Information Item D - MH

# INSTRUCTIONS for MH REPORT III

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#### VII. In-Kind Local MatchI. Purpose of MH Report III

MH Report III represents the primary source of financial data for mental health services that is used by Health and Human Services Commission (HHSC). It forms the basis for the Legislative Appropriation Request by strategy, is utilized for quarterly reporting to the Legislative Budget Board and is often used for open records requests and various ad hoc reports and/or requests by advocacy organizations, Legislators, and HHSC staff.

Grantees will use MH Report III to report all expenses and their method of finance. HHSC will use MH Report III to monitor compliance with this contract’s provisions regarding indirect costs.

# Expenditures by Strategy/Substrategy

MH Report III is intended to mirror as closely as possible the appropriation structure for HHSC. On an annual basis, the data reported by the Grantee is utilized to determine the percentage of services provided by strategy. Allocations paid out to the Grantee are booked in HHSC’s accounting system by strategy and substrategy. Based on the system-wide use of funds by strategy/substrategy, we then book the amount of funding by strategy/substrategy that is requested through the Legislative Appropriation Request.

# Open Records Requests/Ad Hoc Reporting

It is not uncommon for HHS to receive requests for financial and other data relating to a specific Grantee and/or for the system of Local Mental Health Authorities (Grantees) as a whole. The primary source of data for responding to these requests is MH Report III.

# Quarterly Reporting to the Legislative Budget Board – Output and Efficiency Measure Reporting

CARE financial (MH Report III) and CARE output data is the basis for all reporting of output and efficiency measures to the LBB. It is used to derive the efficiency (cost) measures that are reported quarterly to the LBB. Basically, efficiency measure calculations **must reflect the cost to the state** of services provided with funds appropriated by the Legislature.

1. Instructions for Completion

#### Refer to the Mental Health Service Array to map Encounter and Procedure Codes to Report III Substrategies.

The current version of the Mental Health Service Array (File Name: Info\_Mental\_Health\_Service\_Array\_Combined) can be found in the Mental and Behavioral Health Outpatient Warehouse (MBOW) in the CA General Warehouse Information folder.

If the rounding for calculation of Indirect Cost causes a $1 error, make necessary adjustment (add or subtract $1) in Additional Local Funds to allow funds to balance.

**Section 1**

**III Revenue MH – Page** 1 of MH Report III represents a listing of all funds earned by the Grantee, without regard to the type of service funded or whether the funds were fully utilized to fund the services provided. In other words, this schedule is intended to represent all funds recognized as “earned” by the Grantee and would include funds that were earned over and above what was necessary to fully fund services. The total funds earned in each row may not equal the total for that row shown in the method of finance by strategy section of MH Report III.

Funding Summary amounts may be greater than Expenditure amounts in Section 2 but cannot be less than Expenditure amounts in Section 2.

This file has the following five worksheets arranged in this order:

1. **III MH** - used to enter budgeted expenditures by strategy.
2. **RLM** - reflects the Required Local Match.
3. **III Revenue MH** - used to enter budgeted revenues by source.
4. **In-Kind** - required if insufficient local cash is reported to meet the required local match amount.
5. **Notes** - to be reviewed prior to submission to ensure there are no errors.

The submission will not process if any worksheets have been re-arranged or removed (including any hidden tabs).

When all sheets are in balance, upload the completed file to the SFTP site in the “mhafinancial” folder for processing by the due dates noted in Information Item S – Submission Calendar. If access is not available to upload the report, contact the respective BH Contract Manager.

**Section 2**

**Expenditures and Method of Finance by Strategy –** This section of the report reflects Indirect Cost expenses (include both General Administrative and Authority Administrative expenses), the expenses by strategy/substrategy, and how these expenses were funded. In this section of the report, expenditures and revenues should balance and expenditures should tie to the general ledger. Expenditures could include items unallowable under 2 CFR 200 which were funded with local funds or some other non-State source.

Strategy/Substrategy Structure – (Column Headings)

Refer to Local Mental Health Authority Performance Agreement Statements of Work for a description of services.

**Indirect Costs (Previously General Administrative and Authority Administrative)**

Indirect costs are expenses that are necessary for general and administrative operation of the organization and are not easily traced back to a specific grant, contract, activity, or project function. Indirect costs are commonly referred to as overhead or facilities and administration (F&A) costs. These costs are considered common or shared and are incurred in support of more than one cost objective. All costs that are not classified as direct are indirect costs.

