

INSTRUCTIONS FOR PREPARING THE ADMINISTRATIVE COST DISTRIBUTION SCHEDULE

I. PURPOSE:

The purpose of this form is to document the allocation of administrative costs among the direct service activities provided by the agency.

II. GENERAL INSTRUCTIONS:

- A. Providers who are required to submit a single or program audit, consistent with the new audit guidelines, must have the agency's Administrative Cost Distribution methodology certified by a Certified Public Accountant. This statement must be submitted with the Agency's annual audit report. The auditor's statement should identify the methods employed and must attest to the compliance of the methods with general accounting principles, MH/MR 4300 Regulations, particularly Section 4300.94, and reporting policies of the DBH/MRS. The certification must also address the indirect cost methods used by parent institutions or other related parties to assign charges to agencies under contract with the DBH/MRS.
- B. In addition to completing this schedule, agencies are required to attach a brief narrative that describes the method(s) employed in allocating administrative costs to direct service activities on the Budget Narrative Form.
- C. Agencies are not required to submit copies of the administrative budget or worksheets which reflect the computations used in effecting the administrative cost distribution; however, these documents must be maintained by the agency so that they will be available for review by staff of the DBH/MRS, and Federal, State, or other local authorities.

III. PREPARING THE FORM:

- A. Heading: Check the appropriate block for service area (BH or MR), and enter agency name, period covered and date submitted.
- B. PAC Code: Enter the code for all program activities listed in the "Program Activities" column.
- C. Program Activities: List all program-funded activities within the respective service area (BH or MR) for which the form is being completed.
- D. Program Name: Enter the program name associated with this PAC Code, if applicable.
- E. Sub-Total Program Funded Services: Enter sub-totals of all program activities listed above on the form.

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- F. Other Program-Funded: This line is used if the agency assigns administration to both BH and MR program activities. Amounts reported on this line should equal the sub-totals of program-funded activities reported for the other service area (BH or MR) on the comparable administrative cost distribution form. Check appropriate block.
- G. Partial Hospitalization: This line is used to report administrative charges assigned to partial hospitalization programs that are funded on a fee basis. If a partial hospitalization program has been authorized for program funding in its start-up year, it should be reported as one of the listed program-funded activities
- H. Other Fee Funded Services: This line is used to report administrative charges assigned to program activities (other than partial hospitalization) that have been authorized for fee based funding by the DBH/MRS, for example, Intensive or Targeted Case Management.
- I. Programs Not Funded by DBH/MR: This line is used to summarize the administrative charges assigned to all other services or programs administered by the agency which are not funded by the DBH/MRS.
- J. Total: This line is used to report total administrative costs.
- K. Total Administrative Costs (Column 1): This column is used to report the distribution of total administrative expenses to be incurred by the agency irrespective of their eligibility for BH/MR funding.
- L. Eligible Administrative Costs (Column 2): This column is used to report the distribution of net expenditures that are eligible for DBH/MRS reimbursement in terms of their compliance with applicable BH/MR program regulations and policies. However, do not exclude costs in excess of DBH/MRS percentage caps when completing this column.
- M. Ineligible Costs In Excess of Cap (Column 3): This column is used to report the amounts of otherwise eligible administrative costs that will be ineligible for DBH/MRS reimbursement since they exceed the percentage caps imposed by the Office. This column is completed after the administrative costs have been distributed to program activities and determination of their eligibility terms of caps has been completed.

INSTRUCTIONS FOR PREPARING THE BUDGET NARRATIVE FORM

I. PURPOSE

This form is used to provide additional budget details to the office as prescribed in support of other budget forms.

II. GENERAL INSTRUCTIONS

- A. Each agency must complete this form in support of their Administrative Cost Methodology.
- B. Agencies requesting shifts in funding of \$10,000 or more must provide the supportive narrative for these shifts on this form.
- C. All other additional budget narrative detail prescribed in the budget instructions by DBH/MR must be reported on this form.
- D. Agencies providing non-prescribed budget detail also should use this form to provide the narrative detail.

