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## 1.0 General Report Overview

The General Fund Contract Reconciliation and Cash Settlement (CRCS) worksheet provides a mechanism to close out the financial components of the Managed Mental Health Supports and Services Contract (contract). The worksheet will be used in evaluating any remaining financial obligations due to the Community Mental Health Services program (CMHSP) or the Michigan Department of Community Health (MDCH). The financial information reflected in the report should represent revenue and expenditures on an accrual basis of accounting through the fiscal year (FY) ending September 30<sup>th</sup> and recorded as specified in the contract.

The CRCS worksheet will be utilized in tandem with the General Fund Contract Settlement Worksheet. The General Fund Contract Settlement Worksheet will be utilized to evaluate contract authorization to payments received by the CMHSP, identify the maximum general fund (GF) carry-forward, verification that prior year GF carry-forward has been utilized or has approval from the MDCH to utilize in a future fiscal year, and settles the categorical funding arrangements outlined in the contract. Please refer to the instructions for the General Fund Contract Settlement Worksheet for further details.

The CRCS worksheet summarizes the resources and expenditures associated to the contract, the disposition of funding (surplus/deficit) and the cash settlement of the contract.

## 2.0 Report - Due Dates

The CRCS worksheet is due

<u>Report Period</u>	<u>Report Type</u>	<u>Due Date</u>
October 1 – September 30	Projection	July 31 <sup>st</sup>
October 1 – September 30	Interim	November 10 <sup>th</sup>
October 1 – September 30	Final	January 31 <sup>st</sup>

## 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This is no longer applicable.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: For the FY 10 projection reporting package submitted from network180 for the General

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Fund Contract Reconciliation and Cash Settlement report, the file name should read **FY10 PROJ network180 GFCRCS 07-29-2010**.

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

#### 4.0 Report Specific Navigation or Terminology

The CRCS worksheet includes cell shading to assist the end user with completion of the form.

Worksheet 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 not shaded. 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., Interim, Final, Projection.

Column headings are specific to each section of the worksheet and may change from section to section. The column headings are shaded to assist in identification.

#### 5.0 Instructions for Completion of the Report

Enter the name of the CMHSP on the line labeled "CMHSP".

Select the appropriate Fiscal Year (FY) from the drop down menu.

Select the Submission Type from the drop down menu.


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

##### 5.1 Section 1 – General Fund Services – Available Resources

This section represents the available resources for the services provided and authorized in the contract for the fiscal year being settled.

##### Section 1.a – CMH Operations (FSR B 101)

Enter the funding authorized in the contract for CMH Operations. The amount entered in this cell must reconcile with the FSR All Non-Medicaid line B 101.

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**Section 1.b – Categorical (FSR B 102)**

Enter the funding authorized in the contract for specific purposes, projects and/or target populations. These funds are commonly referred to as categorical. The amount entered in this cell must reconcile with the FSR All Non-Medicaid line B 102.

**Section 1.c – State Services (FSR B 103)**

Enter the funding authorized in the contract for State Facility services. The amount entered in this cell must reconcile with the FSR All Non-Medicaid line B.103.

**Section 1.d – Sub-Total General Fund Contract Resources**

This cell represents the total of GF contract resources authorized in the contract with the MDCH. This cell is formula driven. The formula is *the sum of CMH Operations (1.a), Categorical (1.b) and State Services (1.c).*

**Section 1.e – 1<sup>st</sup> & 3<sup>rd</sup> Party Collections (FSR B 121 + B 122)**

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 1<sup>st</sup> and 3<sup>rd</sup> party collections that are not included in the Special Fund Account authorized in Section 226a (PA 423) of the Mental Health Code (MHC). The amount entered in this cell must reconcile to the sum of FSR All Non-Medicaid lines B 121 and B 122.

**Section 1.f – Prior Year GF Carry-Forward (FSR B 123)**

Enter the amount of carry-forward funding available from the previous FY earned under section 226 (2)(c) of the MHC. This amount should reconcile with the prior FY issued cost settlement. Any variance from the prior year settlement must be described in the “Narrative” section on the GF Contract Settlement worksheet (Section 3). The amount entered in this cell must reconcile with the FSR All Non-Medicaid line B 123.

