DEPARTMENT OF BEHAVIORAL HEALTH AND MENTAL RETARDATION SERVICES
FY 2007 QUARTERLY EXPENDITURE REPORT/ INVOICE REQUIREMENTS

I. General Reporting Requirements for Behavioral Health and Mental Retardation Services

A. General Requirements

1. Reporting Deadlines

   Quarterly invoice/expenditure reports are due in the DBH/MR by 5:00 p.m. four (4) weeks after the close of each of the first three quarters. The fourth quarter invoice/expenditure report is due six (6) weeks after the close of the fiscal year. FY 2007 due dates are:

First Quarter	October 30, 2006
Second Quarter	January 30, 2007
Third Quarter	April 30, 2007

2. Forms/Schedules required for the quarterly report can be found on the attached BH and MR Checklists. Be sure to include a completed checklist(s) when submitting the invoice(s).

3. Reporting requirements for the fourth quarter will be provided at a later date; however, providers should be prepared to submit the level and type of information which was required in previous fiscal years.

4. Separate reports are to be prepared for BH and MR services. All authorized program activities are to be reported on the appropriate BH or MR **Program Activity Invoice Summary**, using PAC identifiers, and the eight (8) digit codes, which were identified on your planning allocation, notice. The Program Activity Invoice Summary must list the eight (8) digit codes in sequential order.

5. Unitary Contract numbers for FY 2007 are as follows:

Behavior Health	Contract Number
Base	05-20048-02

Mental Retardation	Contract Number
Base	05-20051-02
Early Intervention Program Funded	05-20052-02
Early Intervention Fee For Service	05-20112-02
Waiver	05-20060-02

Agencies with individual contracts should contact Vicki Finnegan at (215) 685-5373 to obtain the appropriate contract numbers.

6. Questions regarding the preparation of the quarterly reports should be addressed to the appropriate DBH/MRS fiscal analyst.

7. An **original and three copies** of the invoice must be submitted with an original signature on each. The reports are to be mailed to:

Louis A. Sannutti Jr., Fiscal Administrator
Department of Behavioral Health/Mental Retardation Srvs
1101 Market Street, 7th Floor
Philadelphia, Pa. 19107-2907

Hand deliveries should be made directly to the BH/MR Fiscal Unit on the 10th floor

B. Highlighted Reporting Directives**:**

1. The **Expenditure Summary** must be completed for each distinct PAC authorized in the DBH/MR CWS, including Residential PAC's and all Fee-For-Service Programs.

2. **MR Residential Site Schedules** and **BH Residential Expenditure Summary** must be completed for all Residential PACs and must be reported by individual site.

3. **The MA Fee For Service (FFS) Schedule** is used to summarize and report all units of service provided by county negotiated FFS programs which currently consist of Intensive Case Management; Resource Coordination; Family Based; Crisis Residential, Crisis Response Centers, Residential RINT Program, CBH Reinvestment (BH Programs); and Targeted Service Management (MR Program). Do not use this form for reporting Early Intervention Services.

   Do not adjust reported fee cost to actual cost when preparing the MA Fee For Service Form.

4. **Proper Classification of Revenues**: Please review the definitions of each type of revenue as detailed on the **Instructions for the Revenue Summary** giving special attention to the following information:

   (a) **Program Service Fees** are defined as liability charges received from clients or legally responsible relatives for BH services only.

   (b) The **Service or Production Contracts** category, generally vocational services, is defined as revenue generated from contracts for the provision of services or products.

II. General Reporting Requirements for Mental Retardation Services

As you are aware, the MR system is in the first practice year of fee for service This first practice year is the most important as the analysis and data derived throughout this fiscal year needs to be used to prepare for true fee for service. One of the major components of fee for service funding is accurate collection and reporting of units of service (UOS). UOS reporting to the Research and Information Management (RIM) division will be utilized in analysis of budgeted versus actual data.

In an effort to ensure that providers have adequate time to verify that their UOS reporting is accurate, the following quarterly financial reporting strategy is being implemented.

The first quarter invoice requirements for FY'07 will be consistent with FY'06 quarterly reporting requirements. This will allow the first six months for providers to clean up and verify UOS reporting to our office.

Second and third quarter reporting will be amended to include analysis of actual expenditures versus fee billings based on actual UOS reported.
In an effort to amend these reporting requirements in a meaningful way for MRS and providers, the office has decided to meet with representatives of the Philadelphia Alliance and Coalition, in a small provider workgroup, to solicit their input on these changes. Based on these meetings the office anticipates transmitting amended reporting requirements to providers for the second and third quarter in late October.

In FY'07, providers must maintain records in accordance with the DPW account structure, 4300 regulations, and the budgetary requirements of the Office of Mental Retardation (OMR) rate setting spreadsheets. Charges to individuals and their respective funding source should be consistent with the cost allocation method used in the budget in order to maintain our categorical funding limitations.

