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Report to the Legislature

PL 2001, Resolve c. 92

Department of Behavioral and Developmental Services

Lynn F. Duby, Commissioner

RA 790.65 .M3 R47 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 One rule has been repealed without replacement.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 listserve. 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

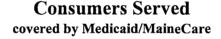
⁵ Bureau of Accounts and Control, Analysis of Income and Expenditures.

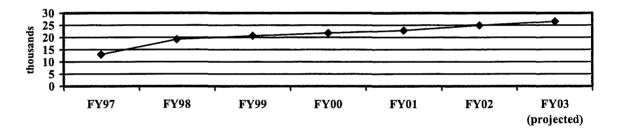
⁶ Sahr, Robert. "Inflation Conversion Factors for Dollars 1665 to Estimated 2012." May 30, 2002. http://www.orst.edu/dept/pol-sci/fac/sahr/sahr.htm

(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. 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. 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

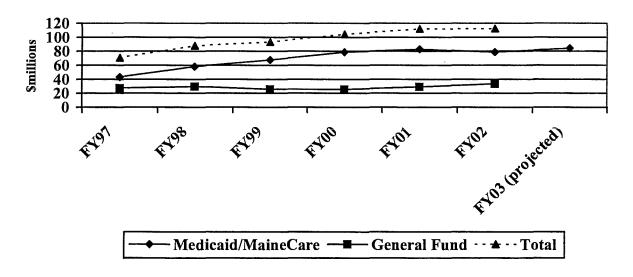
Correlative to the reductions in census capacities at the mental health institutes and the increases in the breadth and types of services in the community, money to fund the community services have been provided. The chart following demonstrates the expenditures in general fund and Medicaid/MaineCare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

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

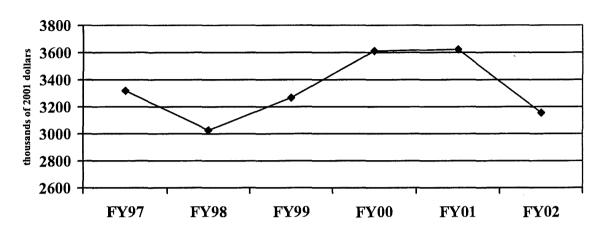
Expenditures for Mental Health Services



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.

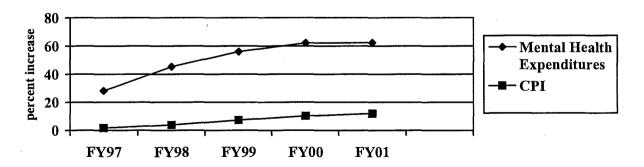
Medicaid Expenditures Per Consumer



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. The CPI has not yet been calculated for 2002.

Cumulative Growth in Mental Health Expenditures Compared to Consumer Price Index

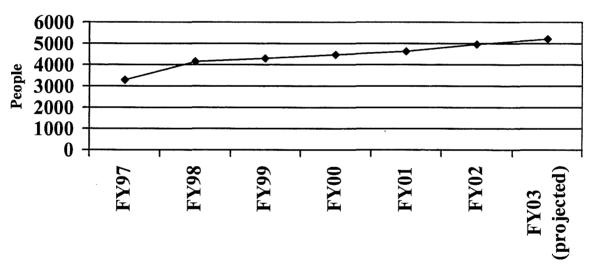


¹⁰ Department of Labor, Bureau of Labor Statistics, http://www.bls.gov/schedule/archives/cpi_nr.htm

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. 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.

Consumers Served
Covered by Medicaid/MaineCare

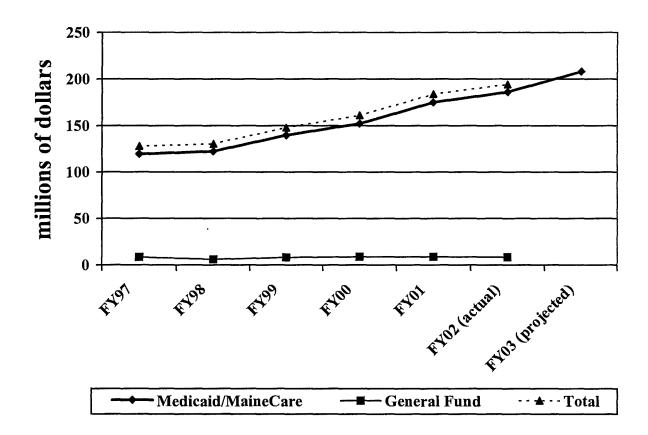


Source: MFASIS

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).

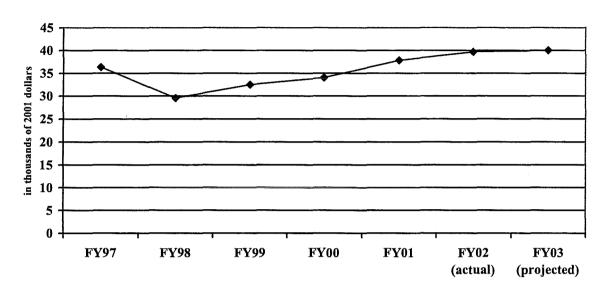
^{11 10-144} CMR 101, Chapters 2 and 3, Section 21.

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.

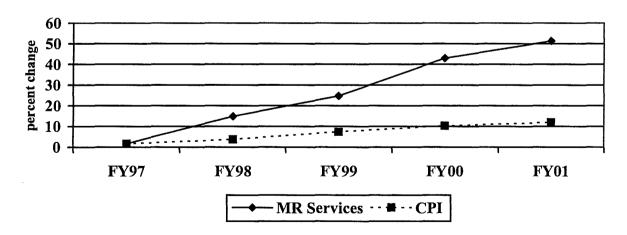
Medicaid Expenditures per Consumer



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

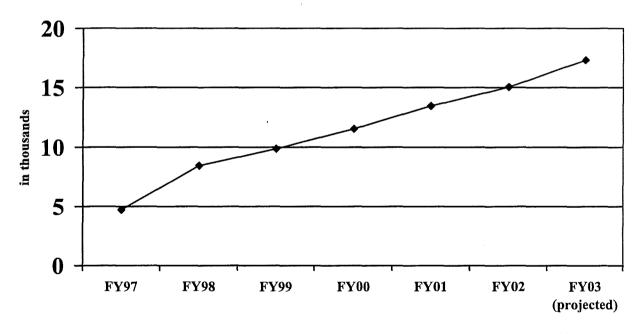


3. Children's Services

Children's Services has expanded due to the *French* ¹² and *Risinger* ¹³lawsuits, 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

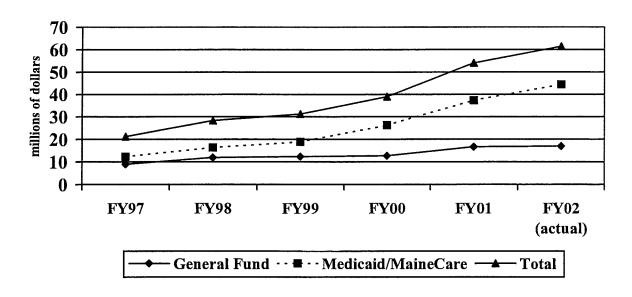
¹³ Risinger v. Concannon, Civil Action No. 00-CV-116-B-C (U.S. D. Me.)

¹⁴ Children's Services database

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

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.

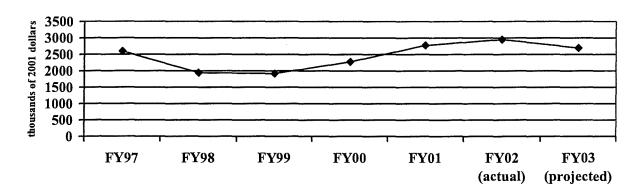
Expenditures for Children's Services



Source: MFASIS

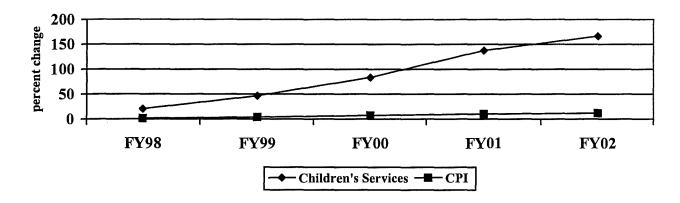
As with Mental Health Services and Mental Retardation Services, it is important to ensure that resources per consumer have not been reduced when numbers of consumers increase rapidly. The following chart depicts the Medicaid expenditures per capita for children's services, seeded by BDS. These amounts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

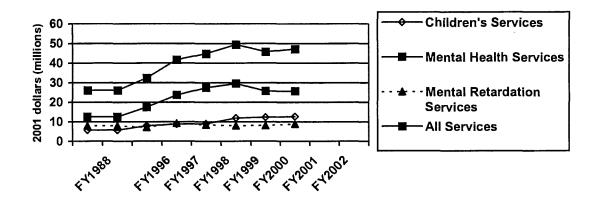
Further, the Department has taken steps to severely curtail the number and extent of requests made to providers, limiting requests for information to those necessary to complete the Department's business and available from no other source. The Department's Policy Council approved the Provider Relations 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

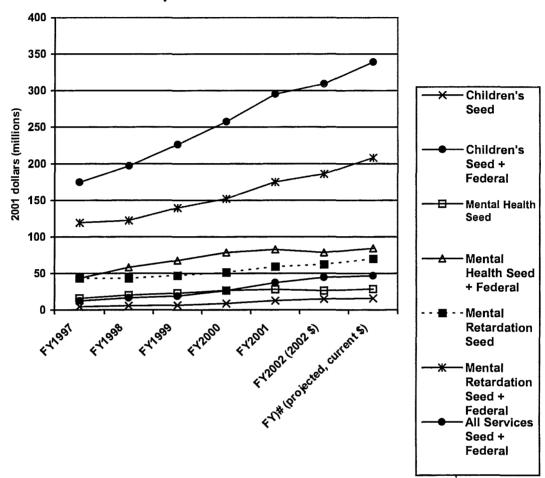
GENERAL FUND EXPENDITURES, FY 1988-2001

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?

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Appendix C: Rules Evaluation

BDS RULES

14-191 Mental Health and Mental Retardation - General

CMR Ch	Name of Rule	Authority, Date	Affected Providers	Estimated Costs to	Estimated Benefits
#		Promulgated/Last Amended		Community Providers	
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	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	ВМНІ	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	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, administrative hearings costs borne by BDS	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	PL 1986, Chapter	Aroostook Mental	Costs of recruiting	Certain community
	at Community Mental Health	761	Health Center (Caribou),	board member.	mental health
	Programs		Community Health &	Advice and assistance	programs funded by
		8/29/87	Counseling Services	provided by BDS	the Bureau of Mental
			(Bangor), Kennebec	upon request	Health maintain
			Valley Mental Health		representation on their
			Center (Waterville),		boards of directors
:			Motivational Services,		from area affiliates of
			Inc. (Augusta), Tri-		the Maine State
			County Mental Health		Alliance for the
			Services (Lewiston)		Mentally III or
			Counseling Services		similarly organized
			Inc.(Saco), Bath-		mental health
			Brunswick Mental		consumer
			Health Association,		organizations, to
			(Brunswick), Mid-		require a consumer
			Coast Mental Health		voice and consumer
			Center (Rockland), Holy		vote in the policy
			Innocents Home Care		deliberations of
			Service (Portland)		agencies receiving
					substantial public
					funding
6	Licensing of Mental Health	34-B MRSA	All mental health	Ongoing costs of	Ensures basic level of
	Facilities	§3603, 3606	agencies, facilities,	maintaining minimum	performance for
			programs defined by	standards	services provided
			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		

7	Rules Governing the Disclosure	34-B MRSA	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). Agencies licensed or	Routine cost of doing	Do not permit
	of Information Pertaining to Mentally Disabled Clients	§1207(5) 8/15/95	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.	business	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 Inhome Behavioral Health and Case Management Services under Medicaid	34B MRSA §§1203, 15002; Risinger v. Maine Department of Human Services (Civil No. 00-116- B, D. Me.) 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

			 	
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			· ·	Continu 12
		1	1	Section 13

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 form the mental retardation services program/BDS.