**Section 1.g – ISF Abatement – State Facility (FSR B 124)**


Enter the amount of the ISF abatement that is being utilized in support of current year State Facility Services expenditures due to over funding of the Internal Service Fund. The amount entered in this cell must reconcile with the FSR All Non-Medicaid line B 124.

**Section 1.h – Redirected CMHSP to CMHSP Contracts (FSR B 313)**

Enter the amount of funding available from the CMHSP to CMHSP Contracts utilized in support of current year expenditures. Any surplus funding from CMHSP to CMHSP contracts entered here must be associated to consumers who are not Medicaid eligible. The amount entered in this cell must reconcile with the FSR All Non-Medicaid line B 313.

**Section 1.i – Redirected Non-MDCH Earned Contracts (FSR B 314)**

Enter the amount of funding available from the Non-MDCH Earned Contracts utilized in support of current year expenditures. Any surplus funding from Non-MDCH Earned Contracts entered here must be associated to consumers who are not Medicaid eligible. The amount entered in this cell must reconcile with the FSR All Non-Medicaid line B 314.

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**Section 1.j – Sub-Total Other General Fund Resources**

This cell represents the sub-total of other GF resources available to fund current year expenditures. This cell is formula driven. The formula is the *sum of 1<sup>st</sup> & 3<sup>rd</sup> Party Collections (1.e), Prior Year GF Carry-Forward (1.f), ISF Abatement – State Facility (1.g), Redirected CMHSP to CMHSP Contracts (1.h) and Redirected Non-MDCH Earned Contracts (1.i).*

**Section 1.k – Local 10% Associated to 90/10 Services (FSR M 201)**

As defined in the MHC Chapter 3, Section 330.1302, except as otherwise provided in Chapter 3 or subsection (2), a county is financially liable for 10% of the net cost of any service that is provided by the department, directly or by contract, to a resident of that county. Enter the amount of the local funding associated to 90/10 matchable services. The amount entered in this cell must reconcile to the FSR All Non-Medicaid line M 201.

**Section 1.l – Local 10% Match Cap Adjustment (FSR M 203)**

Within certain conditions, Section 330.1308(2) of the MHC limits the amount of local match required of a community mental health authority to the amount of local match provided in the year that the program became a community mental health authority. Enter, as a negative, the amount of local funding that is not being utilized due to the CMHSP invoking Section 330.1308(2) of the MHC. The amount entered in this cell must reconcile to the FSR All Non-Medicaid line M 203.

**Section 1.m – Sub-Total Local 10% Associated to 90/10 Services**

This cell represents the sub-total of Local 10% funding associated to 90/10 services. This cell is formula driven. The formula is the *sum of Local 10% Associated to 90/10 Services (1.k) and Local 10% Match Cap Adjustment (1.l)*


**Section 1.n – Total General Fund Services - Resources**

This cell represents the total GF services resources available to fund current year expenditures. This cell is formula driven. The formula is the *sum of Sub-Total General Fund Contract Resources (1.d), Sub-Total Other General Fund Resources (1.j) and Sub-Total Local 10% Associated to 90/10 Services (1.m).*

**5.2 Section 2 – General Fund Services - Expenditures**

This section represents the expenditures for services provided and authorized in the contract for the fiscal year being settled.

There are two columns within Section 2. The first column is labeled “90/10 – Local Cap” and will only be used to reflect the gross amount of 90/10 services and the adjustments to Local 10% match. The second column is labeled “Expenditures” and will be the column used to report all expenditures unless instructions specifically instruct entry into the 90/10 – Local Cap column.

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**Section 2.a – 100% MDCH Matchable Services (FSR B 201)**

Enter the amount of expenditures eligible for 100% state funding including the total in-home cost for specialized residential services started and/or transferred to CMHSP operations after March 30, 1981. In addition, any other expenditure for services authorized at 100% state match must be reported here. The amount entered in this cell must reconcile to the FSR All Non-Medicaid line B 201.

