1.0 General Report Overview

The Mid-Year Status Report (As Projected) will provide the Department of Health and Human Services (DHHS) with information about the projected year-end financial status of the Community Mental Health Service Program (CMHSP) and the Prepaid Inpatient Health Plan (PIHP).

All CMHSPs and PIHPs are required to submit the Mid-Year Status Report (As Projected); but only PIHPs should complete section F which covers funding authorized in the Medicaid Managed Specialty Services and Supports Program: 1115 Behavioral Health Demonstration Waiver and the 1915(c) Habilitation Supports Waiver, Certified Community Behavioral Health Clinic (CCBHC), Children's Waiver Program (CWP), Serious Emotional Disturbance (SED), the MIChild program and the 1115 Healthy Michigan Plan Contract. Those PIHPs that are also a CMHSP can submit one Mid-Year Status Report for both the PIHP and the CMHSP.

In addition to submitting the Mid-Year Status Report, the CMHSP / PIHP must also submit a narrative, set to print to 11 X 8 ½ (landscape). Each page of the narrative must include the Reporting Entity, Fiscal Year, Contact Name & email, and submission date. The narrative should explain, as necessary, the information submitted on the form. The narrative should clearly identify which Section / Row / Column the narrative applies to. For example, the narrative could provide additional information describing their budget status and/or plans. If the plans involve implementation of reductions to meet projected over-expenditures, the planned reductions should be described. If reductions are planned, the narrative should provide sufficient information to determine the impact of the reductions with regard to new admissions, the adequacy of the service array, and the impact on current consumers.

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment C.6.5.1.1 or Schedule E of the applicable Contract for identification of report due dates.

3.0 Report Submission

3.1 Report Submitted via US Mail

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 MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

The report's file name must identify the reporting fiscal year, report title, agency name, and date of submission. Example: For the FY XX Mid-Year Status Report submitted from Network180, the file name should read (Example): **FYXX Mid-Year Status Report Network180 FSR Bundle MM-DD-YYY.**

4.0 Report Specific Navigation or Terminology

The Mid-Year Status Report includes cell shading to assist the end user with completion of the form.

Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are not shaded.

Cells that are not applicable to the specific row are shaded grey.

5.0 Instructions for Completion of the Report

Reporting Entity: Enter the name of the PIHP / CMHSP submitting the report. The Mid-Year Status Report has been designed so that once the reporting entity has been entered, it will automatically appear at the top of each page when in print preview and on the printed version.

Fiscal Year: Select the appropriate fiscal year from the drop-down menu. The Mid-Year Status Report has been designed so that once the fiscal year has been selected, it will automatically appear at the top of each page when in print preview and on the printed version.

Contact Name: Enter the name of the individual that should be contacted to answer any questions about the information contained in the submission. The Mid-Year Status Report has been designed so that once the Contact Name has been entered, it will automatically appear at the top of each page when in print preview and on the printed version.

Email for Questions: Enter the email address for the individual identified as the Contact Name.

Submission Date: Enter the date the report is being submitted on

Certifying Name: Enter the name, title, date, telephone number and e-mail address of the individual certifying the accuracy of the information. The certification name may be typed into this form.

Based on Accrued Expenditures Through: It is expected that this report will be based on accrued expenditures through at least March 31st. Enter the date of accrued expenditures that this report was based on.

5.1 Section A – Fund Balances and ISF

This section represents the Fund Balances and ISF for the reporting entity. Entry of Negative ISF ending balances is not allowed. Contractor may not use funds in the ISF to pay liabilities incurred in previous years.

Column: Current Balance as of:

For Row A: Enter the date that the current balance information represents.
For all other rows, this column will represent the current balance of the Fund or ISF identified in the row titles.

Column: Projected Year End
This column will represent the year-end balance / projected starting balance for the next fiscal year of the Fund or ISF identified in the row titles.

Column: Fund / ISF Balance as % of Annual Expenditures
The CHMSP/PIHP would manually calculate this figure. The percentage entered here should represent what percent the Fund / ISF Projected Year End balance is of the CMHSP / PIHP expected annual expenditure. For PIHPs this would include payments to CMHSPs that they contract with. For CMHSPs this would include payments from PIHPs that they contract with.

