

INSTRUCTIONS FOR COMPLETING THE DBH/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, telephone and FAX numbers, and E-mail address of the Executive director (CEO) of the organization.
- E. Enter the name, telephone and FAX numbers, and E-mail address of the agency staff person who should be contacted for inquiries regarding the submission.

INSTRUCTIONS FOR COMPLETING 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.

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. List in numerical sequence based upon the PAC code, consistent with the planning allocation notice or CWS.
 - 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 columns for 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.
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 BHS 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. For all MR fee services other than TSM, service rates are developed net of revenue; therefore, no revenue offsets should be reported for fee funded MR services except for the FFP revenue related to TSM services.

10. Allocation: Enter the amount of funding requested from the DBH/MRS (Total minus Revenue).
11. Total (Page): Enter the total budgeted amount in the Personnel, Operating, Administration, Total, Revenue, and Allocation columns.

Note: When reporting BHS 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.

INSTRUCTIONS FOR COMPLETING THE MR RESIDENTIAL SERVICE SUMMARY

I. PURPOSE

The purpose of this form is to provide a summary of all individuals for whom site budgets have been prepared within a specific residential program activity (PAC). This will enable the DBH/MRS to accumulate budget costs for specific funding sources.

II. GENERAL INSTRUCTIONS

- A. The form is restricted in use to reporting MR program activities and person specific residential services that have received authorization for funding from the County Program Administrator. Only authorized program activities and services reported on this form and approved by the DBH/MRS are eligible for reimbursement by the DBH/MRS.
- B. All individuals for whom person-specific residential site budgets have been completed on the OMR spreadsheets must be reported on these forms within a specific residential service PAC. When reporting individuals on these forms, please use the program activity, PAC code, and program name that signifies the individual's respective funding source.

III. PREPARING THE FORM

- A. Heading: Enter Agency name, program activity, PAC code, program name, period covered, page numbers, and date submitted.
- B. Columns:
 - 1. Individual's Name: Enter the individual's last name and first name initial.
 - 2. Service Units: Enter the total number of half-month units that the individual is budgeted to receive for the fiscal year.
 - 3. FFP Eligible Rate: Enter the FFP eligible rate determined for the individual on the OMR spreadsheet.
 - 4. State Only Rate: Enter the State Only (FFP Ineligible) rate determined for the individual on the OMR spreadsheet.
 - 5. FFP Eligible Cost: FFP eligible cost will be calculated by the cell formulas by multiplying the FFP eligible rate times the reported service units.
 - 6. State Only Cost: State Only cost will be calculated by the cell formulas by multiplying the State Only (FFP ineligible) rate times the reported service units.

7. Total Service Cost: Total service cost will be calculated by the cell formulas by adding the FFP Eligible and State Only (FFP Ineligible) service costs.
8. Total – This Page: All required column totals for the page will be calculated by the cell formulas.
9. Grand Total: Where multiple pages have been completed, enter the grand total of all page totals.

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 a 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 are 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 shifts 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).

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STAFFING PATTERN SCHEDULE
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- F. If staff rotate 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 that 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.

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 are required to be awake, or "**S**" if the staff are 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 COMPLETING THE
MR NON-RESIDENTIAL FACILITY BASED SERVICE SUMMARY**

I. PURPOSE

The purpose of this form is to provide a summary of all individuals for whom non-residential facility based services have been budgeted. This will enable the DBH/MRS to accumulate budget costs for specific funding sources.

II. GENERAL INSTRUCTIONS

- A. The form is restricted in use to reporting MR program activities that consist of non-residential facility based services that have received authorization for funding from the County Program Administrator. Only authorized program activities and services reported on this form and approved by the DBH/MRS are eligible for reimbursement by the DBH/MRS.
- B. All non-residential facility based services that have been budgeted on the OMR spreadsheets must be reported on these forms within a specific non-residential service PAC. When reporting individuals on these forms, please use the program activity, PAC code and program name that signifies the respective funding source for the individuals.
- C. This form is currently used to report individuals receiving Community Habilitation, Pre-Vocational, and Home and Community-CBI services.