III. PREPARING THE FORM

- A. Heading - Check the appropriate block for BH or MR. Enter the Agency name, date submitted, and the period covered.
- B. Section #1 - Description of Administrative Cost Methodology: Providers are required to explain the method used in the allocation of Administration within their organizational budget.
- C. PAC Code – Enter the eight (8) digit code.
- D. Program Name – Enter the program name and where applicable to site address or line item which the narrative detail is supporting
- E. Planning Allocation – Enter PAC allocation.
- F. Planning Budget – Enter PAC budget
- G. Variance – Enter budget variance
- H. Explanation of Budget Variance – Provide narrative detail to enable the office to reconcile to the source document

INSTRUCTIONS FOR PREPARING THE BUDGET SUBSIDIARY SCHEDULE

I. PURPOSE

The purpose of this form is to provide a detailed listing of Building Repairs / Maintenance, Building Renovations, Furnishings and Equipment, Furniture / Equipment Repairs and Residence Adaptations.

II. GENERAL INSTRUCTIONS

- A. The form is to be completed for each distinct PAC authorized by DBH/MRS that has budgeted expenses for Building Repairs/Maintenance, Building Renovations, Furnishings and, Equipment, Furniture/Equipment Repairs and Residence Adaptations.
- B. Any items listed in the above line item categories that exceed \$500 for a program activity or site must be detailed on this schedule.
- C. The form must be prepared by PAC for all non-residential programs and by site for all residential programs.
- D. All agency sub-contractors for Building Repair/Maintenance, Building Renovations, Furniture and Equipment Repairs and Residential Adaptation must be reported on these line items.

III. PREPARING THE FORM

- A. Heading: Check appropriate "BH" or "MR" blocks. Enter agency name, program activity, PAC code, program name, period covered and date submitted
- B. Site Address: Enter the site address as it corresponds to the Expenditure Summary/Residential Site Schedule.
- C. Description: Provide a brief description of the expenditures being detailed and the name of the person or company delivering the services.

Note: If a contractor is unknown at this time, this must be noted on this schedule under the classification column. The type of service must still be identified. The contractor information must be provided to and approved by DBH/MRS before expending these funds.

- D. Amount: Enter the amount of the expenditures associated with each item listed. Enter the PAC total for the item and the Grand Total of all expenditures for each site (where applicable) and/or for the PAC.

INSTRUCTIONS FOR PREPARING THE BUDGET VARIANCE SCHEDULE

I. PURPOSE

This form is used to provide a variance report comparing ALL Program Activities as transmitted by DBH/MRS on the planning allocation to ALL Program Activities as budgeted by the provider.

II. GENERAL INSTRUCTIONS

- A. The form is to be completed for each distinct PAC authorized by DBH/MRS as a planned program or by inclusion on the allocation notice or contract workstatement.
- B. Providers requesting shifts in funding of \$10,000 or more must provide a description of the positive and negative impacts of these changes on existing and proposed services and of the increased program capacity on the Budget Narrative Form. Providers should use additional sheets as needed.

III. PREPARING THE FORM

- A. Heading: Check appropriate block for service area (BH or MR) reported. Enter Agency name, period covered, and date submitted. Signatures of the Executive Director and Board Chairperson are required in the "Approved" block.
- B. Column:
 - 1. PAC Code: Enter PAC code for each program activity reported.
 - 2. Program Activity: List all program activities authorized by DBH/MRS.
 - 3. Program Name: Enter the program name associated with this PAC Code, if applicable.
 - 4. Planning Allocations: Enter each program activity allocation as authorized by DBH/MRS.
 - 5. Agency Budget: Enter amounts budgeted for the program activity as prepared by the provider agency.
 - 6. Variance: Enter the difference between #3 and #4.
- C. Page Total: Total the Planning Allocation, Agency Budget, and Variance columns (total variance should be zero).

INSTRUCTIONS FOR PREPARING THE CONTINUING PARTICIPATION ALLOWANCE DISCLOSURE FORM

I. PURPOSE

This form is used to report all facilities for which a contract provider is requesting a continuing participation allowance (CPA).