The use of GR is limited to 10% of the total indirect costs as established under 2 CFR 200 unless the grantees have an HHSC-approved or acknowledged indirect cost rate to claim/receive payment for indirect costs within HHSC grants. Additionally, Grantees can only bill HHSC grants for indirect costs less than or equal to their HHSC-approved or acknowledged indirect cost rate.

The HHS Indirect Cost Rate Group in the Federal Funds Office is responsible for reviewing, negotiating, and approving requests for indirect cost rates. Please visit https://www.hhs.texas.gov/business/grants/indirect-cost-rates for more information on HHSC’s approval/acknowledgment of indirect cost rates, or the HHS Indirect Cost Rate Group.

**MENTAL HEALTH REPORTING CATEGORIES - DEFINITIONS**

**D.2.1 Community Mental Health Svcs (MHS) – Adults**

**D.2.1.1 MHS Adult-Outpatient Services**

**Medicaid and Other Outpatient Services**

Outpatient services including services eligible for Medicaid reimbursement, medication-related services, and other routine services. Includes Peer Support Services, Supported Employment and Supportive Housing services, Telemedicine Site Facility Fees, and Engagement. Excludes Screening and Eligibility services. Excludes services in the Crisis Services Category: Crisis Intervention (Rehab), Crisis Intervention (False Alarm), Crisis Follow-up and Relapse Prevention, Hotline, Crisis Transportation, Safety Monitoring, and Crisis Flexible Benefits. Excludes other outpatient services provided in response to a crisis, including all outpatient services provided to individuals authorized to LOC-0.

**Screening and Eligibility**

Includes Outreach, Screening, Benefit Eligibility Determination, and Preadmission QMHP-CS Assessment. Report Hotline in column D.2.3.2 (a) and other Crisis Screening and Eligibility services in column D.2.3.2 (c).

**D.2.1.3 MHS Adult-All Others**

**Medications**

Expenditures to acquire medications, including pharmaceutical expenses and script processing fees (if applicable.) Excludes salaries to administer the program and pharmacist salaries. Indirect costs are not allocated to this column.

**Value-Added Services**

Other services provided to enhance the array of services and meet legislative requirements. Includes: voter registration and information referral, non-clinical services to support the Patient Assistance Program (acquisition of free medications from pharmaceutical companies), non-clinical services that support Representative Payee Activities, Community Critical Incident Reporting and Disaster Assistance, primary care services to address physical health issues, and vocational /job specific training.

**Flex Funds**

Flexible Funds include non-clinical supports that assist in community integration, reduce symptomatology, and maintain quality of life. Allowable expenses are specified in the Utilization Management Guidelines. Examples in adult services include: rental assistance, transportation, utilities, emergency food, house wares, residential services, clothing. This is an allowable expense for any adult authorized for LOC 1-4.

**All Other**

Other costs not classified elsewhere. Includes Supportive Housing Rental Assistance and Residential Transition Program Contract Management (RTPCM).

**D.2.2 Community Mental Health Svcs (MHS) – Children**

**D.2.2.1 MHS Children-Outpatient Services**

**Medicaid and Other Outpatient Services**

Outpatient services including services eligible for Medicaid reimbursement, medication-related services, and other routine services. Includes Family Partner Support Services, Supported Education, Supported Employment, Supportive Housing services, Telemedicine Site Facility Fees, and Engagement. Excludes services in the Crisis Services Category: Crisis Intervention (Rehab), Crisis Intervention (False Alarm), Crisis Follow-up and Relapse Prevention, Hotline, Crisis Transportation, Safety Monitoring, and Crisis Flexible Benefits. Excludes other outpatient services associated with a crisis event, including all outpatient services provided to individuals authorized to LOC-0. Excludes Screening and Eligibility services reported in the Screening and Eligibility category in column D.2.2.1b.

**Screening and Eligibility**

Includes Outreach, Screening, Benefit Eligibility Determination, and Preadmission QMHP-CS Assessment. Excludes Hotline reported in column D.2.3.2 (a) and other Crisis Screening and Eligibility services reported in column D.2.3.2 (c).

