FISCAL SPECIFICATIONS

Funding Levels

Non-Medicaid grant funding is dependent upon receiving projected allocations from the state.

Depending on final allocations from the state, it may be necessary to make cuts to contracts or make additional non-Medicaid grants available during the fiscal year.

Reconciliations

There will be an annual reconciliation on all non-Medicaid grant contracts. During this reconciliation the Board will consider all sources of public funds (including, but not limited to: non-Medicaid grants, Medicaid, Title XX (federal and local), Indigent Drivers Treatment Funds, Medicare, funding from other ADAMHS/ADAS/MH Boards) as reported for each service/grant.

Any line-items in Board-approved budgets that will be exceeded by 10% and $1,000 must be approved by the Board prior to the expenditure being made. During the reconciliation process, if line-items are discovered to be overspent by more than 10% and $1,000, that line item will be considered an “unallowable expense” and paid back to the Board.

As specified below, all services will be reconciled against the Board’s non-Medicaid billing system.

Non-Medicaid Claims Processing

The Board will continue to fund some provider programs through a grant contract mechanism, making one twelfth advance payments monthly. However, the Board will track non-Medicaid claims throughout the year as one grant outcome measure.

All non-Medicaid services that can be defined by a unit and/or encounter must be billed through the Board’s non-Medicaid billing system. In addition, all Medicaid and non-Medicaid clients are required to be enrolled in the Board’s non-Medicaid billing system. The Board will work with providers to meet these requirements.

The Board’s contract rate for non-Medicaid services will be the same as the Provider’s Medicaid reimbursement rate for the same services. For non-Medicaid services that have no corresponding Medicaid service, the Board contract rate will be the Provider’s cost as derived from a unit cost building development process.

The Board has implemented a system-wide sliding fee schedule to be applied to the Board’s contract rate for all non-Medicaid claims.

Budget Requirements

All Proposers are required to submit an overall agency unit cost based budget using the Modified FIS-047-UCR process as developed by the state and modified by the Lake County ADAMHS Board to incorporate BH Redesign. All proposers shall also complete a Line-Item Expense and Revenue Budget for each grant program proposed.

A Proposer's finalized, approved budget package will become part of the Board/Provider service contract.

A Proposer's budget package will include:

- individual grant Line Item Expense Budgets
- individual grant Line Item Revenue Budgets
- Modified FIS-047 – Uniform Cost Report
- Modified FIS-052 – Agency Revenue Report

Please note: If a provider has a form that generated out of their system, which incorporates all of the components required, the Board will accept that form as a replacement for any of the forms listed above.

Computer templates, paper forms and instructions are available from the Board office.

Productivity Standards

The Board has established the following minimum productivity standards/benchmarks:

Psychotherapy	50% of direct staff hours
Evaluation & Management	50% of direct staff hours
Community Services	60% of direct staff hours
Crisis Intervention Services	40% of direct staff hours
Prevention	35% of direct staff hours
Residential & Inpatient	85% of bed days available

Variance from these standards should be explained.

Reporting Requirements

Providers will be required to submit quarterly financial report packages comparing actual revenues, expenses and productivity to budget. The following reports will be due in the Board office by the end of the month following the end of each quarter:

- Unit Cost Variance by Service, where applicable
- Grant Line Item Expenditure Report for each grant
- Grant Line Item Revenue Report for each grant

In the event a provider falls below a 1 month operating cash balance, they are required to report this to board staff. Board staff will work with provider on a solution. Provider will produce additional reports to the board staff as specified.