Appendix D: Contract Riders D and E and Evaluation

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	Facilitates financial recovery in
		funding	situations of embezzlement
12. Revenue		Fund raising costs	Ensures utilization of General
Maximization			Fund money as payer of last
			resort
13. Interpretation		Cost of interpreter	Ensures effective
Services			communication with and service
			delivery to persons who do not
			speak English
14. Deaf and/or		Cost of training staff to use adaptive	Ensures safety and effective
severely hard of hearing		equipment	communication with persons
			who are deaf/hard of hearing
15. Provider		Program costs	Ensures effective
responsibilities			communication with and service
			delivery to persons who are
			deaf/hard of hearing
16. Service		Program costs	Ensures culturally sensitive
Development			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	Prohibits hiring staff who have
		checks (can be done on line through	had convictions or disciplinary
		InforME);	findings of client abuse, neglect
		State Bureau of Identification checks	or exploitation
		fee \$6 search	
19. Exceptions to OMB		Expands allowable costs over OMB	Indirect increase in level of
Circulars		levels	funding to providers

Rider E – Mental Health Services

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	Bates v Duby, 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	Bates v Duby, 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	NAME OF AGENCY:								
		BEHAVIORAL AND	COMPLETED BY								
		DEVELOPMENTAL SERVICES	PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):								
		BUDGET FORM 1	DATE FORM COMPLETED:								
			CONTRACT NUMBER:								
	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:				
		GOVERNMENT REVENUE	in a constant officer	G Pr			May sayaya Cee				
		BDS GRANT (STATE DOLLARS)									
		BDS FEDERAL FUNDS PASS-THROUGH									
ı		CARRY-FORWARD									
s		OTHER STATE									
, ,		OTHER STATE									
		FEDERAL REVENUE									
		FEDERAL REVENUE									
		COUNTY REVENUE									
		MUNICIPAL REVENUE									
		MEDICAID, BDS SEEDED									
		MEDICAID, OTHER									
		MEDICARE									
		TOTAL GOVERNMENT REVENUE	0	0	0	0	0				
	17										
	18	PROGRAM REVENUE		ACCOUNTS OF STREET	taksari Paga Jawa Se						
	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			<u> </u>							
		OTHER REVENUE			ret purse, bragares de la Transport						
		UNITED WAY									
	27	MISCELLANEOUS REVENUE (attach detail)									
	28	TOTAL OTHER REVENUE	0	0	0	0	0				
	29					1	<u> </u>				
		TOTAL REVENUE (Lines 16 + 23 + 28)	0	0	0	0	0				
			1	<u> </u>	·	·	<u> </u>				

Medicaid Seed Calculation (State use only)

NAME OF AGENCY: COMPLETED BY:

PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):

DATE FORM COMPLETED:

		CONTRACT N	JMBER:				
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 & ADMINISTRA
2			ı	PROGRAM:	PROGRAM:	PROGRAM:	TIVE EXPENSES
3	PERSONNEL EXPENSES				Sanga Kana ayan		100
	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							A
8	CONSULTANTS, CLINICAL		,				
9				<u> </u>			<u>L </u>
10	EQUIPMENT						
11	PURCHASES		2007 A. 2 (2017 A. 2017	A CONTROL OF THE SECOND	200000000000000000000000000000000000000	The state of the s	
12	RENTAL/LEASE						
13	TOTAL EQUIPMENT EXPENSES	0	0	0	0	0	0
14					L		<u> </u>
	TOTAL SUBCONTRACTS						
16						L	
	ALL OTHER EXPENSES						
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19	UTILITIES						
20	HEAT						
21	MAINTENANCE						
22	TELEPHONE						
23	FOOD						
	MATERIALS AND SUPPLIES						
	STAFF TRAVEL						
	DEPRECIATION (Non-occupancy)						
	CONSULTANTS, NON-CLINICAL						
	BONDING & INSURANCE						
	MISCELLANEOUS EXPENSES						
	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		_	T				
36	TOTAL EXPENSES (Line 32 + Line 34)	0	0	0	0	0	0

24ъ

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:

			CONTRACT	MUNDER.					
LINE		COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
1	FORM 3: PERSONNEL EXP	PENSES							
2			-			i			
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	Direct Care/Clinical Staff:	Service garden disp	and the contract of the contract of the	Section 1	enserven i SON APPRIORISE	and a sufficient	100	20-4 Profit	a page
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25	COLUMN	10	ATTENDED OF THE PERSON OF		COLUMN 11			COLUMN 12	1
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27	TYPE OF BENEFIT (SPECIFY)	% SALARY	EXPENSE	IT	EM	CUR. YEAR	# OF HOURS		
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	UNEMPLOYMENT INSURANCE			TOTAL FRINGE		1	TOTAL		
	WORKERS' COMPENSATION			TOTAL			REMARKS:		
31				REMARKS:			1		
32]					
33									
34	TOTAL								

	I	STATE OF MAINE	NAME OF AGENCY:
		BEHAVIORAL AND	NAME OF PROGRAM OR RESIDENTIAL SITE (Consistent with Form 2):
		DEVELOPMENTAL SERVICES	COMPLETED BY:
		BUDGET FORM 4	PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):
		DODGET I OKIII 4	DATE FORM COMPLETED:
			CONTRACT NUMBER:
		COLUMN 1	COLUMN 2
	FORM	FORM 4: OTHER	SERVICE:
	2	EXPENSE JUSTIFICATION	
	LINE	DESCRIPTION OF ITEM,	PROGRAM:
LINE	ITEM	BASIS OF EXPENSES	
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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:

- 1	CONTRACT NUMBER:									
	COLUMN 1	COLUMN 2	COLUMN3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7			
LINE	FORM 5: EQUIPMENT PURCHASES	UNIT COST	NUMBER OF	WHERE WILL ITEM BE LOCATED?	FUNDING SOURCE	TOTAL EXPENSE	% ALLOCATED TO BDS PROGRAM			
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	whichever is less.	•	-							
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COLUMN 1

NAME OF AGENCY:

COMPLETED BY:

COLUMN 3

COLUMN 2

PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):

COLUMN 5

COLUMN 6

COLUMN 7

COLUMN 8

COLUMN 9

DATE FORM COMPLETED:

COLUMN 4

CONTRACT NUMBER:

	FORM 6: MENTAL HEALTH								
	SUMMARY OF SERVICES								
LINE	SERVICE CATEGORY	NAME OF PROGRAM	TOTAL COST	GRANT	SEED	TOT. BDS FUNDING	UNITS OF SERVICE	UNIT COST	# PEOPLE SERVED
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NAME OF AGENCY:

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	COLUMN 8
RATE:							
FORM 6: MENTAL RETARDATION							
SUMMARY OF SERVICES							

				SUPPORTED				
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	MEDICAID SEED DOLLARS	0.00	0.00	0.00	0.00	0.00	0.00	(

COLUMN 1

NAME OF AGENCY:

COMPLETED BY:

COLUMN 3

COLUMN 2

PERIOD OF PERFORMANCE (MONTH, YEAR TO MONTH, YEAR):

COLUMN 5

COLUMN 6

COLUMN 7

COLUMN 8

COLUMN 9

DATE FORM COMPLETED:

COLUMN 4

CONTRACT NUMBER:

	FORM 6: CHILDREN'S SERVICES								
i	SUMMARY OF SERVICES			·			j		
LINE	SERVICE CATEGORY	NAME OF PROGRAM	TOTAL COST	GRANT	SEED	TOT. BDS FUNDING	UNITS OF SERVICE	UNIT COST	# PEOPLE SERVED
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RIDER F-1 AGREEMENT SETTLEMENT FORM (ASF) PRO-FORMA

Fiscal Year Funding D Agreemen Agreemen	Department: et Number:				
Part I AC	GREEMENT TOTALS				
1.)	PER AGREEMENT BUDGET				
AGREEME	ENT ADJUSTMENTS		REVENUE	<u>EXPENSE</u>	BALANCE
2.) 3.) 4.) 5.) 6.)					
7.) 8.)					
9.) 10.)	TOTAL ADJUSTMENTS TOTALS AVAILABLE FOR COST SHARING				
Part II A	GREEMENT COST SHARING				
Taren - A	SALEMENT GOOT OFFICIAL	% OF <u>BUDGET</u>	REVENUE	EXPENSE	BALANCE
11.) 12.)	Agreement # All Other		termina and the second		\$0.00 \$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.

CFDA#	CFDA#	CFDA#
and review all t	he State compliance requirements in applical	ole areas specified below:
Review the Sta	te compliance requirements in applicable are	eas specified below:
1.)	INTERNAL CONTROL	
2.)	A. OMB Circular A-110/Common Rule Financial and Program Management Property Standards Reports and Records Termination and Enforcement	B. Department Addition
3.)	ALLOWABLE COSTS/COST PRINCIPLES A. Related Party Condition	S
4.)	BUDGET COMPLIANCE	
5.)	TYPES OF SERVICE ALLOWED OR UNA 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
	Specific Detail on Agreement Page(s)	OTHER TYPE
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
25a	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:	
Person Submitting Report:	

FISCAL YEAR ENDING 6/30/2003
INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

						eport 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						
Written grievances filed and	1a. number of written grievances reviewed					1a.and b. Include only issues that have reached the grievance stage
substantiated by agency WITHIN THIS	and substantiated in quarter	i	Į.			according to Rights of Recipients. For those not covered by Rights
SERVICE OR PROGRAM						of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or					Submit brief summary (including nature of complaint,
	families in 1a.	i	1			disposition, actions taken, current status) in each quarterly report
2. Timely access to a psychiatrist	2a. number of children/youth first identified					2a. Include those children/youth who are new entries in this
as measured by waiting time from	in this quarter as needing a psychiatnst	i	l .		1	quarter and who have received an initial appointment with a
request to receipt of initial appointment	AND who have received an initial					psychiatrist. Include only those referred by this service area
	appointment in this quarter.		ľ			to psychiatrists both inside and outside of the agency.
, , , , , ,	2b. number of children/youth identified in a	1	l			
	previous quarter AND who have received an					
	initial appointment with psychiatrist in this		1			
	quarter.					
	2c. total number of days waiting for all					
	children/youth identified in 2a and 2b above					
	2d. number of children/youth still waiting	1				
	for a psychiatrist at the end of the quarter	1			ŀ	
3. Waiting time from eligibility	3a. number of children/youth first identified					3. Child was eligible and service was determined to be appropriate.
determination for residential program	in this quarter as needing residential				l	Include all children DBDS, DHS, or other sources.
until actual move-in date	services AND who have moved into a				l	initiated an ormation. BBBB, Birto, or outer sources.
and assault more in sais	residence in this quarter		1			
	3b. number of children/youth found eligible		 			
	in a previous quarter and who moved into a					
	residence in this quarter			ļ	-	
	3c. total number of days waiting for all					
	children/youth identified in 3a and 3b above		1			
	3d. number of children/youth waiting		<u> </u>			
	for residential services at the end of this			ļ		
	guarter and approved by BDS	ì	1	ì	1	
4. Service plans completed within 30	4a. number of initial plans due to be		+		 	4a. Both DBDS & DHS.
working days	completed within the quarter					
	4b. number of plans in 4a completed				1	
	within 30 working days of entening					
	residence in quarter			l		
II. YOUTH/FAMILY OUTCOMES					 	
Children/youth satisfaction	1a. number of satisfaction instruments					1a. Agencies, in their QI/QA Plan, must determine the mechanism,
for youth age 12 and above	directed towards children/youth					frequency, content and interpretation of satisfaction surveys. If no
(as determinded at least annually)	distributed in quarter]		satisfaction instruments were distributed this quarter, enter 0.
(as asserting a delicate annually)	and the same of th				1	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.
L	<u> </u>			l	L	Tour veys completed by someone speaking for the youth.