II. GENERAL INSTRUCTIONS

- A. This form is to be completed only if a provider is planning to request a continuing participation allowance on a debt free facility, and has budgeted this allowance for a Program Activity on the **Expenditure Summary** and/or the **Residential Site Schedule**.
- B. The CPA must be charged in accordance with Section 4300.87, (c), (vii) of the Department of Public Welfare Chapter 4300 County MH/MR Fiscal Manual.
- C. A CPA is subject to prior approval of the DBH/MRS and will be considered an unallowable expense if not reported on this form during the initial budget process, unless subsequently negotiated with and approved by DBH/MRS.
- D. The CPA must be accommodated by the current authorized allocation. The DBH/MRS will not permit transfers of funding during the budget process to accommodate a CPA, nor will such expenses be reimbursed in excess of the authorized allocation.

III. PREPARING THE FORM

- A. Heading - Check the appropriate blocks for BH or MR. Enter Agency name, the period covered, and the date submitted.
- B. Columns:
 - 1. Site Address - Enter the address of the facility for which a CPA is being requested.
 - 2. Owner - Enter “**SELF**” if the provider owns the property, or the name of the holding company or other related party that holds title to the property.
 - 3. Property Appraised Fair Market Value – Enter the Appraised Fair Market Value for the property
 - 4. PAC Code - Enter the eight (8) digit PAC Code.
 - 5. Program Name – Enter the program name associated with the PAC Code.
 - 6. Continuing Participation allowance (CPA) Budget – Enter the amount of the CPA included in the budget.

INSTRUCTIONS FOR PREPARING THE EXPENDITURE SUMMARY

I. PURPOSE:

This form is used to summarize and report the budgeted or actual expenditures and revenue by the line item classifications that are required by the account structure of the Pennsylvania Department of Public Welfare.

II. GENERAL INSTRUCTIONS:

- A. This form is to be completed for each distinct PAC or multiple PAC's authorized by the Office of Behavioral Health/Mental Retardation Services (DBH/MRS).
- B. The information for each Residential PAC should reconcile to the totals reported on the corresponding Residential Site Schedule.
- C. Multiple PACs can be entered on this form. Use as many forms as necessary to report all PACs. The sub-total classifications (Personnel, Operating, Administration, Revenue, and Net to be Funded) must correspond to those reported on the Summary of Program Activities (budget) and/or Program Activity Invoice Summary (invoice), except for fee funded programs for which total costs computed on a fee basis are entered in the Operating column.

III. PREPARING THE FORM:

- A. Heading: Check the appropriate "invoice" or "budget" blocks and "BH" or "MR" blocks. Enter agency name, the Waiver number (if applicable), date submitted, and the period covered.
- B. Program Activity: Enter the authorized program activity for the respective service area.
- C. PAC Code: Enter the code corresponding to the program activity that is reported.
- D. Program Name: Enter the program name associated with this PAC code, if applicable.
- E. Classifications:
 - 1. Personnel Services:
 - a. Wages & Salaries: Enter the wage and salary totals
 - b. Employee Benefits: Enter amounts for employee benefit expenses for the program activity.

INSTRUCTIONS FOR PREPARING THE EXPENDITURE SUMMARY

- c. Purchased Personnel: Enter the amounts for Purchased Personnel (include temporary help and professional practitioners and consultants who are not regular employees).
 - d. Other Personnel Expense: Enter amounts for other personnel expenses such as professional fees, purchased payroll processing, etc. for the program activity.
 - e. Staff Development: Enter amounts for staff development.
 - f. Sub-Total Personnel: Enter the sub-total for personnel expenses for each PAC.
2. Operating Expenses: Enter amounts for all applicable expenditure classifications within this category and enter the sub-totals for operating expenses.
 3. Equipment/Assets: Enter amounts for all applicable expenditure classifications within this category and enter the sub-totals for Equipment/Assets.

Note: When reporting at the program activity level, the sum of the sub-totals for eligible Operating Expenses and eligible Equipment and Assets is carried forward to the "Operating" column on the Summary of Program Activities and/or Program Activity Invoice Summary.