**D.2.2.3 MHS Children-All Others**

**Medications**

Expenditures to acquire medications, including pharmaceutical expenses and script processing fees (if applicable.) Excludes salaries to administer the program and pharmacist salaries. Indirect costs are not allocated to this column.

**Value-Added Services**

Non-clinical and other services provided to enhance the array of services and meet legislative requirements. Includes: non-clinical services to support the Patient Assistance Program (acquisition of free medications from pharmaceutical companies), non-clinical services that support Representative Payee Activities, Community Critical Incident Reporting and Disaster Assistance, and primary care services to address physical health issues.

**Flex Funds**

Flexible Funds include non-clinical supports that assist in community integration, reduce symptomatology, and maintain quality of life. Allowable expenses are specified in the Utilization Management Guidelines. Examples in children's mental health services include home safety modifications, childcare to allow the family to participate in treatment activities, and transportation assistance.

**All Other**

Other costs not classified elsewhere. Includes Supportive Housing Rental Assistance, Residential Transition Program Contract Management (RTPCM), Mental Health First Aid (MHFA) and costs reported on Line 754 (Residential Treatment Center Integration).

**D.2.3 Community Mental Health Crisis Services (CMHCS) (Adult and Child & Adolescent)**

**D.2.3.1 CMHCS-Residential Services**

**Inpatient**

Inpatient hospital services funded through Community-Based Crisis Programs (Line 761), the Performance Contract Notebook (Line 750), and other General Revenue (Line 758).

**Residential**

Residential and Extended Observation services funded through Community-Based Crisis Programs (Line 761), the Performance Contract Notebook (Line 750), and other General Revenue (Line 758). Includes free-standing and hospital-based Crisis Stabilization Units (CSUs), Extended Observation Units (EOUs), Residential Treatment Centers, Crisis Residential Treatment, Residential Treatment, and Crisis Respite (bed days).

 **D.2.3.2 CMHCS-Outpatient Services**

**Hotline**

Local hotline services (including those contracted with an external provider) and Lifeline call centers.

**MCOT**

Mobile Crisis Outreach Teams only. Includes costs associated with staff on-call for MCOT dispatch but not general on-call crisis workers. Excludes the reporting of expenditures for Mental Health Deputy (MHD) programs and Crisis Intervention Response Teams (CIRT), which are reported in column D.2.3.2c (Other).

**Other**

All outpatient services provided in response to a crisis. Includes all outpatient services in the Crisis Services Category: Crisis Intervention (Rehab), Crisis Intervention (False Alarm), Crisis Follow-up and Relapse Prevention, Crisis Transportation, Safety Monitoring, and Crisis Flexible Benefits. Also includes Mental Health Deputy (MHD) programs and Crisis Intervention Teams, Crisis Screening and Eligibility Services other than Hotline, Crisis Respite (hourly services), and all other outpatient services provided in response to a crisis, including outpatient services provided to individuals in LOC-0.

**D.2.3.3 CMHCS - Competency Restoration**

Programs that provide court-ordered competency restoration services, including Outpatient Competency Restoration (OCR) programs and Jail-Based Competency Restoration Programs (JCBR).

**D.2.3.4 CMHCS - Other**

Community mental health crisis outpatient services not classified elsewhere, such as Crisis Flexible Benefits and Crisis Transportation.

**D.2.5 Behavior Health Waiver and Plan Amendments**

**D.2.5.1 YES Waiver**

All services and supports associated with the Youth Empowerment Waiver program.

**D.2.5.2 HCBS -Adult Mental Health Plan Amendment**

All services and supports associated with the Home and Community Based Services-Adult Mental Health Plan Amendment.

**D.2.6 Community Mental Health Grant Programs**

**D.2.6.1 Community MH Grant Programs**

**Inpatient**

Inpatient hospital services funded by one of the following grant programs: Texas Veterans + Family Alliance, Mental Health Program for Justice Involved Individuals, State Grant for Harris County Jail Diversion, Community Mental Health Grant Program, and State Grant for Healthy Community Collaboratives.