25c

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

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:	
Person Submitting Report:	

FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

	[T =				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						
Written grievances filed and	1a. number of written grievances reviewed					1a.and b. Include only issues that have reached the grievance stage
substantiated by agency WITHIN THIS	and substantiated in quarter	1	1			according to Rights of Recipients. For those not covered by Rights
SERVICE OR PROGRAM		<u> </u>				of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or					Submit brief summary (including nature of complaint,
	families ın 1a.					disposition, actions taken, current status) in each quarterly report
2. Timely access to a psychiatrist	2a. number of face to face cosis contacts					2a. Emergency consultation may include an appointment or a
as measured by waiting time from	in this quarter identified as needing	1				phone consultation with a psychiatnst. Includes duplicated
request to receipt of emergency	emergency psychiatric consultation	1				number of contacts/episodes.
psychiatric consultation services	services					·
	2b. number of contacts in 2a who					2b. Includes duplicated number
	received these emergency psychiatric			1	1	
	consultation services in this quarter				1	
	2c. total number of hours waiting for all		l .			2c. Report hours to nearest quarter hour.
	children/youth identified in 2b above	1		l		
	2d. unduplicated number of individuals			†	 	
I	in 2b above	j			1	
Waiting time from initial crisis	3a. number of contacts made with crisis				 	3a. Report ALL cnsis contacts (phone, face-to-face,
contact to receipt of crisis	services in quarter				1	outreach, etc.). Count each contact even when there are
intervention services	Services in quarter				1	multiple contacts for one casis OR for one person. Do not
litter verition services		1	1		į.	include collateral calls initiated by crisis staff either initially
						or as follow up.
	3b. number of contacts identified in 3a,		 		 	or as follow up.
	above, which were completed by telephone					
	above, which were completed by telephone					
	3c. number of contacts in 3a, above, that	-		<u> </u>	<u> </u>	3c. 3a = 3b + 3c
	were face-to-face.					30. 3a = 3b + 30
	3d. unduplicated number of children/youth	 			 	
	from 3c who received 2 or more					
	face-to-face visits				1	
	3e. total number of hours elapsed from time		 	ļ	 	3e. Report hours to nearest quarter hour.
						Se. Report hours to hearest quarter hour.
	of first identification of need for services to					
	receipt of services for all children/youth in 3c	.	ļ		 	
	3f. number of face-to-face contacts in 3c				l	
	in which a crisis plan previously developed			1	1	
	with the child and family was available.	·	 		1	de Abreurah dan 16 merentantan wasa asam partan 0
Site of face-to-face cnsis service	4a. number of contacts in 3c seen at				1	4a through 4e: If no contacts were seen, enter 0.
delivery	emergency department	ļ		ļ	ļ	
	4b. number of contacts in 3c seen at	1				
	crisis office					
	4c. number of contacts in 3c seen at child/					
	youth's primary residence		ļ		<u> </u>	
	4d. number of contacts in 3c seen at the					
	child/youth's school			<u></u>		
	4e. number of contacts in 3c seen at sites					
	other than in a-d above.					
	4f. number of cnsis contacts in 3a.for which					4f. Staff contacted police after the initial call to cnsis services.
	crisis sys.staff contacted & involved police	1 .	İ			

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	1		1		
	existing community-based services			1	ł	
	5b. number of contacts in 3c resulting in					
	stabilization WITH linkage to new or	1			1	
	existing community-based services	ţ	Į.		1	
	5c. number of contacts in 3c resulting in			1	1	5c. If no contact resulted in provision of in-home
	in-home crisis supports	1			1	crisis supports this quarter, enter 0.
	5d. number of contacts in 3c resulting in					5d. If no contacts resulted in admission to crisis home/bed/
	admission to crisis home/bed/apartment	1				apartment this quarter, enter 0.
	5e. number of contacts in 3c resulting in				 	5e. If no contacts resulted in hospitalization this quarter, enter 0.
	hospitalization for psychiatric reasons					Include if child/youth is admitted to a medical unit in lieu of a
	F-7,					psychiatric unit. Include voluntary and involuntary admissions.
II. YOUTH/FAMILY OUTCOMES			L			poyamadio dilic. Illiados voldinary dila lilvolatica y delinicationi.
Children/youth satisfaction for	1a. number of satisfaction instruments	<u> </u>	1		I	1a. If no satisfaction instruments were distributed in the quarter,
youth age 12 and above (as	directed towards children/youth	1			1	enter 0. It is understood that some youth age 12 and above
determined at least annually)	distributed in quarter	1				cannot be surveyed for opinions due to level of functioning.
action, mice at react anneally,	distributed in quarter				1	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			 		If no satisfaction instruments were returned this quarter,
	returned in quarter	İ				lenter 0.
	1c. number of satisfaction instruments				 	1c. Agencies, in their QA/QI Plan, must determine the mechanism,
	returned in quarter that demonstrate					frequency, content and interpretation of satisfaction surveys.
	vouth are satisfied with crisis service		1		[Enter the number of returned instruments that demonstrate
	youth are satisfied with crisis service	i				satisfaction by the agency's own measure. If no instruments were
			l			
O F	0			ļ	 	returned this quarter, leave blank. Sampling is acceptable.
2. Family/caregiver satisfaction	2a. number of satisfaction instruments	1				2a. If no satisfaction instruments were distributed this quarter,
(as determined at least annually)	directed towards family/caregiver	1				enter 0.
	distributed in quarter			}	}	
	2b. number of satisfaction instruments					2b. If no satisfaction instruments were returned this quarter,
	returned in quarter		ļ	ļ		enter 0.
	2c. number of satisfaction instruments				l	2c. Agencies, in their QA/QI Plan, must determine the mechanism,
	returned in quarter that demonstrate				1	frequency, content and interpretation of satisfaction surveys.
	family/caregiver is satisfied with crisis				l	Enter the number of returned instruments that demonstrate
	service		l		ļ	satisfaction by the agency's own measure. If no instruments were
			<u> </u>		<u> </u>	returned this quarter, leave blank. Sampling is acceptable.
III. STATISTICS					·	The second secon
Numbers served	1a. unduplicated number of children/youth	1		1		1a. Unduplicated count of children/youth receiving face-to-face
	served in quarter			ļ <u>.</u>	ļ	and telephone contact
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					2c. Number of beds x number of days in quarter
	in quarter					
	2d. number of bed-days utilized in	1				2d. Sum of number of days each bed was used
	quarter		l			
	2e. unduplicated number of children/youth			1		2e. Unduplicated
	served in quarter in crisis stabilization beds	1	1	1	1	•

CRISIS SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31 Q3 - 3/31 Q4 - 6/30 Additional Requirements and Explanations
Use of emergency departments	3a. total hours seen in emergency		
	department for all children/youth in 4a		
1			
Contact Person:	Contact Phone:	Fax:	E-mail:

Comments:

25£

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

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CASE MANAGEMENT SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency:	
Person Submitting Report:	

FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

						esubmitted Reports:
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
Written grievances filed and	1a. number of written gnevances reviewed					1a.and b. Include only issues that have reached the grievance stage
substantiated by agency WITHIN THIS	and substantiated in quarter					according to Rights of Recipients. For those not covered by Rights
SERVICE OR PROGRAM	· ·					of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or	†			<u> </u>	Submit brief summary (including nature of complaint,
	families in 1a.					disposition, actions taken, current status) in each quarterly report
Waiting time from eligibility	2a. number of children/youth first identified					
determination to assignment to a case	in this quarter as eligible and needing a case	1	}	1	1	
manager	manager AND who have been assigned to a	1	1		į	
munager	case manager in this quarter					
	2b. number of children/youth found eligible	 			<u> </u>	
	in a previous quarter and who were first					
	assigned a case manager in this quarter			[
	2c. total number of days waiting for all		 	 	ļ	2c. and d. Waiting since eligibility determination
			Į.		Į	2c. and d. Waiting since eligibility determination
	children/youth identified in 2a and 2b above	-		<u> </u>	 	
	2d. number of children/youth waiting	1			1	
	for case management services at the end of	İ			1	
	quarter	<u> </u>	<u> </u>		<u> </u>	
Individual support plans completed	3a. number of initial plans due to be	j		i	1	ISP = individual support plan such as IFSP
within 30 calendar days of initiation of	completed in quarter				1	
services				İ	l	
	3b. number of ISPs in 3a completed		1			3b. Entering services = receipt of case management services, i.e.,
	within 30 calendar days of entering	1	ı			being assigned to a case manager
	services	1	ľ		1	
4. CALOCUS, CAFAS, FES assessments	4a. number of initial CALOCUS,CAFAS,				1	4a. Utilize BDS protocol for completion
completed	FES assessments completed in guarter	ı	į.			i ·
	4b. number of follow-up assessments		1		1	4b. Count only those done at scheduled 6 month intervals
	completed in quarter	1			1	following baseline assessment
5. AIMS and Ages & Stages assessments	5a. number of initial AIMS and Ages &				<u> </u>	5a. Utilize BDS protocol for completion
completed	Stages assessments completed in quarter		Į.			
Completed	5b. number of follow-up assessments	1	1	 		5b. Count only those done at scheduled 12 month intervals
	completed in quarter	I	1			following baseline assessment
II. YOUTH/FAMILY OUTCOMES	Completed in quarter				 	Tollowing baseline deceement
Youth satisfaction as determined	1a. number of satisfaction instruments	+	 		+	1a. If no satisfaction instruments were distributed this quarter,
at least annually for those age 12 and older	directed towards children/youth				1	enter 0. It is understood that some youth age 12 and above cannot
arreser similating for three age 12 and sites	distributed in quarter specific to case		i			be surveyed for opinions due to level of functioning. Include only
1	management	1	ì		1	surveys provided to get youth opinion directly, do not include
			1			surveys completed by someone speaking for the youth.
	1b. number of satisfaction instruments		İ			1b. If no satisfaction instruments were returned this quarter,
	returned in quarter specific to case mgt.					enter 0.
	1c. number of satisfaction instruments					1c. Agencies, in their QA/QI Plan, must determine mechanism,
	returned in quarter that demonstrate youth					frequency, content and interpretation of satisfaction surveys.
	are satisfied with case management	1				Enter the number of returned instruments that demonstrate
	services	1		}	1	satisfaction by the agency's own measure. If 1b.is 0, leave blank
					<u></u>	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
Family/caregiver satisfaction as	2a. number of satisfaction instruments					2a. If no satisfaction instruments were distributed this quarter,
determined at least annually.	directed towards family/caregiver				ĺ	enter 0. Sampling is acceptable.
	distributed in quarter specific to case mgt.					
	2b. number of satisfaction instruments					2b. If no satisfaction instruments were returned this quarter,
	returned in guarter	1		<u></u>	İ	enter 0.
	2c. number of satisfaction instruments					2c. Agencies, in their QA/QI Plan, must determine mechanism,
	returned in quarter that demonstrate	ł				frequency, content and interpretation of satisfaction surveys.
	family/caregiver is satisfied with					Enter the number of returned instruments that demonstrate
	case management services					satisfaction by agency's own measure. If 2b is 0, leave blank.
Psychiatric hospitalization	3a. number of children/youth receiving					If no children/youth were admitted to psychiatric hospitals in state or out of state in quarter, enter 0. Include child/youth
	services who were admitted to hospitals		1		1	in state or out of state in quarter, enter 0. Include child/youth
	for psychiatric services in quarter				1	admissions to medical units/facilities in lieu of psychiatric unit
4. Employment	4a. number of youth employed at end of					4a. "Employed" is defined as working in competitive employment
'	quarter	(1		[in community settings open to all applicants for wages (full or part-time)
5. School attendance	5a. number of children/youth in regular school					5a. "Regular" is defined as non-specialized,integrated
	setting without in-school supports at end				1	classrooms
	of quarter	l			ļ	
	5b. number of children/youth in regular school					5b. Such as 1:1 aide, special education services, resource
	setting with in-school supports at end of gtr.				1	room, etc.
	5c. number of children/youth in specialized,					5c. Such as specialized day school, part of a treatment
	non-integrated school settings at end of qtr.	ļ				program, Maine Youth Center, etc.
	5d. number of children/youth receiving home-	 				5d. Specialized instruction/tutoring provided in child's
	based instruction at end of quarter	i			İ	current residence (home).
III. STATISTICS						
Case load	1a. total program case load beginning					1a. From 1e. last quarter. If child is in a psychiatric hospital, but
	of quarter		1			still on a caseload, count (even if billing is not allowed).
	1b. number of new referrals in quarter					
	1c. new admissions in quarter			<u> </u>		
	Tic. New authosions in quarter				l	
	1d. discharges in quarter					
	1e. total program case load end of	 	 			1e. Enter at 1a. next guarter. To calculate 1e: 1a + 1c - 1d = 1e
	quarter					
	1f. total number of children served age 5	1				1f. Include children age 0 to 5 inclusive
	and under.					
	1g. number of children/youth in DHS custody	1	ł	l	1	
	at end of quarter					
	1h. total number of children/youth with MR/					1h. Calculate by taking beginning number of children/youth with MR/
	PDD/Autism served in guarter			1		PDD/Autism in 1a. and add children/youth with MR/PDD/Autism in 1c.
			·	·		

0 (On all all Discours	F	F
Contact Person:	Contact Phone:	Fax:	E-mai

Comments:

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

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency:	
Person Submitting Report:	

FISCAL YEAR ENDING 6/30/2003
INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Report:

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

Comments:

IN-HOME SUPPORT SERVICES

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

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

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

EARLY INTERVENTION SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
III. STATISTICS						
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					

E-mail:

Fax:

Contact Person:
Comments:

Contact Phone:

March 18: Final for fy'03

OUTPATIENT and PROFESSIONAL SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency:	
Person Submitting Report:	

FISCAL YEAR ENDING 6/30/2003
INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

I. AGENCY/PROGRAM INDICATORS 1. Written grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM 5. Timely access to psychiatrist services, as measured by waiting fire from integrating the properties of the							lesubmitted Reports:
1. Written grievances filed and substantiated by agency WTHIN THIS and substantiated by agency WTHIN THIS assistantiated in quarter of children/youth first identified as necessary of process to psychiatrist services, as measured by waiting time from equest to receipt of initial appointment as needing sevociated as initial appointment in this quarter as needing sevociated as initial appointment in this quarter. 2. It may be a service and the previous quarter AVD who have received an winted appointment in this quarter. 2. It cold number of deby awaiting for all children/youth identified as needing services in a previous quarter AVD who have received this services AND who have received this services and the properties of th	PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
substantiated by agency WITHIN THIS EXPIVICE OR PROGRAM 1b. unduplicated number of children/youth or families in 1a. 2. Timely access to psychiatrist services, as measured by waiting time from first glentified as measured by waiting time from in this quarter. 2. Timely access to psychiatrist services, as measured by waiting time from in the quarter and who have received an initial appointment in this quarter. 2b. number of children/youth dentified in a previous quarter Allow how how received an initial appointment with a psychiatrist services and the previous quarter. 2c. total number of days waiting for all children/youth identified in 2a and 2b above and in this quarter. 3. Timely access to mental health outpatient services on the land outpatient services on the first quarter. 3. Timely access to mental health outpatient services on the first quarter. 3. Timely access to mental health outpatient services on tincluding psychiatrist services on tincluding psychiatry. 3. Timely access to mental health outpatient services on tincluding psychiatry services and the provious quarter Allow have received this service and to his quarter as needing outpatient in this quarter. 3. Timely access to mental health outpatient services on tincluding psychiatry services and the material provious quarter and who first received service in this quarter. 3. Timely access to mental health outpatient services of tincluding psychiatry services on the psychiatry services on the psychiatry services on the psychiatry services on the psychiatry services on the psychiatry services on the psychiatry services on the psychiatry services on the psychiatry services on the psychiatry services on the psychiatry services of the agency. 3. Timely access to mental health outpatient services to mental health outpatient services on the psychiatry services of the psychiatry services of the psychiatry services of the psychiatry services of the psychiatry services of the psychiatry services of the psychiatry services of the psychiatry servic	I. AGENCY/PROGRAM INDICATORS						
SERVICE OR PROGRAM 1b. unduplicated number of children/youth or families in 1a. 2. Timely access to psychiatrist services, as measured by waiting time from a cumplaints filed with agency. 2. Timely access to psychiatrist services, as measured by waiting time from a cumplaint filed with agency. 2. Induced those children/youth was new extricts in this quarter as needing psychiatrist in this quarter as needing psychiatrist and initial appointment in this quarter. 2. Include those children/youth was received an initial appointment in this quarter. 2. Include those children/youth was received an initial appointment in this quarter. 2. Interview of the control of the agency. 3. Timely access to mental health outpatient services not including psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only those referred by this service are to psychiatrist. Include only the agency. 3. Timely access to mental health outpatient services to the quarter of days waiting for all obtained and post and previous quarter and who first received service in the quarter of the quarter of the quarter of the quarter of the quarter of this quarter of the quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quarter of this quar	Written grievances filed and	1a. number of written grievances reviewed					1a.and b. Include only issues that have reached the grievance stage
1. unduplicated number of children/youth or families in 1a. 2. Timely access to psychiatrist services. as measured by waiting time from services AND who have received an initial appointment in this quarter as needing psychiatrist services. AND who have received an initial appointment in this quarter and who have received an initial appointment in this quarter. 2. unmber of children/youth dendified in a previous quarter AND who have received an initial appointment in this quarter. 2. unmber of children/youth dendified in a previous quarter AND who have received an initial appointment in this quarter. 2. to total number of days waiting for all children/youth dendified in 2a and 2b above 3. Timely access to mental health is quarter and an initial appointment in this quarter and access and a services AND who have received an initial appointment in this quarter and access and a services and the previous quarter AND who have received an initial appointment in this quarter. 2. to total number of children/youth dendified in 2a and 2b above 3. Timely access to mental health is quarter and above and a services and timely appointment in this quarter and access an expending service in a previous quarter and who first received service in this quarter and expending service in a previous quarter and who first received service in this quarter and and access the previous quarter and who first received service in this quarter and and access the previous quarter and who first received service in this quarter and and access the previous quarter and who first received service in this quarter and the previous quarter and who first received service in this quarter and the previous quarter and who first received service in this quarter and the previous quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quart	substantiated by agency WITHIN THIS	and substantiated in quarter				l	according to Rights of Recipients. For those not covered by Rights
1. unduplicated number of children/youth or families in 1a. 2. Timely access to psychiatrist services, as measured by waiting time from request to receipt of initial appointment in this quarter are needing psychiatrist services and the quarter of this quarter are needing psychiatrist services and by which provides the provided and initial appointment in this quarter. 2. D. number of children/youth interior and initial appointment in this quarter. 2. D. number of children/youth interior and initial appointment in this quarter. 2. D. number of children/youth interior and initial appointment in this quarter. 2. D. number of children/youth interior and previous quarter AND who have received an initial appointment in this quarter. 2. C. total number of days waiting for all children/youth interior and the previous quarter and who first received service in this quarter are needing outpatient services not including in this quarter are needing outpatient services not including psychiatry 3. Timely access to mental health and the province of this quarter and a part of children/youth interified in a part of children/youth interified in a part of children/youth realth of the previous quarter and who first received service in this quarter are needing outpatient services and the previous quarter and who first received service in this quarter are needing service in a previous quarter and who first received service in this quarter are needing service in a previous quarter and who first received service in this quarter and who first received service in this quarter are needing service in a previous quarter and who first received service in this quarter and who first received service in this quarter are needing service in a previous quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and w	SERVICE OR PROGRAM	·	İ			i	of Recipients, report written formal complaints filed with agency.
2. Timely access to psychiatrist services, as measured by waiting time from request to receipt of initial appointment in this quarter. 2. Timely access to psychiatrist services, as measured by waiting time from request to receipt of initial appointment in this quarter. 2. Timely access to psychiatrist services, as measured by waiting time from request to receipt of initial appointment in this quarter. 2. Timely access to mental paper of children/youth identified in a previous quarter AND who have received an initial appointment in this quarter. 2. Timely access to mental health outpatient in this quarter. 3. Timely access to mental health outpatient services not including in this quarter as needing outpatient services not including services AND who have received this services and the hours of days waiting for all outpatient services not including services and the hours of days waiting for all services and the hours of days waiting for all othildren/youth identified as needing service in a previous quarter and who first received service in this quarter 3. Total number of children/youth identified as needing service in a previous quarter and who first received service in this quarter 3. Total number of children/youth identified as needing service in this quarter outpatient services at the end of this quarter 3. Total number of children/youth identified or days waiting for all othildren/youth identified in 3a and 3b above different services at the end of this quarter outpatient services at the end of this quarter outpatient services at the end of this quarter outpatient services at the end of 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. 15. In make of satisfaction instruments returned in quarter enter 0. It is understood that some youth age 12 and above cannot be surveyed f		1b. unduplicated number of children/youth or					Submit brief summary (including nature of complaint,
as measured by waiting time from request to receipt of initial appointment in this quarter as needing psychiatrist services and initial appointment in this quarter. 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 and initial appointment in this quarter. 2c. total number of differny/outh identified in 2a and 2b above and		families in 1a.		1			
services AND who have received an initial appointment in this quarter. 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 3a. number of children/youth identified in 2a and 2b above 4. The children/youth identified in 2a and 2b above 5. Timely access to mental health 3b. number of children/youth first identified in this quarter as needing outpatient in this quarter as needing outpatient services not including by the control of children/youth identified as needing outpatient services AND who have received this service in this quarter and who first received service in this quarter and who first received service in this quarter and 3b. number of days waiting for all children/youth identified in 3a and 3b above 5. Cotal number of days waiting for all children/youth identified in 3a and 3b above 5. Cotal number of children/youth waiting for outpatient services at the end of this quarter of outpatient services at the end of this quarter folder (as determined at least annually) II. YOUTH/FAMILY OUTCOMES 1. Satisfaction of youth ages 12 years and abla. number of satisfaction instruments of satisfaction instruments returned in quarter for the pouth. Sampling is acceptable. 1b. number of satisfaction instruments returned in quarter freturned in quarte	2. Timely access to psychiatrist services,	2a. number of children/youth first identified					2a. Include those children/youth who are new entries in this
services AND who have received an initial appointment in this quarter. 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 of a and 2b above and 2b ab	as measured by waiting time from	in this quarter as needing psychiatrist	ļ				guarter and who have received an initial appointment with a
initial appointment in this quarter. 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 and in this quarter as needing outpatient services not including psychaltry 3. Timely access to mental health outpatient services not including in this quarter as needing outpatient services not including services in this quarter as needing outpatient services not including service in this quarter as needing service of hidren/youth identified as needing service in a previous quarter and who first received service in a previous quarter and who first received service in this quarter 3. c. total number of days waiting for all children/youth identified in 3a and 3b above and to date of first appointment, in calendar days 3. number of hidren/youth waiting for outpatient services at the end of this quarter 1. YOUTH/FAMILY OUTCOMES 1. Satisfaction of youth ages 12 years and at at. number of satisfaction instruments directed towards youth distributed in quarter 1b. In os atisfaction 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. In os atisfaction instruments were returned this quarter, enter 0. 1c. number of satisfaction instruments returned in quarter that demonstrate (bildren/youth are satisfaction surveys. Enter the number of returned interpretation of satisfaction surveys. Enter the number of returned interpretation of satisfaction surveys.	request to receipt of initial appointment	services AND who have received an	1				
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initial appointment in this quarter. 2c. total number of days waiting for all children/youth identified in 2a and 2b above 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 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 doubt in the quarter of children/youth waiting for outpatient services at the end of this quarter 1i. YOUTH/FAMILY OUTCOMES 1. Satisfaction of youth ages 12 years and a pla. number of satisfaction instruments directed towards youth distributed in quarter directed towards youth distributed in quarter directed towards youth distributed in quarter defined by some speaking for the youth. Sampling is acceptable. 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		2b. number of children/youth identified in a					
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 in this quarter as needing outpatient services not including psychiatry services AND who have received this service in this quarter as needing service in this quarter as needing service in this quarter as needing service in a previous quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in this quarter and who first received service in the quarter and who first received service in the quarter and who first received service in the quarter and who first received service in the quarter and who first received the singular and and an unmber of satisfaction instruments and and the quarter and the protection of the protection of the quarter and who first received the some speaking for the quoth. Sampling is acceptable. 1b. If no satisfaction instruments were returned this quarter, enter 0. 1c. Agencies, in their QI/QA Plan, must determine the mechanism, frequency, content and interpretation of satisfaction surveys. Children/youth are satisfaction surveys. 1c. Firt returned in quarter that demonstrate and the protection of satisfaction surveys. 1c. Firt returned in quarter that demonstrate and		previous quarter AND who have received an	i				
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children/youth are satisfied Enter the number of returned instruments that demonstrate				[ļ	
	}						
		with outpatient services		i			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
Family/caregiver satisfaction	2a. number of satisfaction instruments					2a. If no satisfaction instruments were distributed this quarter,
as determined at least annually	directed towards family/caregiver distributed					enter 0. Sampling is acceptable.
	in quarter					
	2b. number of satisfaction instruments					2b. If no satisfaction instruments were returned this quarter,
	returned in quarter	<u> </u>				enter 0.
	2c. number of satisfaction instruments					2c. Agencies, in their QI/QA Plan, must determine the mechanism,
	returned in quarter that demonstrate	1		ì	İ	frequency, content and interpretation of satisfaction surveys.
	family/caregiver is satisfied with	1				Enter the number of returned instruments that demonstrate
	outpatient services					satisfaction by their agency's own measure. If 2b is 0, leave 2c blank
III. STATISTICS						
Case load/numbers served	1a. total program case load/numbers served					1a. From 1e, last quarter
	in beginning of quarter	<u> </u>				
	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				<u> </u>	1e. Enter at 1a., next quarter 1e = 1a + 1c - 1d.
	at end of guarter					, ,
	1f. number of children/youth in DHS custody	1				
	at end of quarter					

