Michigan Department of Community Health, Behavioral Health and Developmental Disabilities Administration
Bureau of Hospitals and Administrative Operations

Instructions for Completion of the
Legislative Report (LR)

Fiscal Year (FY) 2015
Due Date: January 31, 2016

Attached are the instructions for the LR for FY2015.

This document is needed to complete the annual report to the Legislature as required by the MDCH Appropriations Act, P.A. 252 of 2014, Section 408, and to complete the Substance Abuse Prevention and Treatment (SAPT) Block Grant application.

The LR consists of two sub-reports, the financial/client data spreadsheet and the sub-report titled 'Integrated Treatment.'

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

The Legislative Report Review Checklist is available to assist with completion. The checklist is used by the Contract Managers in reconciling each agency's LR to its final FY2015 Revenues and Expenditures Report (RER).

Legislative Report Worksheet #1

Column Ltr	Instructions for Completion of Financial/Client Data LR Report
Column A	Enter the license number of the provider. Use separate entries if a provider has more than one license number.
Column B	Enter the I-SATS number of the provider.
Column C	Enter an "X" beside all Methadone drug-free Outpatient (OP) providers.
Column D	In the appropriate type of service category, enter the name of each provider receiving funds, any source.
Column E	Enter funding paid to the provider using **ONLY** Block Grant funding for this type of service.
Column F	Enter funding paid to the providing using **"ONLY"** General Fund dollars **(not including SDA)**.
Column G	Enter Medicaid funding paid to the provider for this type of service.
Column H	Enter Healthy Michigan Plan (HMP) funding paid to the provider for this type of service.
Column I	Enter MIChild PECPM funding paid to the provider.
Column J	Enter **General Fund** funding paid **ONLY** in support of Women Specialty Services (WSS).
Column K	Enter **Block Grant** funding paid **ONLY** in support of Women Specialty Services (WSS)
Column L	Enter **Medicaid** funding paid **ONLY** in support of Women Specialty Services (WSS).
Column M	Enter Healthy Michigan Plan (HMP) funding paid **ONLY** in support of Women Specialty Services (WSS).
Column N	Enter SDA funding paid to the provider.
Column O	Enter actual fees collected by the provider for this type of service.
Column P	Enter local (Current Year PA2, PA2 Funds transferred from CA, and Other Local) funding paid to the provider for this type of service. This report is intended to reflect comprehensive PIHP expenditures; therefore, providers that receive only local funds should be included here.
Column Q	Enter Federal funding paid to the provider for this type of service. Federal funds included in this column are those received directly from the federal government by the PIHP, SAHL, or a PIHP provider; **OR** expenditures covered by federal grants that are passed through MDCH to the PIHP or SAHL (Example: FDA grant).
Column R	Enter Other funding paid to the provider for this type of service. These funds may have been received through the PIHP, SAHL, or direct to a PIHP provider. Please use this column to report expenditures consistent with the agency's final RER.
Column S	**No entry required**. A formula is provided for this cell.

Legislative Report Instructions FY2014_Revised_09.24.14

Column Ltr	Instructions for Completion of Financial/Client Data LR Report
Column T	Enter the number of Units of Service paid for, in whole or in part, under the PIHP or SAHL contract. **NOTE: For all PIHPs and SAHL, do NOT report Units of Services for administration.**
Column T-**Prevention Category**	Enter the number of "Prevention Recipients" who received Prevention services. "Prevention Recipients" are defined as the "number of new attendees" who received <u>direct</u> Prevention services. All PIHPs 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.**
Column U	Enter the number of admissions paid for, in whole or in part, under the PIHP or SAHL contract. **NOTE: For all PIHPs and SAHL, do NOT report admissions for administration or AMS.**
Column V	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: For all PIHPs and SAHL, do NOT report Unduplicated Clients for administration.**
Column W	Enter the number of **WSS** Units of Service paid for, in whole or in part, under the PIHP or SAHL contract. **NOTE: For all PIHPs and SAHL, do NOT report Units of Services for administration.**
Column X	Enter the number of **WSS** admissions paid for, in whole or in part, under the PIHP or SAHL contract. **NOTE: For all PIHPs and SAHL, do NOT report admissions for administration or AMS.**
Column Y	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: For all PIHPs and SAHL, do NOT report Unduplicated Clients for administration.**

