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Report to the Legislature

PL 2001, Resolve c. 92

**Department of Behavioral and
Developmental Services**

Lynn F. DUBY, Commissioner

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2003

February 5, 2003

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I. Executive Summary

BDS' review of the requirements of the Resolve¹ has found that funding for community services in Mental Health Services, Mental Retardation Services and Children's Services, when adjusted for inflation and similar factors, has grown throughout the period of FY97 through FY02. Adjusted cumulative growth in funding for each service area has grown at a rate greater than the Consumer Price Index. Funding per capita, adjusted for inflation, has remained approximately constant throughout the period for each service area.

BDS has implemented several changes to reduce the requirement for information for contract management, performance reporting and auditing. A policy to severely limit the nature and scope of requests for information has been implemented. Contract riders have been standardized to the greatest extent possible.

BDS has made a minimal number of changes in rules, providing clarification for agreements to provide services using only Medicaid/MaineCare funds, and other requirements to ensure prompt and cost efficient services. One rule has been repealed without replacement.

Little quantification of incremental, unfunded costs was available.

II. Statement of Purpose

This report is written to meet the expectations of the Resolve requiring the Department of Behavioral and Developmental Services to undertake a demonstration project to review the financial impact of departmental requirements imposed upon providers of services. In this usage, "providers of services" are those who provide community mental health or mental retardation services under contract or agreement with BDS and who are funded in whole or in part by BDS. These providers serve both children and adults in the community.

III. Assumptions

An important distinction must be made between the increased costs of doing business experienced by providers as a result of requests made by BDS and those experienced as a result of requests of other entities of state or Federal government, certification bodies, insurers and the like. Significant among requirements are those made by the MaineCare program. While the MaineCare rules are made by the Department of Human Services (DHS), this funding stream is a major source of revenue in the public mental health and mental retardation systems. Additionally, providers of many services funded by BDS are covered by

¹ Resolve, to Establish a Demonstration Project to Review Requirements Imposed on Agencies Contracting with the Department of Behavioral and Developmental Services, PL 2001, Resolve , c. 92.

requirements of the Department of Public Safety (State Fire Marshall's Office, in particular) and licensing requirements of the DHS (residential licensing, in particular). Federal mandates imposed upon all health care providers range from training required to address blood borne pathogens to the far-reaching Health Insurance Portability and Accountability Act of 1996 (HIPAA).²

The Resolve specifies the review of requirements imposed by BDS on or after January 1, 2002.

IV. Process

Collaboration with representatives of community providers was active and vigorous from the beginning and throughout the process. The Maine Association of Mental Health Services (MAMHS) and the Maine Association for Community Service Providers (MACSP) sought from their memberships individuals who wished to participate in a work group. The following individuals represented their respective provider organizations:

Bonnie-Jean Brooks	MACSP
Charlene Kinnelly	MACSP
Peter Kowalski	MACSP
Peter McPherson	MAMHS
James Pierce	MACSP
Emilie van Eeghen	MAMHS

Meetings were held over summer 2002 and information was exchanged via a list-serve. Of significance, a decision template was adopted by the work group and is attached at Appendix B.

An extensive list of requirements imposed upon provider agencies is appended to this report (Appendix H). A sub-list is also appended, identifying those requirements of the larger list imposed by BDS and providing rationale for the requirement. However, for purposes of this review, three "unfunded mandates" were identified which met the requirements of the Resolve. These are

- 14-472 CMR 3, Regulations Governing Timeliness Standards for In-home Behavioral Health and Case Management Services under Medicaid;
- 14-191 CMR 40, Requirements for Funding Services;
- a request made for information to establish standard rates of payment for free-standing day habilitation, a service provided to people with mental retardation.

A trial of the third mandate was undertaken by two members of the group (C. Kinnelly and J. Pierce) to utilize the template.

² PL 104-191.

V. Findings

A. Service Area Specific Findings

This section will provide information on each of the three service areas (mental health, mental retardation and children’s services). The 10-year period ending in 1998 has seen an annual (year to year) cost of living increase from about 1 to about 4.25 percent.³ During the same period, Federal minimum wage has increased from \$3.35 (first raised to this level in 1981) to \$5.15 (first raised to this level in 1997),⁴ an unadjusted increase from 1981 costs of 54 percent. Increases in the costs of fuel, healthcare/insurance costs, housing/rent, personnel, workers’ compensation costs and the like are more difficult to quantify across the spectrum of all provider agencies, but the increases are recognized as significant in the cost of providing services. The discussion following describes situations specific to each service area.

During the period beginning with 1988 and ending in 1998, increases in General Fund expenditures for the provision of community services for children and adults with mental illness or mental retardation increased from \$18.069 million to \$41.289 million across all three services.⁵ To make a fair comparison and to recognize changes due to inflation and similar effects, these figures were adjusted to 2001 dollars using the Consumer Price Index conversion factors.⁶

ALL PRESENTATIONS OF EXPENDITURES IN THIS REPORT ARE MADE IN DOLLARS CONVERTED TO 2001 DOLLARS, EXCEPT WHEN SPECIFICALLY NOTED.

TABLE OF ADJUSTMENTS TO 2001 DOLLARS

Year	Unadjusted \$\$	CPI Divisor	Adjusted \$\$
1988	\$18.069	.691	\$26.149
1998	\$41.289	.922	\$49.467

Graphs describing changes across the whole of the three service areas are included in Appendix A.

1. Mental Health Services

Mental Health Services has seen a fundamental change in the way services have been delivered over the past decade. Since the Augusta Mental Health Institute

³ Duca, John and Evan Koenig (1999), “The Outlook for Inflation,” Federal Reserve Bank of Dallas *Expand Your Insight*, February 1, <http://www.dallasfed.org/eyi/usecon/9902inflation.html>

⁴ Department of Labor, <http://www.dol.gov/esa/public/miniwage>

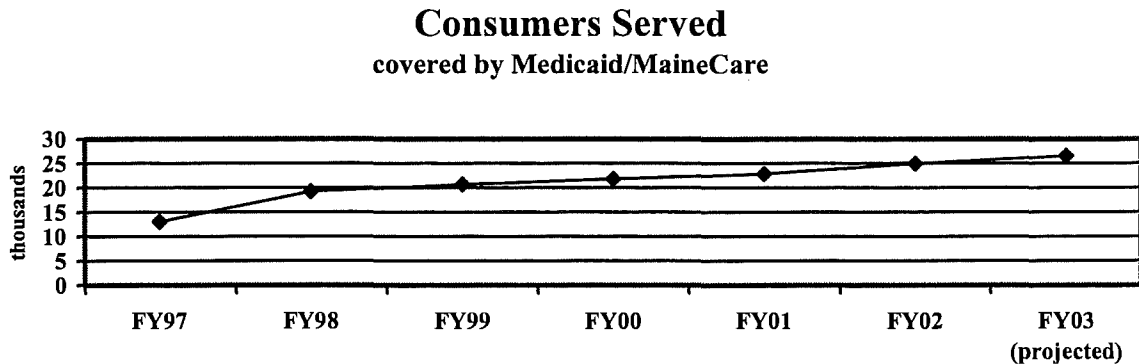
⁵ Bureau of Accounts and Control, Analysis of Income and Expenditures.

⁶ Sahr, Robert. “Inflation Conversion Factors for Dollars 1665 to Estimated 2012.” May 30, 2002. <http://www.orst.edu/dept/pol-sci/fac/sahr/sahr.htm>

(AMHI) class action suit,⁷ settled in 1990, there has been significant progress made to shift service provision from the institutions of AMHI and the Bangor Mental Health Institute (BMHI) to community providers. Long admissions to the mental health institutes have become increasingly less common and increasing numbers of people are being provided services and support in their home communities.

To demonstrate the magnitude of the changes in the system, the following information is offered. On December 31, 1987, the year prior to filing the AMHI suit, the census at AMHI stood at 334, with admissions running 120 monthly.⁸ By the end of December, 1994, AMHI's staffed capacity had dropped to 212 (plus 53 beds licensed but unstaffed). BMHI staffed capacity was 232 (plus 45 licensed but unstaffed beds) by 1994.⁹ Throughout 2001 to date, the combined censuses of the two mental health institutes has not exceeded 200.

The following chart describes the increase in the number of people receiving services through Medicaid in the community.



Source:MFASIS

Correlative to the reductions in census capacities at the mental health institutes and the increases in the breadth and types of services in the community, money to fund the community services have been provided. The chart following demonstrates the expenditures in general fund and Medicaid/MaineCare (both

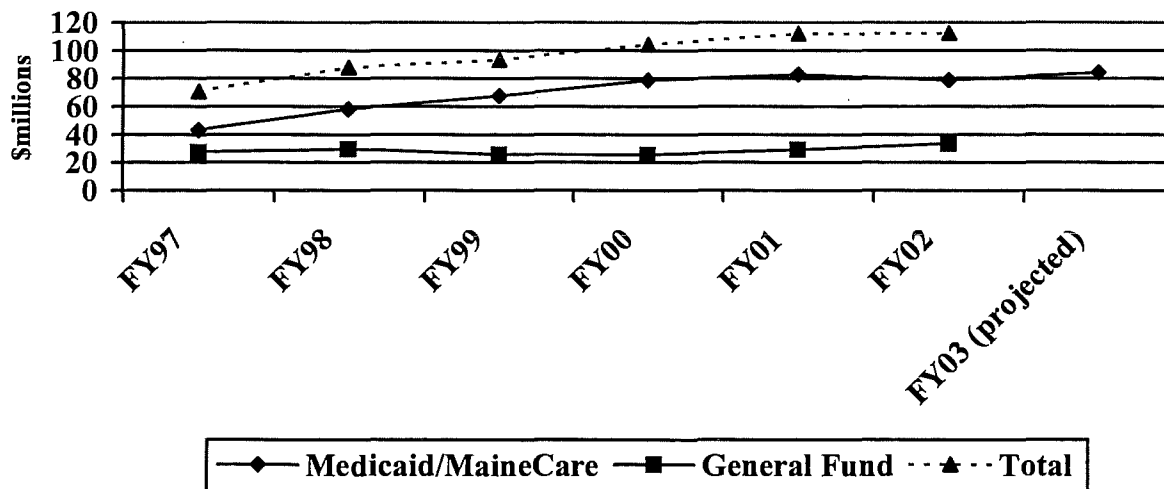
⁷ *Bates, et al. v. Glover, et al.* Civil Docket No 89-88 (Sup. Ct., Kenn. Cty., Me.)

⁸ Parker, Susan B., memorandum to Gov. John R. McKernan, January 8, 1988

⁹ Waterbury, Jamie A., memorandum to Commissioner Sue W. Davenport, December 30, 1994.

state seed and Federal portions). **The amounts have been adjusted to 2001 dollars except FY02 (actual) and FY03 (projected).**

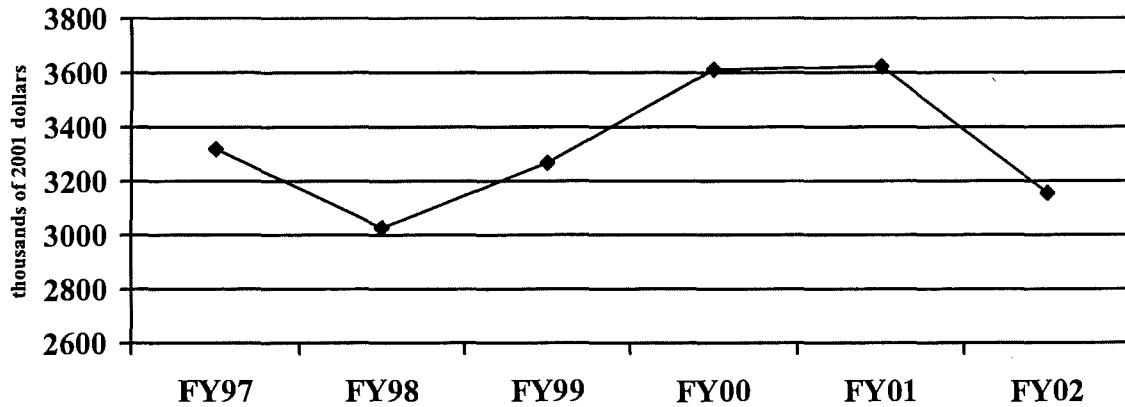
Expenditures for Mental Health Services



Source: MFASIS

Of greatest importance, however, is the expenditure per consumer. It is not enough to shift services from institutions to community without ensuring that resources available to consumers in community settings are adequate. The chart following describes the **adjusted 2001** dollars expended per consumer through the Medicaid/MaineCare program. The use of general fund dollars in the mental health system is to support the provision of services to people who are not known to qualify for Medicaid/MaineCare (such as outreach services and services to transient people), for needed services not covered by Medicaid/MaineCare and for services provided to the population at large. An example of the last is the crisis response system, by which a person can call the statewide crisis number (1-888-568-1112) and receive services during a mental health crisis regardless of financial status. The number of people served using general funds cannot be reasonably ascertained.

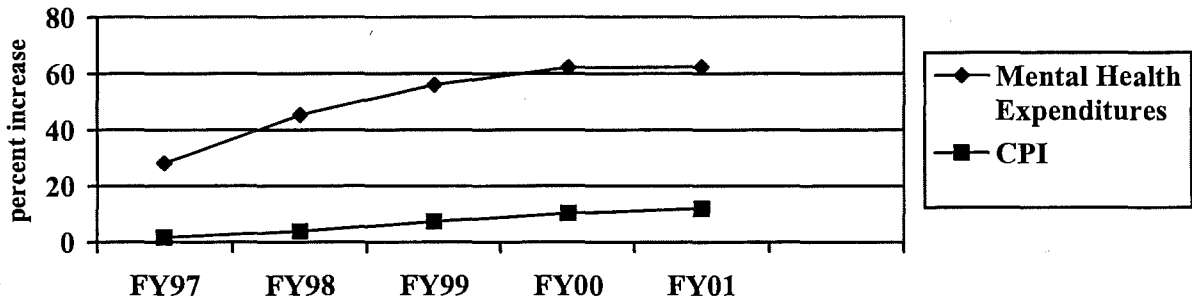
Medicaid Expenditures Per Consumer



Source: MFASIS

Although the availability of per-consumer comparisons for general fund expenditures is low, it is possible to demonstrate the growth of the total funding over the period. The increase in funding from both Medicaid/MaineCare and general funds is presented in the following graph as a cumulative growth rate. The growth rate of mental health expenditures is compared to the Consumer Price Index (CPI) cumulative rates of the same period.¹⁰ The CPI has not yet been calculated for 2002.

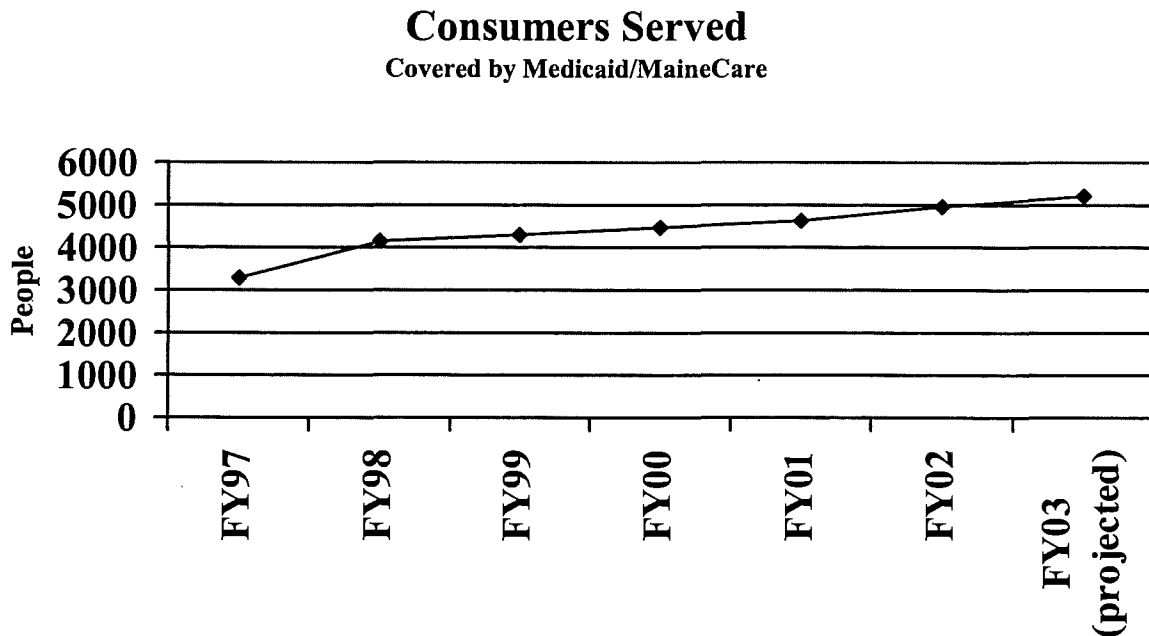
Cumulative Growth in Mental Health Expenditures Compared to Consumer Price Index



¹⁰ Department of Labor, Bureau of Labor Statistics, http://www.bls.gov/schedule/archives/cpi_nr.htm

2. Mental Retardation Services

The efforts to provide comprehensive community based services for people with mental retardation have been in process for many years. One significant event in this process was the April, 1996, closing of Pineland Center. In 1991, the year the decision was made to close, 265 people lived at Pineland; during that period to the date of closure admissions were accepted. All people at Pineland moved to community settings, and many people moved using the Medicaid Waiver.¹¹ Maine's economy was not robust during this period, and revenue shortfalls contributed to the shutting down of state government for several days and the temporary laying off of state workers. The following chart demonstrates the increase in people served through Mental Retardation Services.

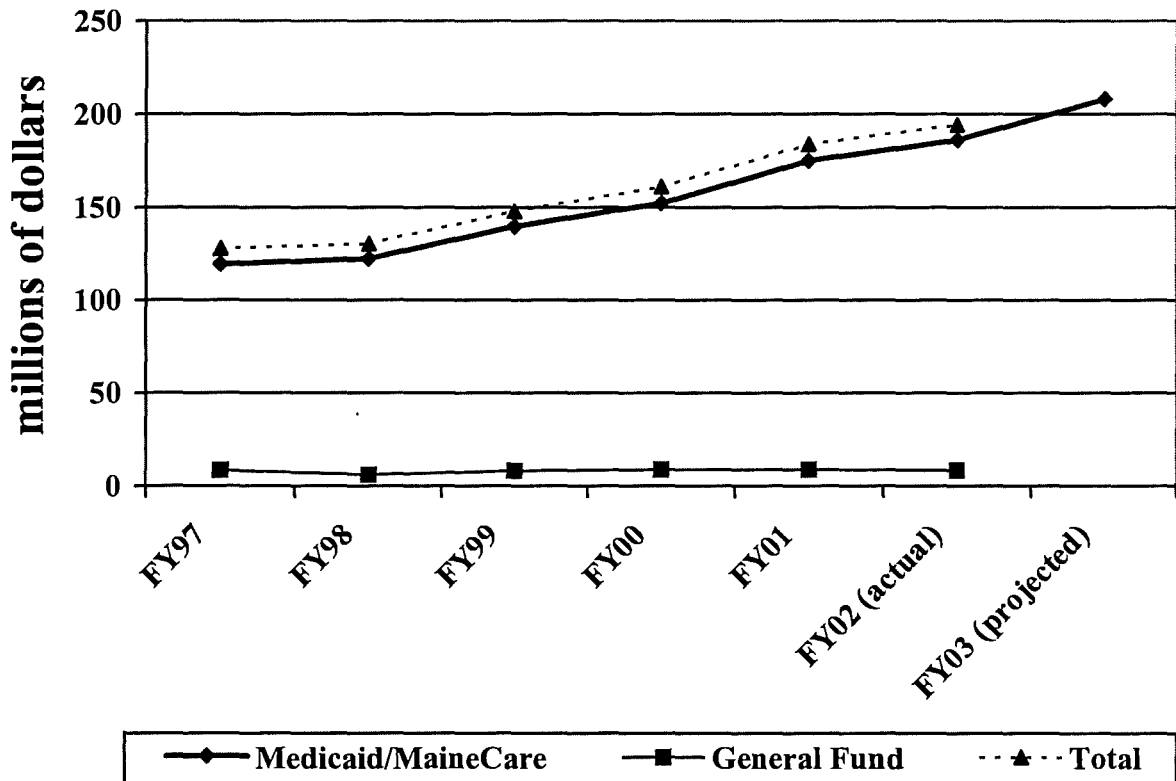


Source: MFASIS

Funding has kept pace with the growth of the community system of supports and inclusion. The following chart depicts the increases in funding, particularly Medicaid/MaineCare funding, over the last six years. **The amounts have been adjusted to 2001 dollars except FY02 (actual) and FY03 (projected).**

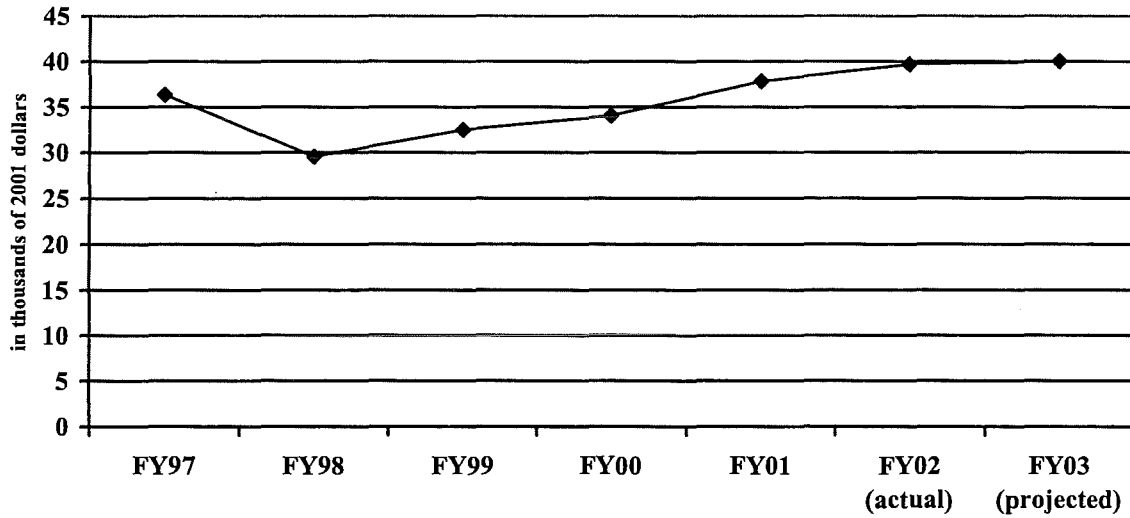
¹¹ 10-144 CMR 101, Chapters 2 and 3, Section 21.