Column: Completed Audits – Most Recent 2 Years
For Row A.1: Enter the fiscal year, in both of the FY columns, for the 2 most recent completed Audits
For all other rows, enter the audited Unreserved (or Unrestricted) fund balance / ISF identified in the row titles. The CMHSP / PIHP must identify, in the narrative, if the reported fund balance is from the Fund Statement or the Government-Wide Financial Statement. If the reported balances are from the Fund Statement, the CMHSP / PIHP must also provide the Government-Wide Financial Statement information in the narrative.

Section A – Fund Balances and ISF
This row is the label “Fund Balances and ISF”.

Section A.1 – Restricted Local Fund Balance

Section A.1.a – PA2
Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the restricted PA 2 balance.

Calculate and then enter, in the Fund / ISF Balance as % of Annual Expenditures column the percent of the fund Projected Year End balance is of the CMHSP / PIHP expected annual expenditures.

Section A.1.b – Performance Bonus Incentive Pool (PBIP)
Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the restricted PBIP balance.

Calculate and then enter, in the Fund / ISF Balance as % of Annual Expenditures column the percent of the fund Projected Year End balance is of the CMHSP / PIHP expected annual expenditures.

Section A.2 – Unrestricted Local Fund Balance (List Each)
Enter in the Fund Balances and ISF column, the name of the unrestricted Local fund balance being reported. Use a separate row for each fund, inserting rows as necessary.

Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the unrestricted fund balance.

Calculate and then enter, in the Fund / ISF Balance as % of Annual Expenditures column the percent of the fund Projected Year End balance is of the CMHSP / PIHP expected annual expenditures.

Section A.3 – ISF (List Each)
This row is a label "ISF (List Each)

Section A.3.a – PIHP – Medicaid
Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the Medicaid ISF balance.

Calculate and then enter, in the Fund / ISF Balance as % of Annual Expenditures column the percent of the Medicaid ISF Projected Year End balance is of the CMHSP / PIHP expected annual expenditures.

Section A.3.b – PIHP – Healthy Michigan Plan
Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the Healthy Michigan ISF balance.

Calculate and then enter, in the Fund / ISF Balance as % of Annual Expenditures column the percent of the Healthy Michigan Plan ISF Projected Year End balance is of the CMHSP / PIHP expected annual expenditures.

Section A.3.c – Other - List Each
Enter in the Fund Balances and ISF column, the name of the ISF balance being reported. Use a separate row for each ISF, inserting rows as necessary.

Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the ISF balance.

Calculate and then enter, in the Fund / ISF Balance as % of Annual Expenditures column the percent of the ISF Projected Year End balance is of the CMHSP / PIHP expected annual expenditures.

Section 4 – Carry-Forward
The row is the label "Carry-Forward".

Section 4.a – GF
Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the General Fund carry-forward.

Section 4.b – Unspent Medicaid (Savings)
Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the amount of Medicaid savings.

Section 4.c – Unspent Healthy Michigan (Savings)
Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the amount of Healthy Michigan savings.

Section 4.d – Other - Describe
Enter in the Fund Balances and ISF column, the name of any Carry-Forward balance being reported. Use a separate row for each ISF, inserting rows as necessary.

Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the amount of the miscellaneous carry-forward as identified by the CMHSP / PIHP.

Section 4.e – Other – Describe
Enter in the Fund Balances and ISF column, the name of any Carry-Forward balance being reported. Use a separate row for each ISF, inserting rows as necessary.

Enter, in columns Current Balance as of, Projected Year End, and the Completed Audits, the amount of the miscellaneous carry-forward as identified by the CMHSP / PIHP.

Section 5 – Total
The cells in this row are formula driven. The formula is the sum of the Restricted Local Fund Balance, the Unrestricted Local Fund balances listed, the ISF listed, and the Carry-Forwards listed in Section A for the applicable columns.

5.2 Section B – CMHSP Programs (required for all 46 CMHSPs)

This section of the Mid-Year Status Report (As Projected) will provide information about the projected year-end financial status of the CMHSP. In addition to reporting on the Managed Specialty Supports and Services Contract, the CMHSP will report any match obligations and/or funding obligations above the funding provided by the PIHP related to the SUD Non-Medicaid contract with the PIHP. This report does not require reporting on the status of grants or categorical funding obligations.