4. Total Direct: Enter sub-total for all direct costs/expenditures reported. The amount reported on total direct line should equal the sum of the sub-totals of Sections A, B, and C.
5. Administration: Enter amounts for administration as reported on the Administrative Cost Distribution Schedule.
6. Total Eligible Costs: Enter total of Direct Cost plus Administration

Note: After completing total eligible costs, the provider should determine the percentage relationship between eligible administration and total eligible costs. If administrative expenditures exceed the cap, the amount necessary to reduce administrative expenditures to the cap is deducted from eligible administrative expenditures. When the amount of eligible administration is determined for the program activity, it is carried forward to the Summary of Program Activities and/or Program Activity Invoice Summary.

7. Revenue: Enter revenue from all sources that the provider is required to report as an offset to eligible expenditures. Amounts reported for the individual revenue sources should be totaled and this amount reported on the Program Activity Invoice Summary and/or the Summary of Program Activities.

INSTRUCTIONS FOR PREPARING THE EXPENDITURE SUMMARY

8. Net to Be Funded: Enter the amount of funding requested from the DBH/MRS (Total Eligible Costs minus Total Revenue).
9. Retained Revenue: Enter the amount claimed as Retained Revenue Allowance (RRA). Refer to final invoice instructions for the allowability and limitations of the RRA.
10. Net Eligible Including Retained Revenue: Enter in the combined amount of Net to be Funded plus the Retained Revenue Allowance.
11. Ineligible Expenditure: Report expenses which are ineligible for reimbursement by the DBH/MRS. Expenses which are not incurred in compliance with BH/MR Program regulations or otherwise do not conform with reimbursement policy of the DBH/MRS are reported in this column.

INSTRUCTIONS FOR PREPARING THE MISCELLANEOUS ITEM DETAIL SCHEDULE

I. PURPOSE

The purpose of the form is to provide a breakdown of Purchased Personnel, Other Personnel, Staff Development, Purchased Treatment Services, and Miscellaneous Expenses as well as to identify agency subcontractors.

II. GENERAL INSTRUCTIONS

- A. The form is to be completed for each distinct PAC authorized by the Office of Behavioral Health and Mental Retardation Services (DBH/MRS) that has budgeted expenses for Purchased Personnel, Other Personnel, Staff Development, Purchase Treatment Services, and Miscellaneous Expense.
- B. The form must be prepared by PAC for all non-residential programs and by site for all residential programs.
- C. All agency sub-contractors must be reported to DBH/MRS on this form except those who sub-contract for Repairs and Renovations. These sub-contractors should be reported on the Budget Subsidiary Schedule.

III. PREPARING THE FORM

- A. Heading: Check the BH or MR blocks. Enter agency name, date submitted and period covered.
- B. PAC Code / Site: Enter the PAC Code and corresponding program activity. Enter the site address as it corresponds to the Expenditure Summary / Residential Site Schedule.
- C. Classification / Description: Provide a brief description of the expenditures being detailed and name of person or company delivering the service (e.g.: Joe Jones, Psych. Time @ \$50/hour).
 - 1. **Purchased Personnel**: Enter only those costs associated with the provision of direct services such as nursing, temporary relief services, or specialized therapy service-oriented consultative services.
 - 2. **Other Personnel**: Enter Costs of professional fees and other miscellaneous personnel expenses.
 - 3. **Staff Development**: Enter costs related to on or off job training for program staff.

INSTRUCTIONS FOR PREPARING THE MISCELLANEOUS ITEM DETAIL SCHEDULE

4. **Purchased Treatment Services:** Enter costs related to the delivery of treatment of care provided to clients (other than residential / habilitative services) by physicians, other practitioners, or institutional and other facility services.

5. **Miscellaneous Expenses:** Enter costs that cannot properly be charged to any other expenditure classification.

D. Grand Total: Enter the total of all the sub-total lines.

All categories should be totaled with the totals corresponding to the amounts reported on the Expenditure Summary / Residential Site Schedule.

INSTRUCTIONS FOR PREPARING THE OBH/MRS FISCAL SUBMISSION FORM

I. PURPOSE

The purpose of this form is to identify the contents of a fiscal submission and the agency staff person who should be contacted in regard to the specific submission.