Expenditures for Mental Retardation Services



As with Mental Health Services, the expenditure per consumer served is the measure of the adequacy of system growth in comparison to increases in consumer base. The chart following demonstrates the adjusted Medicaid/MaineCare expenditure per Medicaid consumer for the period FY97 through FY03. Mental Retardation Services differs from Mental Health Services in that almost all moneys expended for community services, whether general funds or Medicaid/MaineCare, are earmarked for the use of specific consumers. Fewer than 5% of all people served by Mental Retardation Services receive services funded by general funds. Therefore, the depiction of Medicaid/MaineCare expenditures can be used as a reasonably accurate description of average expenditures across the population of those served.

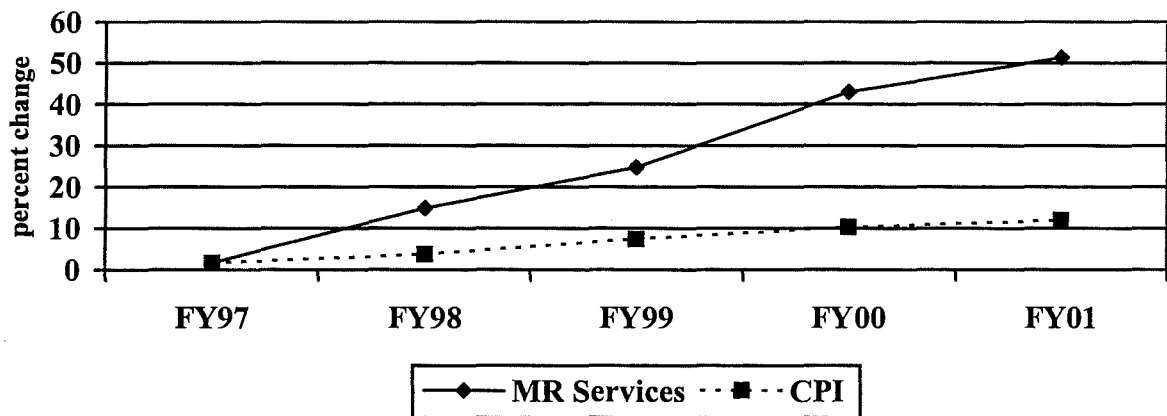
Medicaid Expenditures per Consumer



Source: MFASIS

The cumulative growth rate of funding for mental retardation services is compared in the following chart to the cumulative changes in mental retardation expenditures compared to the Consumer Price Index.

Cumulative Growth in Mental Retardation Expenditures Compared to the Consumer Price Index

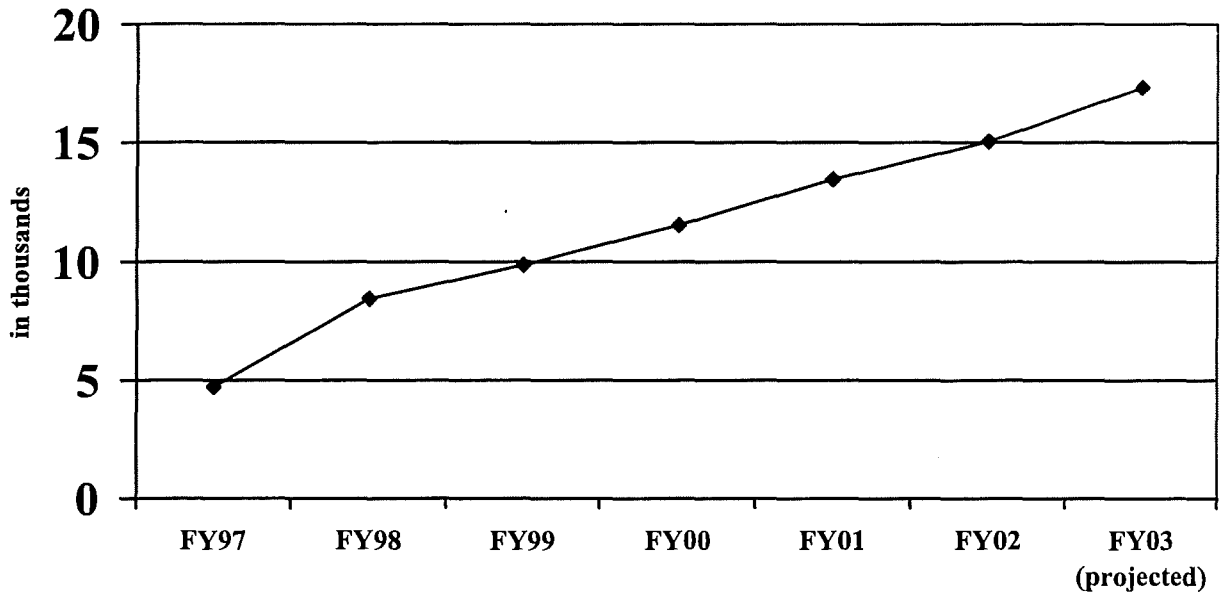


3. Children's Services

Children's Services has expanded due to the *French*¹² and *Risinger*¹³ lawsuits, with great increases in children being served. The Bath Children's Home was closed in the winter of 1996-97 and over 100 children have been returned to Maine from out-of-state residential treatment facilities since 1996.¹⁴

The ability to determine the number of children provided services is complicated because many services are funded by DHS, the Department of Education (DOE) and the Department of Corrections (DOC), either as single entities or as part of pooled or blended funding. The chart following demonstrates the number of children served who are funded by Medicaid/MaineCare seeded by BDS.

Consumers Served Covered by Medicaid/MaineCare



Source: MFASIS

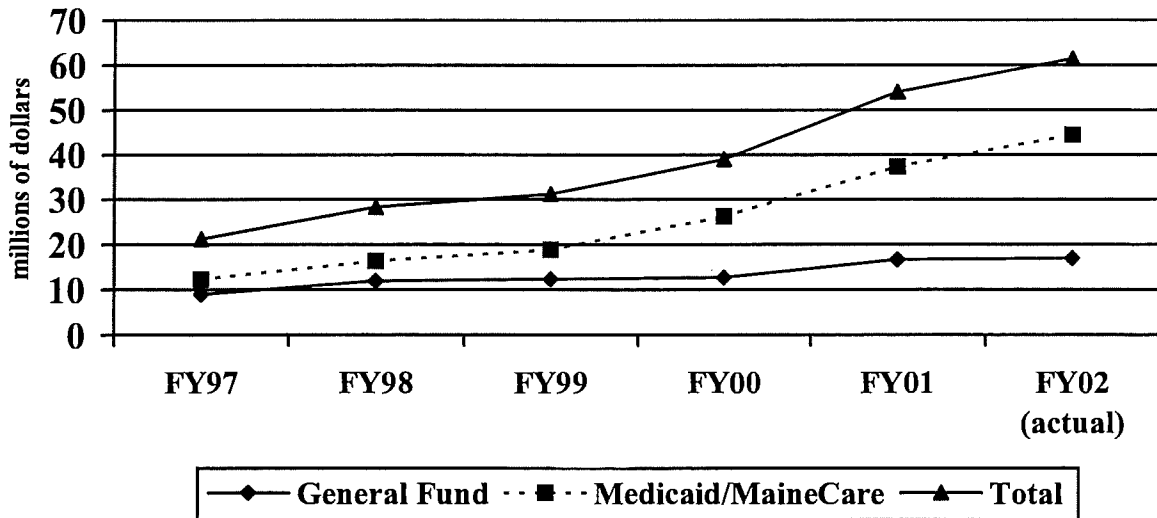
¹² *French v. Concannon*, Civil Action No. 97-CV-24-B-C (U.S. D. Me.)

¹³ *Risinger v. Concannon*, Civil Action No. 00-CV-116-B-C (U.S. D. Me.)

¹⁴ Children's Services database

As has the funding for services to people with mental retardation and mental illness, the funding for Children's Services has increased. Use of general fund moneys is similar to its use in Mental Health Services, for the maintenance of services provided to the population in general and for services not covered by Medicaid/MaineCare. Examples include outreach services and information and referral services. The chart following demonstrates the funding provided by BDS for Children's Services. Total funding is under-reported in these figures, given that the Department of Human Services (DHS) seeds a significant proportion of behavioral health services provided for children. **These numbers have been adjusted to 2001 dollars except as noted.**

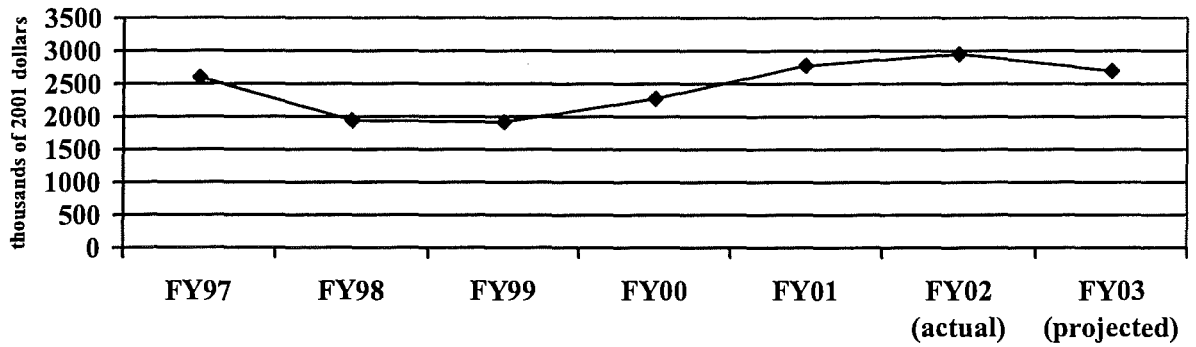
Expenditures for Children's Services



Source: MFASIS

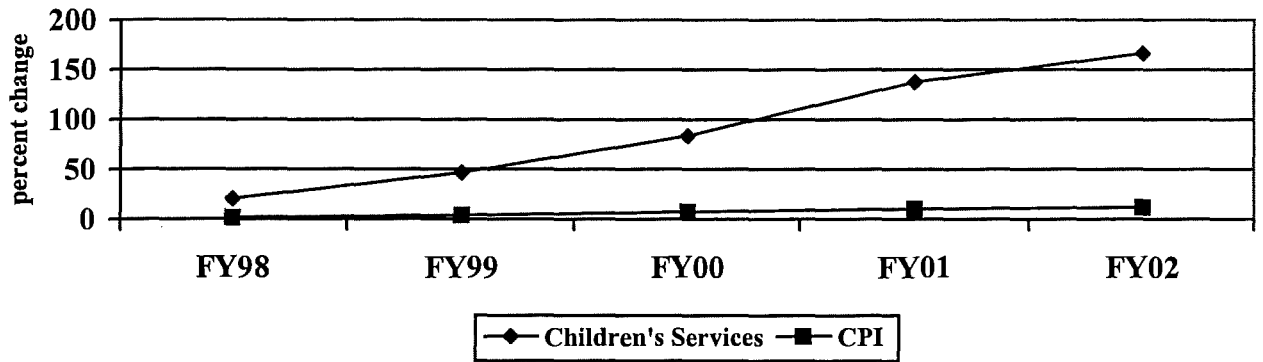
As with Mental Health Services and Mental Retardation Services, it is important to ensure that resources per consumer have not been reduced when numbers of consumers increase rapidly. The following chart depicts the Medicaid expenditures per capita for children's services, seeded by BDS. **These amounts have been converted to 2001 dollars, except where noted.**

Medicaid Expenditure per Consumer



The growth of expenditures in Children's Services compared to the Consumer Price Index (CPI) is demonstrated in the chart following.

Cumulative Growth in Children's Services Expenditures Compared to Consumer Price Index



B. Review of Rules, Contracts and Other Requirements

As specified in the Resolve, BDS has reviewed all rules, contracts and other requirements with an eye to identifying those that impose costs upon providers. Reviews in tabular format and other relevant material are included in the Appendices.

1. Rules

BDS has promulgated five rules in the past five years.

- Service Agreement, 14-191 CMR 45, promulgated in 2001, was completed in collaboration with providers and other members of the community, to address problems with BDS' ability to clearly articulate expectations for the provision of services funded solely by Medicaid. This rule was a "repeal and replace" action.
- Review of Requests for Specialized Out-of-State Mental Health Treatment for Adults, 14-193 CMR 40, set into rule a policy of the Department, to ensure access by consumers to specialized treatment.
- Rule Describing Grievance and Appeals Procedures for Persons with Mental Retardation, 14-197 CMR 8, describes a mechanism to resolve disputes surrounding rights violations for consumers of mental retardation services.
- Requirements for Funding Services, 14-191 CMR 40, was developed to ensure that persons who can utilize other sources of funding (such as insurance, Medicaid, etc.) for payment of services, do so. This results in a reduction in General Fund expenditures for these services and expands on an almost 3:1 basis the amount of services that can be provided for the same money, by converting those General Fund dollars to Medicaid seed. The activities involved in locating funding for services is an expected and routine part of case management.
- Regulations Governing Timeliness Standards for In-home Behavioral Health and Case Management Services under Medicaid, 14-472 CMR 3, was promulgated as a requirement for the settlement of the *Risinger* suit and stipulates maximum periods of time for consumers to wait before receiving services.

In addition, 14-193 CMR 2, "Mental Health Request Package," has been repealed without replacement.

There is no information to identify and quantify incremental costs associated with these rules that have been imposed upon providers, nor for rules promulgated prior to 1997. The incremental costs associated with these rules are elusive and difficult to capture.

Additionally, several rules are undergoing revision at the present time, to reduce the pressure on agencies to maintain duplicative systems, to endure repeated requests for the same information in differing formats and to permit increased self-review and governance.

The findings of the review of rules are included at Appendix C.

2. Contracts

A project begun in 2001 involved the streamlining of contract riders and review of requirements in contracts. This resulted in a reduction in requirements overall and a big step towards coordinating and making consistent the requirements across service groups.

A part of this work included clarifying exceptions to the Office of Management and Budget (OMB) circulars, resulting in a clearly articulated plan to recognize certain costs and to use offsets in ways that were fair to providers. These are a part of Rider D, included in this report at Appendix D.

The riders that are unique to BDS were reviewed for this report; the riders themselves and the tabular evaluation are included in Appendix D. In general, the costs associated with requirements are either negotiated as part of the contracting process or are funded as part of administrative cost allowances. Providers noted, however, that funding restrictions have had the effect of allowing no room for negotiations. Providers contend that they are advised of the amount available and must then develop budgets within the available funding.

3. Budget Forms

The project to streamline the contract riders included an effort to simplify the information requested. For FY03 contracts, budget forms requested less information than in prior years. In addition, because BDS collaborated with the Division of Audit, DHS, steps were taken to ensure that information provided would be consistent with information required at audit and would not be required in different formats. Budget forms are at Appendix E.

4. Performance Indicators

BDS contractors are exempt from any requirements to rebid through Requests for Proposals (RFPs) for existing services; instead, the Department utilizes performance based contracts to ensure value for moneys spent. BDS subscribes to this principle in that it contributes to continuity in community service provision and minimizes disruption in the lives of consumers who depend upon the services provided. The trade off is that information to demonstrate performance must be collected.¹⁵

The Director of the Office of Quality Assurance meets weekly with BDS staff from across the state and across service areas to select performance indicators that address systemic concerns and trends, and to phrase the indicators in ways that are clear. This process has been in existence for over three years.

¹⁵ 34B MRSA §1208-A

Efforts have been made over the past two contract years to reduce or eliminate redundant indicators and to set an absolute cut-off date for the development of indicators. This has permitted contractors to enter negotiations with firm understandings of the expectations for performance information reporting over the upcoming contract year.

This has been integrated with the contracting process and the rate setting process. Copies of performance indicators for FY03 are included at Appendix F.

5. Rate Setting Procedures

Efforts have been underway for over four years, to systematize the method by which rates for services have been determined. BDS has re-organized its internal accounting system to facilitate across-service comparisons of costs and performances, and has developed standard descriptions for all services that are consistent. From this point, for two years, the standardizing of rate setting methods and centralizing of the process has improved BDS' ability to respond to providers who wish to have rates reviewed. Providers are necessarily required to submit information regarding their costs and expenses, in forms that are subject to analysis and comparison and consistent with requirements established by Medicaid/Title XIX, as part of the rate setting process.

Copies of report forms for rate setting are included at Appendix G.

6. Other Requirements

Providers have reported that requests for information from the Department are frequent, duplicative, competitive, confusing, and required to be submitted on short time lines. Providers contend that the information is apparently not used once gathered. BDS has reviewed a number of the complaints submitted, and finds that there is merit in these contentions. The cost of these various requirements can only be very generally estimated, based on information from the limited review completed as part of this report, as noted in C. below. BDS is acting to strictly limit these requests and therefore the costs they impose upon providers.

C. Results of the Exercise

The template, available for review at Appendix B, was used by selected volunteer providers as a test. The test was undertaken using the request for information for rate setting for Day Habilitation Services (MR). Based on this limited study, the mean cost of providing this information was established at \$850 per agency. Costs reported were \$250 for an agency providing a limited range of services to \$1450 for an agency providing more comprehensive services. As a point of reference, 36 providers of services to children and 55 providers of services to adults were contacted regarding this information, with 10 and 18 responding, respectively. This response rate (approximately 31%) indicates that a universal per agency or per request cost of responding to requests for information cannot be extrapolated from these findings.

It was determined that further efforts to quantify the extent and costs associated with these requests was in and of itself an “unfunded mandate.” The elusive nature of the costs associated with responding to requests, particularly opportunity costs, make this exercise particularly difficult. Therefore, it was decided by the work group to submit this report without further quantification.

D. Conclusions

Changes in the way business is done in the fields of behavioral health and developmental disabilities have been rapid. In addition, BDS has been subject to judicial requirements governing treatment for consumers. Changes mandated to meet these requirements have been numerous and far reaching.

Requirements imposed by other agencies of State and Federal government can have a significant effect on community providers.

Deinstitutionalization and institutional downsizing have played significant roles in the changes in the provision of services. The reduction in numbers of people served in the institutions of Bath Children’s Home, Pineland, AMHI and BMHI (about 600 bed reduction in combined censuses since 1991), has increased the requirements for services in the community. Many people who had very high service needs were moved to the community. With the expansion of the children’s system, the number of children served in out of state residential facilities has dropped from 260 in 1998 to 75 in 2002, putting more pressure on the community system of care.¹⁶

The goals of deinstitutionalization, care provided in home communities, services delivered in the least restrictive environments, are right and proper and humane. They are also expensive, and as services have shifted from BDS facilities and staff to the private sector, the requirements to manage the system have changed. There has been increased reliance on information provided by agencies contracted to deliver services. The need to monitor the expenditure of public funds has not diminished.

BDS recognizes, however, that the requests made to agencies have been inexpertly made in many cases. These requests have been burdensome for providers and the related costs have not been directly compensated.

VI. Recommendations for Cost Savings

BDS’ long range plans include the continuation of improvements in systems to negotiate contracts, determine budgeted needs and to set rates, and to manage contracts and program performance. During the coming year, a data based method to evaluate contractual compliance will be introduced, which should reduce the number and extensiveness of requests for additional information.

¹⁶ BDS Children’s Services Database

Already, the Financial Warehouse has made it possible to track expenditures and financial trends without seeking additional information from providers.

As the Enterprise Information System matures, links to other data systems will reduce the need for duplicative information from providers. It will require that contracted agencies provide information electronically, but it will reduce or eliminate the need for duplicative paper reports. This is a long-range project and will take several more years to bring to completion.

BDS has made connections with the state Departments of Human Services, Education, Labor and Corrections to be advised and informed of proposed changes in their rules that may have an affect on community providers.