COLUMNS

The Mid-Year Status Report includes columns for reporting on the General Fund Program / Benefit, Injectable Medications, Targeted Case Management (GHS only) as authorized in the Managed Specialty Supports and Services Contract.

Additionally, there is a column (SUD Non-Medicaid Contract) for reporting of match obligations and/or funding obligations above the funding provided by the PIHP related to SUD Non-Medicaid. The CMHSP may have a contract with a PIHP for the provision of SUD Non-Medicaid services which has contract language that requires the CHMSP to provide the required match and/or SUD services not funded in the PIHP contract. This expense would be recorded at the CMHSP, not at the PIHP. This column allows reporting of SUD Non-Medicaid match and/or other services funded at the CMHSP.

Section B.1 – GF Authorization

Column - General Fund Program / Benefit
Enter the DHHS authorization for the GF program in the column titled".

Section B.1 a – Carry-Forward General Fund
Enter the GF Carry-Forward amount in the column titled "General Fund Program / Benefit".

Section B.2 – Other Revenue (including GF match)
Enter the *projected* "Other" revenue associated to the provision of the GF Program / Benefit, and Injectable Medications in each applicable column. This would include but may not be limited to any local funding match requirements mandated by the Mental Health Code, 1st / 3rd party collections that are not included in PA423 funds, Medicaid Fee-for-Service reimbursements.

Section B.3 – Total Projected Revenue
This cell is formula driven and represents the amount of projected revenue for the GF Program / Benefit, and Injectable Medications.

Section B.4 – Estimated Expenditures
Enter the total estimated expenditures for the GF Program Benefit, and Injectable Medications.

Section B.4.a – SUD Non-Medicaid Expenditures (above PIHP revenue)
The CMHSP may have a contract with a PIHP for the provision of SUD Non-Medicaid services which has contract language that requires the CHMSP to provide the required match. This expense would be recorded at the CMHSP, not at the PIHP. This row allows reporting of SUD Non-Medicaid match at the CMHSP. Enter

the total estimated expenditures for the SUD Non-Medicaid contract **above the PIHP revenue**.

Section B.5 – Difference Surplus / (Deficit)
The cells in this row are formula driven. The formula is Total Projected Revenue (B3) less Estimated Expenditures (B4) and SUD Non-Medicaid Match Expenditures (B4a).

If a deficit is projected, the CMHSP must identify, in Section 6, how the deficit will be met.

Section 6 – Disposition of Deficit
This row is the label "Disposition of Deficit". The rows immediately following will identify which funding sources are being utilized by the CMHSP to fund the deficit.

Section 6.a – General Fund
If GF is being redirected to fund a deficit in other programs as authorized in the GF Contract, the amount being redirected would be entered on this line. The amount being redirected TO Injectable Medications, would be entered as a positive amount in the applicable column.

Note: The overall amount of GF reported on this line must net to zero. For end user convenience, the General Fund Program/Benefit column cell of this row is formula driven. The formula is minus sum of Injectable Medications, Targeted Case Management (GHS only), and SUD Non-Medicaid Contract columns.

Section 6.b – Local
Enter, in each applicable column, the amount of Local funding being utilized to fund the deficit.

Section 6.c – Fund Balance
Enter, in each applicable column, the amount of Fund Balance being utilized to fund the deficit.

Section 6.d – 236 Transfer
Enter, in the General Fund Program / Benefit column, the anticipated amount of a 236 transfer which would be necessary to fund the deficit. If an amount is entered here, there should be corresponding information entered into Section C – 236 Transfers.

Note: This row is intended only for usage of the 236 transfer to fund a deficit. If the CMHSP has surplus GF available for a transfer to another CMHSP, the surplus GF would be reflected on Row B.8 Balance and then noted in Section C 236 Transfers.

Section 6.e – Other – List Each
If the CMHSP has funding, other than those listed above, available to fund the deficit, enter in the CMHSP Programs (required for all 46 CMHSPs) column the name of the funding source.

Enter, in each applicable column, the amount of Other funding being utilized to fund the deficit.

Section 7 – Total (Sum a – e)
The cells in this row are formula driven. The calculated amount represents the total funds that have been utilized to fund a deficit. The formula is plus General Fund (6a), plus Local (6b), plus Fund Balance (6c), plus 236 Transfer (6d), plus Other (6e).

