Final SUD Supplemental Financial Status Report in the Notes Section at the bottom of the LR spreadsheet.
13. Identify all statewide providers that received earmarked funding, by listing each separately under the appropriate service category. For each statewide provider, post its expenditures and client data in a separate row. Identify each by entering “-Statewide” after the provider’s name.

Legislative Report Worksheet #2

Column Letter	Instructions for Completion of Financial/Client Data for Integrated Treatment Report
A	Enter the license number of the provider. Use separate entries if a provider has more than one license number. Enter "NL" if the provider is unlicensed. Enter "UNK" if license number is unknown. All provider listed on this worksheet MUST also appear in the Legislative Report worksheet.
B	Enter the I-BHS number of the provider. Enter "NL" if the provider is unassigned. Enter "UNK" if I-BHS number is unknown.
C	Enter the name of each provider receiving funds, any source, for Integrated Treatment services.
D	Enter Block Grant expenditures paid to the provider for Integrated Treatment services.
E	Enter General Fund expenditures paid to the provider for Integrated Treatment services. NOTE: DO NOT include State Disability Assistance expenditures here (see Column N).
F	Enter Medicaid expenditures paid to the provider for Integrated Treatment services.
G	Enter Healthy Michigan Plan (HMP) expenditures paid to the provider for Integrated Treatment services.
H	Enter MI Health Link expenditures paid to the provider for Integrated Treatment services.
I	Enter Block Grant expenditures paid to the provider for Integrated Treatment services in support of Women Specialty Services (WSS).
J	Enter General Fund expenditures paid to the provider for Integrated Treatment services in support of Women Specialty Services (WSS).
K	Enter Medicaid expenditures paid to the provider for Integrated Treatment services in support of Women Specialty Services (WSS).
L	Enter Healthy Michigan Plan (HMP) expenditures paid to the provider for Integrated Treatment services in support of Women Specialty Services (WSS).
M	Enter MI Health Link expenditures paid to the provider for Integrated Treatment services in support of Women Specialty Services (WSS).
N	Enter State Disability Assistance (SDA) expenditures paid to the provider in support of Residential services only.
O	Enter Partnership For Success (PFS) 2015-2020 expenditures paid to the provider for Integrated Treatment services in support of Prevention services only

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

Column Letter	Instructions for Completion of Financial/Client Data for Integrated Treatment Report
P	Enter State Targeted Response expenditures paid to the provider for Integrated Treatment services.
Q	Enter actual Fees collected by the provider for Integrated Treatment services.
R	Enter Local (Current Year PA2 and Other Local) funding received by the provider for Integrated Treatment services. This report is intended to reflect comprehensive program expenditures; therefore, providers that receive only local funds MUST be included here.
S	Enter Federal funding paid to the provider for Integrated Treatment services. Federal funds included in this column are those received directly from the federal government by the PIHP, SAHL, or a PIHP's provider.
T	Enter Other funding paid to the provider for Integrated Treatment services. These funds may have been received through the PIHP, SAHL, or a PIHP's provider.
U	No entry required. A formula is provided for this cell. Please ensure the reported expenditures are consistent with the Final SUD Financial Status Report.
V	Treatment Only - Enter the number of Units of Service paid for, in whole or in part, under the PIHP or SAHL contract.
W	Treatment Only - Enter the number of Admissions paid for, in whole or in part, under the PIHP or SAHL contract.
X	Treatment Only - Enter the number of Unduplicated Clients that received services that were paid for, in whole or in part, under the PIHP or SAHL contract.
Y	Treatment Only - Enter the number of WSS Units of Service paid for, in whole or in part, under the PIHP or SAHL contract.
Z	Enter the number of WSS Admissions paid for, in whole or in part, under the PIHP or SAHL contract.
AA	Enter the number of WSS Unduplicated Clients that received services that were paid for, in whole or in part, under the PIHP or SAHL contract.