**Residential**

Residential and Extended Observation services funded by one of the following grant programs: Texas Veterans + Family Alliance, Mental Health Program for Justice Involved Individuals, State Grant for Harris County Jail Diversion, Community Mental Health Grant Program, and State Grant for Healthy Community Collaboratives. Includes free-standing and hospital-based Crisis Stabilization Units (CSUs), Extended Observation Units (EOUs), Residential Treatment Centers, Crisis Residential Treatment, Residential Treatment, and Crisis Respite (bed days).

**Outpatient/Other**

Outpatient and other services funded by one of the following grants: Texas Veterans + Family Alliance, Mental Health Program for Justice Involved Individuals, State Grant for Harris County Jail Diversion, Community Mental Health Grant Program, and State Grant for Healthy Community Collaboratives.

# G.2.2 MH Community Hospital

This strategy should reflect Inpatient expenditures only.

Report only expenditures and method of finance that flow through the Grantee accounting records. Do not include expenditures/funds in support of the hospital that are earned by a Grantee in support of the community hospital operations.

**Inpatient**

Inpatient hospital services reported on lines 765 (Private Psychiatric Beds) and 757 (CMHH beds). Line 757 is used only by the four Grantees who receive specific funding for a Community Hospital: Lubbock Regional MHMR Center, Gulf Coast Center, Hill Country Community MHMR, and MHMRA of Harris County.

**Residential**

Crisis Stabilization Units reported on lines 757 (CMHH beds).

**Outpatient/Other**

Outpatient services reported on Line 757 (CMHH beds) by the Gulf Coast Center. Excludes routine discharge planning and continuity of care associated with inpatient services.

**Miscellaneous – Other Budget Strategies**

Other costs not classified elsewhere.

**Other Services**

Expenditures for services and activities provided to individuals who are not part of the priority population. Includes IDD services, Early Childhood Intervention (ECI), substance use services, and services to the mental health non-priority population through agencies and programs such as HHSC substance use services, Texas Department of Criminal Justice (TDCJ), Texas Council on Offenders with Medical or Mental Impairments (TCOOMMI), the Depart of Housing and Urban Development (HUD), the Texas Department of Assistive and Rehabilitative Services (DARS), and other contractual arrangements that provide services for private entities, such as Employee Assistance Programs. Funding associated with the Federal Emergency Management Agency (FEMA – CFDA 83.539 ad/or Department of Health and Human Services, mental Health Disaster Assistance (MHDA – CFDA 93.892) should be reported in this column.

The expenditures and revenues reported in this column as well as persons served will be excluded for output and efficiency measure reporting to the LBB.

All persons in the priority population should be reported in CARE and the corresponding funding that supports these individuals should be reported in the various categories (columns) on MH Report III. As a general rule, services to the priority population would not be reported in the Other Services column. However, this column includes expenditures for services that are primarily for the non-priority population but which in theory might also include priority population persons.

# III. Definitions of Object of Expense

Definitions are consistent with Cost Accounting Methodology

**Code Object**

**102** **Salaries –** Includes all full time, part time and temporary staff. This category also includes shift differential, overtime, merit increases, performance bonuses, compensatory time pay off, and car allowances associated with classified positions. Includes paid leave and severance pay associated with this salary classification.

**103 Employee Benefits –** Includes FICA, Unemployment, Worker’s Compensation, Group Health/Dental Insurance, Employee Retirement including 457 contributions, expenses paid by Grantee for Section 125 (Cafeteria Plan) services, and expenses associated with Employee Assistance Programs.

**104 Professional, Consultant and Contracted Client Services –** Expenses for activities directly associated with carrying out the Statement of Work that are delegated to a third party, including all contracts for client services. Third party activities for general and administrative services (i.e., accounting, audit, payroll, temporary staffing, etc.…) are not included in this category; they are properly classified in the “Other Operating Expenses.”

**105 Training and Travel –** Includes registration and other fees associated with training expenses along with all travel costs.

**106** **Debt Service –** Principal and interest payments on property, computer and equipment. Debt issuance costs are included. Also includes furniture and equipment capital lease contracts over $5,000 where the intent is to own the items at the end of the contract period.

**107a Capital Outlay – Expenses** associated with the purchase of buildings, land, construction in progress, building user fees, capital improvements, and leasehold improvements over $5,000; purchase of furniture and equipment and vehicles with a purchase price of over $5,000. Operating and capital leases associated with vehicles is also included in this category. Also includes computer hardware, software, and related equipment with a cost of over $5,000. **Note**: This item amount is more restrictive than what is allowed by UGMS.