Section 8 – Balance (cannot be < 0)
The cells in this row are formula driven. The calculated amount represents the amount of surplus funding. The formula is plus the Difference Surplus (Deficit) Amount (B.5) less Total (Sum a – e) (B.7).

5.3 Section C – 236 Transfers

This section of the Mid-Year Status Report will identify information relating to potential 236 transfers among the CMHSPs. This section will capture anticipated and agreed upon transfers between CMHSPs awaiting DHHS approval, the need for transfers (deficits), and the ability to donate to a 236 transfer (surplus). This section will also identify for DHHS those CMHSPs that are projecting a GF surplus or projected lapse and are willing to provide a 236 transfer.

Section C.1 – List CMHSP and Amount of 236 Transfers (planned and agreed upon)
If a 236 transfer has been negotiated, identify the CMHSP and the amount agreed upon. Both the "sending" and "receiving" CMHSP must report the transfer on their respective Mid-Year Status Report.

Section C.2 – Are you anticipating GF deficit at year end and requesting 236 transfer?
If the CMHSP is anticipating a GF deficit at year end and is requesting a 236 transfer, enter "Yes" in the column titled "Yes/No". If "Yes", then enter the amount the CMHSP is seeking in the column titled "Amount".

If the CMHSP is <u>not</u> anticipating a deficit at year end, enter "no" in the column titled "Yes/No".

Section C.3 – Are you anticipating GF surplus at year end and would be willing to provide a 236 transfer?

If the CMHSP is anticipating a GF surplus at year end and is willing to provide a 236 transfer, enter "Yes" in the column titled "Yes/No". If "Yes", then enter the amount the CMHSP is willing to provide.

If the CMHSP is not anticipating a surplus at year end, enter "no" in the column titled "Yes/No".

5.4 Section D – Non-Medicaid Trends (All CHMSPs)

DHHS recognizes that demand trends vary across the State. As such, the CHMSP will utilize this section to identify significant CMHSP non-Medicaid demand trends and the cost associated.

For the convenience of the end user, DHHS has entered rows D.1 – Community Inpatient Psych and D.2 – Healthy Michigan Eligible Consumers at IMDs, the common non-Medicaid demand trends that impact the CMHSP operations. The CMHSP should list other service categories as applicable to their operations in the rows provided.

Note: this section is intended for CMHSP reporting of non-Medicaid demands trends. If the PIHP wishes to identify Medicaid funded demand trends, the PIHP may note in the narrative section.

Column: Current Year Budgeted
The amounts reported in the Current Year Budgeted column should represent the CMHSPs budget or the planned spending for each category identified in a row.

Column: Current Year Projected
The amounts reported in the Current Year Projected column should represent the CMHSPs projected accrued expenditures as of the date of this report for each category identified in a row.

Column: Prior Year Actual
The amounts reported in the Prior Year Actual column should represent the actual expenditures from the last completed fiscal year for each category identified in a row.

Section D.1 – Community Inpatient Psych
Enter, in each column, the amounts associated to Community Inpatient Psych services.

Section D.2 – Healthy Michigan Eligible Consumers at IMDs
Enter, in each column, the amounts associated to Healthy Michigan eligible consumers at IMDs.

Section D.3 – Other Service Categories (list as applicable)

The CMHSP will utilize this area to identify any other non-Medicaid demand trends that impact their operations. A single service category should be reported in each row. Insert additional rows as necessary.

Enter a description of the service category in the "Non-Medicaid Demand Trends" column. Enter, in each column, the amounts associated to the service category.

5.5 Section E - GF Obligation Associated with Medicaid eligibility / enrollment trends

DHHS recognizes that there are GF costs associated with Medicaid eligibility and enrollment trends. The CHMSP will utilize this section to identify associated costs.

For the convenience of the end user, DHHS has entered rows E.1 – Spend Down – General Fund Obligations and E.2 – Medicaid Eligibility Delays – GF Implications, the common Medicaid eligibility / enrollment trends that impact the CMHSP operations. This section also provides several rows where the CMHSP could list other eligibility and enrollment issues that impact their operations.

Column: Current Year Budgeted
The amounts reported in the Current Year Budgeted column should represent the CMHSPs budget or the planned spending for each category identified in a row.