II. GENERAL INSTRUCTIONS

- A. The form must be submitted as a "cover" page for all fiscal submissions and must accompany each copy of all budgets, rebudgets, invoices, audit reports and expansion proposals (for BH only).
- B. DO NOT use this form when submitting MR expansion proposals or when submitting requests for additional funding for MR programs or services. The **DBH/MRS Funding Request Summary must** be used as the cover sheet for these MR requests or proposals.
- C. A separate form must be completed for each distinct submission. Do not enclose more than one type of submission under one cover page.

III. PREPARING THE FORM

- A. Enter the fiscal year for which the submission was prepared.
- B. Enter date submitted and the agency name and address.
- C. Check the appropriate block to identify the submission or complete "Other" section where applicable.
- D. Enter the name and telephone number of the agency staff person who should be contacted for inquiries regarding the submission.

INSTRUCTIONS FOR PREPARING THE PERSONNEL BUDGET SCHEDULE

I. PURPOSE

This form provides a breakdown of salary and wage expenses as well as other information regarding the positions established within the cost center and program activities.

II. GENERAL INSTRUCTIONS

- A. The form must be completed by cost center in support of each program activity identified on the Contract Workstatement and/or Summary of Program Activities.
- B. Although all activities must be reported separately, this form has been revised to allow for multiple PAC entries. Program activities should be identified and reported on the Personnel Budget Summary by Cost Center. The Cost Center designation can be distinguished by the second digit of the PAC code as presented on the Contract Workstatement.

III. PREPARING THE FORM

- A. Heading - Check appropriate BH or MR block. Enter provider name, cost center, period covered and date submitted.
- B. Name - Positions are to be listed in numerical sequence of the numbers assigned by the Dept. of Mental Health/Mental Retardation (DBH/MRS) in your authorized position list. Enter employee name by first name and surname. Enter vacant or new, as necessary, and the anticipated appointment date.
- C. Position / PAP Code - Enter working title of position and the authorized Personnel Action Plan (PAP) Code for the position.
- D. Direct/Indirect (D/I) - Enter **D** (Direct) for those staff who perform the treatment or direct care activities and for those staff who represent the first level of supervision of these direct care staff. Enter **I** (Indirect) for all other staff assigned to the PAC who are not reported as direct care staff.
- E. Minimum Education Requirements - Enter minimum level of education required for the position (i.e. high school, B.S., MSW., etc.).
- F. Role - Enter brief description of job function or activities.

INSTRUCTIONS FOR PREPARING THE PERSONNEL BUDGET SCHEDULE

- G. Annual Salary - Enter the annual salary for each position regardless of how much time is spent in that particular PAC. Vacant or new positions should be adjusted by any salary savings due to anticipated delays in filling the position.

- H. Hours Worked by Cost Center - Enter the number of hours per week budgeted for the position for the Cost Center being reported.

- I. PAC Salary - Enter Program Activity (PAC) Code number for the program activity being reported and enter the MR Waiver Categorical suffix, where applicable, in the column heading. Enter the amount of the total eligible salary to be charged to the respective PAC(s).

- J. Total - Enter the total of all salaries reported for the cost center and for each PAC. The PAC total should be reported on the Wages and Salaries line item for the respective PAC on the Expenditure Summary.

INSTRUCTIONS FOR PREPARING THE PROGRAM ACTIVITY FORM

I. PURPOSE

The **Program Activity Form** is to be completed for each PAC that has been authorized by DBH/MRS on the Planning Allocation notice. A Program Activity is defined as a distinct configuration of program clinical staff and services with a common treatment goal, service population and service strategy.

The **Program Activity Form** reflects all services to be delivered within the context of a program activity. Those eligible services, within a program activity, comprise the services that DBH/MRS is purchasing.

Completion of the **Program Activity Form** should involve several staff that jointly develops both a conceptual and technical perception for each discrete set of services. The completed form should succinctly and accurately provide the information that one would require to know about a program in order to (1) manage and deliver the services, (2) monitor and evaluate the services, and (3) administer and pay for the services. Once embodied in a contract, the form's contents are that to which DBH/MRS will hold the provider accountable.