III. PREPARING THE FORM

- A. Heading: Enter Agency name, program activity, PAC code, program name, period covered, page numbers, and date submitted.
- B. Columns:
 - 1. Individual's Name: Enter the individual's last name and first name initial.
 - 2. Service "W" Code: Enter the OMR "W" code designated for the specific service type and service level that the individual will receive.
 - 3. Number of Slots: Enter the full time equivalent (FTE) slot that the individual's scheduled service represents. For example, if typical fulltime service for an individual is 30 hours per week and the individual is scheduled to attend 18 hours, the slot is entered as .6 (18/30).
 - 4. Unit Type: Identify the service unit; for example, quarter hour, half day, etc.

5. No. of Units: Enter the total number of units that are anticipated for the fiscal year. This amount should represent the expected actual attendance of the individual based upon historical attendance. Units reported must coincide with those reported in the OMR spreadsheets.
6. Rate: Enter the rate calculated for the individual's specific service type and level on the OMR spreadsheets.
7. Total Service Cost: Total service cost will be calculated by the cell formulas by multiplying the rate times the reported service units.
8. Total – This Page: All required column totals for the page will be calculated by the cell formulas.
9. Grand Total: Where multiple pages have been completed, enter the grand total of all page totals.

**INSTRUCTIONS FOR COMPLETING THE
MR NON-RESIDENTIAL NON-FACILITY BASED SERVICE SUMMARY**

I. PURPOSE

The purpose of this form is to provide a summary of non-residential non-facility based services that have been budgeted within a specific program activity. This will enable the DBH/MRS to accumulate budget costs for specific funding sources.

II. GENERAL INSTRUCTIONS

- A. The form is restricted in use to reporting MR program activities that consist of non-residential non-facility based services that have received authorization for funding from the County Program Administrator. Only authorized program activities and services reported on this form and approved by the DBH/MRS are eligible for reimbursement by the DBH/MRS.
- B. All non-residential non-facility based services that have been budgeted on the OMR spreadsheets must be reported on these forms within a specific non-residential service PAC. When reporting services on these forms, please use the program activity, PAC code and program name that signifies the respective funding source for the services.
- C. This form is currently used to report Respite, Specialized Therapy, Transportation, Behavioral Supports and other Home and Community Habilitation services.

III. PREPARING THE FORM

- A. Heading: Enter Agency name, program activity, PAC code, program name, period covered, page numbers, and date submitted.
- B. Columns:
 - 1. Service Type: Enter the specific service type budgeted as specified in the OMR service definitions
 - 2. Service "W" Code: Enter the OMR "W" code designated for the specific service type and service level that the individual will receive.
 - 3. Number of Slots: Where applicable, for example 24 hour respite service, enter the full time equivalent (FTE) slot that will be available for services.
 - 4. Unit Type: Identify the service unit; for example, quarter hour, 24 hour, etc.
 - 5. No. of Units: Enter the total number of units that are anticipated for the fiscal year.

6. Rate: Enter the rate calculated for the specific service type and level on the OMR spreadsheets.
7. Total Service Cost: Total service cost will be calculated by the cell formulas by multiplying the rate times the reported service units.
8. Total – This Page: All required column totals for the page will be calculated by the cell formulas.
9. Grand Total: Where multiple pages have been completed, enter the grand total of all page totals.

INSTRUCTIONS FOR COMPLETING THE MR COST PER TRIP SCHEDULE

I. PURPOSE

The cost per trip schedule is used to determine the cost per one-way trip provided in an agency vehicle that is used for transporting individuals to and from a day program.