Column: Current Year Projected
The amounts reported in the Current Year Projected column should represent the CMHSPs projected accrued expenditures as of the date of this report for each category identified in a row.

Column: Prior Year Actual
The amounts reported in the Prior Year Actual column should represent the actual expenditures from the last completed fiscal year for each category identified in a row.

Section E.1 – Spend Down – General Fund Obligations
This row will be utilized to provide information about the GF obligations associated with Medicaid beneficiaries while in spend down status. The cost of services prior to Medicaid eligibility may not be charged to Medicaid and consequently these costs become GF obligations. Enter, in each column, the amounts associated costs incurred while consumers were in Spend Down status.

Note: DHHS expects that the CMHSP has this information available. If the CHMSP does not have this information available, enter N/A and provide an explanation. Include in the narrative explanation, when the CMHSP will have the capability to report this information. Enter in the column titled "Total Transferred" the amounts transferred to or from the reporting PIHP.

Section E.2 – Medicaid Eligibility Delays – GF Implications

This row is optional and dependent upon the information available to the CMHSP. While delays in Medicaid eligibility will affect PIHP payments since PIHP rates/payments are prospective, the impact on the GF allocation is less clear. To the extent that Medicaid eligibility is retroactively approved within the fiscal year and before book closing, the service costs for the beneficiary may be categorized correctly. This row is being provided so that if the CMHSP is aware of eligibility delays that impact GF, they can report those costs. Explanatory information about the amounts entered in this row must be provided in narrative.

5.6 Section F – PIHP only

This section of the Mid-Year Status Report (As Projected) will provide information about the projected year-end financial status of the PIHP. The PIHP will report on services authorized in the Medicaid Managed Specialty Services and Supports Program: 1115 Behavioral Health Demonstration Waiver and the 1915(c) Habilitation Supports Waiver, Certified Community Behavioral Health Clinic (CCBHC), Children's Waiver Program (CWP), Serious Emotional Disturbance (SED), the MIChild program and the 1115 Healthy Michigan Plan Contract.

COLUMN

The Mid-Year Status Report includes columns for reporting of:

Specialty Services / Supports Waiver (including MIChild, Autism, CCBHC, CCBHC Admin, CWP, SEDW & HRA)
Healthy Michigan Plan (including Autism, CCBHC Admin & HRA)
MI Health Link
Health Homes

SUD Non-Medicaid (including match)
Opioid Health Homes
Certified Community Behavioral Health Clinic (CCBHC)
CCBHC Supplemental
CCBHC General Fund

Section F.1 – Prior Year Earned Savings

This row is the label "Prior Year Earning Savings". The rows immediately following will identify the category of Prior Year Earning Savings.

Note: All Medicaid/Healthy Michigan Plan (HMP) savings must be expended within one fiscal year following the fiscal year earned for Medicaid/HMP services to Medicaid/HMP covered consumers.

Section F.1.a – Medicaid Savings

Enter the amount of Prior Year Earned Medicaid savings amount in the column titled "Specialty Services / Supports Waiver (including MIChild, Autism, CCBHC, CCBHC Admin, CWP, SEDW & HRA)".

Section F.1.b – Healthy Michigan Savings
Enter the amount of Prior Year Earned Healthy Michigan savings in the column titled "Healthy Michigan Plan (including Autism CCBHC Admin., & HRA)".

Section F.2 – Projected Revenue
Enter the projected revenue associated to the provision of the services authorized in the Medicaid Specialty Supports and Services Contract.

Section F.3 – Total Projected Revenue
The cells in this row are formula driven and represent the amount of projected revenue for the programs authorized in the Medicaid Specialty Supports and Services Contract.

Section F.4 – Estimated Expenditures
Enter the total estimated expenditures for the programs authorized in the Medicaid Specialty Supports and Services Contract.

Section F.5 – Difference Surplus (Deficit) - $$
The cells in this row are formula driven. The formula is Total Projected Revenue (F.3) less Estimated Expenditures (F.4). If a deficit is projected, the PIHP must identify, in Section 7, how the deficit will be met.

Section F.6 – Difference Surplus (Deficit) - %
The cells in this row are formula driven. The formula is Difference Surplus (Deficit) (F.5) divided by Total Projected Revenue (F.3).