II. GENERAL INSTRUCTIONS

- A. Complete a **Program Activity Form** for each PAC included on the allocation notice. Where discrete sub-sets of services exist within a PAC (by definition, no PAC would have one sub-set), a separate form must be completed and a Program (PAC) Descriptor name assigned to each. A Master PAC Form for that particular PAC then serves as the aggregate. Data on the Master Form, including total FTE's, must be equal to that of the **Summary of Program Activities/Contract Workstatement**.
- B. Specify the direct, observable activities and services that will be provided. These deliverables will be agreed upon by the provider and DBH/MRS. It is expected that unique descriptions (rather than generic ones) will be provided for each discrete sub-set of services within a PAC. An outsider should be able to read this section and know exactly what to look for when monitoring contract compliance. Providers need not be limited by the traditional DBH/MRS Service Definitions (see example).
- C. Provide the specific measurable outcomes that can be expected from the operation of this service as described above (see example).
- D. LOCATION (S): For each facility associated with the PAC's services, please list:
- 1) the name applied to the physical site, if any;
 - 2) the address; phone number; DBH/MRS facility code number;
 - 3) the hours of operation (i.e. regular hours, after hours/special appointment, after hours/regularly schedule).
- Complete for the PAC Master Form and any Program (PAC) Descriptor Form. Use separate sheets of paper if required. Please note that there is an attachment, and you must include the provider name and PAC number on the attachment(s).

INSTRUCTIONS FOR PREPARING THE PROGRAM ACTIVITY FORM

III. PREPARING THE FORM

- A. **Heading:** Enter agency name, check appropriate "BH" or "MR" block, enter PAC Code, period covered, and date submitted. Enter the program activity (i.e. taken from the allocation notice written in full) or descriptor (sub-set of the PAC) and the Program Name. Enter the name and phone number of the lead staff person responsible for the PAC.
- B. If the PAC has discrete sub-sets of services, then a **PAC Form** needs to be completed for each, along with a Master Form that serves as the sum of the sub-sets. The Master PAC Form's data should equal the data in the corresponding PAC line on your Program Activity Summary. On the form, check whether the particular form is being used as the master or as one of several sub-set forms (e.g. 3 of 4).
- C. Where there are significant sub-sets of service, each should have a further defining name or title - a Descriptor. Fill in the Descriptor in the space provided. For example, a PAC may be OUTPATIENT-GENERAL, and then one Program (PAC) Descriptor might be GERIATRIC and another might be HISPANIC.
- D. In four sentences or less, in matrix / chart format, provide a description of the discrete set of services which includes the service population(s) and major services. List the eligible activities as a sub-set of the service (e.g. for OUTPATIENT-GENERAL, short-term intensive, crisis intervention, and long term maintenance). Complete a form for the **PAC Master Form** and any program (PAC) descriptor. Additional narrative may be provided on a one-page attachment.

Note: For Behavioral Health Programs, services and their proper nomenclature must correspond to the Behavioral Health Program's Definitions of Service Glossary.

E. **Projected Units of Service / Per Diem Formula**

- 1) For BH residential services, enter the formula for calculating the PAC per diem as prescribed in the BH-specific general instructions.

INSTRUCTIONS FOR PREPARING THE REVENUE SUMMARY

I. PURPOSE

The purpose of this form is to summarize all sources of revenue that the agency is required to report as an offset to eligible expenditures.

II. GENERAL INSTRUCTIONS

- A. Since the form is used to report revenue that will be used in determining the County funding request, receipts from the DBH/MRS should not be considered as a revenue source when preparing this form.
- B. Amounts reported in all columns should be restricted to revenue that the agency is required to use as an offset to eligible expenditures.
- C. When reporting for partial hospitalization programs that are funded on a fee-for-service basis, all sources of revenue should be disclosed; however, only revenue reported for program services fees, private insurance, and Medical Assistance should be carried forward to the Revenue column of the Program Activity Invoice Summary (other sources of revenue are disclosed as memo entries and are not included in total reported as a revenue offset). When reporting partial hospitalization programs that are program funded in the start up year, all sources of revenue must be used to offset eligible expenditures.