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

Comments:

March 18: Final for fy'03

HOME-BASED FAMILY SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency:	
Person Submitting Report:	

FISCAL YEAR ENDING 6/30/2003
INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

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

HOME-BASED FAMILY SERVICES

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

Comments:

March 18: Final for fy'03

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency:	
Person Submitting Penort	

FISCAL YEAR ENDING 6/30/2003

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Person Submitting Report:

Date of Report and Resubmitted Reports:						
ERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
AGENCY/PROGRAM INDICATORS		.1				
. Waiting time from eligibility	number of children/youth first identified					1a1c Number of unduplicated children/youth for whom actual
etermination to receipt of service	in this quarter as eligible AND who have received	ì		Ì		respite was provided and billing occurred (or will occur) in quarter.
	respite services this quarter	1				For 1a through d, do not count those who could have received
		ì				respite if they wanted to - but chose not to for any reason)
						Count those who received respite in their primary residence or
			<u> </u>			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	ì	1			
	services in this quarter		<u></u>			
	1c. total number of days elapsed from eligibility		i			
	to receipt of service for all children/youth in 1a and 1b		i.			
	in quarter	1	<u> </u>			
	1d. number of children/youth waiting for actual					1df. For respite programs in which the family arranges
	in-home or out-of-home respite at end of this qtr.		<u> </u>			respite, agency should report to the extent that they
	1e. number of children/youth waiting for actual]				have the information
	respite service at the end of this quarter because of	1	1			
	lack of a respite provider					1
	1f. number of children/youth waiting for actual)	ì			
	respite service at the end of this quarter because		1			
	of lack of funding		<u> </u>			
. FAMILY/CAREGIVER OUTCOMES		_	ļ			
. Family/caregiver satisfaction (as	1a. number of satisfaction instruments directed	Ì	1			1a. If no satisfaction instruments were distributed this quarter,
determined at least annually)	towards family/caregiver distributed in quarter					enter 0. Sampling is acceptable.
	1b. number of satisfaction instruments	1	1			1b. If no satisfaction instruments were returned this quarter,
	returned in quarter		ļ			enter 0
	1c. number of satisfaction instruments	1	Ì]		1c. Agencies, in their QA/QI Plan, must determine the mechanism
	returned in quarter that demonstrate	1				frequency, content and interpretation of satisfaction surveys.
	family/caregiver is satisfied with respite services	1	İ	Ì		Enter the number of returned instruments that demonstrate
			<u> </u>	<u> </u>	l	satisfaction by the agency's own measure. If 1b is 0, leave 1c blar

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RESPITE SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
III. STATISTICS						
Families having access to respite	1a. total number of families who have a respite				, <u>, , , , , , , , , , , , , , , , , , </u>	1a. From 1f, last quarter. Unduplicated number of families
	provider and who have access to respite at beginning					who are funded and can have respite as arranged by the
	of quarter					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		1			
	1f. number of families who have a respite provider					1f. Enter at 1a, next quarter. See definitions in 1a.
	and who are receiving service at end of quarter					
	1g. number of families who needed help in					
	quarter to find a respite provider		<u> </u>			

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

Comments:

March 18: Final for fy'03

MEDICATION SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency:	 	
Person Submitting Report:		

FISCAL YEAR ENDING 6/30/2003 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								
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.		
SERVICE OR FROGRAM	1b. unduplicated number of children/youth or					Submit brief summary (including nature of complaint,		
	families in 1a.					disposition, actions taken, current status) in each quarterly report		
2. Timely access from eligibility	2a. number of children/youth first found					2.a-d. Wait time is measured from elgibility determination to date		
determination to receipt of medication services	eligible and needing service in this quarter AND who have received this service in quarter					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								
Children/youth satisfaction for youth 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 aget 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					If no satisfaction instruments were returned this quarter, enter 0		
	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.		
Family/caregiver satisfaction (as determined at least annually)	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					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					2c. Agencies, in their QA/QI Plan, must determine the mechanism,
	returned in quarter that demonstrate					frequency, content and interpretation of satisfaction surveys.
	family/caregiver is satisfied with	ŀ				Enter the number of returned instruments that demonstrate
	medication services	<u> </u>				satisfactionby the agency's own measure. If 2b is 0, leave 2c blank.
III. STATISTICS						
Case load/numbers served	1a. total program case load/numbers					1a. From 1e, last quarter
	served beginning of quarter	l				
	1b. total number of new referrals in quarter					
	1c. new admissions in quarter					
	1d. discharges in quarter					
	1e. total program case load/numbers					1e. Enter at 1a, next quarter. 1a + 1c - 1d = 1e
	served at end of quarter	 				
	1f. number of children/youth in DHS custody		İ			
	at end of quarter	<u> </u>	<u></u>	<u> </u>		

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

Comments:

25u

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 1a. number of satisfaction 1a. If no satisfaction instruments were distributed this quarter. determined at least annually) instruments distributed in quarter enter 0. Specific to information and referral services. 1b. number of satisfaction 1b. If no satisfaction instruments were returned this quarter, instruments returned in quarter enter 0. Specific to information and referral services. 1c. number of satisfaction instruments 1c. Agencies, in their QA plan, must determine the mechanism, returned in quarter that demonstrate frequency, content and interpretation of satisfaction surveys. satisfaction with contracted info and Enter the number of returned instruments that demonstrate referral services on behalf of children satisfaction by agency's own measure. If 1b is 0, leave 1c blank. II. STATISTICS 1. Individuals served and events/ 1a. total number of people trained on behalf of children in the quarter. services provided 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

1h. Unduplicated number

session in quarter on behalf of children.

1g. total number of times groups in 1f.

