

	<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF COMMUNITY HEALTH</b>  <b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT AND</b> <b>MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER SECTION 1115(A) DEMONSTRATION PROGRAM CONTRACT</b>	<b>ATTACHMENT</b>
		7.8.1
		<b>SECTION</b>
		<b>EFFECTIVE DATE</b>
		FY 10 Reporting Only
		<b>PAGE OF</b>
Adult Benefit Waiver – FY 10 Supplemental Report – issued 2/9/11		1 of 8

## 1.0 General Report Overview

Effective December 31, 2009 the Title XXI (CHIPRA, formerly SCHIP) Adult Benefit Waiver (ABW) program was terminated and replaced with a new Title XIX (Medicaid) ABW program under a Federal 1115(a) demonstration grant. The Department of Community Health (DCH) was granted an implementation period in which to transfer the contractual arrangements from the Community Mental Health Service Programs (CMHSP) and the Coordinating Agencies (CA) to the Prepaid Inpatient Health Plans (PIHP).

Effective April 30, 2010 the contractual arrangement for the provision of the ABW through the MDCH/CMHSP Managed Mental Health Supports and Services Contract was terminated.

Effective May 1, 2010, MDCH entered into a contractual arrangement with the PIHP for the provision of the new Title XIX – Medicaid ABW program through the Michigan ABW NON-Pregnant Childless Adults Waiver (Adult Benefit Waiver) Section 1115(a) Demonstration program FY 10 contract.

The April 30, 2010 communication from Michael J. Head, Director – Mental Health and Substance Abuse Administration provides ABW implementation guidance.

Due to the mid-year contractual / reporting changes, the Financial Status Report – All Non Medicaid does not provide the level of reporting MDCH is requesting for ABW. To accommodate ABW reporting a one-time ABW Supplemental Report will be required. The ABW – FY 10 – Supplemental Report will be used in tandem with the Financial Status Report – All Non Medicaid to report all revenues and expenditures associated to the ABW program and evaluate the whether there was an overall surplus or deficit in funding.

The ABW – FY 10 Supplemental Report contains worksheets that will provide a crosswalk from the supplemental report to the FSR – All Non-Medicaid. There are separate crosswalk worksheets for the CMHSP, the PIHP that is also a CA, and the PIHP that is not a CA. The crosswalk will reference the location on the FSR – All Non-Medicaid where MDCH would anticipate reporting of the ABW expenditures. Please note: the relationship between the amounts reported on the ABW Supplemental Report and the FSR – All Non-Medicaid may not be a one to one relationship.

## 2.0 Report - Due Dates

The ABW – FY 10 Supplemental Report is due

<u>Report Period</u>	<u>Report Type</u>	<u>Due Date</u>
October 1 – September 30	Final	March 31, 2011

	<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF COMMUNITY HEALTH</b>  <b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT AND MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER SECTION 1115(A) DEMONSTRATION PROGRAM CONTRACT</b>	<b>ATTACHMENT</b>
		7.8.1
		<b>SECTION</b>
		<b>EFFECTIVE DATE</b>
		FY 10 Reporting Only
		<b>PAGE OF</b>
Adult Benefit Waiver – FY 10 Supplemental Report – issued 2/9/11		2 of 8

### 3.0 Report Submission

#### 3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

#### 3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at [MDCH-MHSA-Contracts-MGMT@michigan.gov](mailto:MDCH-MHSA-Contracts-MGMT@michigan.gov).

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: The file name for the ABW - FY 10 Supplemental report from network180 should read **FY10 FINAL network180 ABW Supplemental 03-29-2011**.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

### 4.0 Report Specific Navigation or Terminology

Maximize ABW Funding – As specified in the April 30, 2010 ABW implementation guidance communication from Michael J. Head, Director – Mental Health and Substance Abuse Administration, for the FY 10 transition year, any FY 10 ABW revenue (SCHIP/CHIPRA, ABW Medicaid prior to May 1, 2010 and ABW Medicaid from May forward) can be used to provide ABW covered services to ABW beneficiaries during FY 10 so long as the ABW revenue provided to the PIHP under the new contract has been used first.

The ABW – FY 10 Supplemental Report was designed similar to the ABW Summary Revenue report mailed to each CMHSP/PIHP by the Mental Health and CSHCS Support Section. The ABW capitation revenues reported on the ABW - FY 10 Supplemental Report must reconcile to the ABW Summary Revenue report.