**Section 2.b – 100% MDCH Matchable Services – CMHSP Local Match Cap (FSR B 202)**

Enter the amount of expenditures eligible for 100% state funding due to the CMHSP invoking 330.1308 (2) of the MHC. The amount entered in this cell must reconcile to the FSR All Non-Medicaid line B 202.

**Section 2.c – 90/10% Matchable Services (FSR B 203 Column A)**

Enter, in the 90/10 – Local Cap column, the amount of expenditures eligible for 90% state funding as indicated in Section 330.1308 of the MHC. The amount entered in this cell must reconcile to the FSR All Non-Medicaid line B 203 Column A.

**Section 2.d – Local 10% Match Cap Adjustment (FSR M 203)**

When a CMHSP invokes Section 330.1308 of the MHC and limits the local match required, there is a shift of funding between local and 100% GF. Therefore, it is necessary to shift the equivalent amount from 90/10 to 100%.

**Column: 90/10 – Local Cap**

Enter, as a negative, the amount of expenditures that will be funded with state funding due to the CMHSP invoking 330.1308(2) of the MHC. The amount entered in this cell must reconcile to the FSR All Non-Medicaid M 203.

**Column: Expenditures**

This cell represents the net 90/10 service expenditures for the current FY. The cell is formula driven. The formula is *90/10 MDCH Matchable Services (2.c) plus the negative amount of Local 10% Match Cap Adjustment (2.d Column 90/10 – Local Cap)*.


**Section 2.e – State Services (FSR B 204)**

Enter the amount of expenditures related to the purchase of State Facility services.

Note:

- 1) Expenditures for community-based services funded with State Services authorization (trade-offs) should not be reported in this row but in other rows as appropriate to the expenditures;
- 2) Administrative costs are not to be included; and
- 3) ISF abatement and/or ISF financing are treated as funding sources and should not reduce the amount of expense reported in this cell.

The amount entered in this cell must reconcile to the FSR All Non-Medicaid line B 204.

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**Section 2.f – Payment into GF ISF (FSR B 205)**

Enter the amount of expenditures related to a contribution (deposit) to the GF ISF. All deposits into the ISF must meet the criteria established in the ISF Technical Requirement of the contract. The amount entered in this cell must reconcile to the FSR All Non-Medicaid line B 205.

**Section 2.g – Sub-Total General Fund Services – Expenditures**

This cell represents a sub-total of GF contract expenditures prior to any redirections to fund other services. This cell is formula driven. The formula is *the sum of 100% MDCH Matchable Services (2.a), 100% MDCH Matchable Services – CMHSP Local Match Cap (2.b), 90/10% MDCH Matchable Services (2.c), Local 10% Match Cap Adjustment (2.d), State Services (2.e) and Payment into GF ISF (2.f).*

**Section 2.h – GF Supplement for Unfunded Medicaid (B 301)**

Enter the amount of expenditures where GF funds are being utilized to supplement the funding available for Medicaid costs. Prior approval from the MDCH is required prior to any GF being utilized to fund Medicaid costs. The amount entered in the cell will be the converse of the amount reflected on the FSR All Non-Medicaid line B 301.

**Section 2.i – GF Supplement for ABW (B 302)**

Enter the amount of expenditures where GF funds are being utilized to supplement the cost of providing ABW services. The amount entered in the cell will be the converse of the amount reflected on the FSR All Non-Medicaid B 302.

**Section 2.j – GF Supplement / Match for MIChild (B 303 & B 304)**

Enter the amount of expenditures where GF funds are being utilized to match the MIChild federal capitation and supplement the cost of providing MIChild services. The amount entered in the cell will be the converse of the sum of FSR All Non-Medicaid lines B 303.and B 304.