Reminders and Clarifications:

1. The completed LR must have a number (including a zero) in each cell in columns E through R. **Failure to enter a number in a cell could mean that the cell was overlooked, and not mean that it was supposed to be a zero**. No cell that should contain financial data may be left blank. The cells in columns T through Y must have data entered in all cells except for the General Administration, AMS and Other Services sections.

   For the Prevention Services category, submit data on the number of Recipients. Data for Columns T and W are NOT required. **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.**

2. Expenditure data must be consistent with final RER. Below are examples of items that can and should be reviewed for consistency when completing the LR:

   a) **General Administration:** Administration expenditures, including prevention administration, should be the same as the General Administration expenditures posted on the final RER.

      Medicaid and HMP Administration expenditures should be the same as the expenditures posted in Section B of the final RER.

      If other funding sources were used for General Administration, post those expenditures in the General Administration rows under the appropriate LR column, e.g., MIChild.

   b) **Access Management System (AMS)**: Only administrative expenditures should be reported here, **not** direct services. Assessment expenditures (code H0001) must be reported at the provider level and are **not** part of the AMS. Such expenditures should be reported in the appropriate treatment services categories. If the AMS is a PIHP contractor that provides direct services, the expenditures can be reported in the appropriate service categories.

   c) **SDA:** SDA expenditures should be the same as the SDA expenditures posted in on the final RER. On the LR, these expenditures should be posted under the Residential services category only.

   d) **Prevention:** Prevention expenditures should be the same as Prevention expenditures posted on the final RER, Composite Page, Prevention row, Expenditures column (Column D/Row 7).

   e) **Medicaid and Healthy MI Plan (HMP):** Medicaid and HMP expenditures for covered services (Outpatient, Residential, etc.) should be the same as expenditures posted on the final Medicaid Financial Reports.

3.   Every effort should be made not to combine provider sites on the LR; that is, please avoid posting total expenditures under one license number (master site). Each provider site must be listed separately under its own license number. If, however, the financial or client data cannot be separated from the master site, then enter the total expenditures under the master site license and enter zeros for each separate licensed site.

4.   Columns T and W (Units of Service), U and X (Admissions), and V and Y (Unduplicated Clients) should **not** be left blank. The General Administration and AMS sections are grayed out for these three columns. Prevention section is grayed out for Columns U, V, X, and Y.

5.   The Methadone service category section should include only medical and dosage expenditures. No OP expenditures should be included under this service category section. Medical/dosage units must be posted under Column T (Units of Service) under this section. Post zeros under Columns U and V, Admissions and Unduplicated Clients, respectively. Methadone OP expenditures should be reported under the OP service category section in a separate row. Also, please separately identify those OP services provided to Methadone clients from drug-free OP providers by marking an "X" in the methadone provider column. When an OP provider delivers both types of OP services (methadone-related and drug-free), post the Methadone OP services on a separate row. Include all financial and client data related to each service.
(Does not apply to SAHL.).

6.   On the LR, post Local, Fees and Collections, and Other Contracts and Sources expenditures consistent with the RER instructions.

7.   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.

8.   Financial data should correlate with client data across a given row on the report.

9.   The Other Services category of the LR should contain information (contractor, etc.) pertaining to **unlicensed** services, such as HIV/AIDS EIP (Communicable Diseases), Non-Synar Compliance Checks, Buprenorphine oral medication administration. Please provide a brief description of services provided, if this is not evident from the provider's name. For example: ABC Consulting (utilization management). **Do NOT report General Administration costs in the Other Services category.**

10. Post explanations of any discrepancies between the LR and the RER in the Notes Section at the bottom of the LR spreadsheet.

