

	STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES MDHHS /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT	ATTACHMENT
		C.6.5.1.1
		SECTION
		Form v 2016-2
		EFFECTIVE DATE
		10/01/15
		PAGE OF
	Financial Status Report - All Non Medicaid Supplemental Schedule – <i>revised October 2016</i>	1 of 6

1.0 General Report Overview

The CMHSP will use the FSR – All Non-Medicaid Supplement Schedule to report revenue and expenditures associated to the Autism Benefit and the provision of ABA services as authorized in the Contract between the CMHSP and the affiliate PIHP.

For FY 16 reporting, the CMHSP will need to report separately for Autism revenue and expenditures for:

- Autism – October to December 2015 – Autism services for Medicaid and MIChild children ages 18 months through age 5.
- Autism – January – September 2016 – Autism expansion to serve children up to age 21

MDHHS has created the All Non-Medicaid Supplement Schedule to accommodate this reporting. The information entered on the FSR – All Non-Medicaid Supplemental will auto-populate into the FSR – All Non-Medicaid - Section IB – PIHP to Affiliate Autism Benefit Services Contracts – CMHSP Use Only.

This section will only be used by CMHSPs that are affiliate members of a PIHP. The CMHSP must also provide this information to the PIHP for inclusion on the FSR – Autism (Oct – Dec 2015) and the FSR – Autism (Jan – Sept 2016).

The CMHSP must certify the accuracy and completeness of the FSR – All Non-Medicaid Supplemental Schedule and identify a contact person, phone number and email address that questions regarding the submission should be directed to. MDHHS has established a one page “face” sheet to be utilized by the CMHSP for this purpose.

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment C.6.5.1.1 of the Contract for identification of report due dates. The reporting grid can be found on the MDHHS website: http://www.michigan.gov/MDHHS/0,4612,7-132-2941_38765---,00.html

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This is no longer applicable.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 MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES MDHHS /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT	ATTACHMENT
		C.6.5.1.1
		SECTION
		Form v 2016-2
		EFFECTIVE DATE
		10/01/15
		PAGE OF
	Financial Status Report - All Non Medicaid Supplemental Schedule – <i>revised October 2016</i>	2 of 6

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY XX Year End Interim reporting package submitted from network180 for the All Non Medicaid Financial Status Report, the file name should read **FYXX Year End Interim network180 FSRBUNDLE MM/DD/YYYY**.

Note: The All Non- Medicaid Supplemental Schedule is part of the FSR Bundle file.

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

4.0 Report Specific Navigation or Terminology

Within this document the terms used in these instructions shall be construed and interpreted as defined below:

Autism Benefit Services: The MDHHS/PIHP Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program – 1915(i) – Autism Benefit is authorized in the Medicaid Contract.

PIHP: A CMHSP or Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract and the Michigan ABW Non-Pregnant Childless Adults Waiver Contract with MDHHS and acts as the Prepaid Inpatient Health Plan.

CMHSP: Community Mental Health Services Program that holds the GF Contract with MDHHS.

The Financial Status Report – All Non-Medicaid Supplemental Schedule includes cell shading to assist the end user with the completion of the form.

Report headers are shaded in light green.

Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are shaded peach or light turquoise. The cells shaded in light turquoise represent sub-totals or totals.

Select cells have conditional formatting applied so that if an erroneous entry is made the cell will turn orange.

Worksheet protection has been enabled.

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

The term "Submission Type" on the worksheet refers to the reporting period, i.e., Projection, Interim, Final.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES MDHHS /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT	ATTACHMENT
		C.6.5.1.1
		SECTION
		Form v 2016-2
		EFFECTIVE DATE
		10/01/15
		PAGE OF
Financial Status Report - All Non Medicaid Supplemental Schedule – <i>revised October 2016</i>		3 of 6

The following numbering/sequencing has been utilized in the FSR All Non-Medicaid Supplemental Schedule:

- 100 Title row for revenue
- 101-189 Detail rows for reporting revenue
- 190 Total row for revenue
- 200 Title row for expenditures
- 201-289 Detail rows for reporting expenditures
- 290 Total row for expenditures
- 400 Total row identifying the remaining balance. The balance is calculated by taking into consideration available revenue less expenditures.

The FSR All Non-Medicaid Supplemental Schedule – Column A: Column A is used to report the revenues and expenditures related to Autism – October - December 2015.

The FSR All Non-Medicaid Supplemental Schedule - Column B: Column B is used to report the revenues and expenditures related to Autism – January – September 2016.

The FSR All Non-Medicaid Supplemental – Row Layout: The alpha reference refers to the Section of the FSR -IB – PIHP to Affiliate Autism Benefit Services Contracts – CMHSP Use Only. The number reference refers to the character of the line (revenue, expenditures, etc). The description could be a label (revenue, expenditure, etc) or a more detailed description of the item (Revenue – Medicaid – from PIHP, Revenue – MICHild – from PIHP, etc).

5.0 Instructions for Completion of the Report

The CMHSP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR – All Non-Medicaid.

5.1 Section IB - PIHP to AFFILIATE AUTISM BENEFIT SERVICES CONTRACTS - CMHSP USE ONLY

The CMHSP will use this section to report revenues and expenditures associated to the Autism Benefit and the provision of ABA services as authorized in the Contract between the PIHP and the affiliate CMHSP and in the Medicaid Provider Manual.