Columns:

Title XXI – Oct 09 – Dec 09: Represents the time period where MDCH contracted with the CMHSPs and CAs for ABW under Title XXI. The payment to the CMHSP was inclusive of both the federal and state share of ABW capitation. The payment to the CA was federal only – 74.23%. As such, the CA is responsible for the required match – 25.77%.

Title XIX – Jan 10 – April 10: Represents the time period where MDCH contracted with the CMHSPs and CAs for the ABW under Title XIX – Medicaid. The payment to the CMHSP was inclusive of both the federal and state share of ABW capitation. The payment to the CA was federal only – 73.27%. As such, the CA is responsible for the required match – 26.73%. Note: Enhanced Medicaid ARRA funding applied.

	<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF COMMUNITY HEALTH</b>	<b>ATTACHMENT</b>
	<b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT AND MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER SECTION 1115(A) DEMONSTRATION PROGRAM CONTRACT</b>	7.8.1
		<b>SECTION</b>
		<b>EFFECTIVE DATE</b>
		FY 10 Reporting Only
		<b>PAGE OF</b>
Adult Benefit Waiver – FY 10 Supplemental Report – issued 2/9/11		3 of 8

Title XIX – May – Sept 10: Represents the time period where MDCH contracted with the PIHPs. The payment to the PIHP was inclusive of both the federal and state share of the ABW capitation.

## 5.0 Instructions for Completion of the Report

Enter the name of the CMHSP or PIHP on the line labeled “CMHSP / PIHP”

Enter the date of report submission on the line labeled “Submission Date”.

### 5.1 Section Mental Health – ABW

This section represents the ABW revenue and expenses for provision of Mental Health ABW services as authorized in the contracts.

#### Row MH 100 - Revenue

This row is the label REVENUE. The rows immediately following will represent the ABW Mental Health revenue available to fund current year expenditures.

#### Row MH 101 – ABW Capitation

The CMHSP (October 09 – April 10) and the PIHP (May 10 – September 10) receives ABW funding based on a per enrolled adult per month methodology. Enter the amount of ABW Mental Health capitation.

#### Row MH 102 – CMHSP to CMHSP Earned Contact (CMHSP use only)

CMHSP to CMHSP earned contracts are defined as arrangements between CMHSPs from the sale of services or goods including revenues earned in the context of the sale of services or goods. The CMHSP that provides the ABW Mental Health service under contract and receives funding from the PIHP must report the revenue in this section.

#### Row MH 103 – Maximize ABW Funding

As specified in the April 30, 2010 ABW implementation communication from Michael J. Head, Director – Mental Health and Substance Abuse Administration, for the FY 10 transition year, any FY 10 ABW Mental Health revenue (SCHIP/CHIPRA, ABW Medicaid prior to May 1, 2010 and ABW Medicaid from May forward) can be used to provide ABW Mental Health covered services to ABW beneficiaries during FY 10 so long as the ABW revenue provided to the PIHP under the new contract has been used first.

Enter the amount of ABW Mental Health revenues being utilized across the various time periods.

Example: If surplus ABW funding, in the amount of \$10, existed from Oct 09 – Dec 09 and there was a deficit of ABW funding for the Jan 10 – April 10 time period, there

	<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF COMMUNITY HEALTH</b>  <b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT AND MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER SECTION 1115(A) DEMONSTRATION PROGRAM CONTRACT</b>	<b>ATTACHMENT</b>
		7.8.1
		<b>SECTION</b>
		<b>EFFECTIVE DATE</b>
		FY 10 Reporting Only
		<b>PAGE OF</b>
Adult Benefit Waiver – FY 10 Supplemental Report – issued 2/9/11		4 of 8

would be a reduction or credit of \$10 in Column: Title XXI – Oct 09 – Dec 09 and a increase or debit of \$10 in Column: Title XIX – Jan 10 – April 10.

**Row MH 190 – Total Revenue**

This row represents the total revenue available to fund current year expenditures. The cells in this row are formula driven. The formula is the *sum of ABW Capitation (MH 101), CMHSP to CMHSP Earned Contract (MH 102) and Maximize ABW funding (MH 103).*

**Row MH 200 - Expenditure**

This row is the label EXPENDITURE. The rows immediately following will represent the expenditures for current year ABW.