A. **Detailed MR Reporting Instructions for Fiscal Year (FY) 2007**

1. Specific Program Activities Reminder

a) Home and Community Habilitation Behavioral Supports

Behavioral supports provided by unlicensed practitioners must be reported under PAC Code xxxx-2857, Home and Community Habilitation Behavioral Supports schedule, on the enclosed form bearing this title. Providers should continue to report behavioral therapy services rendered by licensed practitioners under the applicable Specialized Therapy PAC and on the Specialized Therapy Cost Summary reporting form. (xxxx-3050)

b) Day Services

As in the planning budget, day service providers who provide transportation services are required to segregate the costs of transporting individuals to and from their homes and the day service. These costs should not be reported under the day service PAC but rather under the appropriate transportation PAC (see below). Costs associated with transportation that is an intrinsic part of the service should not be segregated and should be reported within the day service PAC.

c) Transportation

1) The Transportation Schedule must be prepared to report all costs incurred in the use of a day program provider vehicle to transport individuals to and from their home and day services, to reimburse individuals/families for transportation costs incurred on a mileage basis, and/or to provide tokens, transpasses, etc. for public transportation for individuals and families. Providers are not required to segregate transportation costs associated with individuals residing in a CLA; these costs are reported within the respective residential PAC. The following PACs must be used in reporting transportation costs:

(a) PAC xxxx-2610 for costs incurred for a day program agency vehicle used to transport individuals to and from their home and a day service.

(b) PAC 0262-2600 for general transportation costs (tokens,transpasses,or mileage) funded under the PFDS Waiver.

(c) PACs 0260-2600 or 0261-2600 for individual/family related transportation costs (tokens ,transpasses , mileage) funded under the consolidated Waiver.

2) Where applicable, the Cost Per Trip Schedule must also be prepared to support the actual cost per trip assigned on the Transportation Schedule to report costs associated with day program provider vehicles used to transport individuals to and from the day services.

d) MR Home Community Habilitation Summary

This form is to be completed for all Pacs (xxxx-0042)

B. The **Program Name** must be used when reporting of MR categorically funded programs. The **Program Name** will be used to identify the specific categorical funding source for the PAC, e.g., OBRA and EPSDT, etc. All MR PAC Codes beginning with the first four digits **0261** will require completion of the **Program Name** section of reporting forms. The **Program Name** for the respective PAC will be identified on the Planning Allocation notice where applicable.

C. Early Intervention Program (EIP) Reporting Requirements

1. All Early Intervention (EI) Services are to be reported on the standard reporting forms used for all PAC's. In addition to these forms, EI fee funded PAC's must be reported on the **EI Cost Settlement Report (EICSR)**. Fee funded PACs are those associated with the delivery of direct services: Home/Community/Center based services and/or service coordination and evaluation service activities.

   All other EI PACs are to be reported on a program funded basis on standard reporting forms only.

   Actual expenditures and revenues reported for a fee funded PAC on the EICSR must be the same as those reported for the PAC on the Expenditure Summary.

   The fee funded EI PAC's must be reported **on a fee for service basis on the Program Activity Invoice Summary**. When completing the PAIS, enter the total fees reported for the PAC (per the total column on line 13 of the EICSR) in the **Operating** column, the total MA/PI fees (per the total column on line14 of the EICSR) in the **Revenue** column, and the total County fees (per the total column on line 15 of the EICSR), in **Net To Be Funded** column.

2. Documentation (time records and/or service units) and computations used in distributing staff time and associated personnel and other operating expenses must be available for inspection on site by DBH/MR and/or DPW staff.

D. Waiver Therapy Reporting Requirements

Specialized Therapy services will be fee funded in FY 2007 and will be cost settled at year-end. These services must be reported **on a fee for service basis on the Program Activity Invoice Summary**. When completing the PAIS, enter the total fees reported for the PAC (per the total column on line 14 of the Specialized Therapy Cost Summary (**STCS**) in the **Operating** column and in the **Net To Be Funded** column.

III. Reporting Requirements for Behavior Health Programs

1. Agencies that provide services in the following programs must include the Medical Assistance Fee-For-Service Schedule in the quarterly invoices submitted to DBH/MRS.
    a) Emergency- PAC # 0100-2131-Crisis Response Center.
    b) Residential- PAC #0100-1614 RINT Program
    c) CBH Reinvestment funded programs that resulted in fees being established during discussions between the respective agencies and MH. These programs are designated with the digits 0184 in the PAC Code Number. If you have questions regarding the CBH Reinvestment programs, please contact Mr. Don Jacobs, Health Program Budget Supervisor at 215-685-5561.

    Please note the actual cost incurred in the Crisis Response Center, RINT, and the CBH Reinvestment Programs are to be shown on the Invoice Expenditure Summary and Program Activity Invoice Summary.

2. BH agencies that incurred Wage & Salary expenses must include Personnel Invoice Schedules in the quarterly invoices submitted to DBH/MRS. The Personnel Invoice must include the following information: Staff Person Name and Title, Hours Worked, Salary Paid. Also in regards to vacancies and new hires, in addition to the information listed above, the termination date and or date of hire must be shown on this schedule.

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