**107b Non-Capitalized Equipment –** Expenses associated with the purchase of furniture, equipment, and vehicles with a purchase price under $5,000. Also includes computer hardware, software, and related equipment with a cost under $5,000.

**108a Pharmaceutical Expense** **– (Medications and Script Process Fee Only)** - Pharmaceuticals used in client treatment that are purchased for distribution through an in-house pharmacy or through arrangement with a pharmacy in the area. Contracted pharmaceutical is included in this category.

**108b Pharmaceuticals –** This row is used to report pharmaceuticals donated through PAP for Medications. The total amounts reported on this line 108b should equal the amounts shown as revenue on line 707

**109** **Other Operating Expenses –** Includes all other expense items not reported in the above objects of expense categories.

**110 Total Expenditures**

**202 Indirect Allocation –** This row reports indirect costs incurred across strategies using locally calculated amounts or proportional amounts (reference Row 79 on the III MH worksheet for proportional allocations).

##### IV. Classification of Funding Sources

# GENERAL REVENUE ALLOCATED

Includes all state general revenue funding allocated through the Local Mental Health Authority Performance Agreement as shown on the annual allocation tables.

**Code Type Fund/Definition**

**300 Mental Health Deputy (MHD)** –Crisis general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/MHD Statement of Work. Report funds under D.2.3.2 CMHCS-Outpatient Services, D.2.3.2.c - Other.

**301 Residential Transition Program Contract Management (RTPCM)** – Adult general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/RTPCM Statement of Work. Report funds under D.2.1.3 MHS Adult-All Others, D.2.1.3.d - All Other.

**302 Competency Restoration (CR)** – Crisis general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/CR Statement of Work. Report funds under D.2.3.3 CMHCS - Competency Restoration.

**750 Performance Contract Notebook (PCN)** –Adult, Child, and Crisis general revenue funding allocated under Local Mental Health Authority Performance Agreement, MH/PCN Statement of Work. Report funds under D.2.1, D.2.2, and D.2.3.

**754 Residential Treatment Center Integration (RTCI) –** Child general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/RTCI Statement of Work. Report funds under D.2.2.3 MHS Children-All Others, D.2.2.3.d - All Other.

**755 Veterans Services (VET) –** Adult general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/VET Statement of Work. Report funds under D.2.1.

**756 Veterans Counselor Program (VCP) –** Adult general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/VCP Statement of Work. Report funds under D.2.1.

**757 Community Mental Health Hospitals (CMHH)** **–** Mental Health Community Hospital funding allocated under the Local Mental Health Authority Performance Agreement, MH/CMHH Statement of Work. Report funds under G.2.2.

1. **Other General Revenue –** This row is used when specifically instructed by HHSC. Includes Mental Health First Aid (MHFA).

**760 Outpatient Competency Restoration (OCR) –** (State portion only) Crisis general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/OCR Statement of Work. Report funds under D.2.3.3 CMHCS - Competency Restoration.

**761 Community-Based Crisis Programs (CRISIS)** (Formerly Psychiatric Emergency Service Center (PESC) **–** Crisis general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/CRISIS Statement of Work. Report funds under D.2.3.

**762 Supportive Housing Rental Assistance (SHR) –** (State portion only) Adult general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/SHR Statement of Work. Report funds under D.2.1.

**763 Peer Support Re-Entry (PSR) –** (State portion only) Adult general revenue funding allocated under the Local Mental Health Authority Performance Agreement, MH/PSR Statement of Work. Report funds under D.2.1.

**764 Private Psychiatric Beds (PPBs) –** Mental Health Community Hospital funding allocated under the Local Mental Health Authority Performance Agreement, MH/PPB Statement of Work. Report funds under G.2.2.

**765 Post Discharge Medications for Civil Commitments (PDMCC)** –Mental Health Community Hospital funding allocated under the Local Mental Health Authority Performance Agreement, MH/PDMCC Statement of Work. Report funds under G.2.2.1 Community Hospital, G.2.2.1.c - Outpatient/Other.

**768 Education Service Centers (ESC)** **–** Child general revenue funding (D.2.2) allocated under the Local Mental Health Authority Performance Agreement, MH/ESC Statement of Work. Report funds under D.2.2.3 MHS Children-All Others, D.2.2.3.b - Value-Added Services or D.2.2.3.d - All Other.