**Row MH 201 – ABW Service / Administration**

Enter the amount of expenditures related to providing mental health services, as defined in the Medicaid Provider Manual, to the ABW population. Allowable administrative costs should also be reported here.

**Row MH 202 – Risk Management (PIHP use only)**

The ABW Medicaid contract with the PIHP is a full risk contract. Per the April 30, 2010 ABW Implementation Guidance communication from Michael J. Head, the PIHP has flexibility in terms of how risk is covered. Please refer to the April 30<sup>th</sup> guidance for constraints and examples of acceptable methods of risk management. Under the full risk arrangement any remaining ABW funds convert to local revenue in the following fiscal year. No other Medicaid revenue or Medicaid savings accruing from the MDCH/PIHP Specialty Services Waiver program may be used to meet ABW risk or for services for ABW beneficiaries.

If the PIHP has elected to set aside funding for the management of risk, enter the amount of expenditures related to the contribution (deposit) of such funding. A brief narrative outlining the risk management strategies being utilized should be included in the Remarks section of the ABW Supplemental Report.

**Row MH 203 – Use Tax (PIHP use only)**

Enter the amount of expenditures associated to ABW – Medicaid Use Tax.

**Row MH 290 – Total Expenditure**

This row represents the total ABW expenditures prior to any redirects. The cells in this row are formula driven. The formula is the *sum of ABW Service / Administration (MH 201), Risk Management (MH 202) and Use Tax (MH 203).*

**Row MH 295 – Net ABW**

This row represents the net ABW surplus or deficit prior to any redirects. The cells in this row are formula driven. The formula is *Total Revenue (MH 190) less Total Expenditure (MH 290).*

	<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF COMMUNITY HEALTH</b>	ATTACHMENT
	<b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT AND MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER SECTION 1115(A) DEMONSTRATION PROGRAM CONTRACT</b>	7.8.1
		SECTION
		EFFECTIVE DATE
		FY 10 Reporting Only
Adult Benefit Waiver – FY 10 Supplemental Report – issued 2/9/11		PAGE OF
		5 of 8

**Row MH 300 – Redirected Funds (To) From**

This row is the label Redirected Funds (To) From. The rows immediately following will identify how deficits were covered by other funding sources. Please refer to the April 30, 2010 ABW Implementation Guidance communication from Michael J. Head for additional information on funding expectations.

**Row MH 301 – From Local**

Enter the amount of local funds being utilized to fund all or a portion of the deficit in ABW.

**Row MH 302 – From GF**

Enter the amount of general funds being utilized to fund all or a portion of the deficit in ABW.

**Row MH 390 – Total Redirected Funds**

This row represents the total of redirected funds. The cells in this row are formula driven. The formula is *the sum of From Local (MH 301) and From GF (MH 302)*.

**Row MH 400 – Balance ABW (Cannot be < 0)**

As the row title indicates, the amount in this cell cannot be less than zero. Any deficit in ABW funding must be resolved. Any amounts greater than zero reflected in this cell will represent the unspent balance of ABW which, per the April 30, 2010 ABW Implementation Guidance communication from Michael J. Head, can be converted to local funding in the following fiscal year.

**5.2 Section Substance Abuse - ABW**

This section represents the ABW revenue and expenses for provision of Substance Abuse Health ABW services as authorized in the contracts.

**Row SA 100 - Revenue**

This row is the label REVENUE. The rows immediately following will represent the ABW Substance Abuse revenue available to fund current year expenditures.

**Row SA 101 – ABW Capitation**

The CA (October 09 – April 10) and the PIHP (May 10 – September 10) receives ABW funding based on a per enrolled adult per month methodology. Enter the amount of ABW Substance Abuse capitation.

CA – October 09 – December: Title XXI – FMAP Federal: 74.23%, Match: 25.77%  
CA - January 10 – April 10: Title XIX – FMAP Federal: 73.27%, Match: 26.73%  
PIHP - May 10 – September 10: Title XIX – Payment at Gross.

	<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF COMMUNITY HEALTH</b>	ATTACHMENT
	<b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT AND MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER SECTION 1115(A) DEMONSTRATION PROGRAM CONTRACT</b>	7.8.1
		SECTION
		EFFECTIVE DATE
		FY 10 Reporting Only
Adult Benefit Waiver – FY 10 Supplemental Report – issued 2/9/11		PAGE OF
		6 of 8

**Row SA 102 – State Agreement – Required Match (PIHP/CA only)**

Enter the amount of State Agreement revenue associated to the provision of Substance Abuse services. This row represents the amount of funding related to the required match. Please refer to the FMAPs listed in the instructions for SA 101.