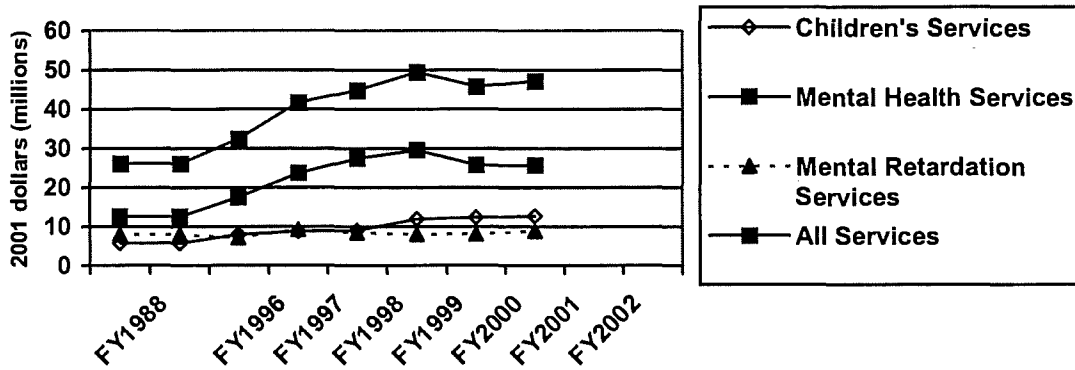
Further, the Department has taken steps to severely curtail the number and extent of requests made to providers, limiting requests for information to those necessary to complete the Department's business and available from no other source. The Department's Policy Council approved the Provider Relations Policy, included as Appendix I, on December 5, 2002. The policy strictly limits the Department's requests for information from providers, as well as its imposition of other requirements on providers, and provides a mechanism for providers to request review of any requirements imposed on them that may be inconsistent with the policy.

Specific costs associated with the requests for information made by BDS to providers could not be identified, except for the \$850 per agency cost associated with the one study completed. These ad hoc requests are addressed by the Provider Relations Policy.

APPENDIX A: Financial Background Information

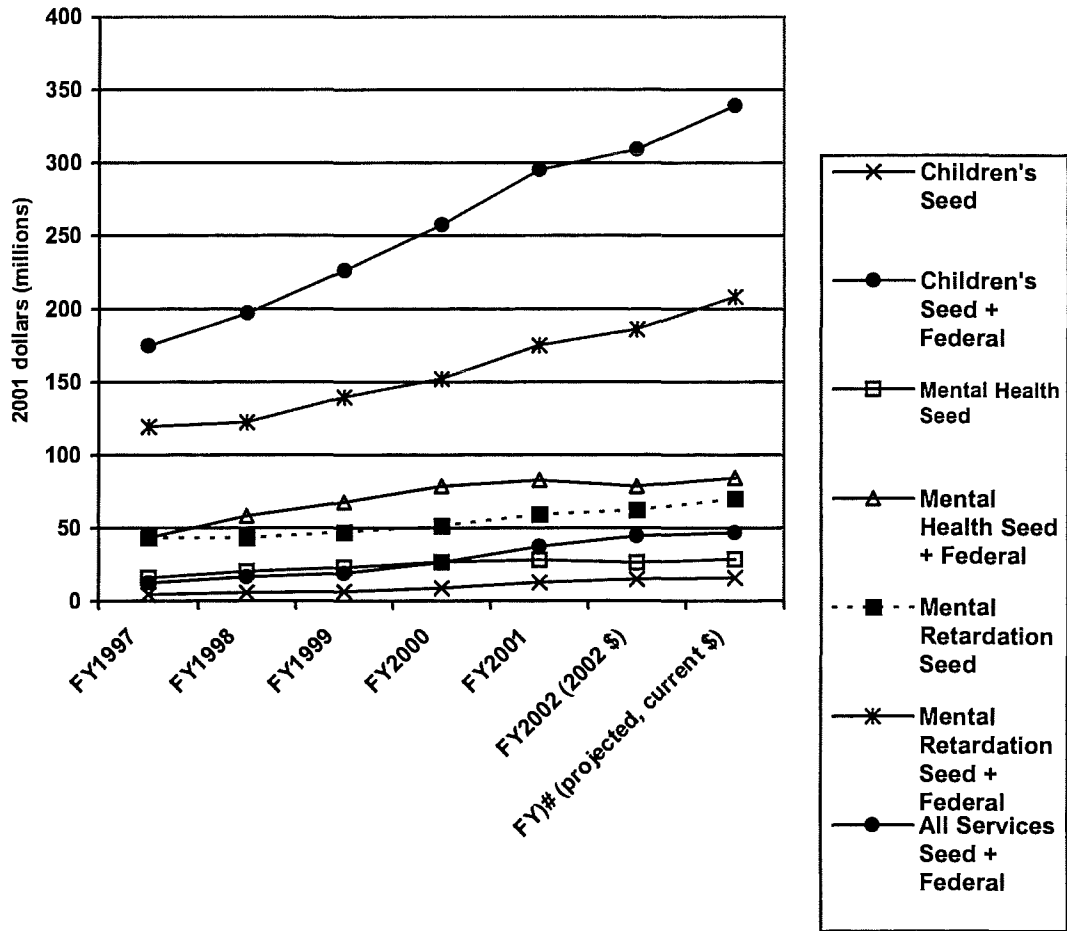
GENERAL FUND EXPENDITURES, FY 1988-2001

presented in 2001 dollars



Source: Financial Warehouse, Bureau of Accounts and Control

MEDICAID EXPENDITURES, FY1997-2003
presented in 2001 dollars



Source: Financial Warehouse, Bureau of Accounts and Control

Appendix B: Decision Template

TEMPLATE FOR DECISION MAKING:
UNFUNDED MANDATES

1. Unfunded Mandate: what is the specific mandate
2. Who Promulgated the mandate:
3. Source Document: Rule, Policy, Contract or other
4. Cost Analysis:
 - a. Personnel costs: How many hours at what rate (rate includes all personnel costs)
 - b. Materials cost: cost of needed materials if any
 - c. Overhead costs: cost associated with starting up or changing process-
 - d. Travel
 - e. Lost Opportunity Costs
 - f. other
5. Cost offsets: What is saved or is replaced by the mandate
 - a. Personnel costs
 - b. Material costs
 - c. Overhead costs
 - d. Travel
 - e. other
6. What is the unit cost (per staff, per person served)
7. What is the benefit?

Appendix C: Rules Evaluation

BDS RULES

14-191 Mental Health and Mental Retardation - General

CMR Ch #	Name of Rule	Authority, Date Promulgated/Last Amended	Affected Providers	Estimated Costs to Community Providers	Estimated Benefits
1	Establishment and Functioning of Human Rights Committees		ICF-MRs operated by BDS	Not applicable	
2	Rules Regarding the Disclosure of Mental Health/Retardation Information by the Department of Mental Health and Mental Retardation to the Department of Human Services, Division of Child and Family Services	34B MRSA §1207(1) (13-1) 10/1/86	All providers of mental health and mental retardation services	Now a routine cost of doing business. Superceded by Health Insurance Portability and Accountability Act (HIPAA)	Ensures protection to consumers of basic privacy rights, against disclosure of information regarding mental illness or mental retardation
3	Rules Regarding the Use of Cardiopulmonary Resuscitation in Department Institutions		Facilities operated by BDS	Not applicable	
4	Disclosure of HIV Test Results for Treatment / Care of Persons Tested	5 MRSA §19203 1/25/89	Facilities operated by BDS, facilities serving clients of BDS	Routine cost of doing business; cost of first round training borne by BDS	Ensures protection to consumers of basic privacy rights, against disclosure of information regarding HIV; provides training to providers regarding HIV
8	Rules for Facilities Providing Adult Day Programs (Joint Rule 12-152, Department of Labor, Ch. 20)	34-B. MRSA §§1208 (3)(A), 5432 12/12/88	Rehabilitation and/or habilitation day program services for adults	Ongoing costs of accreditation	Ensures reasonable level of performance, based on national standards, for services provided
9	Fiscal Accountability Rules and Exceptions to Federal OMB circulars	OMB Circulars A-110, A-122 and A-87 6/30/91	All providers	Ongoing costs of accounting and auditing	

10	Rules for Initiating Competitive Bids for Existing Departmental Services	34B MRSA §1208(6)	All providers	None	Restricts ability for BDS to seek proposals for existing services except for "good cause"
20	Rules Gov. Parking Areas and Public Ways at the B. M. H. I.	34B MRSA §1411 4/19/94	BMHI	Not applicable	
30	Maine Uniform Accounting and Auditing Practices for Community Agencies	12/28/96	All agencies	Costs of accounting	Application of standard expectations for accounting and auditing; BDS responsibilities described
40	Requirements for Funding Services	34B MRSA §§ 1231-33, 1409, 5003(2)(c), 5436, 6202 7/6/02	All agencies	Activities included in case management	Requires all reasonable efforts be expended to utilize Medicaid or other funding before using General Fund moneys to provide services to consumers
45	Service Agreements	34B MRSA §1208 4/25/01	All agencies providing Medicaid services	None	Establishes basic standards for contracts and agreements. Developed in collaboration with provider agencies.

14-193 Bureau of Mental Health

CMR Ch #	Name of Rule	Authority, Date Promulgated/Last Amended	Affected Providers	Estimated Costs to Community Providers	Estimated Benefits
1	Rights of Recipients of Mental Health Services	34-B MRSA §3003 1/1/95	All public and private providers of mental health services to adults	<p>Costs of advising clients of their rights, staff of their responsibilities; costs to process grievances and attempt to settle disputes prior to entry into formal grievance process; costs of self-representation at grievance hearings.</p> <p>Costs of document, administrative hearings costs borne by BDS</p>	Ensures protection to consumers of basic rights and establishes a method to settle disputes between public and private providers and consumers regarding violations of basic rights
3	Community Mental Health Service Agency Standards for Fiscal Accountability	5 MRSA Chapter 148-B 6/5/89	All providers	Costs of record keeping and reporting	Provides for a uniform approach to accumulation of costs and revenues, which will enable BDS to make logical and appropriate comparison of the costs of services; expands upon MAAP.

4	Rules for Board Representation at Community Mental Health Programs	PL 1986, Chapter 761 8/29/87	Aroostook Mental Health Center (Caribou), Community Health & Counseling Services (Bangor), Kennebec Valley Mental Health Center (Waterville), Motivational Services, Inc. (Augusta), Tri-County Mental Health Services (Lewiston) Counseling Services Inc.(Saco), Bath-Brunswick Mental Health Association, (Brunswick), Mid-Coast Mental Health Center (Rockland), Holy Innocents Home Care Service (Portland)	Costs of recruiting board member. Advice and assistance provided by BDS upon request	Certain community mental health programs funded by the Bureau of Mental Health maintain representation on their boards of directors from area affiliates of the Maine State Alliance for the Mentally III or similarly organized mental health consumer organizations, to require a consumer voice and consumer vote in the policy deliberations of agencies receiving substantial public funding
6	Licensing of Mental Health Facilities	34-B MRSA §3603, 3606	All mental health agencies, facilities, programs defined by 34B MRSA 3601, 3606; all mental health agencies, facilities, programs funded by either the Bureau of Mental Health or the Bureau of Children with Special Needs for the provision of mental health services. Excluded are agencies	Ongoing costs of maintaining minimum standards	Ensures basic level of performance for services provided

			receiving funds from BDS solely for service not contained within the definition of 34B MRSA 3601(2); and agencies licensed according to 34B MRSA 1203 (5).		
7	Rules Governing the Disclosure of Information Pertaining to Mentally Disabled Clients	34-B MRSA §1207(5) 8/15/95	Agencies licensed or funded by BDS for the provision of mental health services and to public or private inpatient psychiatric units, including the state operated mental health institutes.	Routine cost of doing business	Do not permit disclosure of information from records protected by federal laws and regulations governing the confidentiality of alcohol and drug abuse patient records unless the provisions of those laws and regulations are also met.
18	Rules for the Licensure of Residential Child Care Facilities Joint rule of BDS, DHS, DOE	22 MRSA §8101 3/15/89	All residential child care providers	Ongoing costs of maintaining minimum standards	Ensures basic level of performance for services provided
40	Review of Requests for Specialized Out-of-State Mental Health Treatment for Adults	34-B MRSA § 3003 10/8/00	Agencies providing case management services to adults with mental retardation	Costs of completing application, activities included in case management	To ensure fair, timely, accountable and cost effective access to specialized out-of-state mental health treatment for adults

14-472 Bureau of Children with Special Needs

CMR Ch #	Name of Rule	Authority, Date Promulgated/Last Amended	Affected Providers	Estimated Costs to Community Providers	Estimated Benefits
1	Rights of Recipients of Mental Health Services Who are Children in Need of Treatment	34-B MRSA §3606 11/1/95	State operated institutes and facilities, facilities and programs providing inpatient psychiatric services, inpatient, residential or outpatient mental health services licensed, funded or contracted by BDS or DHS	Costs of advising clients of their rights, staff of their responsibilities; costs to process grievances and attempt to settle disputes prior to entry into formal grievance process; costs of self-representation at grievance hearings Costs of document, mediation, administrative hearings borne by BDS.	To articulate the rights of recipients of services who are children in need of treatment so that these rights may be enhanced and protected
2	Homebased Family Services Program Standards	9/28/93	Providers of home-based family services	Ongoing costs of maintaining minimum standards, evidence of compliance	Provides services to children at risk of removal from their homes
3	Regulations Governing Timeliness Standards for In-home Behavioral Health and Case Management Services under Medicaid	34B MRSA §§1203, 15002; <i>Risinger v. Maine Department of Human Services (Civil No. 00-116-B, D. Me.)</i> 7/24/02 - EMERGENCY	Providers of in-home behavioral health services and case management services	Costs of maintaining records	Establishes timeliness standards for the provision of in-home behavioral health services under Maine Care Manual, Chapter II, Sections 65.04-3(H) and 24.01-2, as well as for case management services under Maine Care

141-197 Bureau of Mental Retardation

CMR Ch #	Name of Rule	Authority, Date Promulgated/Last Amended	Affected Providers	Estimated Costs to Community Providers	Estimated Benefits
1	Funding guidelines for community-based mental retardation services	34 MRSA 2641 through 2646	Non-profit agencies receiving funding for the services specified	Allows retention of excess funds if quantity and quality of services are as agreed.	To assist in the establishment of expansion of community-based mental retardation services and programs for mentally retarded persons residing in the community.
3	Definition of Mental Retardation Appeal Procedure	34B MRSA 5465 8/22/88	Not applicable	Not applicable	Identifies persons eligible for MR services establishes method of appear.
4	Joint regulations between Division of special Education and Bureau of Mental Retardation		Agencies providing services to affected children	Costs of participation in planning.	Orderly transition of developmentally delayed children from preschool services to school programs and for the coordination of the delivery of services to mental retarded children 5-20.
5	Regulations for the use of behavioral procedures, including restraints NOTE:	34B MRSA 5605, et. Seq. 7/22/90 NOW UNDER	Community agencies providing services to people with mental retardation REVISION	Costs of implementation, monitoring.	Apply to the use of restraint procedures in community settings for persons with mental retardation.

6	Adult protective services regulations	22 MRSA 3477(1) 1/20/86	People with mental retardation	Program	Incapacitated mentally retarded adults who are in danger
7	Pilot program for transitional services	PL 837, 34B MRSA 5609 9/6/88	Providers of habilitation and rehabilitation services	Reports as specified in the rule	To offer a method of funding for innovative services which are otherwise unavailable or not reimbursable under existing funding system.
8	Rule describing grievance and appeals procedures for persons with mental retardation	34B MRSA 1203(4), CAB v. Duby, 91-321-P-C (1994, Maine District Court)	Individuals, agencies or facilities administered, licensed or funded to provide services or support to persons with mental retardation or autism.	Training of staff, information to consumers. Cost of mediation and hearings borne by BDS.	Grievance and appeal process for persons with mental retardation of autism who receive services from the mental retardation services program/BDS.

Appendix D: Contract Riders D and E and Evaluation

Rider D (Applicable to all services)

Paragraph #, Title	Authority	Cost to Providers	Benefits
1. Audit	OMB Circular A-110, 14-191 CMR Ch 9, 30	Costs of auditing and accounting	See rules above
2. Reporting Suspected Abuse/Neglect	22 MRSA §§3477, 4011; 14-197 CMR 6	Education of staff, administration of program, costs of self representation	Ensures protection of consumers against abuse or neglect
3. Confidentiality	42 CFR, 14-191 CMR 2, 4; 14-197 CMR 7	Cost of administering	Ensures compliance with laws and rules of confidentiality
4. Lobbying	Requirement for participation in Medicaid/Medicare	Bars expenditures for this activity; requires Federal filing if criteria are met	Prevents lobbying, ensures fairness in awarding contracts; compliance with Federal requirements
5. Drug Free Workplace	Various	One time notice to new employees; cost of administration; notice to BDS if employee is convicted of drug related charges occurring in the workplace	Ensures compliance with drug laws
6. Debarment and Suspension	Requirement for participation in Medicaid/Medicare	No incremental costs	Prohibits participation by entities deemed ineligible for participation in Federally funded programs
7. Environment Tobacco Smoke	Pro-Children Act of 1994, PL 103-227 Part C	No incremental costs	Reduces exposure of children to second hand smoke
8. Medicare and Medicaid Anti-Kickback	42 USC §1320a-7b(b)	Bars expenditures for this activity	Prevents kickbacks
9. Publications		No incremental costs	Informs public of support of programs by BDS
10. Motor Vehicle Check		\$8 /staff member	Ensures staff transporting clients have safe driving records

11. Bonding	14-191 CMR 30	Incremental costs based on level of funding	Facilitates financial recovery in situations of embezzlement
12. Revenue Maximization		Fund raising costs	Ensures utilization of General Fund money as payer of last resort
13. Interpretation Services		Cost of interpreter	Ensures effective communication with and service delivery to persons who do not speak English
14. Deaf and/or severely hard of hearing		Cost of training staff to use adaptive equipment	Ensures safety and effective communication with persons who are deaf/hard of hearing
15. Provider responsibilities		Program costs	Ensures effective communication with and service delivery to persons who are deaf/hard of hearing
16. Service Development		Program costs	Ensures culturally sensitive services
17. Staffing		Program costs	Requires provider to adhere to training, supervision and staffing requirements of the contract
18. Background checks		No cost for professional license checks (can be done on line through InforME); State Bureau of Identification checks fee \$6 search	Prohibits hiring staff who have had convictions or disciplinary findings of client abuse, neglect or exploitation
19. Exceptions to OMB Circulars		Expands allowable costs over OMB levels	Indirect increase in level of funding to providers

Rider E – Mental Health Services

23c

Paragraph #, Title	Authority	Cost to Providers	Benefits
1. Eligibility		Allows provider to assess fees for services	Describes people who may receive services
2. Compliance with Consent Decrees	<i>Bates v Duby</i> , Civil Action No 89-88 (Me. Superior Ct., Kennebec Co)	Administration costs	Ensures compliance with AMHI decree
3. Service Planning		Largely unimplemented, therefore minimal costs	Consistency in information gathering
4. Service Planning		Program costs	Treatment planning, developed in collaboration with providers and consumers
5. Service Standards		None noted	Ensures freedom of choice of service provider by consumer
6. Miscellaneous		Record keeping	Maintenance of waiting lists permits BDS to do systems planning
7. Miscellaneous		None noted	Provision of information about support systems
Assurance Statement	<i>Bates v Duby</i> , Civil Action No 89-88 (Me. Superior Ct., Kennebec Co)	Program costs	Compliance with AMHI decree

Rider E – Children’s Services

Paragraph #, Title	Authority	Cost to Providers	Benefits
1. Eligibility		None noted	Describes people who may receive services
2. Service Planning		Cost of training borne by BDS. Cost of staff time to attend training borne by providers	Consistency in information gathering
3. Service Planning		Cost of training borne by BDS. Cost of staff time to attend training borne by providers	Treatment planning
4. Service Standards		None noted	Ensures freedom of choice of service provider by consumer
5. Service Standards		Program costs	Requires provider to adhere to training, supervision and staffing requirements of the contract
6. Miscellaneous		Program costs	Collaboration with BDS to continue to develop system

Rider E – Mental Retardation Services

Paragraph #, Title	Authority	Cost to Providers	Benefits
1. Eligibility		None noted	Exactly describes who may be provided services
2. Compliance with Consent Decrees	<i>CAB v. DUBY</i> , No 91-321-P-C (D. Me)	Program costs	Compliance with consent decree
3. Service Planning		Program costs	Ensures adherence to minimum standards of performance
4. Service Standards		Reporting and record keeping costs	Ensures that BDS as guardian is advised of event affecting wards, that undesirable events affecting services are reported
5. Staff Qualifications and Training		Program costs	Ensures adherence to minimum standards of performance
6. Miscellaneous		None noted	BDS staff have right to enter to inspect premises
7. Miscellaneous		Incremental costs to make repairs when needed	BDS staff have right to enter to inspect premises, provider is required to make repairs of unsafe conditions
8. Termination by Provider		None noted	Allows provider to terminate agreement with 30 days' notice

Appendix E: Budget Forms

**STATE OF MAINE
BEHAVIORAL AND
DEVELOPMENTAL SERVICES
BUDGET FORM 1**

NAME OF AGENCY:
COMPLETED BY:
PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):
DATE FORM COMPLETED:
CONTRACT NUMBER:

24a

LINE	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
1	FORM 1: REVENUE SUMMARY	TOTAL AGENCY	TOTAL BDS PROGRAMS	SERVICE:	SERVICE:	SERVICE:
2				PROGRAM:	PROGRAM:	PROGRAM:
3	GOVERNMENT REVENUE					
4	BDS GRANT (STATE DOLLARS)					
5	BDS FEDERAL FUNDS PASS-THROUGH					
6	CARRY-FORWARD					
7	OTHER STATE					
8	OTHER STATE					
9	FEDERAL REVENUE					
10	FEDERAL REVENUE					
11	COUNTY REVENUE					
12	MUNICIPAL REVENUE					
13	MEDICAID, BDS SEEDED					
14	MEDICAID, OTHER					
15	MEDICARE					
16	TOTAL GOVERNMENT REVENUE	0	0	0	0	0
17						
18	PROGRAM REVENUE					
19	CLIENT FEES-PRIVATE PAY					
20	CLIENT FEES-THIRD PARTY					
21	TUITION/FEES					
22	SALE OF PRODUCT					
23	TOTAL PROGRAM REVENUE	0	0	0	0	0
24						
25	OTHER REVENUE					
26	UNITED WAY					
27	MISCELLANEOUS REVENUE (attach detail)					
28	TOTAL OTHER REVENUE	0	0	0	0	0
29						
30	TOTAL REVENUE (Lines 16 + 23 + 28)	0	0	0	0	0
	Medicaid Seed Calculation (State use only)	0	0	0	0	0

**STATE OF MAINE
BEHAVIORAL AND
DEVELOPMENTAL SERVICES
BUDGET FORM 2**

NAME OF AGENCY:
COMPLETED BY:
PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):
DATE FORM COMPLETED:
CONTRACT NUMBER:

24b

LINE	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN "G&A"
1	FORM 2: EXPENSES SUMMARY	TOTAL AGENCY	TOTAL BDS PROGRAMS	SERVICE:	SERVICE:	SERVICE:	GENERAL & ADMINISTRATIVE EXPENSES
2				PROGRAM:	PROGRAM:	PROGRAM:	
3	PERSONNEL EXPENSES						
4	SALARIES (Form 3, Line 24, Col. 9)						
5	FRINGE BENEFITS (Form 3, Line 34)						
6	TOTAL PERSONNEL EXPENSES	0	0	0	0	0	0
7							
8	CONSULTANTS, CLINICAL						
9							
10	EQUIPMENT						
11	PURCHASES						
12	RENTAL/LEASE						
13	TOTAL EQUIPMENT EXPENSES	0	0	0	0	0	0
14							
15	TOTAL SUBCONTRACTS						
16							
17	ALL OTHER EXPENSES						
18	OCCUPANCY EXPENSE						
19	UTILITIES						
20	HEAT						
21	MAINTENANCE						
22	TELEPHONE						
23	FOOD						
24	MATERIALS AND SUPPLIES						
25	STAFF TRAVEL						
26	DEPRECIATION (Non-occupancy)						
27	CONSULTANTS, NON-CLINICAL						
28	BONDING & INSURANCE						
29	MISCELLANEOUS EXPENSES						
30	TOTAL ALL OTHER (Lines 18 through 29)	0	0	0	0	0	0
31							
32	SUBTOTAL (Lines 6, 8, 13, 15, & 30)	0	0	0	0	0	0
33							
34	G & A Allocation						
35							
36	TOTAL EXPENSES (Line 32 + Line 34)	0	0	0	0	0	0

**STATE OF MAINE
BEHAVIORAL AND
DEVELOPMENTAL SERVICES
BUDGET FORM 3**

NAME OF AGENCY:
NAME OF PROGRAM/RESIDENTIAL SITE (consistent with Form 2):
COMPLETED BY:
PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):
DATE FORM COMPLETED:
CONTRACT NUMBER:

LINE	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
1	FORM 3: PERSONNEL EXPENSES								
2									
3	POSITION TITLE	CREDENTIAL (eg. MHRT II, LCSW)	AVE. HOURLY RATE	TOTAL WEEKLY PAYROLL HRS	NUMBER WEEKS PAID	TOTAL SALARY FOR CONTRACT PERIOD	% OF TIME SPENT ON PROGRAM	# PROGRAM FTEs	TOTAL PROGRAM SALARY FOR CONTRACT PERIOD
4	<i>Direct Care/Clinical Staff:</i>								
5									
6									
7									
8									
9									
10									
11	<i>Direct Support Staff:</i>								
12									
13									
14									
15									
16									
17									
18	<i>General & Administrative Staff:</i>								
19									
20									
21									
22									
23									
24	TOTAL								
25	COLUMN 10			COLUMN 11			COLUMN 12		
26	FRINGE BENEFITS			SUMMARY			CLINICAL CONSULTANTS		
27	TYPE OF BENEFIT (SPECIFY)	% SALARY	EXPENSE	ITEM	CUR. YEAR	# OF HOURS			
28	FICA TAX			TOTAL SALARY		COST PER HOUR			
29	UNEMPLOYMENT INSURANCE			TOTAL FRINGE		TOTAL			
30	WORKERS' COMPENSATION			TOTAL		REMARKS:			
31				REMARKS:					
32									
33									
34	TOTAL								

24c

STATE OF MAINE BEHAVIORAL AND DEVELOPMENTAL SERVICES BUDGET FORM 4	NAME OF AGENCY:
	NAME OF PROGRAM OR RESIDENTIAL SITE (Consistent with Form 2):
	COMPLETED BY:
	PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):
	DATE FORM COMPLETED:
CONTRACT NUMBER:	

COLUMN 1	COLUMN 2
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FORM 2 LINE ITEM	FORM 4: OTHER EXPENSE JUSTIFICATION	SERVICE:
-------------------------------------	--	-----------------

DESCRIPTION OF ITEM, BASIS OF EXPENSES	PROGRAM:
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LINE	FORM 2 LINE ITEM	DESCRIPTION OF ITEM, BASIS OF EXPENSES	PROGRAM:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			

**STATE OF MAINE
BEHAVIORAL AND
DEVELOPMENTAL SERVICES
BUDGET FORM 5**

NAME OF AGENCY:
NAME OF PROGRAM OR RESIDENTIAL SITE (Consistent with Form 2):
COMPLETED BY:
PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):
DATE FORM COMPLETED:
CONTRACT NUMBER:

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
LINE	FORM 5: EQUIPMENT PURCHASES	UNIT COST	NUMBER OF ITEMS	WHERE WILL ITEM BE LOCATED?	FUNDING SOURCE	TOTAL EXPENSE	% ALLOCATED TO BDS PROGRAM
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30	NOTE: "Equipment" is tangible, personal property having a useful life of more than one (1) year and an acquisition cost of either \$1,000.00 or the agency's policy, whichever is less.				TOTAL EQUIPMENT EXPENSES		
31							
32							
33							
34							

24h

21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
	CONSUMER TOTALS - UNITS	0.00	0.00	0.00	0.00	0.00	0.00
	TOTAL DOLLARS	0.00	0.00	0.00	0.00	0.00	0.00
	MEDICAID SEED DOLLARS	0.00	0.00	0.00	0.00	0.00	0.00

**RIDER F-1
AGREEMENT SETTLEMENT FORM (ASF)
PRO-FORMA**

Community Agency:
Fiscal Year End:
Funding Department:
Agreement Number:
Agreement Period:
Agreement Amount:

Part I -- AGREEMENT TOTALS

1.) PER AGREEMENT BUDGET

<u>AGREEMENT ADJUSTMENTS</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>BALANCE</u>
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
8.)			
9.) TOTAL ADJUSTMENTS			
10.) TOTALS AVAILABLE FOR COST SHARING			

Part II -- AGREEMENT COST SHARING

	<u>% OF BUDGET</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>BALANCE</u>
11.) Agreement #				\$0.00
12.) All Other				\$0.00
13.) TOTALS	100.00%	\$0.00	\$0.00	\$0.00

Notes to Adjustments:

RIDER F-2 AGREEMENT COMPLIANCE FORM

This section identifies compliance requirements that must be considered in audits of agreements between the Department and a Community Agency. Below is a summary of required compliance tests as well as sections within the agreement award relevant to such testing. Failure to comply with any of these areas could lead to material deficiencies.

Review the **Federal** compliance requirements specific to the following CFDA identifiers:

CFDA # _____ CFDA # _____ CFDA # _____

and review all the State compliance requirements in applicable areas specified below:

Review the **State** compliance requirements in applicable areas specified below:

- 1.) **INTERNAL CONTROL**
- 2.) **STANDARD ADMINISTRATIVE PRACTICES**
 - A. OMB Circular A-110/Common Rule
Financial and Program Management
Property Standards
Reports and Records
Termination and Enforcement
 - B. Department Additions
Standards for Bonding
Program Budget
- 3.) **ALLOWABLE COSTS/COST PRINCIPLES**
 - A. Related Party Condition _____
- 4.) **BUDGET COMPLIANCE**
- 5.) **TYPES OF SERVICE ALLOWED OR UNALLOWED**
Specific Detail on Agreement Page(s) _____
- 6.) **ELIGIBILITY**
Specific Detail on Agreement Page(s) _____
- 7.) **MATCHING REQUIREMENTS**
Specific Detail on Agreement Page(s) _____
- 8.) **REPORTING**
Specific Detail on Agreement Page(s) _____
- 9.) **SUBRECIPIENT MONITORING**
Specific Detail on Agreement Page(s) _____
- 10.) **AGREEMENT SETTLEMENT:**
COST BASED TYPE _____
UNIT BASED TYPE _____
OTHER TYPE _____
Specific Detail on Agreement Page(s) _____
- 11.) **SPECIAL PROVISIONS**
Specific Detail on Agreement Page(s) _____

Appendix F: Performance Indicators

CHILDREN'S SERVICES PERFORMANCE INDICATOR and OUTCOME REPORTING FORMS for Fy'03

Service:	Activity Code:	Page:
Residential	1601, 1602	1
Crisis	1300	3
Case Management	1203	6
25 a In-Home Support	1205	8
Early Intervention	1202, 1506	10
Outpatient and Professional	1503, 1504, 1506, 1508	12
Home-Based Family Services	1204	14
Respite	1207	16
Medication	1507	18
Information and Referral	3200	20
Recreation	1102	22
ACT Team	1201	24
Other Support	1202, 1208, 1210, 1902, 1903, 1907	26

RESIDENTIAL SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written grievances reviewed and substantiated in quarter					1a. and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or families in 1a.					Submit brief summary (including nature of complaint, disposition, actions taken, current status) in each quarterly report
2. Timely access to a psychiatrist as measured by waiting time from request to receipt of initial appointment	2a. number of children/youth first identified in this quarter as needing a psychiatrist AND who have received an initial appointment in this quarter.					2a. Include those children/youth who are new entries in this quarter and who have received an initial appointment with a psychiatrist. Include only those referred by this service area to psychiatrists both inside and outside of the agency.
	2b. number of children/youth identified in a previous quarter AND who have received an initial appointment with psychiatrist in this quarter.					
	2c. total number of days waiting for all children/youth identified in 2a and 2b above					
	2d. number of children/youth still waiting for a psychiatrist at the end of the quarter					
3. Waiting time from eligibility determination for residential program until actual move-in date	3a. number of children/youth first identified in this quarter as needing residential services AND who have moved into a residence in this quarter					3. Child was eligible and service was determined to be appropriate. Include all children -- DBDS, DHS, or other sources.
	3b. number of children/youth found eligible in a previous quarter and who moved into a residence in this quarter					
	3c. total number of days waiting for all children/youth identified in 3a and 3b above					
	3d. number of children/youth waiting for residential services at the end of this quarter and approved by BDS					
4. Service plans completed within 30 working days	4a. number of initial plans due to be completed within the quarter					4a. Both DBDS & DHS.
	4b. number of plans in 4a completed within 30 working days of entering residence in quarter					
II. YOUTH/FAMILY OUTCOMES						
1. Children/youth satisfaction for youth age 12 and above (as determined at least annually)	1a. number of satisfaction instruments directed towards children/youth distributed in quarter					1a. Agencies, in their QI/QA Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. If no satisfaction instruments were distributed this quarter, enter 0. It is understood that some youth age 12 and above cannot be surveyed for opinions due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by someone speaking for the youth.

Q20B

RESIDENTIAL SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
	1b. number of satisfaction instruments returned in quarter					1b. If no satisfaction instruments were returned this quarter, enter 0.
	1c. number of satisfaction instruments returned in quarter that demonstrate that youth are satisfied with residential services					1c. Leave blank if zeros in 1b. Enter the number of returned instruments that demonstrate satisfaction with this residential service by the agency's own measure. Sampling is acceptable.
2. Family/caregiver satisfaction as determined at least annually	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. Agencies, in their QA/QI Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. If no satisfaction instruments were distributed this quarter, enter 0.
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0.
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with residential services					2c. Leave blank if zeros in 2b. Enter the number of returned instruments that demonstrate satisfaction with this residential service by the agency's own measure. Sampling is acceptable.
3. Psychiatric hospitalization	3a. number of children/youth receiving services who were admitted to hospitals for psychiatric reasons in quarter					3a. If no children/youth were admitted to hospitals for psychiatric reasons in state or out of state in quarter, enter 0. Include children admitted to a medical unit in lieu of a psychiatric unit. Include voluntary and involuntary admissions.
	3b. total number of calendar days children/youth in 3a were in hospitals for psychiatric reasons in quarter					3b. "Days" is the sum of all days all children/youth in hospital. in quarter. For example one child in hospital for 30 days equals 30 days. Two children in hospital for 14 days each equals 28 days
III. STATISTICS						
1. Individuals served	1a. total number children/youth in a residence at beginning of quarter					1a. - g. Include all children in program regardless of funding source.
	1b. total number people-days of services provided in quarter to all children served					1b. "People-days" is the sum of all days services were provided for all people served in quarter. See explanation in 3b.
	1c. number of new referrals in quarter					
	1d. new admissions in quarter					
	1e. discharges in quarter					
	1f. total number of children/youth in a residence at end of quarter					1f. Enter at 1a., next quarter. $1a + 1d - 1e = 1f.$
	1g. number of program beds					
	1h. number of children/youth in DHS custody at end of quarter					

Notes: 1. Unless specified otherwise, all questions apply to all children/youth in residence – regardless of source. 2. Report as minor if youth was minor at beginning of quarter.

Contact Person:

Contact Phone:

Fax:

E:mail:

Comments:

March 18: Final for fy'03

CRISIS SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written grievances reviewed and substantiated in quarter					1a and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or families in 1a.					Submit brief summary (including nature of complaint, disposition, actions taken, current status) in each quarterly report
2. Timely access to a psychiatrist as measured by waiting time from request to receipt of emergency psychiatric consultation services	2a. number of face to face cnsis contacts in this quarter identified as needing emergency psychiatric consultation services					2a. Emergency consultation may include an appointment or a phone consultation with a psychiatrist. Includes duplicated number of contacts/episodes.
	2b. number of contacts in 2a who received these emergency psychiatric consultation services in this quarter					2b. Includes duplicated number
	2c. total number of hours waiting for all children/youth identified in 2b above					2c. Report hours to nearest quarter hour.
	2d. unduplicated number of individuals in 2b above					
3. Waiting time from initial cnsis contact to receipt of crisis intervention services	3a. number of contacts made with crisis services in quarter					3a. Report ALL cnsis contacts (phone, face-to-face, outreach, etc.). Count each contact even when there are multiple contacts for one cnsis OR for one person. Do not include collateral calls initiated by crisis staff either initially or as follow up.
	3b. number of contacts identified in 3a, above, which were completed by telephone					
	3c. number of contacts in 3a, above, that were face-to-face.					3c. 3a = 3b + 3c
	3d. unduplicated number of children/youth from 3c who received 2 or more face-to-face visits					
	3e. total number of hours elapsed from time of first identification of need for services to receipt of services for all children/youth in 3c					3e. Report hours to nearest quarter hour.
	3f. number of face-to-face contacts in 3c in which a crisis plan previously developed with the child and family was available.					
4. Site of face-to-face cnsis service delivery	4a. number of contacts in 3c seen at emergency department					4a through 4e: If no contacts were seen, enter 0.
	4b. number of contacts in 3c seen at crisis office					
	4c. number of contacts in 3c seen at child/youth's primary residence					
	4d. number of contacts in 3c seen at the child/youth's school					
	4e. number of contacts in 3c seen at sites other than in a-d above.					
	4f. number of cnsis contacts in 3a for which cnsis svcs.staff contacted & involved police					

25d

CRISIS SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
5. Crisis outcome	5a. number of contacts in 3c resulting in stabilization WITHOUT linkage to new or existing community-based services					
	5b. number of contacts in 3c resulting in stabilization WITH linkage to new or existing community-based services					
	5c. number of contacts in 3c resulting in in-home crisis supports					5c. If no contact resulted in provision of in-home crisis supports this quarter, enter 0.
	5d. number of contacts in 3c resulting in admission to crisis home/bed/apartment					5d. If no contacts resulted in admission to crisis home/bed/apartment this quarter, enter 0.
	5e. number of contacts in 3c resulting in hospitalization for psychiatric reasons					5e. If no contacts resulted in hospitalization this quarter, enter 0. Include if child/youth is admitted to a medical unit in lieu of a psychiatric unit. Include voluntary and involuntary admissions.
II. YOUTH/FAMILY OUTCOMES						
1. Children/youth satisfaction for youth age 12 and above (as determined at least annually)	1a. number of satisfaction instruments directed towards children/youth distributed in quarter					1a. If no satisfaction instruments were distributed in the quarter, enter 0. It is understood that some youth age 12 and above cannot be surveyed for opinions due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by someone speaking for the youth.
	1b. number of satisfaction instruments returned in quarter					1b. If no satisfaction instruments were returned this quarter, enter 0.
	1c. number of satisfaction instruments returned in quarter that demonstrate youth are satisfied with crisis service					1c. Agencies, in their QA/QI Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If no instruments were returned this quarter, leave blank. Sampling is acceptable.
2. Family/caregiver satisfaction (as determined at least annually)	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. If no satisfaction instruments were distributed this quarter, enter 0.
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0.
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with crisis service					2c. Agencies, in their QA/QI Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If no instruments were returned this quarter, leave blank. Sampling is acceptable.
III. STATISTICS						
1. Numbers served	1a. unduplicated number of children/youth served in quarter					1a. Unduplicated count of children/youth receiving face-to-face and telephone contact
2. Use of crisis stabilization beds	2a. number of admissions in quarter					2a. Duplicated count
	2b. number of discharges in quarter					2b. Duplicated count
	2c. total number of bed-days available in quarter					2c. Number of beds x number of days in quarter
	2d. number of bed-days utilized in quarter					2d. Sum of number of days each bed was used
	2e. unduplicated number of children/youth served in quarter in crisis stabilization beds					2e. Unduplicated

25e

CRISIS SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
3. Use of emergency departments	3a. total hours seen in emergency department for all children/youth in 4a					

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

25 F

March 18: Final for fy'03. Revised 4f. on July 10.

CASE MANAGEMENT SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written grievances reviewed and substantiated in quarter					1a. and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or families in 1a.					Submit brief summary (including nature of complaint, disposition, actions taken, current status) in each quarterly report
2. Waiting time from eligibility determination to assignment to a case manager	2a. number of children/youth first identified in this quarter as eligible and needing a case manager AND who have been assigned to a case manager in this quarter					
	2b. number of children/youth found eligible in a previous quarter and who were first assigned a case manager in this quarter					
	2c. total number of days waiting for all children/youth identified in 2a and 2b above					2c. and d. Waiting since eligibility determination
	2d. number of children/youth waiting for case management services at the end of quarter					
3. Individual support plans completed within 30 calendar days of initiation of services	3a. number of initial plans due to be completed in quarter					3. ISP = individual support plan such as IFSP
	3b. number of ISPs in 3a completed within 30 calendar days of entering services					3b. Entering services = receipt of case management services, i.e., being assigned to a case manager
4. CALOCUS, CAFAS, FES assessments completed	4a. number of initial CALOCUS, CAFAS, FES assessments completed in quarter					4a. Utilize BDS protocol for completion
	4b. number of follow-up assessments completed in quarter					4b. Count only those done at scheduled 6 month intervals following baseline assessment
5. AIMS and Ages & Stages assessments completed	5a. number of initial AIMS and Ages & Stages assessments completed in quarter					5a. Utilize BDS protocol for completion
	5b. number of follow-up assessments completed in quarter					5b. Count only those done at scheduled 12 month intervals following baseline assessment
II. YOUTH/FAMILY OUTCOMES						
1. Youth satisfaction as determined at least annually for those age 12 and older	1a. number of satisfaction instruments directed towards children/youth distributed in quarter specific to case management					1a. If no satisfaction instruments were distributed this quarter, enter 0. It is understood that some youth age 12 and above cannot be surveyed for opinions due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by someone speaking for the youth.
	1b. number of satisfaction instruments returned in quarter specific to case mgt.					1b. If no satisfaction instruments were returned this quarter, enter 0.
	1c. number of satisfaction instruments returned in quarter that demonstrate youth are satisfied with case management services					1c. Agencies, in their QA/QI Plan, must determine mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If 1b. is 0, leave blank Sampling is acceptable.