1h. total number of people participating

1j. number of support groups disbanded

1k. total number of newsletters distributed

in support groups in quarter

1i. number of new support groups

met in quarter

started in quarter

in quarter

in quarter

INFORMATION AND REFERRAL SERVICES

11. total number of books, videos, audiotapes lent out on behalf of chin quarter		
1m. total number of packets of info sent out in quarter on behalf of ch		Packets such as special education regulations
1n. number of calls received in que on behalf of children	ıarter	
10. number of calls in 1n. received responded to in quarter	I AND	
1p. number of website hits in qua	rter	

E-mail:

Fax:

Phone:

Comments:

Contact person:

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RECREATION SERVICES

Agency:	
Porcon S	uhmitting Panert

FISCAL YEAR ENDING 6/30/2003

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

					esubmitted	
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
Timely access to services, as measured by waiting time from eligibility determination to receipt of services	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 (le., but chose not to for
	 number of children/youth needing service in a previous quarter and who first received service in this quarter 					some reason). Count those who received social/recreational services. Date is actual date of social/recreation service.
	1c. total number of days waiting for all children/youth identified in 2a and 2b above					
	number of children/youth waiting for service in this quarter					Number waiting after eligibility has been determined.
	number of children/youth in 1d. waiting due to lack of funding					
II. YOUTH/FAMILY OUTCOMES						
Children/youth satisfaction for youth 12 years and older (as determined at least annually)	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.
	number of satisfaction instruments returned in quarter					If no satisfaction instruments were returned this quarter, enter 0
	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.
Family/caregiver satisfaction (as determined at least annually)	2a. number of satisfaction instruments directed towards family/caregiver distributed in quarter					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.

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RECREATION SERVICES

III. STATISTICS		
Children/youth having access to	1a. total children/youth having access to	1a. From 1d, last quarter. Unduplicated number children/youth who
social/recreation services	social/rec services at beginning of quarter	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	1d. Defined as including children/youth from any quarter for whom
	access to social/rec services at end of qtr.	funding is approved/allotted

Contact Person:

Contact Phone:

Fax:

E-mail:

Comments:

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

CHILDREN'S SERVICES PERFORMAN	ICE INDICATOR AND (OUTCOME REPORTING FORM

Agency.	
Person Submitting Report:	

FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report or Resubmitted Report:

Date of Report or Resubmitted Re						
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS		.]				
Written grievances filed and	1a. number of written gnevances					1a.and b. Include only issues that have reached the grievance
substantiated by agency WITHIN THIS	reviewed and substantiated in quarter	1	ł		1	stage according to Rights of Recipients. For those not covered
SERVICE OR PROGRAM		1	1	ŀ	İ	by Rights of Recipients, report written formal complaints filed with
	1b. unduplicated number of children/					agency. Submit brief summary (including nature of complaint,
	youth or families in 1a.]		1	disposition, actions taken, current status) in each quarterly report
			l			,,
2. CAFAS/CALOCUS assessments	2a. number of initial and discharge					
completed	CAFAS/CALOCUS assessments				1	
•	completed in quarter	1	Į.			
II. YOUTH/FAMILY OUTCOMES		1				
Children/youth satisfaction for youth	1a. number of consumer satisfaction	1				1. Agencies, in their QI/QA plan, must determine mechanism,
age 12 and above (as determined at least	instruments directed towards	l			i .	frequency, content and interpretation of satisfaction surveys.
annually)	children/youth distributed in quarter					It is understood that some youth age 12 and above cannot
	specific to ACT team services	1	,		\	be surveyed for opinions due to level of functioning. Include only
	opcomo to 7 to 1 touri del vices			l	İ	surveys provided to get youth opinion directly; do not include
					1	surveys completed by someone speaking for the youth.
						Sampling is acceptable. Enter 0, if none distributed in quarter.
	1b. number of satisfaction instruments	 			 	1b. If no satisfaction instruments were returned this quarter.
	returned in quarter specific to ACT				1	lenter 0.
	team services					lenter o.
	1c. number of satisfaction instruments				 	1c. If 1b. Is 0, leave 1c blank.
	returned in guarter that demonstrate					10. II 15. IS 0, ICAVE TO BIATIK.
	youth are satisfied with team services		1	Ī	1	
Family/caregiver satisfaction	2a. number of satisfaction instruments		 		 	2a. If no satisfaction instruments were distributed this quarter,
(as determined at least annually)	directed towards family/caregiver	1	i	ĺ	i	lenter 0. Sampling is acceptable.
(as determined at least annually)	distributed in quarter	1		Ì	1	letter of Sampling is acceptable.
	2b. number of satisfaction instruments	 				2b. If no satisfaction instruments were returned this quarter,
	returned in quarter	1	l	Į.	Į.	lenter 0.
	2c. number of satisfaction instruments	-			 	2c. If 2b is 0, leave 2c blank.
				ļ		2C. If 2D is 0, leave 2C blank.
	returned in quarter that demonstrate				1	
	family/caregiver is satisfied with team		1			
Psychiatric hospitalization	services 3a. number of children receiving	 		ļ		2a. Undustrated number
o. rsychiatric nospitalization	•				1	3a. Unduplicated number
	services in quarter	4				
	3b. number of children receiving					3b. If no children were admitted to hospitals or medical units
	services who were admitted to			1	1	for psychiatric reasons in state or out of state in quarter, enter
	hospitals for psychiatric reasons in	1		1	1	Include children admitted in lieu of a psychiatric unit. Include
	quarter					voluntary and involuntary admissions.
	3c. total number of days all children in				1	
	3b. were in psychiatric hospitals in					
	quarter					·
	3d. number of calendar days children	1		1	1	
	were in other out of home settings	ł	l	1		

4. School	4a. number of children attending school without support at end of quarter	"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		
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.
	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:
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Comments:

OTHER SUPPORT SERVICES

CHILDREN'S SERVICES PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency.	-		 	 	
Person S	Submitting Rep	ort:	 	 	

FISCAL YEAR ENDING 6/30/2003

INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

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				l		
Written grievances filed and	1a. number of written grievances reviewed					1a.and b. Include only issues that have reached the grievance stage
substantiated by agency WITHIN THIS	and substantiated in quarter			1		according to Rights of Recipients. For those not covered by Rights
SERVICE OR PROGRAM	·				l	of Recipients, report written formal complaints filed with agency.
	1b. unduplicated number of children/youth or					Submit brief summary (including nature of complaint, disposition,
	families in 1a.	i		ļ		actions taken, and current status) in each quarterly report
2. Timely access to services, as	2a. number of children/youth first identified					2a. and 2b. To receipt of assignment
measured by waiting time from completed	in this quarter as needing service			1		
application/intake to actual assignment	AND who have received service in this				İ	
	quarter	1		1	1	
	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	ì	1	1	1	
	2d. number of children/youth waiting for	-	 		-	
				1	1	
II. YOUTH/FAMILY OUTCOMES	services at the end of this quarter		ļ		ļ	
					ļ	
Children/youth satisfaction for youth 12	1a. number of satisfaction instruments					1a. If no satisfaction instruments were distributed this quarter,
years and older (as determined at least	directed towards children/youth distributed					enter 0. It is understood that some youth age 12 and above cannot
annually)	in quarter					be surveyed for opinions due to level of functioning. Include only
				l		surveys provided to get youth opinion directly; do not include surveys
			1	į.	1	completed by someone speaking for the youth. Sampling is
						acceptable.
	1b. number of satisfaction instruments		l		ĺ	1b. If no satisfaction instruments were returned this quarter,
	returned in quarter					enter 0
	1c. number of satisfaction instruments					1c. Agencies in their QA/QI Plan must determine the mechanism
	returned in quarter that demonstrate children/	1	ł	}	ł	frequency, content and interpretation of satisfaction surveys.
	youth are satisfied with service					Enter the number of returned instruments that demonstrate
						satisfaction by the agency's own measure. If 1b is 0, leave 1c blank.
Family/caregiver satisfaction (as	2a. number of satisfaction instruments					2a. If no satisfaction instruments were distributed this quarter,
determined at least annually)	directed towards family/caregiver distributed					enter 0. Sampling is acceptable.
•	in quarter				Ì	
	2b. number of satisfaction instruments					2b. If no satisfaction instruments were returned this quarter,
	returned in guarter					enter 0
	2c. number of satisfaction instruments	 	 	 	<u> </u>	2c. Agencies in their QA/QI Plan must determine the mechanism
	returned in quarter that demonstrate					frequency, content and interpretation of satisfaction surveys.
1	family/caregiver is satisfied with service				1	Enter the number of returned instruments that demonstrate
	Talling Calegree is satisfied with service					satisfaction by the agency's own measure. If 2b is 0, leave 2c blank.
			<u> </u>		<u> </u>	padiataction by the agency's own measure. If Zu is 0, leave ZC blank.

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OTHER SUPPORT SERVICES

PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
III. STATISTICS					·	
Case load/numbers served	 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					
	 total number of children/youth receiving services at end of quarter 					1e. Enter at 1a., next quarter 1a + 1c - 1d = 1e
	 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:

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

		121 212		Date of Re	port and R	Resubmitted Reports:
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
STATISTICS						
. Individuals served and events/services		1		1		i
rovided	behalf of adults in quarter					
	1b. number of workshops on behalf		ì			
	of adults in quarter			<u> </u>		
	1c. number of times workshops in 1b.					
	met in quarter.		 			
	1d. number of workshops in 1c		i	•		
	held specifically for community service	ĺ		Ì		
	providers					
	1e. number of support groups					
	on behalf of adults in quarter				<u> </u>	
	1f. number of times support groups					
	in 1e. met in quarter			l	Í	
	1g. number of newsletters distributed					
	in quarter				_	
	1h. number of books, videos, and					
	audiotapes lent out on behalf of adults		j	1	1	
	in quarter					
	1i. number of adult-related packets					-
	of information sent out in quarter		İ	1	<u> </u>	
	1j. number of calls received on					
	behalf of adults in quarter		<u> </u>			
	1k. number of website hits in quarter					
		1		i		

Comments:

RESPITE SERVICES

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM			Agency:					
FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FOR	THE QUARTER JUST ENDING				Person Submitting Report:			
	THE GOVERNATION OF ENDINGS				Date of Re	eport 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								
Waiting for respite services	1a. number of people waiting for respite services at the end of the quarter.							
	number of people waiting for actual respite service at the end of the quarter because of lack of a respite provider							
	number of people waiting for actual respite service at the end of the quarter because of lack of funding							
II. STATISTICS								
Individuals having access to respite	number of individuals who have a respite provider and who have access to respite at the beginning of the quarter					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		ļ					
	1e. number of individuals in 1d. who were age 60							
	and over		J	<u>L</u>	<u>L</u>			
Contact Person:	Contact Phone:	Fax:			E-mail:			

Comments:

RESIDENTIAL SERVICES

FISCAL YEAR ENDING 6/30/2003				Person Su	bmitting R	eport:
NSTRUCTIONS: FILL IN RESULTS FOR	R THE QUARTER JUST ENDING.			Date of Re	port and R	tesubmitted Report:
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31			Additional Requirements and Explanations
AGENCY/PROGRAM INDICATORS						
. Written level I grievances filed and ubstantiated by agency WITHIN THIS ERVICE OR PROGRAM	1a. number of written level 1grievances reviewed and substantiated in quarter					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
	1b. unduplicated number of people in 1a.					requires a remedy." Submit bnef summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
. Timely access to a psychiatrist	number of people waiting for a psychiatrist for a first appointment at end of quarter					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					
. Waiting for residential services	3a. number waiting for residential services at end of quarter					Include those who have been determined eligible and are waiting.
. CONSUMER OUTCOMES						
. Psychiatric hospitalization	number of people receiving services who were admitted to psychiatric hospitals in the quarter					
	number of people receiving services who were held in county jails in the quarter					1b. Do not include those waiting for commitment
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.
II. STATISTICS						
. 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					

ADULT MENTAL HEALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM

Agency:		
Person Submitting Report:		·····

FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.