II. GENERAL INSTRUCTIONS

- A. All costs associated with personnel and vehicles involved in the transportation of individuals **to and from the day service facility** should be reported on this form. The costs associated with these employees and vehicles will be prorated to reflect only the costs associated with travel to and from programs, based on the agencies calculated percentage of use for travel to and from the program versus other use (s).
- B. Total mileage applicable to transportation to and from the day service facility versus total mileage of the vehicle (s) should be the basis used in determining the percentage allocated for travel to and from the day service facility versus travel for other use(s).
- C. Other use(s) would include mileage associated with travel that is an integral part of the program, as in a CBI program; mileage associated with use for other services; or mileage that is administrative in nature.
- D. At the provider's discretion, cost per trip can be calculated as one rate for all day program components or as a specific rate for each component.

III. PREPARING THE FORM

- A. Heading: Check "budget" or "invoice" box. Enter agency name, period covered, program component and the corresponding 4-digit PAC code. Where the cost per trip covers more than one program component, enter **Multiple** in the program component section and enter 2610 in the PAC Code section.
- B. Expenditure / Revenue Classifications:
 - 1. Personnel Expenses: Enter salary/wage and fringe benefit costs associated with drivers, dispatchers, and other positions **directly involved** in the provision of transportation services. This may include aides who accompany individuals on the vehicle **if they are not regular day service staff**. Enter a subtotal of all personnel expenses.

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MR COST PER TRIP SCHEDULE
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2. Vehicle Expenses:
 - a) Annual Lease/Depreciation: Enter the budgeted/actual cost of the annual lease or depreciation for all vehicles that are used in providing transportation to and from the day program.
 - b) Annual Insurance: Enter the budgeted/actual cost of the annual insurance for all vehicles that are used in providing transportation to and from the day program.
 - c) Repairs and Maintenance: Enter the budgeted/actual cost for repairs and maintenance of all vehicles that are used in providing transportation to and from the day program.
 - d) Gas Expense: Enter the budgeted/actual cost for gas expense for all vehicles that are used in providing transportation to and from the day program.
 - e) Other: Enter any other expenses directly associated with providing transportation to and from the day program.
 - f) Enter a subtotal of all vehicle expenses.
3. Total Direct Cost: Enter the sum of personnel and vehicle expenses.
4. Administration: Enter the amount for administration calculated based on your administrative cost distribution methodology.
5. Total Transportation Costs: Enter the sum of the Direct Costs and Administration.
6. General Revenue: Enter revenue that is directly associated with the provision of transportation services such as grants or awards to offset the costs of these services.
7. Net Transportation Cost: Calculate and enter the net cost by subtracting revenue from the Total Transportation cost.
8. Percentage Applicable to Transportation To and From Day Services: Enter the percentage derived from dividing the total vehicle mileage associated with transportation to and from the day service over the total vehicle mileage

INSTRUCTIONS FOR COMPLETING THE
MR COST PER TRIP SCHEDULE
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9. Amount Applicable to Transportation To and From Day Services: Enter the product of multiplying the Net Costs times the percentage applicable to transportation costs to and from the day service.
10. Number of Trips: Enter the projected/actual number of one-way trips for individuals to and from the day program.
11. Cost Per Trip: Calculate the cost per trip by dividing the amount of costs applicable transportation to and from the Program by the Number of Projected/Actual Trips to determine the Cost Per Trip.

**INSTRUCTIONS FOR PREPARING THE
DAY PROGRAM PURCHASED SERVICE ROSTER**

I. PURPOSE

This form is used to report the costs incurred by agencies that purchase day program services from another provider.

II. GENERAL INSTRUCTIONS

A. This form must be completed by program component. A separate schedule should be completed for Community Habilitation (PAC Code 1100), Pre-vocational (PAC Code 1300), Home and Community Service - CBI (PAC Code 1143), Job Finding/Job Support (PAC Code 1200), and Transitional Work Services (PAC Code 1248).

B. The Day Program Purchased Service Roster should be completed only for services purchased for individuals whose services are funded by the Philadelphia MRS.