**Section 2.k – GF Supplement / Match for SED (B 305 + B 306 + B 307 - B 312)**


Enter the amount of expenditures where GF funds are being utilized to match the fee for service SED wavier federal reimbursement and supplement the cost of providing SED waiver services. The amount entered in the cell will be the converse of the sum of FSR All Non-Medicaid lines B 305, B 306, B 307 less B 312.

**Section 2.l – GF Supplement for Children’s Waiver (B 308)**

Enter the amount of expenditures where GF funds are being utilized to supplement the cost of providing Children’s Waiver services. The amount entered in the cell will be the converse of the amount reflected on the FSR All Non-Medicaid line B 308.

**Section 2.m – GF Supplement for Injectable Medications (B 309)**

Enter the amount of expenditures where GF funds are being utilized to supplement the cost of injectable medications. The amount entered in the cell will be the converse of the amount reflected on the FSR All Non-Medicaid line B 309.

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**Section 2.n – GF Supplement for CMHSP to CMHSP Contracts (B 310)**

Enter the amount of expenditures where GF funds are being utilized to supplement the cost of services under CMHSP to CMHSP contracts. All expenditures entered here must be associated to consumers who are not Medicaid eligible. The amount entered in the cell will be the converse of the amount reflected on the FSR All Non-Medicaid line B 310.

**Section 2.o – GF Supplement for Substance Abuse (B 311)**

Enter the amount of expenditures where GF funds are being utilized to supplement the cost of services associated to the Substance Abuse MDCH contract. All expenditures entered here must be associated to consumers who are not Medicaid eligible. The amount entered in the cell will be the converse of the amount reflected on the FSR All Non-Medicaid line B 311.

**Section 2.p – Sub-Total General Fund Services Supplement – Expenditures**

This cell represents the total GF contract expenditures, that were funded with GF, but are associated to other services authorized in the contract with the MDCH. This cell is formula driven. The formula is the *sum of GF Supplement for Unfunded Medicaid (2.h), GF Supplement for ABW (2.i), GF Supplement / Match for MICHild (2.j), GF Supplement / Match for SED (2.k), GF Supplement for Children’s Waiver (2.l), GF Supplement for Injectable Medications (2.m), GF Supplement for CMHSP to CMHSP Contracts (2.n), GF Supplement for Substance Abuse (2.o).*

**Section 2.q – Total General Fund Services - Expenditures**

This cell represents the total GF services expenditures. This cell is formula driven. The formula is the *Sub-Total General Fund Services – Expenditures (2.g) plus Sub-Total General Fund Services Supplement – Expenditures (2.p).*

**5.3 Section 3 – Summary of Resources / Expenditures**

This section summarizes the Total General Fund Services – Resources and Total General Fund Services – Expenditures for calculation of a sub-total of the contract surplus or deficit. The amount of forced lapse is then applied to calculate the net contract surplus or deficit.


**Section 3.a – Total General Fund Services - Resources**

This cell represents the total GF services resources available to fund current year expenditures. This cell is formula driven. The formula is *plus Total General Fund Services – Resources (1.n).*

**Section 3.b – Total General Fund Services – Expenditures**

This cell represents the total GF services expenditures. This cell is formula driven. The formula is *plus Total General Fund Services – Expenditures (2.q).*

**Section 3.c – Sub-Total General Fund Services Surplus (Deficit)**

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This cell represents the difference between available resources and expenditures. The result indicates whether there is a funding surplus or deficit. The cell is formula driven. The formula is *plus Total General Fund Services – Resources (3.a) less Total General Fund Services – Expenditures (3.b)*.

**Section 3.d – Less: Forced Lapse to MDCH**

This cell represents the amount that must be lapsed back to the MDCH. Typically, forced lapse represents unspent categorical funding provided to the CMHSP by the MDCH for a specific purpose, project, and/or target population. The cell is formula driven. The formula is *plus General Fund Contract Settlement Worksheet Section 4.f, total row, Lapse column*. The amount of forced lapse will be displayed as a negative amount.