III. PREPARING THE FORM

- A. Heading: Check appropriate block for the service area reported (BH or MR) and the invoice or budget block. Enter date submitted, agency name, and period covered.
- B. Program Activity: List all “program activities” which have been authorized by the DBH/MRS.
- C. PAC Code: Enter the four-digit code that corresponds to the generic program activity that is reported.
- D. Program Name: Enter the program name, if applicable.
- E. Program Service Fees: Enter revenue generated from fees for which clients or legally responsible relatives are liable (client liabilities).
- F. Private Insurance: Enter revenue generated from fees covered by insurance benefits. Include Medicare payments under this category.
- G. Medical Assistance: Enter revenue generated from Medical Assistance fees.

INSTRUCTIONS FOR PREPARING THE REVENUE SUMMARY

- H. Room & Board Charges: Enter revenue generated from payments made by or on behalf of clients for the provision of room and board. Food stamps should be included where applicable.
- I. Behavioral Health Initiative (CBH): Enter all revenue generated through CBH.
- J. Service or Production Contracts: Enter revenue generated from contracts for the provision of services or products.
- K. Interest: Enter revenue generated through earning interest on bank accounts or other investment instruments.
- L. Other: Enter revenue generated from sources other than those listed above. Report the specific sources of revenue from this column on the Source of Other Revenue schedule.
- M. Other Managed Care Fees: Enter fees received from public and private Managed Care providers. Report the specific sources of revenue from this column on the Other Managed Care Fee Schedule.
- N. Total: Enter total of revenue to be generated from all of the above sources.

INSTRUCTIONS FOR PREPARING THE STAFFING PATTERN SCHEDULE

I. PURPOSE

The purpose of this form is to display the staffing pattern by shift for each individual site within a residential program activity (PAC) or for other PACS that operate on multi-shift basis.

II. GENERAL INSTRUCTIONS

- A. This form is to be completed for each residential site or for any PACs that operate on a multi-shift basis (for example, BH Emergency Service PACs).
- B. This form should include all direct service staff and those supervisors who are scheduled to work a regular shift.
- C. The form must be completed in shift order, that is, beginning with the earliest shift in workweek, and listing all the individuals who work on the same shift before entering the next earliest shift. The "earliest" shift would be defined by the first shift working at the start of the day (12AM). For example, an overnight shift beginning at 11PM would represent the earliest shift of the day since the shift would encompass the start of the day (12AM). If there were no overnight shifts, then the earliest shift would be the first morning shift. (See attached sample form)
- D. If a staff person works two or more shifts, the individual should be reported as a separate entry for each shift.
- E. Overnight shift should include the suffix code A if the staff person is scheduled to be awake for the shift or S if the staff person is not required to be awake. The entire overnight shift worked should be reported in the shift column, and hours worked on the respective overnight shift should be pro-rated and reported in terms of the hours that apply to the respective day. For example, if a person works a standard weekly shift from 11PM to 7AM (beginning Sunday evening), hours reported on Sunday would be 1 (11pm to 12am), and hours reported on Monday would be 8 (12am to 7am = 7 and 11pm to 12am = 1).
- F. If staff rotates routinely, it is not necessary to display this rotation. The presentation of one configuration of staff is adequate, with a notation in the comments section that staff rotate shifts biweekly or tri-weekly, etc.
- G. This form has been developed to establish uniformity and to present data in a manner, which is conducive to fulfilling our objectives. **Do not substitute agency rosters that are not completed in the same format.** Agency computer generated forms may be substituted if the required data is submitted in the same format.

INSTRUCTIONS FOR PREPARING THE STAFFING PATTERN SCHEDULE

III. PREPARING THE FORM

- A. Heading: Check the block for BH or MR. Enter the agency name, site address or program name, initials of the individual(s) residing in the site, period covered, and date of submission.
- B. Staff Name: Enter the last name and first initials of each direct staff person who will be working in this site or service location. Enter **vacant** if a position/shift has not been filled. Staff must be reported in "shift" order as described in the general instructions above.
- C. Position Title: Enter the position title for each staff person reported.
- D. Shift: Enter the beginning and ending hours of the shift. For overnight shifts, enter the suffix codes "A" if staff is required to be awake, or "S" if the staff is not required to be awake.
- E. Sunday to Saturday Heading: Enter the number of hours to be worked each day for the specific shift for each individual named.
- F. Total (Line): Compute and enter the total number of hours worked on the respective shift for the week by adding the hours reported from Sunday to Saturday.
- G. Grand Total Column: Compute and enter the total number of hours worked for each day by adding the number of hours reported for each staff person on the respective day.