**769 Total General Revenue Allocated**

# ALLOCATED FEDERAL FUNDS

Includes all federal funds allocated through the Local Mental Health Authority Performance Agreement as shown on the annual allocation table.

**Code Type Fund/Definition**

**400 Consumer Operated Services (COS) Mental Health Block Grant - ALN# 93.958** –Adult federal funding allocated under the Local Mental Health Authority Performance Agreement, MH/COS Statement of Work. Report funds under D.2.1.

**401** **Outpatient Competency Restoration (OCR) Mental Health Block Grant - ALN# 93.958** – (Federal portion only) Crisis federal funding allocated under the Local Mental Health Authority Performance Agreement, MH/OCR Statement of Work. Report funds under D.2.3.3 CMHCS - Competency Restoration.

**402 Supportive Housing Rental Assistance (SHR) Mental Health Block Grant - ALN# 93.958** – (Federal portion only) Adult federal funding allocated under the Local Mental Health Authority Performance Agreement, MH/SHR Statement of Work. Report funds under D.2.1.

**403 Peer Support Re-Entry (PSR) Mental Health Block Grant - ALN# 93.958** –(Federal portion only) Adult federal funding allocated under the Local Mental Health Authority Performance Agreement, MH/PSR Statement of Work. Report funds under D.2.1.

**404 High Fidelity Supported Employment Services (HFSEP) Mental Health Block Grant - ALN# 93.958** –Adult federal funding allocated under the Local Mental Health Authority Performance Agreement, MH/HFSEP Statement of Work. Report funds under D.2.1.

**405 Job Development Supported Employment Services (JDSES) Mental Health Block Grant - ALN# 93.958** –Adult federal funding allocated under the Local Mental Health Authority Performance Agreement, MH/JDSES Statement of Work. Report funds under D.2.1.

**781 Performance Contract Notebook (PCN) TANF to Title XX, F22 – ALN# 93.558** - Adult, and Child federal funding allocated under Local Mental Health Authority Performance Agreement, MH/PCN Statement of Work. Report funds under D.2.1 and D.2.2.

**782 Performance Contract Notebook (PCN) Title XX, Social Services Block Grant – ALN# 93.667** - Adult, and Crisis federal funding allocated under Local Mental Health Authority Performance Agreement, MH/PCN Statement of Work. Report funds under D.2.1 and D.2.3.

**783 Performance Contract Notebook (PCN) Mental Health Block Grant – ALN# 93.958** - Adult, and Child federal funding allocated under Local Mental Health Authority Performance Agreement, MH/PCN Statement of Work. Report funds under D.2.1 and D.2.2.

**789 Total Allocated Federal Funds**

**MEDICAID PROGRAMS**

Includes federal funds earned participating in Medicaid grants or programs.

**Code Type Fund/Definition**

**500 Other** –Any other Medicaid Program not otherwise specified.

**501 Money Follows the Person Rebalancing Demonstration, ALN# 93.791** –Money Follows the Person (MFP) Rebalancing Demonstration.

**774 Medicaid Administrative Claiming** –Medicaid Administrative Claiming (MAC).

**775 Medicaid Managed Care** –Medicaid funds paid by Managed Care Organizations.

**776 TMHP Fee for Service** –Medicaid funds paid under the Medicaid Fee-for-Service Program.

**777 1115 Waiver (BHS DPP and PHP CCP)**–Medicaid funds paid by the Secretary of the Health and Human Services under Section 1115 of the Social Security Act.

**778 Other State Plan Amendments / Waiver Programs** –Medicaid funds paid under specified state plan amendments or Medicaid waiver programs (e.g., Youth Empowerment Services Waiver (YES) and Home and Community-Based Services - Adult Mental Health (HCBS-AMH) programs. This row also includes IDD waivers such as Home and Community-based Services (HCS), Texas Home Living (TxHmL), and Intermediate Care Facilities (ICF).

**779 Total Medicaid Programs**

**OTHER FEDERAL FUNDS**

Includes federal funds earned participating in non-Medicaid grants or programs.

**Code Type Fund/Definition**

**600 Other** –Other federal funding paid for the purpose of providing services in areas of the state impacted by a federally-declared disaster(s).