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CASE MANAGEMENT SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
2. Family/caregiver satisfaction as determined at least annually.	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter specific to case mgt.					2a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0.
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with case management services					2c. Agencies, in their QA/QI Plan, must determine mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by agency's own measure. If 2b is 0, leave blank.
3. Psychiatric hospitalization	3a. number of children/youth receiving services who were admitted to hospitals for psychiatric services in quarter					3a. If no children/youth were admitted to psychiatric hospitals in state or out of state in quarter, enter 0. Include child/youth admissions to medical units/facilities in lieu of psychiatric unit
4. Employment	4a. number of youth employed at end of quarter					4a. "Employed" is defined as working in competitive employment in community settings open to all applicants for wages (full or part-time)
5. School attendance	5a. number of children/youth in regular school setting without in-school supports at end of quarter					5a. "Regular" is defined as non-specialized, integrated classrooms
	5b. number of children/youth in regular school setting with in-school supports at end of qtr.					5b. Such as 1:1 aide, special education services, resource room, etc.
	5c. number of children/youth in specialized, non-integrated school settings at end of qtr.					5c. Such as specialized day school, part of a treatment program, Maine Youth Center, etc.
	5d. number of children/youth receiving home-based instruction at end of quarter					5d. Specialized instruction/tutoring provided in child's current residence (home).
III. STATISTICS						
1. Case load	1a. total program case load beginning of quarter					1a. From 1e. last quarter. If child is in a psychiatric hospital, but still on a caseload, count (even if billing is not allowed).
	1b. number of new referrals in quarter					
	1c. new admissions in quarter					
	1d. discharges in quarter					
	1e. total program case load end of quarter					1e. Enter at 1a. next quarter. To calculate 1e: 1a + 1c - 1d = 1e
	1f. total number of children served age 5 and under.					1f. Include children age 0 to 5 inclusive
	1g. number of children/youth in DHS custody at end of quarter					
	1h. total number of children/youth with MR/PDD/Autism served in quarter					1h. Calculate by taking beginning number of children/youth with MR/PDD/Autism in 1a. and add children/youth with MR/PDD/Autism in 1c.

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03 with revisions to statistics section numbers on August 8

IN-HOME SUPPORT SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Report:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written grievances reviewed and substantiated in quarter					1a. and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or families in 1a.					Submit brief summary (including nature of complaint, disposition, actions taken, current status) in each quarterly report
2. Waiting time from determination of eligibility and appropriateness for service and receipt of services	2a. number of children/youth first identified in this quarter as needing in-home support services AND who have received service in this quarter					2a. through e. Children who have been found eligible and appropriate for the service
	2b. number of children/youth needing service in a previous quarter and who first received service in this quarter					
	2c. total number of days waiting for all children/youth identified in 2a and 2b above					
	2d. number of children/youth waiting for in-home services at the end of this quarter					
	2e. number of children/youth waiting for in-home services at the end of this quarter because of lack of staff					
3. Number of children/youth who have an ISP with a case manager	3a. number of children/youth who have an ISP with a case manager					3a. ISP= individual support plan. Do not include children with a behavioral treatment plan who do not also have an ISP
II. YOUTH/FAMILY OUTCOMES						
1. Youth satisfaction for those youth age 12 years and older (as determined at least annually)	1a. number of satisfaction instruments directed toward youth age 12 and older distributed in quarter					1a. If no satisfaction instruments were distributed this quarter, enter 0. It is understood that some youth age 12 and above cannot be surveyed for opinions due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by someone speaking for the youth.
	1b. number of satisfaction instruments returned in quarter					1b. If no satisfaction instruments were returned this quarter, enter 0.
	1c. number of satisfaction instruments returned in quarter that demonstrate youth are satisfied with in-home support services					1c. Agencies, in their QI/QA plan, must determine mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If 1b. is 0, leave blank. Sampling is acceptable.

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IN-HOME SUPPORT SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
2. Family/caregiver satisfaction as determined at least annually	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0.
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with in-home support services.					2c. See 1 c. If 2b is 0, leave 2c blank.
III. STATISTICS						
1. Case load /numbers served	1a. total program case load/numbers served at beginning of quarter					1a. From 1e, last quarter. $1a + 1c - 1d = 1e.$
	1b. total number of new referrals in the quarter					
	1c. new admissions in quarter					
	1d. discharges in quarter					
	1e. total program case load/numbers served at end of quarter					1e. Enter at 1a, next quarter
	1f. total children served age 5 and under					
	1g. number of children/youth in DHS custody at end of quarter					

25 J

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03 with minor correction in I.2.c on April 1

EARLY INTERVENTION SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written gnevances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written grievances reviewed and substantiated in quarter					1a. and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or families in 1a.					Submit brief summary (including nature of complaint, disposition, actions taken, current status) in each quarterly report
2. Waiting time from entry into service to assignment of early intervention services	2a. number of children/youth first identified in this quarter as needing early intervention services AND who have received the service in this quarter					1a. Assignment to any service (not necessarily all services)
	2b. number of children/youth needing service in a previous quarter and who first received early intervention services in this quarter					1b. Assignment to any service (not necessarily all services)
	2c. total number of days waiting for all children/youth identified in 2a and 2b above					2c. All calendar days child was on a list of those receiving services; not just the days the program is in operation
	2d. number of children/youth waiting for early intervention services at the end of this quarter					
II. FAMILY/CAREGIVER OUTCOMES						
2. Family/caregiver satisfaction (as determined at least annually)	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0.
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with early intervention services					2c. Agencies, in their QI/ QA Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by agency's own measure. If 2b is 0, leave 2c. blank.

251k

EARLY INTERVENTION SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
III. STATISTICS						
1. Case load/numbers served	1a. total program caseload/numbers served at beginning of quarter					1a. From 1e, last quarter. $1a + 1c - 1d = 1e$
	1b. total number of new referrals in quarter					
	1c. new admissions in quarter					1c. Determined eligible and open for service
	1d. discharges in quarter					
	1e. total program case load/numbers served at end of quarter					1e. Enter at 1a, next quarter
	1f. number of children in DHS custody at end of quarter					

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

251

March 18: Final for fy'03

OUTPATIENT and PROFESSIONAL SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written grievances reviewed and substantiated in quarter					1a. and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or families in 1a.					Submit brief summary (including nature of complaint, disposition, actions taken, current status) in each quarterly report
2. Timely access to psychiatrist services, as measured by waiting time from request to receipt of initial appointment	2a. number of children/youth first identified in this quarter as needing psychiatrist services AND who have received an initial appointment in this quarter.					2a. Include those children/youth who are new entries in this quarter and who have received an initial appointment with a psychiatrist. Include only those referred by this service area to psychiatrists both inside and outside of the agency.
	2b. number of children/youth identified in a previous quarter AND who have received an initial appointment in this quarter.					
	2c. total number of days waiting for all children/youth identified in 2a and 2b above					
3. Timely access to mental health outpatient services not including psychiatry	3a. number of children/youth first identified in this quarter as needing outpatient services AND who have received this service in this quarter					3a. Services considered to be outpatient include day treatment, individual, family, and group counseling, psychological consultation, BUT NOT medication services.
	3b. number of children/youth identified as needing service in a previous quarter and who first received service in this quarter					
	3c. total number of days waiting for all children/youth identified in 3a and 3b above					3c. Waiting time is measured from first identification to date of first appointment, in calendar days
	3d. number of children/youth waiting for outpatient services at the end of this quarter					
II. YOUTH/FAMILY OUTCOMES						
1. Satisfaction of youth ages 12 years and older (as determined at least annually)	1a. number of satisfaction instruments directed towards youth distributed in quarter					1a. If no satisfaction instruments were distributed this quarter, enter 0. It is understood that some youth age 12 and above cannot be surveyed for opinion due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by some speaking for the youth. Sampling is acceptable.
	1b. number of satisfaction instruments returned in quarter					1b. If no satisfaction instruments were returned this quarter, enter 0.
	1c. number of satisfaction instruments returned in quarter that demonstrate children/youth are satisfied with outpatient services					1c. Agencies, in their QI/QA Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by agency's own measure. If 1b is 0, leave 1c blank.

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OUTPATIENT and PROFESSIONAL SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
2. Family/caregiver satisfaction as determined at least annually	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0.
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with outpatient services					2c. Agencies, in their QI/QA Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by their agency's own measure. If 2b is 0, leave 2c blank
III. STATISTICS						
1. Case load/numbers served	1a. total program case load/numbers served in beginning of quarter					1a. From 1e, last quarter
	1b. total number of new referrals in quarter					
	1c. new admissions in quarter					1c. Determined eligible and open for service
	1d. discharges in quarter					
	1e. total program case load/numbers served at end of quarter					1e. Enter at 1a., next quarter 1e = 1a + 1c - 1d.
	1f. number of children/youth in DHS custody at end of quarter					

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

25n

March 18: Final for fy'03

HOME-BASED FAMILY SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written grievances reviewed and substantiated in quarter					1a.and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency. Submit brief summary (including nature of complaint, disposition, actions taken, current status) in each quarterly report
	1b. unduplicated number of children/youth or families in 1a.					
2. Timely access to psychiatrist, as measured by waiting time from request to receipt of initial appointment	2a. number of children/youth first identified in this quarter as needing psychiatrist services AND who have received an initial appointment in this quarter.					2a. Include those children/youth who are new entries in this quarter and who have received an initial appointment with a psychiatrist. Include only those referred by this service area.
	2b. number of children/youth identified in a previous quarter AND who have received an initial appointment in this quarter.					
	2c. total number of days waiting for all children/youth identified in 2a and 2b above					
3. Timely access to services, as measured by waiting time from completed application to actual assignment for Home-Based Family Services (HBFS)	3a. number of children/youth first identified in this quarter as needing HBFS who have completed application AND been assigned to an HBFS caseload					3a.and 3b. Do not count if services provided are interim or temporary until there is a permanent assignment
	3b. number of children/youth who first completed application in a previous quarter AND have been assigned to an HBFS caseload					
	3c. total number of days waiting for all children/youth identified in 3a and 3b above					
	3d. number of children/youth waiting for HBFS assignment at the end of this quarter					3d. Permanent assignment
II. YOUTH/FAMILY OUTCOMES						
1. Youth satisfaction for youth age 12 years and older (as determined at least annually)	1a. number of satisfaction instruments directed towards youth distributed in quarter					1a. If no satisfaction instruments were distributed this quarter, enter 0. It is understood that some youth age 12 and above cannot be surveyed for opinions due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by someone speaking for the youth. Sampling is acceptable.
	1b. number of satisfaction instruments returned in quarter					

250

HOME-BASED FAMILY SERVICES

25p

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
	1c. number of satisfaction instruments returned in quarter that demonstrate youth are satisfied with HBFS services					1c. Agencies, in their QI/QA plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by agency's own measure. If 1b is 0, leave 1c blank.
2. Family/caregiver satisfaction with home-based family services as determined at least annually	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0.
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with HBFS services					2c. See 1c. If 2b is 0, leave 2c blank
3. Community/family tenure	3a. number of children remaining with their family at end of service					
III. STATISTICS						
1. Case load/numbers served	1a. total program case load/numbers served beginning of quarter					1a. From 1e, last quarter. Include all children served, i.e., not just the one specifically "at risk" child in the family.
	1b. total number of new referrals in quarter					
	1c. new admissions in quarter					
	1d. discharges in quarter					
	1e. total program case load/numbers served end of quarter					1e. Enter at 1a, next quarter. $1a + 1c - 1d = 1e$
	1f. number of children/youth in DHS custody at end of quarter					
2. Families served	2a. total number of families served in quarter					
3. Face-to-face hours	3a. number of hours of face-to-face contact with families in quarter					

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

RESPIRE SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports: _____

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Waiting time from eligibility determination to receipt of service	1a. number of children/youth first identified in this quarter as eligible AND who have received respite services this quarter					1a.-1c Number of unduplicated children/youth for whom actual respite was provided and billing occurred (or will occur) in quarter. For 1a through d, do not count those who could have received respite if they wanted to – but chose not to for any reason) Count those who received respite in their primary residence or elsewhere. Date is date of actual respite – not date arranged.
	1b. number of children/youth found eligible in a previous quarter AND who first received respite services in this quarter					
	1c. total number of days elapsed from eligibility to receipt of service for all children/youth in 1a and 1b in quarter					
	1d. number of children/youth waiting for actual in-home or out-of-home respite at end of this qtr.					1d.-f. For respite programs in which the family arranges respite, agency should report to the extent that they have the information
	1e. number of children/youth waiting for actual respite service at the end of this quarter because of lack of a respite provider					
	1f. number of children/youth waiting for actual respite service at the end of this quarter because of lack of funding					
II. FAMILY/CAREGIVER OUTCOMES						
1. Family/caregiver satisfaction (as determined at least annually)	1a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					1a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.
	1b. number of satisfaction instruments returned in quarter					1b. If no satisfaction instruments were returned this quarter, enter 0
	1c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with respite services					1c. Agencies, in their QA/QI Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If 1b is 0, leave 1c blank

25q

RESPIRE SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
III. STATISTICS						
1. Families having access to respite	1a. total number of families who have a respite provider and who have access to respite at beginning of quarter					1a. From 1f, last quarter. Unduplicated number of families who are funded and can have respite as arranged by the contracted agency or by the family.
	1b. total number of new referrals in quarter					
	1c. number of applications mailed in quarter					
	1d. number of completed applications received in quarter					
	1e. number in 1d. first determined eligible in this quarter					
	1f. number of families who have a respite provider and who are receiving service at end of quarter					1f. Enter at 1a, next quarter. See definitions in 1a.
	1g. number of families who needed help in quarter to find a respite provider					

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

251

March 18: Final for fy'03

MEDICATION SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written grievances reviewed and substantiated in quarter					1a.and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or families in 1a.					Submit brief summary (including nature of complaint, disposition, actions taken, current status) in each quarterly report
2. Timely access from eligibility determination to receipt of medication services	2a. number of children/youth first found eligible and needing service in this quarter AND who have received this service in quarter					2.a-d. Wait time is measured from eligibility determination to date of first appointment, in calendar days.
	2b. number of children/youth needing service and eligible in a previous quarter AND who first received service in this quarter					
	2c. total number of days waiting for all children/youth identified in 2a and 2b above					
	2d. number of eligible children/youth waiting for medication services at the end of this quarter					
II. FAMILY/YOUTH OUTCOMES						
1. Children/youth satisfaction for youth 12 years and older (as determined at least annually)	1a. number of consumer satisfaction instruments directed towards children/youth distributed in quarter					1a. If no satisfaction instruments were distributed this quarter, enter 0. It is understood that some youth aged 12 and above cannot be surveyed for opinions due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by someone speaking for the youth. Sampling is acceptable.
	1b. number of satisfaction instruments returned in quarter					1b. If no satisfaction instruments were returned this quarter, enter 0
	1c. number of satisfaction instruments returned in quarter that demonstrate children/youth are satisfied with medication services					1c. Agencies, in their QA/QI Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure.
2. Family/caregiver satisfaction (as determined at least annually)	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0

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MEDICATION SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with medication services					2c. Agencies, in their QA/QI Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If 2b is 0, leave 2c blank.
III. STATISTICS						
1. Case load/numbers served	1a. total program case load/numbers served beginning of quarter					1a. From 1e, last quarter
	1b. total number of new referrals in quarter					
	1c. new admissions in quarter					
	1d. discharges in quarter					
	1e. total program case load/numbers served at end of quarter					1e. Enter at 1a, next quarter. 1a + 1c - 1d = 1e
	1f. number of children/youth in DHS custody at end of quarter					

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

257

March 18: Final for fy'03

INFORMATION AND REFERRAL SERVICES

CHILDREN'S PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. FAMILY/CAREGIVER OUTCOMES						
1. Family/caregiver satisfaction (as determined at least annually)	1a. number of satisfaction instruments distributed in quarter					1a. If no satisfaction instruments were distributed this quarter, enter 0. Specific to information and referral services.
	1b. number of satisfaction instruments returned in quarter					1b. If no satisfaction instruments were returned this quarter, enter 0. Specific to information and referral services.
	1c. number of satisfaction instruments returned in quarter that demonstrate satisfaction with contracted info and referral services on behalf of children					1c. Agencies, in their QA plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by agency's own measure. If 1b is 0, leave 1c blank.
II. STATISTICS						
1. Individuals served and events/ services provided	1a. total number of people trained on behalf of children in the quarter.					
	1b. total number in 1a. who are parents/ caregivers					
	1c. total number of workshops in quarter on behalf of children					
	1d. total number of times workshops in 1c met in quarter.					
	1e. total number of workshops in 1c held specifically for parents/caregivers					
	1f. total number of support groups in session in quarter on behalf of children.					
	1g. total number of times groups in 1f. met in quarter					
	1h. total number of people participating in support groups in quarter					1h. Unduplicated number
	1i. number of new support groups started in quarter					
	1j. number of support groups disbanded in quarter					
	1k. total number of newsletters distributed in quarter					

25u

INFORMATION AND REFERRAL SERVICES

	1l. total number of books, videos, and audiotapes lent out on behalf of children in quarter					
	1m. total number of packets of information sent out in quarter on behalf of children					1m. Packets such as special education regulations
	1n. number of calls received in quarter on behalf of children					
	1o. number of calls in 1n. received AND responded to in quarter					
	1p. number of website hits in quarter					

Contact person:

Phone:

Fax:

E-mail:

Comments:

25v

March 18: Final for fy'03

RECREATION SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations	
I. AGENCY/PROGRAM INDICATORS							
1. Timely access to services, as measured by waiting time from eligibility determination to receipt of services	1a. number of children/youth first identified in this quarter as needing service AND who have received service in this quarter					1a-c. Number of unduplicated children/youth for whom services were billed (or for whom billing was encumbered) in the quarter. For 1 a-c, do not include those who could have received social/recreational services if they wanted to (i.e., but chose not to for some reason). Count those who received social/recreational services. Date is actual date of social/recreation service.	
	1b. number of children/youth needing service in a previous quarter and who first received service in this quarter						
	1c. total number of days waiting for all children/youth identified in 2a and 2b above						
	1d. number of children/youth waiting for service in this quarter						1d. Number waiting after eligibility has been determined.
	1e. number of children/youth in 1d. waiting due to lack of funding						
II. YOUTH/FAMILY OUTCOMES							
1. Children/youth satisfaction for youth 12 years and older (as determined at least annually)	1a. number of satisfaction instruments directed towards children/youth distributed in quarter					1a. If no satisfaction instruments were distributed this quarter, enter 0. It is understood that some youth age 12 and above cannot be surveyed for opinions due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by someone speaking for the youth. Sampling is acceptable.	
	1b. number of satisfaction instruments returned in quarter					1b. If no satisfaction instruments were returned this quarter, enter 0	
	1c. number of satisfaction instruments returned in quarter that demonstrate children/youth are satisfied with service					1c. Agencies in their QA/QI Plan must determine the mechanism frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If 1b is 0, leave 1c blank.	
2. Family/caregiver satisfaction (as determined at least annually)	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.	
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0	
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with service					2c. Agencies in their QA/QI Plan must determine the mechanism frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If 2b is 0, leave 2c blank.	