INSTRUCTIONS FOR PREPARING THE SUMMARY OF PROGRAM ACTIVITIES

I. PURPOSE

The purpose of this form is to provide an overview of all Behavioral Health or Mental Retardation program activities that are budgeted by the agency. The data will be used to develop contract workstatements.

II. GENERAL INSTRUCTIONS

- A. All program activities which have been identified on the planning allocation, transmitted by the DBH/MRS or which otherwise have received written authorization from the County Administrator, must be reported on this form.
- B. The form is restricted in use to reporting program activities that have received authorization for funding from the County Program Administrator. Only authorized program activities reported on this form and approved by the DBH/MRS are eligible for reimbursement by the DBH/MRS.
- C. Agencies should note that the services, projected expenditures, etc. reported on the Summary of Program Activities when approved by the DBH/MRS will become the contract workstatement (CWS) for monitoring and control purposes. The contract workstatement of record remains as the point of reference for monitoring services and associated expenditures, and serves as the basis for payments to providers. Budgetary changes have no contractual validity and will not result in payment adjustment until formalized on the CWS.

INSTRUCTIONS FOR PREPARING THE SUMMARY OF PROGRAM ACTIVITIES

III. PREPARING THE FORM

A. Heading: Check appropriate block service area (BH or MR) reported. Enter Agency name, period covered, date submitted and Waiver number if applicable. Signatures of the Executive Director and Board Chairperson are required in the "Approved" block.

B. Columns:

1. Program Activity: List all program activities that have been authorized by the DBH/MRS.
2. PAC Code: Enter program activity code for each activity reported.
3. Program Name: Enter the program name associated with this PAC Code, if applicable.
4. Slots: Enter the number of program slots authorized for use by DBH/MRS.
5. No. Of Individuals: Report the total anticipated number of individuals to be served within the program activity.
6. Units: Enter the total anticipated units of services to be delivered within the program activity.
7. Total F.T.E./Direct F.T.E.: Enter the total number of personnel expressed in terms of full time equivalents and the number of direct care full-time equivalent positions who are budgeted within the program activity.
8. Projected Eligible Expenditures:
 - a. Personnel: Enter the amount budgeted for eligible personnel expenditures.
 - b. Operating: Enter the sum of the amounts budgeted for the subtotal of eligible Operating and Equipment/Assets.

Note: When completing the Total Eligible Cost column for the fee-for-service programs, total costs computed on a fee basis are entered on this form in the Operating Column.
 - c. Administration: Enter the amount for eligible administrative expenditures.
 - d. Total: Enter the total of Personnel, Operating and Administration.

INSTRUCTIONS FOR PREPARING THE SUMMARY OF PROGRAM ACTIVITIES

9. Revenue: When reporting program funded activities enter the projected amount of revenue to be reported as an offset to eligible expenditures as reported on the Expenditure Summary.

Note: When reporting the fee-for-service programs, enter all fee revenue that will be generated within the activity. This includes only revenue that has been reported in the Program Service Fees, Private Insurance, Medical Assistance, BHS Initiative (CBH), and Other Managed Care Fees lines of the Expenditure Summary.

10. Allocation: Enter the amount of funding requested from the DBH/MRS (Total minus Revenue).

11. Page Total: Enter the total budgeted amount of Personnel, Operating, Administration, Total, Revenue, and for the Allocation column.

Note: When reporting Fee-For-Service programs, the budgeted numbers should reflect allocations being requested for the rate negotiating process. Fee-For-Service programs should report total budgeted fees in the Operating Column and Total Fee revenue column with the difference being entered in the allocation column.