III. PREPARING THE FORM

- A. Heading – Check the budget or invoice box. Enter the agency name, period covered, the program component, and the 4 digit PAC code.
- B. Individual's Name - Enter the first and last name of those individuals in service, in ascending order by ISP/IHP ratio.
- C. ISP/IHP Staff Ratio - Enter the staff ratio identified in each individual's plan. If the purchasing agency rather than the day service provider provides one to one staffing, enter the level of staffing provided by the day service provider rather than the ISP/IHP requirements. Enter an asterisk after the individual's name in these instances.
- D. Funding Source: Enter the respective categorical funding source for the individual's service costs
- E. Service Provider: Enter the name of the provider from whom services are purchased.
- F. Total Units(Quarter Hours) – Enter the total units of service (quarter hours) purchased for the individual during the fiscal year.
- G. Quarter Hour Rate – Enter the rate paid for a quarter hour unit of service.
- H. Total Cost – Compute and enter the total cost of the individual's purchased services by multiplying the rate times the number of units purchased.

Grand Total: Compute and enter the total cost of all individuals' services. If multiple pages are needed, please use this line as a subtotal and enter the Grand Total on the final page.

INSTRUCTIONS FOR COMPLETING THE
MR TRANSPORTATION SCHEDULE

I. PURPOSE

The transportation schedule is used to present budgeted/invoiced transportation costs for individuals to and from all day programs, including ADT, Vocational, CBI, and CIE.

II. GENERAL INSTRUCTIONS

A. This form must be completed by PAC in order to identify the distinct funding source to which the services will be charged. All individuals who receive transportation services to and from day services must be listed on this form within the respective PAC representing the funding source for the individual's services. The first four digits of the PAC Code designate the funding source:

0200-Base; 0260-Waiver Maintenance; 0261-Waiver Categorical (use Program Name to identify specific funding source); 0262-PFDS Waiver

B. Transportation services that are budgeted/invoiced must be authorized for the individual on their ISP.

C. These transportation services include travel by an agency vehicle, reimbursement for the use of public transportation, and compensation for mileage in a private vehicle.

D. An individual can be entered multiple times on this form, if multiple types of transportation are used.

E. The Agency Vehicle section of this form requires a Cost per Trip. This Cost per Trip will be calculated on the Cost per Trip Rate Setting Schedule and then is used for the calculation of agency vehicle costs for each individual.

III. PREPARING THE FORM

A. Heading: Check the appropriate "budget" or "invoice" block. Enter agency name, Program Name (for Waiver Categoricals only), PAC Code, date submitted, and period covered.

B. Individuals Name: Enter the individual's first initial and last name.

C. Funding Source: Enter the funding source of the individual.

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MR TRANSPORTATION SCHEDULE
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D. Agency Vehicle (one way trip):

1. Number of Trips: Enter the number of one-way trips budgeted/invoiced for the respective period of time.
2. Cost Per Trip: Enter the agency's anticipated/actual cost per trip in this column. This number will be calculated on the Cost per Trip Schedule for Day Services.
3. Cost: Calculate the product of number of trips times the cost per trip (a x b) and enter the total cost of agency vehicle transportation for this individual.

E. All Public Transportation:

1. Type: Enter the appropriate number for the type of public transportation from the Public Transportation Code box at the bottom of the form. The codes are (1) for tokens, (2) for daily passes, (3) for weekly passes, and (4) for monthly passes.
2. Number: Enter the number of tokens, daily passes, weekly passes, or monthly passes budgeted/invoiced for the individual for the respective period of time.
3. Cost Per: Enter the cost per token, daily pass, weekly pass, or monthly pass. If costs for the method of travel changes during the year please enter the individual a second time for each respective price.
4. Cost: Calculate the product of multiplying the number times the cost per (b x c) and enter the total costs of this type of public transportation for this individual.

F. Mileage Compensation:

1. Miles: Enter the number of miles budgeted/invoiced for this individual for the respective period of time
2. Rate: Enter the mileage rate.