**Section 3.e – Net General Fund Services Surplus (Deficit)**

This cell represents the net GF surplus or deficit after taking into consideration the available resources, expenditures and the forced lapse amount. The cell is formula driven. The formula is *the sum of Sub-Total General Fund Services Surplus (Deficit) (3.c) and Less: Forced Lapse to MDCH (3.d)*.

**5.4 Section 4 – Disposition**

This section represents the disposition of the contract surplus or contract deficit. For any contract surplus, the section will identify whether a GF carry-forward was earned and/or whether there was lapse to the MDCH. For any contract deficit, this section will identify whether the deficit was funded with local and/or ISF funding.

**Section 4.a – Surplus**

This row is the label SURPLUS.


**Section 4.b – Transfer to Fund Balance – GF Carry-Forward Earned**

This cell represents the earned GF carry-forward for the current contract. The cell is formula driven. The formula is an IF/THEN/ELSE statement with another IF/THEN/ELSE statement embedded. To assist with comprehension listed first will be the “common language” describing what the IF/THEN/ELSE statement will accomplish followed by the actual statement.

Basically, it is first being determined whether there is a GF surplus. If there isn't a surplus than enter a zero. If there is a GF surplus than limiting the amount of GF carry-forward to the maximum amount allowed per the contract. The amount of the transfer to fund balance will be displayed as a negative; thus showing how the CMHSP is disposing of the “positive” surplus identified on 3.e – Net General Fund Services Surplus (Deficit).

The IF/THEN/ELSE statement is as follows: *IF the Net General Fund Services Surplus (Deficit) is less than or equal to zero, THAN zero, ELSE (IF Total Current Year Maximum Carry-Forward from the GF Contract Settlement Worksheet is*



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greater than the Net General Fund Services Surplus (Deficit), THAN Net General Fund Services Surplus Deficit times negative one, ELSE Total Current Year Maximum Carry-Forward from the GF Contract Settlement Worksheet times negative one). Section cell references have been left off intentionally to aid in comprehension of the statement.

**Section 4.c – Lapse to MDCH – Contract Settlement**

This cell represents the contract settlement lapse to the MDCH. The cell is formula driven. The formula is an IF/THEN/ELSE statement. The statement is as follows: *IF Net General Fund Services Surplus (Deficit) is less than or equal to zero, THAN zero, ELSE (Net General Fund Services Surplus (Deficit) plus Transfer to Fund Balance – GF Carry-Forward Earned) times negative one.*

The amount of the lapse to the MDCH will be displayed as a negative; thus showing how the CMHSP is disposing of the “positive” surplus identified in Section 3.e – Net General Fund Services Surplus (Deficit).

**Section 4.d – Total Disposition – Surplus**

This cell is formula driven. The result indicates the total amount of GF surplus that the CMHSP had to account for. The amount will be displayed as a negative; thus showing how the CMHSP is disposing of the “positive” surplus identified in Section 3.e – Net General Fund Services Surplus (Deficit). The Net General Fund Surplus identified in Section 3.e should be offset by the amount displayed in this cell. The formula is the *sum of Transfer to Fund Balance – GF Carry-Forward Earned (4.b) and Lapse to MDCH – Contract Settlement (4.c).*

**Section 4.e – Deficit**

This row is the label Deficit.

**Section 4.f – Redirected from Local (FSR B 331)**


Enter the amount of local funds being utilized to fund all or a portion of the Net General Fund Services Deficit identified in Section 3.e. The amount entered in the cell must reconcile to the FSR All Non-Medicaid line B 331.

The amount of funds redirected from local should be entered as a positive number; thus showing how the CMHSP is disposing of the “negative” deficit identified in Section 3.e – Net General Fund Services Surplus (Deficit).

**Section 4.g – Redirected from ISF (FSR B 332)**

Enter the amount of ISF funds being utilized to fund all or a portion of the Net General Fund Services Deficit identified in Section 3.e. The amount entered in the cell must reconcile to the FSR All Non-Medicaid line B 332.

The amount of ISF funds utilized should be entered as a positive number; thus showing how the CMHSP is disposing of the “negative” deficit identified in Section 3.e – Net General Fund Services Surplus (Deficit).