25W

RECREATION SERVICES

III. STATISTICS					
1. Children/youth having access to social/recreation services	1a. total children/youth having access to social/rec services at beginning of quarter				1a. From 1d, last quarter. Unduplicated number children/youth who are funded and can have social/recreation services if they choose.
	1b. total number of new referrals in quarter				
	1c. new admissions in quarter				1c. Defined as first found eligible and first processed in quarter
	1d. total number of children/youth having access to social/rec services at end of qtr.				1d. Defined as including children/youth from any quarter for whom funding is approved/allotted

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

25x

**March 18: Final for fy'03 with revision to statistics
1a. explanation on August 9**

ACT TEAM

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report or Resubmitted Report: _____

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations	
I. AGENCY/PROGRAM INDICATORS							
1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written gnevances reviewed and substantiated in quarter					1a.and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency. Submit brief summary (including nature of complaint, disposition, actions taken, current status) in each quarterly report	
	1b. unduplicated number of children/youth or families in 1a.						
2. CAFAS/CALOCUS assessments completed	2a. number of initial and discharge CAFAS/CALOCUS assessments completed in quarter						
II. YOUTH/FAMILY OUTCOMES							
1. Children/youth satisfaction for youth age 12 and above (as determined at least annually)	1a. number of consumer satisfaction instruments directed towards children/youth distributed in quarter specific to ACT team services					1. Agencies, in their QI/QA plan, must determine mechanism, frequency, content and interpretation of satisfaction surveys. It is understood that some youth age 12 and above cannot be surveyed for opinions due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by someone speaking for the youth. Sampling is acceptable. Enter 0, if none distributed in quarter.	
	1b. number of satisfaction instruments returned in quarter specific to ACT team services						1b. If no satisfaction instruments were returned this quarter, enter 0.
	1c. number of satisfaction instruments returned in quarter that demonstrate youth are satisfied with team services						1c. If 1b. Is 0, leave 1c blank.
2. Family/caregiver satisfaction (as determined at least annually)	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.	
	2b. number of satisfaction instruments returned in quarter					2b. If no satisfaction instruments were returned this quarter, enter 0.	
	2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with team services					2c. If 2b is 0, leave 2c blank.	
3. Psychiatric hospitalization	3a. number of children receiving services in quarter					3a. Unduplicated number	
	3b. number of children receiving services who were admitted to hospitals for psychiatric reasons in quarter					3b. If no children were admitted to hospitals or medical units for psychiatric reasons in state or out of state in quarter, enter 0. Include children admitted in lieu of a psychiatric unit. Include voluntary and involuntary admissions.	
	3c. total number of days all children in 3b. were in psychiatnc hospitals in quarter						
	3d. number of calendar days children were in other out of home settings						

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ACT TEAM

4. School	4a. number of children attending school without support at end of quarter					4. "Support" is defined as in an integrated classroom setting with additional services beyond those routinely provided by school district to all children in attendance.
	4b. number of children attending school with support at end of quarter					
	4c. number of children in non-integrated school settings at end of quarter					
III. STATISTICS						
1. Case load	1a. total program case load beginning of quarter					1a. From 1f, last quarter
	1b. total number of people-days of services provided in quarter					1b. "People-days" is the sum of all days services were provided for all people served in quarter. One person served for 90 days equals 90 people days. Two people served for 14 days each equals 28 people days. (2 x 14). Include day of admission but not day of discharge. Count all calendar days child was on a caseload.
	1c. number of new referrals found eligible in quarter					
	1d. new admissions in quarter					1d. Admission to ACT team program
	1e. discharges in quarter					
	1f. total program case load end of quarter					1f. Enter at 1a, next quarter. $1a + 1d - 1e = 1f$
	1g. number of children/youth in DHS custody at end of quarter					

Contact Person:

Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

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OTHER SUPPORT SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations	
I. AGENCY/PROGRAM INDICATORS							
1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written grievances reviewed and substantiated in quarter					1a. and b. Include only issues that have reached the grievance stage according to Rights of Recipients. For those not covered by Rights of Recipients, report written formal complaints filed with agency.	
	1b. unduplicated number of children/youth or families in 1a.						Submit brief summary (including nature of complaint, disposition, actions taken, and current status) in each quarterly report
	2. Timely access to services, as measured by waiting time from completed application/intake to actual assignment	2a. number of children/youth first identified in this quarter as needing service AND who have received service in this quarter					2a. and 2b. To receipt of assignment
		2b. number of children/youth needing service in a previous quarter and who first received service in this quarter					
2c. total number of days waiting for all children/youth identified in 2a and 2b above							
	2d. number of children/youth waiting for services at the end of this quarter						
II. YOUTH/FAMILY OUTCOMES							
1. Children/youth satisfaction for youth 12 years and older (as determined at least annually)	1a. number of satisfaction instruments directed towards children/youth distributed in quarter					1a. If no satisfaction instruments were distributed this quarter, enter 0. It is understood that some youth age 12 and above cannot be surveyed for opinions due to level of functioning. Include only surveys provided to get youth opinion directly; do not include surveys completed by someone speaking for the youth. Sampling is acceptable.	
	1b. number of satisfaction instruments returned in quarter						1b. If no satisfaction instruments were returned this quarter, enter 0
		1c. number of satisfaction instruments returned in quarter that demonstrate children/youth are satisfied with service					1c. Agencies in their QA/QI Plan must determine the mechanism frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If 1b is 0, leave 1c blank.
	2. Family/caregiver satisfaction (as determined at least annually)	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					2a. If no satisfaction instruments were distributed this quarter, enter 0. Sampling is acceptable.
2b. number of satisfaction instruments returned in quarter						2b. If no satisfaction instruments were returned this quarter, enter 0	
		2c. number of satisfaction instruments returned in quarter that demonstrate family/caregiver is satisfied with service					2c. Agencies in their QA/QI Plan must determine the mechanism frequency, content and interpretation of satisfaction surveys. Enter the number of returned instruments that demonstrate satisfaction by the agency's own measure. If 2b is 0, leave 2c blank.

25aa

OTHER SUPPORT SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
III. STATISTICS						
1. Case load/numbers served	1a. total children/youth receiving services beginning of quarter					1a. From 1e, last quarter
	1b. total number of new referrals in quarter					
	1c. new admissions in quarter					
	1d. discharges in quarter					
	1e. total number of children/youth receiving services at end of quarter					1e. Enter at 1a., next quarter $1a + 1c - 1d = 1e$
	1f. number of children/youth in DHS custody at end of quarter					1f. Only homeless outreach and supported housing to report

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

25bb

March 18: Final for fy'03

ADULT MENTAL HEALTH PERFORMANCE INDICATOR and OUTCOME REPORTING FORMS for Fy'03

Service:	Activity Code:	Page :
Information and Referral	3200	1
Respite	1207	2
Residential	1601, 1602	3
Crisis	1300	4
Community Support	1202, 1203	6
In-home Support	1205	7
Transportation	1908	8
Medication	1507	9
Outpatient and Professional	1501, 1502, 1506, 1508	10
Social Club	1101	11
ACT Team	1201	12
Recreation, Social and Leisure	1102	13
Rent Subsidies	1907	14
Day Treatment	1503	15
Other Support	1208, 1603, 1902, 1903	16

INFORMATION AND REFERRAL SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. STATISTICS						
1. Individuals served and events/services provided	1a. number of people trained on behalf of adults in quarter					
	1b. number of workshops on behalf of adults in quarter					
	1c. number of times workshops in 1b. met in quarter.					
	1d. number of workshops in 1c held specifically for community service providers					
	1e. number of support groups on behalf of adults in quarter					
	1f. number of times support groups in 1e. met in quarter					
	1g. number of newsletters distributed in quarter					
	1h. number of books, videos, and audiotapes lent out on behalf of adults in quarter					
	1i. number of adult-related packets of information sent out in quarter					
	1j. number of calls received on behalf of adults in quarter					
	1k. number of website hits in quarter					

Contact Person:

Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

25DD

RESPIRE SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Waiting for respite services	1a. number of people waiting for respite services at the end of the quarter.					
	1b. number of people waiting for actual respite service at the end of the quarter because of lack of a respite provider					
	1c. number of people waiting for actual respite service at the end of the quarter because of lack of funding					
II. STATISTICS						
1. Individuals having access to respite	1a. number of individuals who have a respite provider and who have access to respite at the beginning of the quarter					1a. Unduplicated number of individuals who are funded and can have respite as arranged by the contracted agency or others.
	1b. number of new referrals in quarter					
	1c. number of discharges in quarter					
	1d. number of individuals for whom respite services were billed in the quarter					
	1e. number of individuals in 1d. who were age 60 and over					

25ee

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

RESIDENTIAL SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Report:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
	1b. unduplicated number of people in 1a.					
2. Timely access to a psychiatrist	2a. number of people waiting for a psychiatrist for a first appointment at end of quarter					2. Include only those referred by this service area -- to psychiatrists both inside and outside of the agency -- even those who have a scheduled appointment (but are waiting for it)
	2b. number in 2a. who are age 60 and over					
3. Waiting for residential services	3a. number waiting for residential services at end of quarter					3. Include those who have been determined eligible and are waiting.
II. CONSUMER OUTCOMES						
1. Psychiatric hospitalization	1a. number of people receiving services who were admitted to psychiatric hospitals in the quarter					1b. Do not include those waiting for commitment
	1b. number of people receiving services who were held in county jails in the quarter					
2. Employment	2a. number of people employed part time or full time at end of quarter					2a. "Employed" is defined as working in competitive employment open to all applicants in a community setting for wages not covered by a federal sub-minimum wage certificate or subsidized by BDS. Do not count clients who have a community support worker (i.e., case manager) outside of the residence.
III. STATISTICS						
1. Individuals served	1a. total program case load beginning of quarter					
	1b. number of new admissions in quarter					
	1c. number of discharges in quarter					
	1d. number served age 60 and over					

Contact Person:

Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

25ff

CRISIS SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level I grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
	1b. unduplicated number of people in 1a.					
2. Timely access to a emergency psychiatric consultation services	2a. number of face to face crisis contacts in this quarter identified as needing emergency psychiatric consultation services					2a. Includes duplicated number of contacts/episodes. Emergency consultation may include an appointment or a phone consultation with a psychiatrist. Do not include calls to "warm" lines.
	2b. number in 2a. who received emergency psychiatric consultation services in this quarter.					2b. Includes duplicated number.
	2c. number in 2b. who were seen face-to-face for emergency psychiatric consultation services					
	2d. unduplicated number of people in 2b.					
	2e. unduplicated number of people in 2b. who are age 60 and over.					
3. Nature of contacts	3a. number of contacts made with crisis services in quarter					3a. Report ALL crisis contacts (phone, face-to-face, outreach, etc.) Each contact should be counted even when there are multiple contacts for one crisis OR for one person. Do not include collateral calls initiated by crisis staff (either initially or as a follow-up). Do not include "warm line" contacts.
	3b. number of contacts identified in 3a. which were completed by telephone					
	3c. number of contacts identified in 3a. that were "face to face"					3a.=3b+3c
	3d. number in 3a. for which crisis services staff contacted and involved police					3d. Staff contacted police after the initial call to crisis services
	3e. number in 3d. involving persons age 60 and over					
	3f. number in 3c. who are age 60 and over					3f. Duplicated
	3g. unduplicated number of people from 3c. who received 2 or more face-to-face visits					
	3h. number of face to face contacts in 3c. in which a crisis plan or advanced directive plan previously developed with the individual was available and used					

2586

CRISIS SERVICES

25hh

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
4. Site of face-to-face crisis service delivery	4a. number of contacts identified in 3c. seen at emergency department					4a. If no contacts were seen this quarter, enter 0.
	4b. number of contacts identified in 3c. seen at crisis office					4b. If no contacts were seen this quarter, enter 0.
	4c. number of contacts identified in 3c. seen at the individual's primary residence					4c. If no contacts were seen this quarter, enter 0. Does not include people in licensed facilities, but can include person getting in-home support.
	4d. number of contacts identified in 3c. seen at the client's school or workplace					4d. If no contacts were seen this quarter, enter 0.
	4e. number of contacts identified in 3c. seen in a SNF, nursing home, or boarding home					4e. If none, enter 0.
	4f. number of contacts identified in 3c. seen at sites other than in a-e above.					4f. If none, enter 0.
5. Crisis outcome	5a. number of contacts identified in 3c. resulting in stabilization with linkage to community based services.					5a. Linkage refers to new and/or existing community services.
	5b. number of contacts identified in 3c. resulting in admission to crisis home/bed					5b. This includes use of crisis apartment for respite. If none, enter 0.
	5c. number of contacts identified in 3c. resulting in hospitalization					5c. Voluntary or involuntary.
	5d. number needing hospitalization for whom no bed was available					5d. If none, enter 0.
	5e. number in 5d. who are age 60 and over					5e. If none, enter 0.
II. STATISTICS						
1. Numbers served	1a. unduplicated number of people served in quarter					1a. Face-to-face and telephone contact
	1b. number of people in 1a. who are age 60 and over.					
2. Use of crisis stabilization beds	2a. number of admissions in quarter					2a. Duplicated count
	2b. number of discharges in quarter					2b. Duplicated count
	2c. total number of bed-days available in quarter					2c. Number of beds x number of days in quarter
	2d. number of bed-days utilized in quarter					2d. Sum of number of days each bed was used
	2e. unduplicated number of people who used crisis beds in quarter					
	2f. unduplicated number of people age 60 and over who used crisis beds.					

Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____

Comments:

March 18: Final for fy'03. Revised 3d. on July 10, 2002

COMMUNITY SUPPORT SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report or Resubmitted Report:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report of substantiated grievances.
	1b. unduplicated number of people in 1a.					
2. Timely access to a psychiatrist	2a. number of people waiting for a psychiatrist for an initial appointment at the end of the quarter					2. Include only those people referred by this service area for an initial appointment with a psychiatrist -- both inside and outside of the agency -- even those who have an appointment (but are waiting for it).
	2b. number of people in 2a who are age 60 and over					
3. Waiting time from eligibility determination to assignment of community support worker	3a. number of people assigned to a community support worker in the quarter within 3 days of eligibility determination in quarter					3a. Community support worker = community support workers, intensive case managers, case managers, or others as defined in contract
II. CONSUMER OUTCOMES						
1. Psychiatric hospitalization	1a. number of adults receiving services who were admitted to psychiatric hospitals in quarter					
2. Employment	2a. number of people employed part or full time at the end of quarter.					2a. "Employed" is defined as working in competitive employment open to all applicants in a community setting for wages not covered by a federal sub-minimum wage certificate or subsidized by BDS.
III. STATISTICS						
1. Case load/numbers served	1a. program case load beginning of quarter					
	1b. number of new admissions in quarter					
	1c. discharges in quarter					
	1d. number of people served age 60 and over					

Contact Person: _____ Phone _____ Fax: _____ E-mail _____

Comments _____

March 18: Final for fy'03

2511

IN-HOME SUPPORT SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM.	1a. number of written level 1grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
	1b. unduplicated number of people in 1a.					
2. Timely access to a psychiatrist	2a. number of people waiting for a psychiatrist for an initial appointment at the end of the quarter					2. Include only those people referred by this service area for an initial appointment with a psychiatrist -- both inside and outside of the agency -- even those who have an appointment (but are waiting for it).
	2b. number of people in 2a. who are age 60 and over					
3. Waiting from eligibility determination for in-home support services until receipt of services	3a. number of people waiting for in-home support services at end of quarter					
	3b. number in 3a. who are age 60 and over					
II. STATISTICS						
1. Case load/numbers served	1a. program case load beginning of quarter					
	1b. number of new admissions in quarter					
	1c. number of discharges in quarter					
	1d. number of people served age 60 and over.					

Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____

Comments:

March 18: Final for fy'03

25 JJ

TRANSPORTATION SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1 grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for each substantiated grievance.
	1b. unduplicated number of people in 1a.					
II. STATISTICS						
1. Number served	1a. unduplicated number of people served in quarter					
	1b. total number of requests in quarter					1b. Do not count travel reimbursed by Medicaid
	1c. number of requests authorized in quarter					1c. Authorized = found eligible
	1d. number of authorized requests not honored in quarter.					1d. Not honored = authorized services not met
	1e. total number of people served in 1a age 60 and over.					1e. Unduplicated

Contact Person:

Phone:

Fax:

E-mail:

Comments:

25kk

March 18: Final for fy'03

MEDICATION SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1 grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of complaint, disposition, actions taken, and current status in each quarterly report for each substantiated grievance.
	1b. unduplicated number of people in 1a.					
2. Timely access to mental health medication services	2a. number of people waiting for medication services at the end of quarter					2. Include those who have been determined eligible and are waiting for medication services.
	2b. number of people in 2a. who are age 60 and over.					
II. STATISTICS						
1. Individuals served	1a. total program case load beginning of quarter					
	1b. number of new admissions in quarter					
	1c. number of discharges in quarter					
	1d. number of people served age 60 and over.					

Contact Person:

Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

OUTPATIENT and PROFESSIONAL SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1 grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
	1b. unduplicated number of people in 1a.					
2. Timely access to a psychiatrist	2a. number of people waiting for a psychiatrist for a first appointment at end of quarter					2. Include only those referred by this contracted service area -- to psychiatrists both inside and outside of the agency -- even those who have a scheduled appointment (but are waiting for it)
	2b. number in 2a. who are age 60 and over					
3. Timely access to mental health outpatient services	3a. number of people waiting for these outpatient services at end of quarter					3. Include those who have been determined eligible and are waiting for the outpatient services being provided through the contract being reported on in this report.
	3b. number of people in 3a. who are age 60 and over.					
II. STATISTICS						
1. Individuals served	1a. total program case load beginning of quarter					
	1b. number of new admissions in quarter					
	1c. number of discharges in quarter					
	1d. number of people served age 60 and over					

Contact Person:

Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

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SOCIAL CLUBS

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Report:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	
I. AGENCY/PROGRAM INDICATORS						
1. Written Level 1 grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1 grevances reviewed and substantiated in quarter.					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as "with apparent merit" or "a rights violation that requires a remedy." Submit brief summary of all substantiated grievances, including nature of complaint, disposition, actions taken, and current status in each quarterly report.
	1b. unduplicated number of people in 1a.					
II. STATISTICS						
1. Membership/use of club	1a. total number of days club open in quarter					1a. At primary location of club.
	1b. new members in quarter					
	1c. total visits in quarter					1c. Visits include on site, on trips, and other special events and can include members and non-members.
	1d. total membership end of quarter					
	1e. number of members served age 60 and over.					

Contact Person:

Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

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ACT TEAM

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1 grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
	1b. unduplicated number of people in 1a.					
2. Waiting time from eligibility determination to assignment of ACT team community support worker	2a. number of people assigned to a community support worker in the quarter within 3 days of eligibility determination in quarter					2a. Community support worker = community support workers, intensive case managers, case managers, or others as defined in ACT team contract
	2b. number of people waiting for ACT team services at end of this quarter					
II. CONSUMER OUTCOMES						
1. Psychiatric hospitalization	1a. number of adults receiving services who were admitted to psychiatric hospitals in quarter					
2. Employment	2a. number of people employed part or full time at the end of quarter.					2a. "Employed" is defined as working in competitive employment open to all applicants in a community setting for wages not covered by a federal sub-minimum wage certificate or subsidized by BDS.
III. STATISTICS						
1. Case load/numbers served	1a. total program case load beginning of quarter					
	1b. number of new admissions in quarter					
	1c. discharges in quarter					
	1d. number of people served age 60 and over in quarter					

Contact Person:

Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

2500

RECREATIONAL, SOCIAL AND LEISURE SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. STATISTICS						
1. Number served	1a. unduplicated number of people served in quarter					
	1b. total number of requests in quarter					
	1c. number of requests authorized in quarter					1c. Authorized = found eligible
	1d. number of authorized requests not honored in quarter.					1d. Not honored = authorized services not met.
	1e. total number of people served in 1a. age 60 and over.					1e. Unduplicated

Contact Person:

Phone:

Fax:

E-mail:

Comments:

25 pp

March 18: Final for fy'03

RENT SUBSIDIES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. STATISTICS						
1. Number served	1a. unduplicated number of people served in quarter					
	1b. total number of requests in quarter					
	1c. number of requests authorized in quarter					1c. Authorized = found eligible
	1d. number of authorized requests not honored in quarter.					1d. Not honored = authorized services not met.
	1e. total number of people served in 1a. age 60 and over.					1e. Unduplicated

Contact Person:

Phone:

Fax:

E-mail:

Comments:

2599

March 18: Final for fy'03

DAY TREATMENT

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1 grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
	1b. unduplicated number of people in 1a.					
2. Waiting from eligibility determination for day treatment services until receipt of services	2a. number of eligible people waiting for day treatment services at end of quarter					
	2b. number in 2a. who are age 60 and over					
II. CONSUMER OUTCOMES						
1. Psychiatric hospitalization	1a. number of adults receiving services who were admitted to psychiatric hospitals in quarter					
III. STATISTICS						
1. Case load/numbers served	1a. total program case load beginning of quarter					
	1b. number of new admissions in quarter					
	1c. discharges in quarter					
	1d. number of people served age 60 and over.					

Contact Person:

Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

2511

OTHER SUPPORT SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency: _____

FISCAL YEAR ENDING 6/30/2003

Person Submitting Report: _____

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
1. Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1 grievances reviewed and substantiated in quarter					1. Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "rights violation that requires a remedy." Submit brief summary, including nature of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
	1b. unduplicated number of people in 1a.					
2. Waiting from eligibility determination to receipt of services	2a. number of eligible people waiting for services at end of quarter					
	2b. number in 2a. who are age 60 and over					2b. Report only for supported housing services; others may leave blank.
II. CONSUMER OUTCOMES						
1. Psychiatric hospitalization	1a. number of adults receiving services who were admitted to psychiatric hospitals in quarter					1a. Report only for supported housing services; others may leave blank.
III. STATISTICS						
1. Case load/numbers served	1a. total program case load beginning of quarter					1a. Report number of individuals who are in the process of being served
	1b. number of new admissions in quarter					1b. For self help services, report number of people seeking service in quarter
	1c. discharges in quarter					1c. For self help services, report number of people who received service in quarter
	1d. number of people served age 60 and over.					1d. Report only for supported housing services; others may leave blank.