**734 PASRR Evaluations** – Other federal funding paid for performing Pre-Admission Screening and Resident Review (PASRR) Evaluations (PEs). Report funds under D.2.1.1 MHS Adult-Outpatient Services, D.2.1.1.b - Screening and Eligibility.

**736 Grant Programs, Block Grants for Community Mental Health, ALN # 93.958** –Other federal funding paid as part Block Grants for Community Mental Health Services, which consist of grant agreements separate from the Local Mental Health Authority Performance Agreement (e.g., Coordinated Specialty Care (CSC) and Recovery-Focused Clubhouse (CLUB) programs).

**738 Federal Emergency Management Agency Crisis Counseling, ALN # 97.032** – Other federal funding paid for the purpose of providing services in areas of the state impacted by a federally-declared disaster(s).

**739 SA & MH Projects of Regional and National Significance, ALN # 93.243** – Other federal funding paid as part of discretionary grant that are Substance Abuse and Mental Health Services Projects of Regional and National Significance.

**742 Other Federal** – Any other federal funding not otherwise specified.

**743 PATH, AL# 93.150 (D.2.1 - Adult)** – Other federal funding paid under the Projects for Assistance in Transition from Homelessness (PATH) grant program. Report funds under D.2.1.

**749 Total Other Federal Funds**

**OTHER STATE AGENCIES**

Used to report grants, contracts or other arrangement between state agencies and Grantee for specified services.

**Code Type Fund/Definition**

**710 HHS IDD Services** –General revenue funding paid under the Local Intellectual and Developmental Disability Authority (LIDDA) Performance Contract.

**711 Texas Department of Criminal Justice & Tx Correctional Office on Offenders w/ Medical or Mental Impairments** – General revenue funding paid under grants with the Texas Department of Criminal Justice.

**713 HHSC Substance Use Disorder Contract General Revenue** – State general revenue funding paid by HHSC to provide substance use disorder services throughout the state.

**718 Other State Programs or Agencies** – Any other general revenue funding not otherwise specified (e.g., DARS, ECI). Includes the state matching grant programs: Community Mental Health State Grant Program, Mental Health State Grant Program for Justice-Involved Individuals, State Grant Program for Health Community Collaboratives, Texas Veterans and Family Alliance State Grant, and the State Grant for Harris County Jail Diversion.

**719 PATH General Revenue** – State general revenue funding paid under the Projects for Assistance in Transition from Homelessness (PATH) grant program. Report funds under D.2.1.

**720 PASRR Services for individuals in Nursing Facilities** –General revenue funding paid by HHSC for the provision of Pre-Admission Screening and Resident Review (PASRR) services in nursing facilities.

**729 Total Other State Agencies**

**LOCAL FUNDS**

In Section 1 of MH Report III, Funding Summary, the amounts recognized as earned in each of the categories below should be reported regardless of whether it was used to fund expenditures. For Section 2 of MH Report III, Expenditures and Method of Finance by Strategy, Rows 701-707 are not reported at this level of detail.

**Code Type Fund/Definition**

**701** **City Government Tax Funds**

**702** **County Government Tax Funds**

**703 Other Taxing Authority Funds**

**704 Patient Fees, Insurance, Reimbursements**

**705 Transfers from Reserves**

**706 Miscellaneous Income & Contributions**

**707 PAP Contributions**

709.1.a Program Income used as Required Local Match

709.1.b Non-Program Income used as Required Local Match

709.2.a Program Income as Additional Local Funds

709.2.b Non-Program Income used as Additional Local Funds

**Required Local Match** is calculated as a percent of the funds allocated for rows 750, 781, 782, and 783, plus the total of Report IV (CARE Screen B33), must be equal to or greater than the required local match total of the contract. The percentage to be applied may be different for each Grantee and is included in the annual Local Mental Health Authority Performance Agreement. To satisfy the required local match requirement, the Grantee cannot use local funds reported in Other Services Non-Priority Population - **All funds reported in 701-707 are available for matching purposes except for Workshop/Production Income.**

**Program Income**

Program income is defined as:

* All income generated by “programs” funded by the Local Mental Health Authority Performance Agreement;
* Income earned as a result of the provision of the defined services to MH priority population and the IDD priority population as defined in the respective performance contracts; or
* Income earned as a result of the provision of services in the local service area as defined in the HHSC Local Mental Health Authority Performance Agreement and LIDDA Performance Contract.