For FY 16 reporting, the CMHSP will need to report Autism for both the Autism – Oct – Dec 2015 time period, as well as Autism – Jan – Sept 2016. MDHHS has inserted into the FSR Bundle a tab labeled “All Non-Medicaid Supplemental”. The CMHSP will use the All Non-Medicaid Supplemental to report PIHP to Affiliate Autism Benefit Services. The FSR Bundle will auto populate Section IB – PIHP to Affiliate Autism Benefit Services of the FSR All Non-Medicaid from the All Non-Medicaid Supplemental.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES MDHHS /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT	ATTACHMENT
		C.6.5.1.1
		SECTION
		Form v 2016-2
		EFFECTIVE DATE
		10/01/15
		PAGE OF
Financial Status Report - All Non Medicaid Supplemental Schedule – <i>revised October 2016</i>		4 of 6

This section will only be used by CMHSPs that are affiliate members of a PIHP. Additionally, this information must be reported to the PIHP and be included on the Financial Status Report – Autism Benefit.

COLUMN DEFINITION / INSTRUCTIONS:

COLUMN A: FISCAL PERIOD – 10/1/15 -12/31/15

Report the revenues and expenditures associated to providing Autism services to Medicaid and MICHild children ages 18 months through age 5 for the time period October 1 through December 31, 2015.

COLUMN B: FISCAL PERIOD – 1/1/16 – 9/30/16

Report the revenues and expenditures associated to providing Autism services in compliance with the Autism expansion which provides for Autism services for children up to age 21 for the time period January 1 through September 30, 2016.

COLUMN C: TOTAL

Column C is formula driven. The formula is *Column A plus Column B*.

ROW INSTRUCTIONS

ROW IB-100 – REVENUE

This row is the label REVENUE. The rows immediately following will represent the revenues available, per fiscal period, to fund current year expenditures that are associated to the PIHP to Affiliate Autism Benefit Services Contracts.

ROW IB-101 - REVENUE – MEDICAID - FROM PIHP

Enter the amount of Medicaid revenue from the PIHP that is associated to the provision of ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

ROW IB-121 – 1ST & 3RD PARTY COLLECTIONS – MEDICAID CONSUMERS - AFFILIATE

The CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients. Enter the funding available from 1st and 3rd party collections that are not included (eligible for inclusion) in the Special Fund Account authorized in Section 226a (PA423) of the Mental Health Code (MHC). The amount entered in this cell is for 1st and 3rd party collections associated to the cost of a person’s 100% funded daily care or services.

ROW IB-102 - REVENUE - MICHILD - FROM PIHP

Enter the amount of MICHild revenue from the PIHP that is associated to the provision of ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

	STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES MDHHS /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT	ATTACHMENT
		C.6.5.1.1
		SECTION
		Form v 2016-2
		EFFECTIVE DATE
		10/01/15
		PAGE OF
Financial Status Report - All Non Medicaid Supplemental Schedule – <i>revised October 2016</i>		5 of 6

ROW IB-122 – 1ST & 3RD PARTY COLLECTIONS – MICHILD CONSUMERS – AFFILIATE

The CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients. Enter the funding available from 1st and 3rd party collections that are not included (eligible for inclusion) in the Special Fund Account authorized in Section 226a (PA423) of the Mental Health Code (MHC). The amount entered in this cell is for 1st and 3rd party collections associated to the cost of a person's 100% funded daily care or services.

ROW IB-190 - TOTAL REVENUE

This cell represents the total amount of revenue available to fund expenditures for the provision of the Autism Benefit – ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual. This cell is formula driven. The formula is the *sum of Revenue –Medicaid - from PIHP (IB 101), 1st & 3rd Party Collections – Medicaid Autism Consumers – Affiliate (IB 121), Revenue-MICHild - From PIHP (IB 102), and 1st & 3rd Party Collections – MICHild Autism Consumers – Affiliate (IB 122).*

ROW IB-200 – EXPENDITURE

This row is the label EXPENDITURE. The rows immediately following will represent the expenditures, per fiscal period, for services provided and authorized in the Autism Benefit Contract.

ROW IB-201 – EXPENDITURE-MEDICAID

Enter the amount of Medicaid expenditures associated to the provision of Autism Benefit – ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

ROW IB-202 – EXPENDITURE-MICHILD

Enter the amount of MICHild expenditures associated to the provision of Autism Benefit – ABA services as indicated in the CMHSP contract with the PIHP and in the Medicaid Provider Manual.

ROW IB-290 - TOTAL EXPENDITURE

This cell represents the total expenditures associated to the provision of the Autism Benefit – ABA services. This cell is formula driven. The formula is the *sum of Expenditure-Medicaid (IB 201) and Expenditure-MICHild (IB 202).*

ROW IB-400 - BALANCE PIHP TO AFFILIATE AUTISM BENEFIT SERVICES CONTRACTS (MUST = 0).

As the row title indicates, the amount in this cell must equal zero. This cell is formula driven. The formula is Total Revenue (IB 190) less Total Expenditure (IB 290).

	STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES <i>MDHHS /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT</i>	ATTACHMENT
		C.6.5.1.1
		SECTION
		Form v 2016-2
		EFFECTIVE DATE
		10/01/15
		PAGE OF
Financial Status Report - All Non Medicaid Supplemental Schedule – <i>revised October 2016</i>		6 of 6

5.2 SECTION - REMARKS

This section has been provided for the CMHSP to provide narrative descriptions as necessary. If this space is insufficient, please utilize the “Additional Narrative” tab within the FSR Bundle.

In addition, provide the appropriate amounts related to the rows requesting Autism Benefit Admin Costs and Autism Benefit Assessment Costs. The total for these two rows will autopopulate.