11.   As in past years, Communicable Diseases (CD) services are to be posted in the Other Services service category of the LR. Please identify CD providers by entering "CD" after the provider name. (Does not apply to SAHL)

12.   Please 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

Integrated Treatment Report
Instructions

Column Ltr	Instructions for Completion of Financial/Client Data for Integrated Treatment Report
Column A	Enter the license number of the provider. Use separate entries if a provider has more than one license number.
Column B	Enter the I-SATS number of the provider.
Column C	Enter an "X" beside all Methadone drug-free Outpatient (OP) providers.
Column D	In the appropriate type of service category, enter the name of each provider receiving funds, any source.
Column E	Enter funding paid to the provider using **ONLY** Block Grant funding for this type of service
Column F	Enter funding paid to the providing using **"ONLY"** General Fund dollars **(not including SDA)**.
Column G	Enter Medicaid funding paid to the provider for this type of service.
Column H	Enter Healthy Michigan Plan (HMP) funding paid to the provider for this type of service.
Column I	Enter MIChild PECPM funding paid to the provider.
Column J	Enter **General Fund** funding paid **ONLY** in support of Women Specialty Services (WSS)
Column K	Enter **Block Grant** funding paid **ONLY** in support of Women Specialty Services (WSS).
Column L	Enter **Medicaid** funding paid **ONLY** in support of Women Specialty Services (WSS).
Column M	Enter Healthy Michigan Plan (HMP) funding paid **ONLY** in support of Women Specialty Services (WSS)
Column N	Enter SDA funding paid to the provider.
Column O	Enter actual fees collected by the provider for this type of service. Please refer to the FY2014 Attachment B.1, Financial Reporting Requirements, Item 9.
Column P	Enter local (Current Year PA2, PA2 Funds Transferred from CA, and Other Local) funding paid to the provider for this type of service. This report is intended to reflect comprehensive PIHP expenditures; therefore, providers that receive only Local funds should be included here.
Column Q	Enter direct Federal funding paid to the provider for this type of service. Federal funds included in this column are received directly from the Federal government by the PIHP, SAHL or a PIHP provider.
Column R	Enter other funding paid to the provider for this type of service. These funds may have been received through the PIHP, SAHL or direct to a PIHP provider. Please use this column to report expenditures consistent with the agency's final RER.

Legislative Report Instructions FY2014_Revised_09.24.14

Column Ltr	Instructions for Completion of Financial/Client Data for Integrated Treatment Report
Column S	No entry required. A formula is provided for total revenue in this cell.
Column T	Enter the number of Units of Service paid for, in whole or in part, under the PIHP or SAHL contract. **NOTE: For all PIHPs and SAHL, do NOT report Units of Services for administration.**
Column T-Prevention Category	Enter the number of "Prevention Recipients" who received Prevention services. "Prevention Recipients" are defined as the "number of new attendees" who received <u>direct</u> Prevention services. All PIHPs 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.**
Column U	Enter the number of Admissions paid for, in whole or in part, under the PIHP or SAHL contract. **NOTE: For all PIHPs and SAHL, do NOT report admissions for administration or AMS.**
Column V	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: For all PIHPs and SAHL, do NOT report Unduplicated Clients for administration.**
Column W	Enter the number of **WSS** Units of Service paid for, in whole or in part, under the PIHP or SAHL contract. **NOTE: For all PIHPs and SAHL, do NOT report Units of Services for administration.**
Column X	Enter the number of **WSS** admissions paid for, in whole or in part, under the PIHP or SAHL contract. **NOTE: For all PIHPs and SAHL, do NOT report admissions for administration or AMS.**
Column Y	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: For all PIHPs and SAHL, do NOT report Unduplicated Clients for administration.**