Section F.7 – Disposition of Deficit
This row is the label "Disposition of Deficit". The rows immediately following will identify which funding sources are being utilized by the PIHP to fund the deficit.

Note: DHHS has added grey shading, as applicable, to indicate what funding sources cannot be used to cover deficits within the categories listed.

Section F.7.a – Medicaid
If Medicaid is being redirected to fund a deficit in other programs as authorized in the Specialty Services / Supports Waiver Contract, the amount being redirected would be

entered on this line. The amount being redirected TO Healthy Michigan Plan or MI Health Link would be entered as a positive amount in the applicable column.

Note: The overall amount of Medicaid reported on this line must net to zero. For end user convenience, the Specialty Services / Supports Waiver (including MIChild, Autism, CCBHC, CCBHC Admin, CWP, SEDW & HRA) column cell of this row is formula driven. The formula is minus sum of Healthy Michigan Plan (including Autism & HRA) and MI Health Link columns.

Section F.7.b – Healthy Michigan Plan
If Healthy Michigan Plan is being redirected to fund a deficit in other programs as authorized in the Specialty Services / Supports Waiver Contract, the amount being redirected would be entered on this line. The amount being redirected TO Medicaid would be entered as a positive amount in the applicable column.

Note: The overall amount of Healthy Michigan Plan reported on this line must net to zero. For end user convenience, the Healthy Michigan Plan (including Autism & HRA) column cell of this row is formula driven. The formula is minus sum of Specialty Services / Supports Waiver (including MIChild, Autism, CCBHC, CCBHC Admin, CWP, SEDW & HRA) column.

Section F.7.c – Medicaid ISF
Enter the amount of the Medicaid ISF being utilized to fund the deficit.

Section F.7.d – Healthy Michigan ISF
Enter the amount of the Healthy Michigan ISF being utilized to fund the deficit.

Section F.7.e – General Fund (DHHS approval required)
Enter in each applicable column, the amount of General Fund being utilized to fund the deficit.

Note: DHHS approval required.

Section F.7.f – Local
Enter in each applicable column, the amount of Local funds being utilized to fund the deficit.

Section F.7.g – PA 2
Enter in each applicable column, the amount of PA 2 funds being utilized to fund the deficit.

Note: PA 2 funding is restricted to the provision of SUD services.

Section F.7.h – Performance Bonus Incentive Pool (PBIP)

Enter in each applicable column, the amount of PBIP funds being utilized to fund the deficit.

Section F.7.i – DHHS Shared Risk Obligation
Enter in each applicable column, the amount of DHHS Shared Risk funding required to fund the deficit.

Section F.7.j – CCBHC Administration
Enter in each applicable column, the amount of CCBHC Admin funding to fund the deficit.

Section F.7.k CCBHC Supplemental
Enter amount of additional CCBHC supplemental from MDHHS.

Section F.7.l MI Health Link
Enter amount of redirected MIHealth Link revenue from ICO to CCBHC.

Section F.7.m Other – Describe and List Each
If the PIHP has funding, other than those listed above, available to fund the deficit, enter the PIHP Only column a description of the funding source.

Section F.8 – Total (Sum a – j)
The cells in this row are formula driven. The calculated amount represents the total funds that have been utilized to fund a deficit. The formula is the sum of Medicaid (7.a), Healthy Michigan (7.b), Medicaid ISF (7.c), Healthy Michigan ISF (7.d), General Fund (7.e), Local (7.f), PA 2 (7.g), Performance Bonus Incentive Pool (7.h), DHHS Shared Risk Obligation (7.i), CCBHC Administration (7.j), CCBHC Supplemental (7.k), MIHealth Link (7.l) and Other (7.m).

Section F.9 – Balance (cannot be < 0)
The cells in this row are formula driven. The calculated amount represents the amount of surplus funding. The formula is plus the Difference Surplus (Deficit) Amount (F.5) less Total (Sum a – m) (F.8).

5.7 Section G – Other Information

This space is provided for any other financial information or explanation that would benefit the interpretation of the Mid-Year Status Report.

Note: As indicated in the General Report Overview (Section1), the CMHSP / PIHPs are also required to submit an accompanying narrative which would provide greater, more in-depth explanations.