The following programs and their revenue are not recognized as program income:

* Fee for service contracts
* Medicaid Funded contracts
* Miscellaneous Contracts with other state agencies or providers to perform services outside the scope of the Local Mental Health Authority Performance Agreement
* Government Revenues such as taxes, (e.g. city, county, other taxing, special assessments and levies are excluded if they are not used to meet matching requirements of the Local Mental Health Authority Performance Agreements).

# V. Miscellaneous Reporting Guidelines

# Recoupment and Liquidated Damages Payments

Payments of this nature should be expensed to the year to which they apply.

# Year End Reconciliation of CARE & External Audits to Allocations / Return of Funds At Year End

At the same time the external audit is sent to HHSC, funds allocated and paid which were not recognized as earned by the Grantee should be remitted to HHSC. HHSC will review the audit report, CARE and payment data to determine agreement with the amount remitted. Although the preliminary CARE report following year end continues to be due in September, CARE will not be frozen until December 31 to allow each Grantee to make changes to MH Report III as a result of external audit activity. If CARE data shown on the December 31 frozen CARE report does not match the audit report, the Grantee should submit a reconciliation with submission of the audit report. The Schedule of Revenue and Expenditures by Source of Funds included in the Audit Report shall reflect excess revenues over expenditures and reconciliation to CARE notes, if applicable.

1. In-Kind Local Match

List the description and value of the asset(s) on this Report. The value for in-kind contributions used for required local match should be determined based on the value of the asset in terms of its income production. The value of hours should be based on the type of work being done and property should be based upon fair market rental values.

The Grantee’s valuation of any asset for purposes of determining local match is subject to confirmation by an independent appraisal, conducted at the Grantee’s expense, upon request by HHSC. If using in-kind match, the Grantee must notify the Contract Manager prior to negotiations.

All in-kind match must be for the benefit of your program and within the mission of your agency. Categories of in-kind match (cash values) include:

1. Buildings and Maintenance: Donated space, buildings and maintenance services provided for the property that would not ordinarily be included in a lease. Calculated for the annual total based on the local fair market values of leases and local service rates. This category may include difference between actual amount paid and fair market value.
2. Utilities and Phone Services: Calculate the total annual value of the donated services and utilities provided for your organization (may include Fax machine service and cellular service).
3. Volunteer Services: List the total annual value of the volunteer services provided for your programs according to the value of the type of work performed. Maximum rates may be based on state classification salary levels plus 28.57% fringe benefits.
4. Professional Volunteer Services: List the total annual value of donated professional services such as physician, CPA, attorney, counselor, etc. performing their professional functions (not fund raising).
5. Material Contributions: Total annual value of material items contributed, e.g., copy machine, DVD for residence, workshop equipment, vehicle, furniture, etc.
6. Other Contributions: Goods and services not listed above. This category may include the use of items that would be considered “material contributions” if the ownership of the item did not transfer.

Back up documentation used for calculations must be maintained locally as a contract record to support reporting.

Reference General Information, “CARE and Non-CARE Reporting Freeze/Submission Dates.”

**To Access the Attachment III Performance Data Entry CARE Screen:**

* You must have a completed CARE access form with appropriate approval on file with Enterprise Architectural Security Management. Contact the Central Help Desk at 1-888-952-4357 or 512-438-4720 to obtain this form for access privileges.
* To gain access to the CARE In-Kind Reporting System, you must first logon to CARE.
* Key B33 in the action field of any CARE screen.
* You must enter the desired quarter (1, 2, 3, 4) and type of entry (add, change, or delete).

**To View/Print In-Kind Local Match CARE Screen:**

* Select 778 on the CARE Main Menu.
* Key the quarter (1, 2, 3, 4), fiscal year (12) & report type “6” (In-Kind Local Match).
* If you want to view the report, leave the printer code blank and press <enter> (80 characters).
* If you want a hard copy of your report, key the printer code and press <enter> (132 characters).
* The In-Kind Local Match report (Report IV) is a part of the Report III Budget and Report III Expenditure reports. Updates can be made quarterly when the Report III is submitted.