**Row SA 103 – State Agreement – Above Match (PIHP/CA only)**

Enter the amount of State Agreement revenue associated to the provision of Substance Abuse services. This row represents the amount of funding above the required match.

**Row SA 104 – Maximize ABW Funding**

As specified in the April 30, 2010 ABW implementation communication from Michael J. Head, Director – Mental Health and Substance Abuse Administration, for the FY 10 transition year, any FY 10 ABW Substance Abuse revenue (SCHIP/CHIPRA, ABW Medicaid prior to May 1, 2010 and ABW Medicaid from May forward) can be used to provide ABW Substance Abuse covered services to ABW beneficiaries during FY 10 so long as the ABW revenue provided to the PIHP under the new contract has been used first.

Enter the amount of ABW Substance Abuse revenues being utilized across the various time periods.

Example: If surplus ABW funding, in the amount of \$10, existed from Oct 09 – Dec 09 and there was a deficit of ABW funding for the Jan 10 – April 10 time period, there would be a reduction or credit of \$10 in Column: Title XXI – Oct 09 – Dec 09 and a increase or debit of \$10 in Column: Title XIX – Jan 10 – April 10.

**Row SA 190 – Total Revenue**

This row represents the total revenue available to fund current year expenditures. The cells in this row are formula driven. The formula is the *sum of ABW Capitation (SA 101), State Agreement – Required match (SA 102), State Agreement – Above Match (SA 103) and Maximize ABW funding (SA 104).*

**Row SA 200 - Expenditure**

This row is the label EXPENDITURE. The rows immediately following will represent the expenditures for current year ABW.

**Row SA 201 – ABW Service / Administration**

Enter the amount of expenditures related to proving substance abuse services, as defined in the Medicaid Provider Manual, to the ABW population. Allowable administrative costs should also be reported here.

**Row SA 202 – Risk Management (PIHP use only)**

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	<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF COMMUNITY HEALTH</b>	ATTACHMENT
	<b>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT AND MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER SECTION 1115(A) DEMONSTRATION PROGRAM CONTRACT</b>	7.8.1
		SECTION
		EFFECTIVE DATE
		FY 10 Reporting Only
		PAGE OF
Adult Benefit Waiver – FY 10 Supplemental Report – issued 2/9/11		7 of 8

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**Row SA 203 – Use Tax (PIHP use only)**

Enter the amount of expenditures associated to ABW – Medicaid Use Tax.

**Row SA 290 – Total Expenditure**

This row represents the total ABW expenditures prior to any redirects. The cells in this row are formula driven. The formula is the sum of *ABW Service / Administration (SA 201)*, *Risk Management (SA 202)* and *Use Tax (SA 203)*.

**Row SA 295 – Net ABW**

This row represents the net ABW surplus or deficit prior to any redirects. The cells in this row are formula driven. The formula is *Total Revenue (SA 190) less Total Expenditure (SA 290)*.

**Row SA 300 – Redirected Funds (To) From**

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**Row SA 301 – From Local**

Enter the amount of local funds being utilized to fund all or a portion of the deficit in ABW.

**Row SA 390 – Total Redirected Funds**

This row represents the total of redirected funds. The cells in this row are formula driven. The formula is *the sum of From Local (SA 301)*.

**Row SA 400 – Balance ABW (Cannot be < 0)**

As the row title indicates, the amount in this cell cannot be less than zero. Any deficit in ABW funding must be resolved. Any amounts greater than zero reflected in this cell will represent the unspent balance of ABW which, per the April 30, 2010 ABW Implementation Guidance communication from Michael J. Head, can be converted to local funding in the following fiscal year.

	<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF COMMUNITY HEALTH</b>  <b><i>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT AND MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER SECTION 1115(A) DEMONSTRATION PROGRAM CONTRACT</i></b>	<b>ATTACHMENT</b>
		7.8.1
		<b>SECTION</b>
		<b>EFFECTIVE DATE</b>
		FY 10 Reporting Only
		<b>PAGE OF</b>
	Adult Benefit Waiver – FY 10 Supplemental Report – issued 2/9/11	8 of 8

### 5.3 Remarks

This section has been provided for the CMHSP / PIHP to provide narrative descriptions as necessary.