Reminders and Clarifications for Legislative Report Worksheet #2:

1. Do not enter formulas in any data cell.
2. Enter only whole numbers; no fractional amounts.
3. No cell for financial data may be left blank. The completed Legislative Report (LR) MUST have a number in each unshaded cell in columns D through AA. The requirement to enter a number in each cell is intended to ensure the cell was not overlooked during completion.
4. DO NOT combine physical service sites on the LR. Each provider site MUST be listed separately under its own license number/row.
5. Columns V and Y (Units of Service), W and Z (Admissions), and Z and AA (Unduplicated Clients) **MUST not** be left blank unless section is grayed out.
6. Client data (Units of Services, Admissions, and Unduplicated Clients) MUST be reported if the clients' services were paid for, in whole or in part, by state-administered funds during the fiscal year. Client data MUST also be consistent with Behavioral Health Treatment Episode Data Set and PIHP/CMHSP Encounter Reporting (specifically "HH" and "HH TG" modified units).
7. Financial data MUST correlate with client data across a given row on the report.
8. Identify all statewide providers that received earmarked funding, by listing each separately under the appropriate service category. For each statewide provider, post its expenditures and client data in a separate row. Identify each by entering "-Statewide" after the provider's name.

Legislative Report Worksheet #3

Column Letter	Instructions for Completion of Entity Inventory to Support Legislative Report
A	Enter the license number of the provider. Use separate entries if a provider has more than one license number. Enter "NL" if the provider is unlicensed. Enter "UNK" if license number is unknown. All provider listed on this worksheet MUST also appear in the Legislative Report worksheet.
B	Enter the I-BHS number of the provider. Enter "NL" if the provider is unassigned. Enter "UNK" if I-BHS number is unknown.
C	Enter the name* of each provider receiving funds, any source, as appears in I-BHS database. If unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
D	Enter the number and street of each provider receiving funds, any source, as appears in I-BHS database. If unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
E	Enter the Mailing Address Line 2 of each provider receiving funds, any source, as appears in I-BHS database. If unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
F	Enter the Mailing Address Line 3 of each provider receiving funds, any source, as appears in I-BHS database. If unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
G	Enter the Mailing City of each provider receiving funds, any source, as appears in I-BHS database. If unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
H	Enter the Mailing State of each provider receiving funds, any source, as appears in I-BHS database. If unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
I	Enter the Mailing Zip Code of each provider receiving funds, any source, as appears in I-BHS database. If unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
J	Enter the Physical Location Address Line 1 of each provider receiving funds, any source, as appears in the MI Department of Licensing and Regulatory Affairs (LARA), Health Care Licensee database (see https://w2.lara.state.mi.us/VAL/License/Search). If the provider is physically located in Michigan and information is unknown, please contact LARA for assistance. If the provider is physically located out of State and the required information is unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

Column Letter	Instructions for Completion of Entity Inventory to Support Legislative Report
K	Enter the Physical Location Address Line 2 of each provider receiving funds, any source, as appears in the MI Department of Licensing and Regulatory Affairs (LARA), Health Care Licensee database (see https://w2.lara.state.mi.us/VAL/License/Search). If the provider is physically located in Michigan and information is unknown, please contact LARA for assistance. If the provider is physically located out of State and the required information is unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
L	Enter the Physical Location Address Line 3 of each provider receiving funds, any source, as appears in the MI Department of Licensing and Regulatory Affairs (LARA), Health Care Licensee database (see https://w2.lara.state.mi.us/VAL/License/Search). If the provider is physically located in Michigan and information is unknown, please contact LARA for assistance. If the provider is physically located out of State and the required information is unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
M	Enter the Physical Location City of each provider receiving funds, any source, as appears in the MI Department of Licensing and Regulatory Affairs (LARA), Health Care Licensee database (see https://w2.lara.state.mi.us/VAL/License/Search). If the provider is physically located in Michigan and information is unknown, please contact LARA for assistance. If the provider is physically located out of State and the required information is unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
N	Enter the Physical Location Address Line 1 of each provider receiving funds, any source, as appears in the MI Department of Licensing and Regulatory Affairs (LARA), Health Care Licensee database (see https://w2.lara.state.mi.us/VAL/License/Search). If the provider is physically located in Michigan and information is unknown, please contact LARA for assistance. If the provider is physically located out of State and the required information is unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.
O	Enter the Physical Location Address Line 1 of each provider receiving funds, any source, as appears in the MI Department of Licensing and Regulatory Affairs (LARA), Health Care Licensee database (see https://w2.lara.state.mi.us/VAL/License/Search). If the provider is physically located in Michigan and information is unknown, please contact LARA for assistance. If the provider is physically located out of State and the required information is unknown, please contact MDHHS-BHDDA-Contracts-MGMT@michigan.gov for assistance.

Reminders and Clarifications for Legislative Report Worksheet #3:

1. Do NOT enter formulas/links in any data cell.
2. DO NOT combine physical service sites on the LR. Each provider site MUST be listed separately under its own license number/row.
3. Enter "NA" if requested information is not applicable.