Date of Report and Resubmitted Reports:

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

CRISIS SERVICES

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

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 INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.	Person Submitting Report:

	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											
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					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					
	1b. unduplicated number of people in 1a.					requires a remedy." Submit bnef summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report of substantiated grievances.					
2. Timely access to a psychiatrist	number of people waiting for a psychiatrist for an initial appointment at the end of the quarter					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										
Waiting time from eligibility determination to assignment of community support worker	a. number of people assigned to a community support worker in the quarter within 3 days of eligibility determination in quarter					Community support worker = community support workers, intensive case managers, case managers, or others as defined in contract					
II. CONSUMER OUTCOMES		†	†	<u> </u>	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											
Case load/numbers served	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										

N-4-4 D	Db	Ease	E-mail
Contact Person:	Phone	Fax:	c-man

Comments

Comments:

IN-HOME SUPPORT SERVICES

ADULT MENTAL HEALTH PERFORMAN	NCE INDICATOR AND OUTCOME REPORT	TING FORM		Agency: _		
FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FO	R THE QUARTER JUST ENDING.			Person Su	bmitting R	leport:
						lesubmitted Reports:
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
Written level I gnevances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1grievances reviewed and substantiated in quarter					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
	1b. unduplicated number of people in 1a.					requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
Timely access to a psychiatrist	number of people waiting for a psychiatrist for an initial appointment at the end of the quarter					 Include only those people referred by this service area for an initial appointment with a psychiatnst — 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					
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						
Case load/numbers served	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	

TRANSPORTATION SERVICES

FISCAL YEAR ENDING 6/30/2003					Dimiting it	eport:
ISTRUCTIONS: FILL IN RESULTS FO	R THE QUARTER JUST ENDING.					esubmitted Reports:
ERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
AGENCY/PROGRAM INDICATORS						
Written level I grievances filed and	1a. number of written level 1					 Include only complaints that have reached the grievance
bstantiated by agency WITHIN THIS	grievances reviewed and substantiated	İ			l	stage according to the "Rights of Recipients." "Substantiated"
ERVICE OR PROGRAM	in quarter	1				is defined as ""with apparent ment" or a "rights violation that
	1b. unduplicated number of people					requires a remedy." Submit bnef summary, including nature o
	in 1a.	1				of complaint, disposition, actions taken, and current status
		1				in each quarterly report for each substantiated grievance.
STATISTICS						
Number served	1a. unduplicated number of people					
	served in quarter	1	!		1	
	1b. total number of requests in quarter			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1b. Do not count travel reimbursed by Medicaid
	1c. number of requests authorized in					1c. Authorized = found eligible
	quarter					
	1d. number of authorized requests not					1d. Not honored = authonzed services not met
	honored in guarter.				ŀ	
	1e. total number of people served in 1a					1e. Unduplicated
	age 60 and over.	1	l		İ	·
ontact Person:	Phone:	Fax:			E-mail:	

MEDICATION SERVICES

ADULI MENTAL HEALTH PERFORMAN	ICE INDICATOR AND OUTCOME REPOR	TING FURN	1	Agency: _		
FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FOI	R THE QUARTER JUST ENDING.			Person Su	bmitting R	eport:
				Date of Re	port and R	esubmitted Reports:
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31	Q4 - 6/30	Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
Written level I grievances filed and	1a. number of written level 1					Include only complaints that have reached the grievance
substantiated by agency WITHIN THIS	grievances reviewed and substantiated					stage according to the "Rights of Recipients." "Substantiated"
SERVICE OR PROGRAM	in quarter	i	,		1	is defined as ""with apparent merit" or a "rights violation that
	1b. unduplicated number of people					requires a remedy." Submit brief summary, including nature of
	in 1a.			£1		of complaint, disposition, actions taken, and current status
						in each quarterly report for each substantiated grievance.
2. Timely access to mental health	2a. number of people waiting for					Include those whohave been determined eligible and are
medication services	medication services at the end of					waiting for medication services.
	quarter					
	2b. number of people in 2a. who are				1	
	age 60 and over.	Į.	1			
II. STATISTICS		1				
Individuals served	1a. total program case load beginning		1			
	of quarter		ł			
	1b. number of new admissions in				<u> </u>	
	quarter	İ				
	1c. number of discharges in quarter	1				
	Train trainister or closing goo in quarter		1			
	1d. number of people served age 60		T			
	and over.					
Contact Person:	Phone:	Fax:			E-mail:	
Comments:						

OUTPATIENT and PROFESSIONAL SERVICES

FISCAL YEAR ENDING 6/30/2003					Person Submitting Report:				
NSTRUCTIONS: FILL IN RESULTS FO	R THE QUARTER JUST ENDING.	Date of Pe	nort and P	esubmitted Reports;					
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31			Additional Requirements and Explanations			
. AGENCY/PROGRAM INDICATORS		1							
Written level I grievances filed and	1a. number of written level 1					Include only complaints that have reached the gnevance			
substantiated by agency WITHIN THIS	grievances reviewed and substantiated	1				stage according to the "Rights of Recipients." "Substantiated"			
SERVICE OR PROGRAM	in quarter	<u> </u>		'		is defined as ""with apparent merit" or a "rights violation that			
	1b. unduplicated number of people					requires a remedy." Submit bnef summary, including nature of			
	in 1a.					of complaint, disposition, actions taken, and current status			
						in each quarterly report for substantiated gnevances.			
2. Timely access to a psychiatrist	2a. number of people waiting for a					2. Include only those referred by this contracted service area -			
	psychiatrist for a first appointment					to psychiatrists both inside and outside of the agency – even.			
	at end of quarter		ļ	l	l	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	3a. number of people waiting for	 	<u> </u>			Include those who have been determined eligible and are			
outpatient services	these outpatient services at end of	1	ì	1	ì	waiting for the outpatient services being provided through the			
	quarter					contract being reported on in this report.			
	3b. number of people in 3a. who are								
	age 60 and over.								
II. STATISTICS									
Individuals served	 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	<u> </u>							
Contact Person:	Phone:	Fax:			E-mail:				

SOCIAL CLUBS

ADULT MENTAL HEALTH PERFORMAN	ICE INDICATOR AND OUTCOME REPOR	RTING FORI	М	Agency: _				
FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.				Person Submitting Report: Date of Report and Resubmitted Report:				
memoriale. The investment of the government of the control of the								
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31	Q3 - 3/31				
I. AGENCY/PROGRAM INDICATORS								
Written Level 1 grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	number of written level 1 gnevances reviewed and substantiated in quarter.					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		
	unduplicated number of people in la.					requires a remedy." Submit brief summary of all substantiated grievances, including nature of complaint, disposition, actions taken, and current status in each quarterly report.		
II. STATISTICS								
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:								

ACT TEAM

FISCAL YEAR ENDING 6/30/2003			Person Submitting Report:			
INSTRUCTIONS: FILL IN RESULTS FO	R THE QUARTER JUST ENDING.			Date of Re	port and R	esubmitted Reports:
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31			Additional Requirements and Explanations
I. AGENCY/PROGRAM INDICATORS						
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					Include only complaints that have reached the grievance stage according to the "Rights of Recipients." "Substantiated" is defined as ""with apparent merit" or a "nghts violation that
	1b. unduplicated number of people in 1a.		I			requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.
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					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		 				
Psychiatric hospitalization	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						
Case load/numbers served	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:

RECREATIONAL, SOCIAL AND LEISURE SERVICES

ADULT MENTAL REALTH PERFORMANCE INDICATOR AND OUTCOME REPORTING FORM				Agency:					
FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FOR THE QUARTER JUST ENDING.					Person Submitting Report:				
					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									
Number served	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			
	 number of authorized requests not honored in quarter. 					1d. Not honored = authonzed services not met.			
	1e. total number of people served in 1a. age 60 and over.					1e. Unduplicated			
Contact Person:	Phone:	Fax:			E-mail:				
Comments:									

RENT SUBSIDIES

TRUCTIONS FULL IN DESUITE	TOD THE OHADTED HIST ENDING					eport:		
STRUCTIONS: FILL IN RESULTS	FOR THE QUARTER JUST ENDING.	Date of Report and Resubmitted Reports: J31 Q3 - 3/31 Q4 - 6/30 Additional Requirements and Explanations						
STATISTICS								
. Number served	unduplicated number of people served in quarter							
	1b. total number of requests in quarter							
	number of requests authorized in quarter					1c. Authorized = found eligible		
	 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:			

DAY TREATMENT

ADULT MENTAL HEALTH PERFORMAN	ICE INDICATOR AND OUTCOME REPORT	Agency:								
FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FOR	R THE QUARTER JUST ENDING.			Person Submitting Report: Date of Report and Resubmitted Reports:						
PERFORMANCE INDICATOR	MEASURE	Q1 - 9/30	Q2 - 12/31			Additional Requirements and Explanations				
I. AGENCY/PROGRAM INDICATORS		1			<u> </u>					
Written level I grievances filed and substantiated by agency WITHIN THIS SERVICE OR PROGRAM	1a. number of written level 1 grevances reviewed and substantiated in quarter 1b. unduplicated number of people in 1a.					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 bnef summary, including nature of of complaint, disposition, actions taken, and current status				
						in each quarterly report for substantiated gnevances.				
Waiting from eligibility determination for day treatment services until receipt of services	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										
Psychiatric hospitalization	number of adults receiving services who were admitted to psychiatric hospitals in quarter									
III. STATISTICS										
Case load/numbers served	total program case load beginning of quarter									
	number of new admissions in quarter									
	1c. discharges in quarter									
	1d. number of people served age 60 and over.									
Contact Person: Comments:	Phone:	Fax:			E-mail:					

OTHER SUPPORT SERVICES

ADULT MENTAL HEALTH PERFORMAN	ICE INDICATOR AND OUTCOME REPORT	Agency:								
FISCAL YEAR ENDING 6/30/2003 INSTRUCTIONS: FILL IN RESULTS FO	R THE QUARTER JUST ENDING			Person Submitting Report: 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										
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					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				
	1b. unduplicated number of people in 1a.					requires a remedy." Submit brief summary, including nature of of complaint, disposition, actions taken, and current status in each quarterly report for substantiated grievances.				
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					Report only for supported housing services; others may leave blank.				
II. CONSUMER OUTCOMES										
Psychiatric hospitalization	1a. number of adults receiving services who were admitted to psychiatric hospitals in quarter	:				Report only for supported housing services; others may leave blank.				
III. STATISTICS										
Case load/numbers served	 total program case load beginning of quarter 					 Report number of individuals who are in the process of being served 				
	1b. number of new admissions in quarter					For self help services, report number of people seeking service in quarter				
	1c. discharges in quarter					For self help services, report number of people who received service in quarter				
	1d. number of people served age 60 and over.					Report only for supported housing services; others may leave blank.				
Contact Person: Comments:	Phone:	Fax:		_	E-mail:					