Contact Person:

Phone:

Fax:

E-mail:

Comments:

March 18: Final for fy'03

2555

Appendix G: Rate Setting Procedures

Children's Targeted Case Management (MAINECARE SECTION 13.12)

ACTUAL COST ANALYSIS WORKSHEET

Provider Information

1 Provider Name:	
2 Provider Mailing Address:	
3 MAINECARE ID Number:	
4 BDS Region:	
5 Contact Person	
6 Contact's Email Address	
7 Contact's Phone Number	

8 **Type of TCM Service Provided by Agency:**

	LEVEL 1
	LEVEL 2

26a

**Children's Targeted Case Management (MAINECARE SECTION 13.12)
ACTUAL COST ANALYSIS WORKSHEET**

INDIRECT RATE

Explain how your agency calculates their indirect rate and how it is applied to this service

**BDS Community Support Services -- MAINECARE Section 17
 BUDGET Worksheets (new providers only)
 Provider Information Sheet**

26h

- 1 **Provider Name:**
- 2 **Provider Mailing Address:**
- 3 **MAINECARE ID Number:**
- 4 **BDS Region:**
- 5 **Contact Person:**
- 6 **Contact's Email Address:**
- 7 **Contact's Phone Number:**
- 8 **Fiscal Year end**

9 **Type of Mental Health Service under Section 17:**

Please place an X in the box next to each of the MAINECARE services your agency has been approved to provide

	MAINECARE SERVICE	MAINECARE UNITS MEASURED BY:
1	COMMUNITY SUPPORT SERVICES	HOURLY
2	ASSERTIVE COMMUNITY TREATMENT	MONTHLY
3	IN-HOME SUPPORT -- TRANSITIONAL LIVING SKILLS	HOURLY
4	IN-HOME SUPPORT -- INTENSIVE LIVING SKILLS	PER DIEM

FOR BDS USE ONLY(PROVIDER DO NOT COMPLETE)

	NAME	DATE
Regional Program Staff Approval		
Regional Contract Administrator Approval		
Licensing Effective Date		

**BDS Community Support Services -- MAINECARE Section 17
BUDGET Worksheets (new providers only)**

INDIRECT RATE(G & A Expenses Distribution)

Explain how your agency calculates their indirect rate and how it is applied to this service

Section 24 - CHILDREN DAY HABILITATION FSD

Provider Information

Report for the Period from 7/1/2001 to 6/30/2002 **

(** or last completed fiscal year if different from above please indicate. From: __/__/__ to __/__/__)

Provider Name(Agency):

Provider Address Street:

City, State & Zip

BDS Region(s):

Contact Person

Contact's Email Address

Contact's Phone Number

26w

List all MAINECARE Provider Numbers for Section 24 Included in this information:

a	
b	
c	
d	
e	
f	
g	
h	
i	
j	
k	
l	

Section 24 - CHILDREN DAY HABILITATION FSD

Schedule of Revenue & Expenses

Provider Name : 0

Actual Cost for Provider's Trail Balance
 TIME PERIOD: 7/1/2001 - 6/30/2002 Trial Balance information

	COST	COMMENTS & EXPLANATION
REVENUE		
MAINECARE formerly Medicaid:		
BDS Agreement #		
BDS Agreement #		
BDS Agreement #		
BDS Agreement #		
Carry Over		
Sale of Product		
Fees		
Municipal		
County		
United Way		
Donations: Unrestricted		
Donations: Restricted		
Other Revenue _____		
Other Revenue _____		
TOTAL SERVICE REVENUE	0.00	
EXPENSES		
Personnel		
Direct Care Salaries(from Salary Allocation Sheets)	0.00	
Taxes & Benefits includes Worker's Comp(from Salary Allocation sheets)	0.00	
Direct Support Salaries(from Salary Allocation Sheets)	0.00	
Taxes & Benefits includes Worker's Comp(from Salary Allocation sheets)	0.00	
TOTAL PERSONNEL	0.00	
Direct Service Other Costs		
Program Supplies		
Office Supplies		
Occupancy (Rent or Lease only)		
Mortgage & Interest		
Utilities (Heat, Water, Sewer, & Electric)		
Maintenance & Repair		
Depreciation (Building only)		
Insurance(Liability & Building)		
Office Equipment Purchases		
Equipment Depreciation(not including Vehicle)		Any cost included on this line should not be depreciated
Clinical Consultant (from Salary Allocation sheets)	0.00	
Other Consultants(Please define)		
Accounting		
Legal (Please define what types of legal services)		
Postage		
Printing		
Advertising Directly related to Staff Recruitment		
Telephone		
Staff Travel(Mileage to consumers homes)		
Staff Travel(Other – Please explain what for?)		
Staff Training		
Other Expenses not included above - Please itemize & explain		
TOTAL DIRECT OTHER EXPENSES	0.00	

Section 24 - CHILDREN DAY HABILITATION FSD

Schedule of Revenue & Expenses

Provider Name : 0

Actual Cost for Provider's Trail Balance
 TIME PERIOD: 7/1/2001 - 6/30/2002 Trial Balance information

	COST	COMMENTS & EXPLANATION
General & Administrative Personnel		
Salaries(from Salary Allocation Sheets)	0.00	
Taxes & Benefits(from Salary Allocation Sheets)	0.00	
TOTAL INDIRECT PERSONNEL EXPENSES	0.00	
General & Administrative Other		
Occupancy (Rent or Lease only)		
Depreciation (Building only)		
Mortgage & Interest		
Insurance		
Maintenance & Repair		
Utilities (Heat, Water, Sewer, & Electric)		
Telephone		
Office Equipment		
Staff Travel		
Staff Training		
Postage		
Printing		
Other Expenses not included above - Please Itemize & explain		
TOTAL INDIRECT OTHER EXPENSES	0.00	
TOTAL EXPENSES	0.00	

ADULT DAY HABILITATION SERVICES

Provider Information

Report for the Period from 7/1/2001 to 6/30/2002 **

(** or last completed fiscal year if different from above please indicate. From: __/__/__ to __/__/__)

Provider Name(Agency):

Provider Address Street:

City, State & Zip

BDS Region(s):

Contact Person

Contact's Email Address

Contact's Phone Number

26dd

List all MAINECARE Provider IDs for Section 24 Included In this information:

a	
b	
c	
d	
e	
f	
g	
h	
i	
j	
k	
l	

SALARY ALLOCATION

ACTUAL SALARY & BENEFITS EXPENSE FOR 7/1/01 - 6/30/02

PROVIDER NAME: 0

A	B	C	D	E	TIME NOT COVERED by FSD Service		FSD SERVICE (MAINECARE SECTION 24)				
					F	G	H	I	J	K	L
JOB TITLE	Qualifications	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	% of other program Service time	Direct Care Service Salaries allocated to other programs F*D	Direct Care Service Taxes & Benefits allocated to other programs F*E	% of Day Hab Service Time	Portion of DC FTE allocated to Day Hab service I*C	Direct Care Service Salaries allocated to Day Hab I*D	Direct Care Service Taxes & Benefits allocated to Day Hab I*E
1. DIRECT CARE POSITIONS											
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
TAL DIRECT CARE PERSONNEL		0.00	0.00	0.00		0.00	0.00		0.000	0.00	0.00

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SALARY ALLOCATION

ACTUAL SALARY & BENEFITS EXPENSE FOR 7/1/01 - 6/30/02

PROVIDER NAME: 0

A	B	C	D	E	TIME NOT COVERED by FSD Service		FSD SERVICE (MAINECARE SECTION 24)				
					F	H	I	J	K	L	
JOB TITLE	Qualifications	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	% of other program Service time	Program Support Salaries allocated to other programs	Program Support Taxes & Benefits allocated to other programs	% of Day Hab Service Time	Portion of Support FTE allocated to Day Hab service	Program Support Salaries allocated to Day Hab	Program Support Taxes & Benefits allocated to Day Hab
						F*D	F*E		I*C	I*D	I*E
2.PROGRAM SUPPORT POSITIONS											
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
TOTAL PROGRAM SUPPORT PERSONNEL			0.00	0.00		0.00	0.00		0.000	0.00	0.00

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3. Consultant Services (List Area(s) of Consultations)			E	F	G
			Rate per Hour	Number of Hours	Total Amount Paid E*F
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL CONSULTANT FEES				0.00	0.00

A	B	C	D	E	F	G	H	I	J	K	L
JOB TITLE	Qualifications	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	% of other program Service time	G & A Salaries allocated to other programs	G & A Taxes & Benefits allocated to other programs	% of Day Hab Service Time	Portion of G&A FTE allocated to Day Hab service	G&A Salaries allocated to Day hab	G&A Taxes & Benefits allocated to Day Hab
						F*D	F*E		I*C	I*D	I*E
4.GENERAL AND ADMINISTRATIVE POSITIONS											
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00

Section 24 - ADULT DAY HABILITATION

Schedule of Revenue & Expenses

Provider Name : 0

TIME PERIOD: Actual Cost for Provider's Trail Balance
7/1/2001 - 6/30/2002 Trial Balance information

	COST	COMMENTS & EXPLANATION
REVENUE		
MAINECARE formerly Medicaid: FSD		
MAINECARE formerly Medicaid: Title XIX Wavier		
MAINECARE formerly Medicaid: ICF/MR Day Hab		
BDS Agreement #		
BDS Agreement #		
BDS Agreement #		
BDS Agreement #		
Carry Over		
Sale of Product		
Fees		
Municipal		
County		
United Way		
Donations: Unrestricted		
Donations: Restricted		
Other Revenue _____		
Other Revenue _____		
TOTAL SERVICE REVENUE	0.00	
EXPENSES		
Personnel		
Direct Care Salaries(from Salary Allocation Sheets)	0.00	
Taxes & Benefits includes Worker's Comp(from Salary Allocation sheets)	0.00	
Direct Support Salaries(from Salary Allocation Sheets)	0.00	
Taxes & Benefits includes Worker's Comp(from Salary Allocation sheets)	0.00	
Client wages		
TOTAL PERSONNEL	0.00	
Direct Service Other Costs		
Program Supplies		
Office Supplies		
Occupancy (Rent or Lease only)		
Mortgage & Interest		
Utilities (Heat, Water, Sewer, & Electric)		
Maintenance & Repair		
Depreciation (Building only)		
Insurance(Liability & Building)		
Office Equipment Purchases		Any Cost included on this line should not be depreciated
Equipment Depreciation(not including Vehicle)		
Clinical Consultant (from Salary Allocation sheets)	0.00	
Other Consultants(Please define)		
Accounting		
Legal (Please define what types of legal services)		
Postage		
Printing		
Advertising Directly related to Staff Recruitment		
Telephone		
Staff Travel(Mileage to consumers homes)		
Staff Travel(Other - Please explain what for?)		
Vehicle Depreciation Exp (used for consumer transportation to Day Hab site)		Only if transportation provided by your Agency
Vehicle Insurance (used for consumer transportation to Day Hab site)		
Other Consumer Transportation Cost (Please Explain what for)		
Staff Training		
Other Expenses not included above - Please Itemize & explain		
TOTAL DIRECT OTHER EXPENSES	0.00	

SECTION 65, Mental Health Services, of the MaineCare Benefits Manual

BUDGET Worksheets (new providers only)

Summary of Revenue & Expense

PROVIDER NAME : 0

FYE: #VALUE!

	1	2	3	5	7
	ADULT EMERGENCY & CRISIS INTERVENTION	ADULT OUTPATIENT	ADULT MEDICATION	ADULT CRISIS SUPPORT (Out of Home)	CHILDREN'S EMERGENCY & CRISIS INTERVENTION
REVENUE					
MaineCare formerly Medicaid(Federal & Seed funds)					
BDS(Grant Funds)					
Medicare					
Self Pay/ Private Client Fees					
Insurance/ Third Party					
Other Revenue_____					
Other Revenue_____					
TOTAL SERVICE REVENUE	0.00	0.00	0.00	0.00	0.00
EXPENSES					
Direct Service Personnel					
Direct Care Salaries(from Salary Allocation Sheets)	0.00	0.00	0.00	0.00	0.00
Taxes & Benefits(from Salary Allocation sheets)	0.00	0.00	0.00	0.00	0.00
Direct Support Salaries(from Salary Allocation Sheets)	0.00	0.00	0.00	0.00	0.00
Taxes & Benefits(from Salary Allocation sheets)	0.00	0.00	0.00	0.00	0.00
Consultant Fees	0.00	0.00	0.00	0.00	0.00
TOTAL DIRECT SERVICE PERSONNEL	0.00	0.00	0.00	0.00	0.00
Direct Service Other Costs					
Occupancy (Rent or Lease Office Space only- Room & Board not covered)					
Depreciation (Building only)					
Mortgage & Interest (Office Space only- Room & Board not covered)					
Insurance					
Maintenance & Repair					
Utilities (Heat, Water, Sewer & Electric)					
Communication Expenses (Telephone, Pager, etc.)					
Office Equipment or Equipment Depreciation					
Staff Travel					
Staff Training					
Advertising Directly related to Staff Recruitment					
Program Supplies					
Office Supplies					
Postage					
Printing					
Membership & Dues(only one Membership/dues per year to one organization)					
Other Expenses not included above - Please itemize:					
TOTAL DIRECT OTHER EXPENSES	0.00	0.00	0.00	0.00	0.00

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**SECTION 65, Mental Health Services, of the MaineCare Benefits Manual
BUDGET Worksheets (new providers only)**

INDIRECT RATE

Explain how your agency calculates their indirect rate and how it is applied to this service

GENERAL INFORMATION AND CERTIFICATION

**STATE OF MAINE DEPARTMENT OF HUMAN SERVICES
RATE SETTING REPORT FOR PRIVATE NON-MEDICAL INSTITUTIONS (PNMI)**

PART 1 - GENERAL INFORMATION

Corporate Name: _____ Tel. No.: _____
Address: _____ Fax No.: _____

Program Name: _____ Tel. No.: _____
Address: _____ Fax No.: _____

County: _____
Budget Period: _____ TO _____
Medicaid Provider Number(s): _____ Ownership: Nonprofit Corporation _____
Corporation _____
Government _____
Partnership _____
Number of Licensed Beds: _____ Sole Proprietor _____
Type of Private Non-Medical Institution: _____

PART 2 - CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

**MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN
THIS RATE SETTING REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT
UNDER STATE OR FEDERAL LAW.**

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying rate setting report and supporting schedules prepared for (Facility Name) _____ for the rate setting period beginning ___/___/___ and ending ___/___/___, and that to the best of my knowledge and belief, it is a true and complete estimate prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

Preparer's Name (printed/typed)

Officer/Administrator's Name (printed/typed)

Preparer's Signature

Signature of Officer/Administrator

Accounting Firm or Preparer's Title

Title

Telephone Number

Date Report Signed

Program Name: _____

Reporting Period: _____ To _____

**SCHEDULE OF REVENUES AND EXPENSES
RATE SETTING REPORT**

	(1)	(2)	(3)	(4)	(5)
	TOTAL PROGRAM PRIOR AUDITED YEAR	TOTAL PROGRAM BUDGET YEAR	\$ VARIANCE (COL. 2 LESS COL. 1)	% VARIANCE (COL. 3 DIVIDED BY COL. 1)	EXPLANATION (Explanation required for variances exceeding 3 1/2%/year by line item.)
REVENUES					
1) DHS Children's Services			0		
2) DHS Contract Services			0		
3) DMHMR/SAS			0		
4) PNMI			0		
5) DOC			0		
6) USDA			0		
7) United Way			0		
8) Counties			0		
9) Other			0		
10) TOTAL REVENUES	0	0	0		
EXPENSES					
DIRECT SERVICE - PERSONNEL					
11) Wages			0		
12) Payroll Taxes			0		
13) Benefits			0		
14) Consultants			0		
15) Foster Parents			0		
16) Total Direct Service - Personnel	0	0	0		
DIRECT SERVICE - OTHER					
17) Occupancy			0		
18) Utilities			0		
19) Heat			0		
20) Maintenance			0		
21) Insurance			0		
22) Food			0		
23) Depreciation			0		
24) Telephone			0		
25) Travel			0		
26) Materials/Supplies			0		
27) Equipment			0		
28) Staff Recruitment			0		
29) Training			0		
30) Client Activities			0		
31) Other			0		
32) Total Direct Service - Other	0	0	0		
INDIRECT COSTS					
33) Wages			0		
34) Payroll Taxes			0		
35) Benefits			0		
36) Consultants			0		
37) Occupancy			0		
38) Utilities			0		
39) Heat			0		
40) Maintenance			0		
41) Insurance			0		
42) Depreciation			0		
43) Telephone			0		
44) Travel			0		
45) Materials/Supplies			0		
46) Equipment			0		
47) Staff Recruitment			0		
48) Training			0		
49) Other			0		
50) Total Indirect Costs	0	0	0		
51) TOTAL PROGRAM COSTS			0		
52) TOTAL CENSUS					Greater of actual or 85% licensed capacity
53) TOTAL COST PER DAY					

Program Name: _____

Reporting Period: _____ To _____

**CALCULATION OF PER DIEM RATES
RATE SETTING REPORT**

	(1)	(2)	(3)	(4)
	PNMI TREATMENT	PNMI Personal Care	ADJUSTMENTS	ROOM & BOARD
1) Total Program Costs (Sch. B, Col. 2, Line 51)				0

PART 1 - CALCULATION OF PNMI TREATMENT/PERSONAL CARE RATE

2) Total Direct Service - Personnel (Sch. C, Col. 2+3, Line 26)	0	0		
3) Program Allowance Percentage (See App. Section 2450)				
4) Program Allowance (Line 2 multiplied by Line 3)				
5) Total PNMI Treatment Costs (Line 2 plus Line 4)				0
6) Total Census (Sch. B, Col. 2, Line 52)				
7) PNMI Treatment Rate (Line 5 divided by Line 6)				

PART 2 - ADJUSTMENTS

A. Eliminate Specific Purpose Funding Sources

8) USDA				
9) Other:				
10) Other:				
11) Other:				
12) Total Adjustments for Specific Purpose Funding Sources			0	0

B. Remove Unallowable Costs (See A-122)

13) Adjustment:				
14) Adjustment:				
15) Adjustment:				
16) Adjustment:				
17) Total Adjustments for Unallowable Costs			0	0

PART 3 - CALCULATION OF ROOM & BOARD RATE

18) Total Room & Board Costs (Line 1 less Lines 5, 12, & 17)				0
19) Total Census (Sch. B, Col. 2, Line 52)				
20) Room & Board Rate (Line 18 divided by Line 19)				

PART 4 - RATE SUMMARY

	(1)	(2)	(3)	(4)
	PROGRAM PRIOR	PROGRAM BUDGET	\$ VARIANCE (COL. 2 LESS COL. 1)	% VARIANCE (COL. 3 DIVIDED BY COL. 1)
21) PNMI Treatment Rate (Col. 1, Line 7)			\$0.00	#DIV/0!
22) PNMI Personal Care Rate (Col. 2, Line 7)			\$0.00	#DIV/0!
23) Room & Board Rate (Col. 3, Line 20)			\$0.00	#DIV/0!
24) Combined PNMI and Room & Board Rate	\$0.00	\$0.00	\$0.00	
25) Total Cost Per Day (Actual, Sch. B, Col. 1, Line 53) (Budget, Sch B, Col. 2, Line 53)				

Program Name: _____

Reporting Period: _____ To _____

**SCHEDULE OF WAGES AND COST ALLOCATIONS
RATE SETTING REPORT**

DIRECT SERVICE WAGES

POSITIONS			(1)	(2)	(3)	(4)	(5)	
PNMI service	Function	Job Title	FTE's	TOTAL PROGRAM BUDGET	PNMI - REHABILITATION	PNMI - PERSONAL CARE	ROOM & BOARD	METHOD OF ALLOCATION
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21	Total Direct Service Wages							
22	Total Direct Service Payroll Taxes							
23	Total Direct Service Benefits							
24	Total Direct Service Consultants							
25	Foster Parents							PNMI Limited to 35%
26	Total Direct Service - Personnel							
27	Allocation Percentages			100.00%				

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Appendix H: “Unfunded Mandates”

H1: Complete List

OHI

25 Freedom Parkway, Hermon, Maine 04401

Tel: 207-848-5804; Fax: 207-848-7978; E-mail: bbrooks@ohimaine.org

UNFUNDED MANDATES

Following, please find a number of measurable state and federal unfunded mandates that have been passed on to mental retardation, *mental health*, and/or *children's* social service providers within the last *several* years – all without commensurate funding to implement these mandates. These mandates have been levied during a period of time when there was not a Cost Of Living Adjustment (COLA) in the Home and Community Based Waiver funding stream for 12 years. Also, Mental Health Budgets have been flat-funded at historic rates, with a few exceptions.

Providers of services have been expected to meet these mandates within the manipulation of their current budgets, for the most part. Seventy (70)% to eighty five (85)% of these budgets represent true labor costs so unfunded mandates have been generally met by the “squeezing” of the other fifteen % and by fundraising, where that is possible and legal.

It must be emphasized that most of these mandates are positive, improve the quality of services, and providers do not take exception with them. The issue is the mandate with no money to implement.

It should also be noted that some “pending mandates” are listed.

I. FEDERAL MANDATES

A. AMERICANS WITH DISABILITIES ACT

1. Accessibility Requirements
2. Reporting Requirements
3. Accommodation Requirements
4. Posting Requirements

B. OSHA BLOODBORNE PATHOGENS RULES

1. Development and implementation of Exposure Control Plans
2. Development and implementation of Hazard Communication Policies
3. Mandatory offering of HBV Vaccine series to all employees at an Average cost of \$120 per employee
4. New Employee Training and Annual Training for all employees of 1. & 2. Above.