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MR TRANSPORTATION SCHEDULE
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3. Cost: Calculate the product of number of miles times the rate (a x b) to get a total budgeted/invoiced cost of mileage for this individual.

- G. Total Cost (Column): The Total Cost Column is the sum of the Agency Vehicle Cost Column, the All Public Transportation Cost Column, and the Mileage Compensation Cost Column.

- H. Total Cost (Row): Enter the total of all of the individuals' transportation to and from day programs in this row. If multiple pages are needed please use this entry as a Subtotal and enter the Total Agency costs on the final page of entries.

INSTRUCTIONS FOR COMPLETING 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. For MR services, this form is completed only for non-direct service program activities. "Non-service" refers to those indirect or supportive activities for which services rates will not be developed. They include administrative, consultative, and training PAC's. This form is to be completed for each distinct non-service PAC authorized by the Department of Behavioral Health/Mental Retardation Services (DBH/MRS).
- B. Multiple PACs can be entered on this form. Enter PAC's in numerical sequence. Use as many forms as necessary to report all non-service 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.

III. PREPARING THE FORM:

- A. Heading: Check the appropriate "budget" or "invoice" blocks and "BH" or "MR" blocks. Enter agency name, the Waiver number (if applicable), date submitted, and the period covered.
- B. PAC Name: Enter the name of 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. Slot Capacity: Used to report capacity for a program or service, expressed in terms of full time equivalent slots. Enter "NA" for non-service PAC's
- F. Classification:
 - 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.

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- 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: For BH services, enter amounts for administration as reported on the Administrative Cost Distribution Schedule. For MR services, calculate the amount of administration by applying the agency's standard administrative cost percentage to the total direct service cost.
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.

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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.
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
MR NON-SERVICE 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 non-service program activities.

II. GENERAL INSTRUCTIONS

A. The form must be completed in support of each non-service program activity identified on the Contract Workstatement and/or Summary of Program Activities. It is completed only for non-service PAC's for which service rates will not be negotiated. For direct services PAC's, personnel rosters are a part of the OMR spreadsheet file.

III. PREPARING THE FORM

- A. Heading - Enter agency name, program activity, PAC Code, period covered and date submitted.
- B. Name - Enter employee name by surname and first initial. Enter vacant or new, as necessary, and the anticipated appointment date.
- C. Position - Enter working title of position
- D. Role - Enter brief description of job function or activities.
- E. Hours Per Week Worked in Program Activity - Enter the number of hours per week budgeted for the position for the program activity being reported.
- F. Total Annual Wages / Salary - Enter the annual wages / salary for each position regardless of how much time is spent in that particular PAC.
- G. Wages / Salary Assigned to Program Activity: Enter the amount of wages / salary to be charged to the program activity for the year based upon the budgeted hours worked in the PAC. Vacant or new positions should be adjusted by any salary savings due to anticipated delays in filling the position.
- H. Total - Enter the total of all wages / salaries to be charged to the program activity.

INSTRUCTIONS FOR COMPLETING THE MR BUDGET NARRATIVE FORM

I. PURPOSE

This form is used to provide narrative support of the budget forms or other narrative explanations as required.

II. GENERAL INSTRUCTIONS

- A. Providers must use this form to provide budgetary supportive detail as prescribed in the budget instructions.
- B. This form must also be used to disclose provider-specific issues relevant to the budget submission. **Do not use the cover letter to disclose these issues.**

III. PREPARING THE FORM

- A. Heading - Enter the Agency name, date submitted, and the period covered.
- B. Description of the Administrative Cost Methodology: Under the program activity heading of **General**, provide an explanation of the method used in developing the administrative percentage used in the budget.
- C. Other Budget Narrative Requirements or Relevant Issues: Provide narrative detail as prescribed in the general or budget form instructions, or as needed for provider-specific issues. Identify the service or PAC(s) relevant to the narrative entries made on this form.