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Note: In order to utilize the GF ISF, the State Facility costs less any ISF abatement must exceed the State Facility authorization and the CMHSP must have an overall GF shortfall.

**Section 4.h – Total Disposition – Deficit**

This cell is formula driven. The result indicates the total amount of GF deficit that the CMHSP had to account for. The amount will be displayed as a positive; thus showing how the CMHSP is disposing of the “negative” deficit identified in Section 3.e – Net General Fund Services Surplus (Deficit). The Net General Fund Deficit identified in Section 3.e should be offset by the amount displayed in this cell. The formula is the *sum of Redirected from Local (4.f) and Redirected from ISF (4.g)*.

**5.5 Section 5 – Cash Settlement: (Due MDCH) / Due CMHSP**

This section identifies cash due the MDCH or the CMHSP.

**Section 5.a – Forced Lapse to MDCH**

The amount in this cell represents the forced lapse to the MDCH. This cell is formula driven. The formula is *plus Less: Forced Lapse to MDCH (Section 3.d)*.

**Section 5.b – Lapse to MDCH – Contract Settlement**

The amount in this cell represents the lapse to the MDCH based on the contract settlement. This cell is formula driven. The formula is *plus Lapse to MDCH – Contract Settlement (Section 4.c)*.

**Section 5.c – Return of Prior Year General Fund Carry-Forward**


Earned General Fund Carry-Forward from the prior FY should be used as first source. If for any reason the earned GF carry-forward was not utilized and the CMHSP does not have the MDCH approval to retain, enter the amount of GF carry-forward that must be returned to the MDCH. This amount should be entered as a negative amount.

**Section 5.d – State Facility**

This row should reflect any amounts due the MDCH or the CMHSP for State Facility services. The amount entered should reconcile to the amount indicated as balance due (MDCH) / CMHSP in Section 4.a of the State Services Utilization worksheet. Enter any amount due the MDCH as a negative. Enter any amount due the CMHSP as a positive.

**Section 5.e – Contract Authorization – Late Amendment**

The amount in this cell represents any amounts due the MDCH or the CMHSP related to the contract authorization. The cell is formula driven. The formula is *plus Amount Due CMHSP / (MDCH) Cash Settlement from Section 1.d of the General Fund Contract Settlement Worksheet*.

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**Section 5.f – Misc.: (please explain)**

This row should reflect any amounts due the MDCH or the CMHSP that have not been specifically addressed else where in the CRCS. Enter any amount due the MDCH as a negative. Enter any amount due the CMHSP as a positive.

If the narrative space available on this line is insufficient, please utilize the space available in Section 5 on the General Fund Contract Settlement Worksheet.

**Section 5.g – Total Cash Settlement: (Due MDCH) / Due CMHSP**

This section represents the total amount due the MDCH or the CMHSP. The cell is formula driven. The formula is the *sum of Forced Lapse to MDCH (5.a), Lapse to MDCH – Contract Settlement (5.b), Return of Prior Year General Fund Carry-Forward (5.c), State Facility (5.d), Contract Authorization – Late Amendment (5.e), and Misc. (5.f).*

**5.6 Section 6 – General Fund MDCH Commitment**

This section of the report recaps the amount of funding committed by the MDCH for the FY being settled. The section is formula driven.

The formula for MDCH/CMHSP Contract Funded Expenditures is *plus Sub-Total General Fund Contract Resources (1.d), plus the negative representation of Transfer to Fund Balance – GF Carry-Forward Earned (4.b), plus the negative representation of Forced Lapse to MDCH (3.d), plus the negative representation of Lapse to MDCH – Contract Settlement (4.c).*

The formula for Earned General Fund Carry-Forward is *less the negative representation of the Transfer to Fund Balance – GF Carry-Forward (4.b).*

**5.7 Section 7 – Report Certification**

This section of the worksheet certifies the accuracy and completeness of the CRCS. Please sign, date and print the name and telephone number as indicated.