5. Regular compilation of **MATERIAL SAFETY DATA SHEETS** (MSDS's) at all sites and the training of all employees on the MSDS's and on all new MSDS's as new products enter the worksites.
 6. **PERSONAL PROTECTIVE EQUIPMENT** must be provided to all employees at all worksites, including vans, cars, worksites, homes, field trips, et cetera. This consists of disposable rubber gloves, masks, eye wash stations, gowns and so forth.
 7. **OSHA REPORTING** – statistics must be kept and posted at each worksite monthly on accidents, injuries, illnesses and there are several agency reports that must be filed with OSHA, as well – both state and federal OSHA
 8. **Public Law 91- 596** requires you to participate in the OSHA Injury and Illness Data Initiative Collection Program.
 9. **OSHA -- Employer's First Report of Injury" -- Filing Fines.**
 10. **Pending OSHA Ergonomics Rules**, currently in Guidance form.
- C. **THE IRS** requires some providers with 250 or more employees to **file w-2's electronically**, which has necessitated purchase of both software and hardware.
- D. **THE U.S. DEPARTMENT OF COMMERCE – BUREAU OF THE CENSUS** – now requires providers to **annually complete** a laborious, lengthy **Economic Survey** capturing extreme demographic information of the entire agency.
- E. **FEDERAL FAMILY MEDICAL LEAVE ACT**
- F. **1993 NATIONAL VOTER REGISTRATION ACT** that requires us to try to register all consumers upon entry, at change of address and at any eligibility redetermination.
- G. **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**-- new huge mandate.
- H. ***I.R.S. INTERMEDIATE SANCTIONS LAW***
- I. ***UNITED STATES POSTAL regulation prohibiting anyone living in a licensed Boarding Home from filling out a "Forwarding Address" form when moving. This causes the Boarding Home to spend time and postage to continue forwarding mail.***

II. STATE MANDATES

- A. **BEHAVIORAL AND DEVELOPMENTAL SERVICES (BDS)**
 1. **Criminal Checks with State Bureau of Investigation**

2. **Motor Vehicle Checks with State Department of Motor Vehicles**
3. **Performance-Based Contracting mandated by BDS** that involves developing and measuring Performance Indicators through the collection and analysis of data and providing BDS with data-driven Quarterly Reports of performance, financial and staffing data.
4. *Reporting to BDS EEOC discrimination complaints brought to external bodies as well as any lawsuit regarding alleged discriminatory practice.*
5. **BDS Contract requirements to develop good faith Affirmative Action Programs.**
6. **State and BDS requirements to participate in MAAP Audits and A-110 Audits** which are much more expensive than a routine Independent Audit.
7. **BDS requirements around the publication of statements and action plans about Drug-free workplace.**
8. **BDS requirements to establish a drug-free awareness program for employees.**
9. **BDS requirements for notification of criminal drug convictions.**
10. **Pro-Children Act of 1994, P.L. 103-227 and BDS requirement to implement Smoke Free Workplace rules.**
11. **BDS requirements around advertising; the issuing of reports, brochures, or other documents; press releases and RFP's.**
12. **BDS and DHS requirements about new BONDING levels involving more employees *and higher limits than ever before.***
13. **BDS requirement *for the Provider to:***
 - a) Be responsible for coordinating the planning effort of all Person-Centered Plans. (This was customarily done by the Department)
 - b) Submit all information required by the Department for its MIS system.
 - c) TRAIN all staff in Person-Centered Planning.
 - d) TRAIN all staff in Rights Rules
 - e) TRAIN all staff in Health and Safety
 - f) TRAIN all staff in “such other training as may be appropriate..”

- g) TRAIN all staff in “normalization”
- h) TRAIN all staff in First Aid
- i) TRAIN all staff in Consumer Self-Advocacy
- j) TRAIN all staff in Developmental Support
- k) TRAIN all staff in Introduction to Mental Retardation
- l) TRAIN all staff in Behavior Interventions
- m) TRAIN all staff in Incident/Restraint Reports

NOTE: Most of the trainings listed above are trainings that formerly were provided by BDS.

- 14. **BDS requires contract providers to develop and implement written training plans for all staff.**
- 15. **Varied participation in Local Service Networks and the financial supporting of those networks by Mental Health Providers is now mandated and the Department is strongly encouraging Mental Retardation Providers to become members, as well, because it will also become a MANDATE for these providers, too. (May be dated)**
- 16. **The State requires Providers to do training in the AMHI and Community Consent Decrees.**
- 17. **BDS requires contract providers to develop and implement an agency Quality Assurance Plan**
- 18. **BDS requirement that all rights violations be reported quarterly on the Contract Quarterly Reporting form for the entire agency even when:**
 - a) Some people served by many agencies are not constituents of BDS
 - b) This data is already being collected for constituents of the Department by the agency's Office of Advocacy and, in the case of mental retardation services, by the Mental Retardation Team Leader.
- 19. **BDS requirement that *data-based* Critical Incident Reports *be* completed and forwarded to BDS. There is already a reporting mandate to the BDS Office of Advocacy.**
- 20. **BDS now requires Motor Vehicle Checks, at \$6.00 each, every two years.**

21. BDS RIDER D - 1999-2000

- a) Assure that its staff who facilitate planning meetings have the necessary training and support to assist in compliance with these requirements.
- b) The BDS Contract says the Provider shall require that all staff have received appropriate orientation and specific training for their position. BDS may from time to time specify training requirements for the Provider staff.
- c) **Providers who serve deaf and/or severely hard of hearing consumers must:**
 - (1) Provide visible or tactile alarms for safety and privacy (i.e. fire alarms, doorbell, door knock light, etc.)
 - (2) Provide or obtain from Bureau of Rehabilitation loan program a TTY or fax as appropriate for the consumers' linguistic ability and preference and the similar device for the program office.
 - (3) Train staff in use and maintenance of all adaptive equipment in use in the program including but not limited to: hearing aids, TTY, Fax machine, caption controls on TV, flashing alarms.
- d) Providers who serve deaf, hard of hearing, and/or nonverbal consumers for whom sign language has been determined as a viable means of communication must:
 - (1) Provide ongoing training to all staff on all shifts in sign language and visual gestural communication, document staff attendance and performance goals.
 - (2) Develop clear written communication policies for the agency and each program including staff sign/visual gestural proficiency expectations, and when and how to provide qualified sign language interpretation.
 - (3) Staff must have a level of proficiency in sign language that exceeds the level of proficiency of the consumer.
- e) Providers shall determine the primary language of individuals requesting services and assure the services are provided with the assistance of a qualified interpreter when English is not the primary language. The cost of the interpretation services is to be borne by the Provider.

- f) The Provider will submit to BDS any information required by the Department's MIS system.
 - g) Contractors should develop and implement written policies and procedures for providing linguistically and culturally appropriate services. (per 6/30/2000 BDS Memo)
 - h) It is the responsibility of contracted agencies providing services to pay for their own interpreters and translators. (per 6/30/2000 BDS Memo)
 - i) **“BDS” requires that Providers:**
 - (1) **“Assure your staff has received training in”**
 - (a) General and specific cross-cultural awareness
 - (b) Assessing language proficiency and working with interpreters and
 - (c) The agency interpreter policies and procedures (Training unfunded mandates per 6/30 BDS Memo)
 - (2) Make your services known to ethnic communities through Public Service Announcements in different languages on the radio, television, in print and in ethnic publications. (per 6/30 BDS memo)
 - (3) Post conspicuous signage at entrances, waiting rooms, etc., that offer interpreting services in the predominant languages of the area. (Contact Meryl Troop for a sample sign). (per 6/30 BDS memo)
22. **6/12/2000 Mentor Group Minutes states that Agency Waiting List form will need to filled out by ALL agencies that provide Case Manager Services to Class members and mailed to Karla Kurry on a monthly basis.**
23. ***(New Mandates) BDS Reportable Events Policy (Nov. 6, 2001) (Pending):***
- a) ***Telephone or Fax Reporting – The following to BDS within 1 business day:***
 - (1) *Medication errors*
 - (2) *Medication referrals*

(3) *Changes or new orders for prescription medications for persons under Public Guardianship when no severe emergency exists*

(4) *Self-Injurious behavior*

Note: This constitutes voluminous NEW reporting requiring measurable time.

- b) ***Follow-up Written Reports within 7 days***
- c) ***Revision of Agency Policies to reflect new mandates.***
- d) ***Provider mandated training of employees, consumers, guardians, family members, and other interested individuals of new Reportable events Policy.***
- e) ***Investigation of Certain Reportable Events***
 - (1) *Providers must assure the **Certification** of staff who, then, are mandated to conduct certain investigations*
 - (2) *A Certified Investigator must supervise a minimum of 3 investigations done by a provider who wants to be certified.*
 - (3) *A Certified Provider must be recertified every 3 years*
 - (4) *Providers will now be mandated to **investigate**:*
 - (a) *Unexplained injury or illness requiring hospitalization or E.R. treatment*
 - (b) *Assault*
 - (c) *Missing medications*
 - (d) *Allegations or findings of abuse involving improper or unauthorized use of restraint*
 - (e) *Rights violations*
 - (f) *Lost or missing person*
 - (g) *Deaths of individuals who reside in provider-operated settings*

Note: Most providers are not conducting total, if any investigation of the above. The Office of Advocacy does most of these investigations currently.

- (5) *The investigation mandate requires extensive procedure and extensive written final report sent to BDS within 30 days from time the incident is discovered.*
 - (6) *The Provider must develop and maintain an Incident Management System that reviews types of incidents for trends and effectiveness of implementation of recommendations and also must review the quality of the investigation.*
 - (7) *Monitor the quality of Professional Services (i.e. health care provider, therapies etc.) as part of the Reportable Events System Review.*
- 24. **BDS MR 40- 45 hour Mandated Training for Mental Retardation Staff - (Pending) Potential Funding for "Test-Out _phase only**
 - 25. **BDS DOL Mandate for CARF Accredited Employment Services –**
The accreditation fee is reimbursable but the preparation time, consultation, and materials are not.
 - 26. **LD 1770 – Reporting, documentation, application requirements to Maine Attorney General’s Office – Paying Attorney General’s Legal fees by providers under certain circumstances.**
 - 27. **BDS – Mental Retardation Services – Compliance C.I.S.T. Procedure per 12/28/2001 BDS Letter to Providers.**
 - 28. **BDS – New PCP Pre-Planning process:**
 - a) Cost of paper products
 - b) Response Sheets with accompanying letter, envelope plus postage
 - c) Invitations
 - d) Labor
 - e) *Training*
 - 29. **Provider responsibility for Pre-Planning PCP’s, PCP’s, and monthly/quarterly meetings – formerly coordinated and facilitated by BDS.**

30. **Region 3 requires providers to send it copies of all DHS and BDS Licensing Surveys, because those licensing bodies do not.**
31. *April 25, 2002 letter from Debra Henderlong, Region III BDS Mental Health Team Leader – Mandate Complete “ Termination Request Form” for AMHI Consent Decree Members “for each and every service starting immediately”. Previously, this was only mandated for Case Management Services.*
32. *May 7, 2002 letter from Cynthia Phillips/BDS – Critical Information Sheet – New requirement of provider to complete a Critical Information Sheet requesting 63 separate pieces of information for every person with mental retardation in the agency by the 3rd Monday of each month.*

B. DEPARTMENT OF HUMAN SERVICES (DHS)

1. **DHS new Assisted Living Facilities Regulations mandate for ALL staff to take a DHS-approved 24-hour Medication Course**
2. **DHS new Assisted Living Facilities Regulation mandate for ALL staff to take an ANNUAL 8-hour Medication Administration Recertification course.**
3. **DHS has increased the Annual Licensing Fee twice for each Bed in each licensed home.**
4. **DHS new Assisted Living Facilities Regulations require Providers to provide information and assistance to consumers and families about**
5. **Development of Advance Directives in Assisted Living Facilities.**
6. **DHS Child Support Enforcement Law requires Providers to notify DHS each time a new employee is HIRED and each time a new employee leaves the agency.**
7. **Desk Audits in Augusta rather than coming out to agencies.** This has created a demand for far more bookkeeping and clerical work and the gathering of significantly more information for auditors than ever before. Increased inefficiency -- longer to do audits in some cases. More necessity of Appeals involving time, money and legal fees.
8. **DHS Board and Care Services Agreements with Providers are newly subject to MAAAP Audit per 3/8/2002 letter from John Bouchard.**
9. *Reporting to DHS EEOC discrimination complaints brought to external bodies as well as any lawsuit regarding alleged discriminatory practice.*
10. *April 2002 Mandate to minimize all employees of Residential Care Facilities per Sec. 2.22 MRSA Section 802, Sub-Sections 4-A & 4B.*

C. THE STATE DEPARTMENT OF PUBLIC SAFETY

1. **Fire Marshal's Office – has implemented several new versions of the NFPA Life Safety Code with many changes that have had serious financial implications in the thousands of dollars.**
2. **Through LD 1997, now requires fire drills to be monitored by people external to the agency.**
3. **Change in window size mandate.**

III. CHILDREN'S SERVICES

A. COMMUNITY AGENCIES ARE NOW

1. Required to do Home Studies for all Foster Parent Applicants (new requirement since rate approved).
2. Adoptive and Foster Family training is now mandated by DHS to be done by Community Agencies like OHI. (new requirement since rate approved).
3. Child Protective Checks with DHS
4. *Pre-Employment Physicals*

IV. DEPARTMENT OF LABOR (DOL)

- A. ANNUAL ALL-EMPLOYEE VIDEO DISPLAY TERMINAL TRAINING
- B. STATE FAMILY MEDICAL LEAVE ACT
- C. THE STATE MINIMUM WAGE HAS RISEN
- D. MAINE DEPARTMENT OF LABOR VOCATIONAL REHABILITATION OUTCOME MEASUREMENT QUARTERLY REPORTING
- E. PUBLIC LAW, CHAPTER 435 LEAVE OF ABSENCE FOR VICTIMS OF VIOLENCE LAW -- \$200 CIVIL PENALTY FOR NOT GRANTING.
- F. COMPLETING A MAINE DEPARTMENT OF LABOR BUREAU UNEMPLOYMENT COMPENSATION FORM, "CLAIM FOR UNEMPLOYMENT BENEFITS AND EARNINGS" IF AN EMPLOYEE CHANGES FROM FULL TO PART-TIME AS A RESULT OF LACK OF WORK.

V. OTHER -- IN ADDITION TO THE MANDATES LISTED ABOVE

- A. POSTAGE COSTS HAVE RISEN
- B. WORKERS' COMPENSATION COSTS HAVE RISEN

- C. IN MANY CASES MEMIC OR OTHER CARRIERS HAVE REQUIRED PROVIDERS TO DEVELOP SAFETY COMMITTEES AND OTHER COST-PROHIBITIVE SAFETY PROTOCOLS
- D. MEDICAL AND DENTAL INSURANCES HAVE RISEN DRAMATICALLY.
- E. PROVIDERS ARE ASKED TO COMPLETE EXTENSIVE SURVEYS SENT BY VARIOUS STATE AND FEDERAL AGENCIES. THESE ARE OFTEN DATABASSED AND REQUIRE MANY, MANY HOURS TO COMPLETE.
- F. FIRE EXTINGUISHER CERTIFICATION IS REQUIRED.
- G. STATE UNEMPLOYMENT TAX HAS INCREASED % OF FIRST \$7,000 TO \$12,000, RESULTING IN 58% INCREASE IN THE MESC TAX.
- H. EMPLOYMENT REFERENCE IMMUNITY ACT
- I. FEDERAL WORKER ADJUSTMENT RETRAINING AND NOTIFICATION (WARN) ACT -- employers with at least 100 full-time employees must give their employees 60-days notice of either a "mass layoff" or a "plant closing" as those terms are defined in the law. If they fail to give 60-days' notice, employers are liable to each employee for back pay for each day of the violation. Hr flash -- 5/14/2001
- J. COSTS OF DEFENDING ALLEGATIONS, HUMAN RIGHTS COMMISSION COMPLAINTS, UNEMPLOYMENT CLAIMS, ETC. -- EVEN WHEN INNOCENT.
- K. L.D. 1970 -- PAYING UNEMPLOYMENT TAXES ON FIRST 12,000 OF GROSS WAGES, INSTEAD OF \$7,000.
- L. MARCH 2002 THE MAINE SUPREME COURT HAS HELD THAT AN EMPLOYER CAN BE RESPONSIBLE FOR PAYING WORKERS COMP CLAIMS NOT ONLY ASSOCIATED WITH INJURIES ACQUIRED ON THAT EMPLOYERS SITE BUT ON NON-WORK RELATED INJURIES THAT OCCURRED PRIOR TO COMING TO WORK FOR THAT EMPLOYER. THIS METHOD OF CALCULATING RESPONSIBILITY FOR WORKERS COMPENSATION PAYMENTS IS CALLED "STACKING". THIS DECISION IS REPORTED TO HOLD HUGE FINANCIAL LIABILITIES FOR SMALL EMPLOYERS.
- M. *ANNUAL ALL-EMPLOYEE SEXUAL HARASSMENT TRAINING*
 - a) *Mandate to conduct prompt and impartial investigations*
 - b) *Screening potential Supervisors for past history of engaging in harassment.*

- c) *Monitoring Supervisors' action if he/she has past history of sexual harassment*

This is but an “off the top” list of some of the mandates that have been handed down in the last few years with no accompanying funds to meet these mandates. Another onerous regular occurrence, if an e-mail or written demand from BDS to provide comprehensive data or response to numerous questions with less than a week to do it.

Respectfully submitted:

Bonnie-Jean Brooks
Executive Director OHI

BJB:val

February 1, 1999
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Revised 2/7/2000
Revised 3/6/2000
Revised 4/27/2000
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Revised 5/7/2002
Revised 5/8/2002
Revised 5/13/2002

NB: Because this document has undergone many revisions, any new revisions will be *ITALICIZED*. Italics will be removed the next time this document is revised.

Appendix H: “Unfunded Mandates”

H2: BDS Imposed

APPENDIX H2. BDS IMPOSED “UNFUNDED MANDATES”

This list is derived from the more extensive list appended at H1. It does not include rules (analysis appended at C), contract riders D or E (analysis appended at D). The number coincides with the number on the larger list.

- 13. Person Centered Planning
- 27. Compliance with CIST procedure
- 28. PrePlanning processes
- 29. Provider responsibility for Pre-Planning, etc.

Response: Mental Retardation agencies that did not have staff designated to coordinate person centered planning were offered seeded funding in FY01. Negotiations were conducted at regional offices. Not all agencies sought funding. Staff already on board at that time had been included in the calculation of the existing daily waiver rate. These requirements have been expectations since the original MR consent decree.

- 14. Training plans for staff
- 16. Training on the AMHI and Community Consent decrees

Response: required by the decrees

- 22. 6/12/2000 waiting list reporting
- 23. Reportable events

Response: still in draft.

- 24. Mandated training

Response: payment schemes have been developed and will be implemented.

- 27. CIST Procedure

Response: this requirement, to review a person’s plan following a significant event, has been in place for over 10 years. This procedure set standards for the completion of this task, and was developed in collaboration with providers.

- 30. Copies of licensing surveys
- 31. 4/25/02 letter

32. 5/7/02 letter

Response: Regional requirements that were either misunderstandings or have been eliminated.

Appendix I: Provider Relations Policy

DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES

PROVIDER RELATIONS POLICY

POLICY #02-AP-15

Issue: 12/5/02

Background:

BDS is tasked with the responsibility for managing the publicly funded behavioral health system and the system of community supports and services for people with mental retardation and autism. The Department subscribes to the goals of providing these services in the least restrictive venues possible, promoting efficiency and offering choices to consumers by entering into agreements for the provision of services with a variety of community entities.

The Department's role in managing the agreements for the provision of community based services is multi-faceted. In some cases, the Department provides case management services directly, and also serves as guardian for some consumers. As the state agency responsible for behavioral health services, the Department plans, finances and manages Maine's systems of service provision. At every level throughout the Department, BDS representatives exercise influence and control over service provision that is essential to ensure quality services.

The Department is committed to developing and utilizing information systems that facilitate fact-based decision-making, and to treating providers equitably with respect to requirements for service provision. Accordingly, the Department will establish standardized and uniform requirements for providers concerning information reporting and service provision, and these requirements will be formalized in contract agreements and rules. Ad hoc requirements will be imposed on providers only to the extent necessary for the Department to meet legal requirements or to fulfill requests for information from funding sources or public policy makers.

Policy Statement:

1. Requests for information from providers will be restricted to
 - a) information required by agreements for service provision,
 - b) information required by statute, rule, licensing requirements, court order, litigation requirements, conditions of federal funding or legislative request that cannot reasonably be acquired from any other source;
 - c) requirements established by the respective program directors for mental health, mental retardation, substance abuse or children's services for specified reasons;
 - d) other requests that are approved by the Associate Commissioner for Finance and Administration for specified reasons.

Requests for routine information about single individuals by case managers, necessary for the completion of case management activities, are exempt from these restrictions.

2. Requirements related to provision of services will be restricted to:

- a) requirements established in contract agreements,
- b) requirements established by rule, licensing requirements, statute, federal funding requirements or court order
- c) other requirements established by the respective program directors for mental health, mental retardation, children's and substance abuse services for specified reasons.

Procedure:

Departmental employees who request information from, or impose requirements upon providers are responsible for ensuring that such requests and requirements comply with the above policy.

All Department managers and directors are responsible for ensuring adherence to this policy by employees under their supervision. The Associate Commissioner for Administration has overall responsibility for the effective implementation of this policy.

Providers who believe that the Department is requesting information or imposing requirements inconsistent with this policy may request a review by the Associate Commissioner for Administration.

Lynn F. Duby, Commissioner

December 5, 2002

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