Appendix G: Rate Setting Procedures

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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:	
2	BDS Region:	
Ę	Contact Person	
6	Contact's Email Address	
7	Contact's Phone Number	
3	Type of TCM Service Provided by A	gency:
		LEVEL 1
		LEVEL 2

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

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

PROVIDER NAME:

			TYPE	OF SERVICE:	I	TIME NOT COV	ERED by TCM	1		LE	/EL 1		l		LEVEL 2	
, A	В	C	D	E	F	G	Н	ı	F	G	н	1	F	G	н	1 1
		AGENCY	TOTAL AGENCY	TOTAL AGENCY TAXES &	% of Direct Care Service	Portion of Direct Care	Direct Care Service	Direct Care Service Taxes &	% of Direct Care Service	Portion of Direct Care	Direct Care Service	Direct Care Service Taxes	% of Direct Care Service	Portion of Direct Care	Direct Care	Direct Care Service Taxes
JOB TITLE .	CREDENTIAL (eg. MHRT II, LCSW)		SALARIES	BENEFITS	Time	FTE	Salaries	Benefits	Time	FTE	Salaries	& Benefits	Time		Service Salaries	
	Ist each Job Title & Credential							Donones			00101103	G Denotity	11176		Jervice Jaiaries	a Benefits
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		l			L	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		l				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		LI				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
N		ļl				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
6						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
<u> </u>						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
			•			0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
TOTAL DIRECT CARE PERSON	NEL		0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00

SALARY ALLOCATION

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

PROVIDER	NAME:
----------	-------

_	_			OF SERVICE:		TIME NOT CO	VERED by TCM		F	LE	VEL 1		l		LEVEL 2	
1 ^	В	C	D	E	F	G	Н	ı	F	G	н	I .	F	G	Н	1
	CREDENTIAL (eg. MHRT II, LCSW)		TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	% of Direct Support Service Time	Portion of Direct Support FTE	Direct Support Salaries	Direct Support Taxes & Benefits	% of Direct Support Service Time	Portion of Direct Support FTE	Direct Support Salaries	Direct Support Taxes & Benefits	% of Direct Support Service Time	Direct	Direct Support Salarles	Direct Support Taxes & Benefits
2. DIRECT SUPPORT POSITION	NS (List each Job Title& Creden	tials)				,										
					ļ	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
					ļ	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
					<u> </u>	0.000 0.000	0.00 0.00	0.00 0.00		0.000 0.000	0.00 0.00	0.00 0.00		0.000 0.000	0.00 0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
					<u> </u>	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
				•••		0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
					ļ	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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TOTAL DIRECT SUPPORT PER	SONNEI		0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
TOTAL DIRECT OUT FOR FEIN			0.00	0.00		0.000	0.00	0.00	1	0.000	0.00	0.00	l	0.500	0.00	0.00
Α .	В				-					C	. D	E		_ D	E	F
JOB TITLE	OPENETIAL (MUNT # 1 00MB				l					Rate per Hour	Number of	Total Amount		Rate per	Number of	Total Amount
	CREDENTIAL (eg. MHRT II, LCSW)				ļ					HOUF	Hours	Paid	İ	Hour	Hours	Paid
3. Consultant Services (List Ar	rea(s) of Consultations)				l											
***************************************												0.00 0.00				0.00 0.00
												0.00				0.00
												0.00				0.00
												0.00				0.00
												0.00				0.00
												0.00				0.00
TOTAL CONSULTANT FEES											0.00	0.00			0.00	0.00
					i				İ							,

SALARY ALLOCATION

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

PROVIDER NAME:

0

				E OF SERVICE:		TIME NOT CO	/ERED by TCM			LE	/EL 1			!	EVEL 2	•
Α	В	C	Ď	E TOTAL	F % of	G	н	i Indirect	F % of	G	н	ı	F % of	G	Н	1
			TOTAL	AGENCY	Indirect	Portion of	Indirect	Service	Indirect		Indirect	Indirect Service	Indirect			Indirect Service
<u> </u>		AGENCY	AGENCY	TAXES &	Service	Indirect	Service	Taxes &	Service	Portion of	Service	Taxes &	Service	Portion of	Indirect Service	Taxes &
JOB TITLE	CREDENTIAL (eg. MHRT II, LCSW)		SALARIES	BENEFITS	Time	FTE	Salaries	Benefits	Time	Indirect FTE		Benefits	Time	Indirect FTE		Benefits
4. INDIRECT POSITIONS (List	each Job Title & Credentials)	1	_													
		1		I		0.000	0.00	0.00		0.000	0.00	0.00	<u> </u>	0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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		l				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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IUIAL INDIKECI PEKSONNI	iL.		0.00	0.00		0.000	0.00	0.00	ļ	0.000	0.00	0.00	ļ	0.000	0.00	0.00

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

Summary of Revenue & Expenses

Provider Name: 0

	Trovider radite :	•		
			TUAL COSTS FY20	
	TIME PERIOD:	7/	(1/2001 - 6/30/2 <mark>(</mark>	002
	TCM SERVICE:	LEVEL 1	LEVEL 2	TOTAL TCM COSTS
		Α	В	С
REVENUE				
MAINECARE formerly Medicaid				0.00
BDS				0.00
Medicare	_			0.00
Self Pay/ Private Client Fees Insurance/ Third Party	-			0.00 0.00
Other Revenue				0.00
Other Revenue	-			0.00
	TOTAL SERVICE REVENUE	0.00	0.00	0.00
FVDFNIČEG	TOTAL CLICATOR WEARING	0.00	0.00	0.00
EXPENSES				
Direct Service Personnel				
Direct Care Salaries(from Salary Alloca		0.00	0.00	0.00
Taxes & Benefits(from Salary Allocation Direct Support Salaries(from Salary Allo		0.00	0.00 0.00	0.00 0.00
Taxes & Benefits(from Salary Allocation		0.00	0.00	0.00
Consultant Fees	1 0110010)	0.00	0.00	0.00
TOTAL	DIRECT SERVICE PERSONNEL	0.00	0.00	0.00
Direct Service Other Costs				
Occupancy (Rent or Lease only)	ŀ			0.00
Depreciation (Building only)	ŀ			0.00
Mortgage, Interest & Real Estate Tax				0.00
Insurance				0.00
Maintenance & Repair				0.00
Utilities (Heat, Water, Sewer, & Electric				0.00 0.00
Communication Systems (Telephone, positive Equipment	bagers, computers)			0.00
Staff Travel	ļ.			0.00
Staff Training				0.00
Advertising Directly related to Staff Rec	ruitment			0.00
Program Supplies	Ļ			0.00
Office Supplies Postage	}			0.00 0.00
Printing				0.00
Membership & Dues(only one membership)	dues per year to one organization)			0.00
Other Expenses not included above	· Please itemize:			
				0.00
				0.00 0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00 0.00
				0.00
				0.00
1				0.00
тот	AL DIRECT OTHER EXPENSES	0.00	0.00	0.00
		[1	2.40

Summary of Revenue & Expenses

Provider Name: 0

TIME PERIOD:		ACTUAL COSTS FY2 7/1/2001 - 6/30/2	
TCM SERVICE:	LEVEL 1	LEVEL 2	TOTAL TCM COSTS
Indirect Personnel	· · · · · · · · · · · · · · · · · · ·		
Salaries(from Salary Allocation Sheets) Taxes & Benefits(from Salary Allocation Sheets)	0.00 0.00	0.00 0.00	0.00 0.00
TOTAL INDIRECT PERSONNEL EXPENSES	0.00	0.00	0.00
Indirect Other			
Occupancy (Rent or Lease only)			0.00
Depreciation (Building only)			0.00
Mortgage, Interest & Real Estate Tax Insurance			0.00 0.00
Maintenance & Repair			0.00
Utilities (Heat, Water, Sewer, & Electric)			0.00
Communication Systems (Telephone, pagers, computers)			0.00
Office Equipment	7.0		0.00
Staff Travel Staff Training			0.00 0.00
Advertising Directly related to Staff Recruitment			0.00
Supplies			0.00
Postage			0.00
Printing			0.00
Other Expenses not included above - Please itemize:			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
TOTAL INDIRECT OTHER EXPENSES	0.00	0.00	0.00
TOTAL TCM EXPENSES	0.00	0.00	0.00
UNITS	MONTHLY	MONTHLY	
TOTAL Billable Units of Service			0.00
BDS MAINECARE UNITS			0.00
OTHER UNITS Average Caseload per Staff		·	0.00
Average # of Months individual is in the Program			
Agency Caseload for the Time Period			
BDS MAINECARE % of Caseload			

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

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

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 unde	er 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)	
Regional Program Staff Approval Regional Contract Administrator Approval	NAME	DATE
Licensing Effective Date		

805 Community Support Services -- MAINECARE Section 17 BUDGET Worksheets (new providers only) SALARY ALLOCATION

BUDGET SALARY & BENEFITS EXPENSE PROVIDER NAME: 0
FYE: #VALUE!

, A	В	C	D D	TYPE OF SERVICE: E	TIME NO	T COVERED IN S	SECTION 17	CO F	MMUNITY SU G	PPORT SER H	vices I	ASSI F	ERTIVE COMI G	MUNITY TREA	ATMENT
POSITION TITLE 1. DIRECT CARE POSTION:	CREDENTIAL (eg. MHRT II, LCSW) S(List Position & C	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	% of Direct Care Service Time	Direct Care Service Salaries	Direct Care Service Taxes & Benefits	% of Direct Care Service Time	FTE Amount of Direct Care Service	Direct Care Service Salaries	Direct Care Service Taxes & Benefits	% of Direct Care Service Time	FTE Amount of Direct Care Service	Direct Care Service Salaries	Direct Care Service Taxes & Benefits
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TOTAL DIRECT CARE			0.00	0.00		0.00	0.00			0.00	0.00		•	0.00	0.00

# BUDGET SALARY & BENEFITS EXPENSE PROVIDER NAME: 0

FYE:

TOTAL   TOTAL   TOTAL   TOTAL   TOTAL   TOTAL   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY   AGENCY					TYPE OF SERVICE:	1	T COVERED IN :	SECTION 17	co	MMUNITY SU	IPPORT SEF	RVICES	ASSE	RTIVE COMM	IUNITY TREA	TMENT
CREDENTIAL (gs.)	<b>^</b>	В	С 	D		% of		Direct		FTE		ı	% of	FTE		Direct
2. DIRECT SUPPORT POSTIONS(List Position & Credential)			AGENCY	AGENCY	AGENCY TAXES &	Support Service	Support Service	Service Taxes &	Support Service	Direct Support	Support Service	Service Taxes	Support Service	Direct Support	Support Service	Service Taxes &
0.00					BENEFITS	Time	Salaries	Benefits	Time	Service	Salaries	& Benefits	Time	Service	Salaries	Benefits
0.00	2. DIRECT SUPPORT POS	TIONS(List Position	& Creder	itial)			0.00	0.00		1	0.00	0.00		1	2.00	
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CREDENTIAL (eg. MHRT II, LCSW)  3. Consultant Services (List Area(s) of Consultations)	. A	. в				F	G	н	F	G		н	F	G		_H.
CONSULTANT TITLE   MHRT II, LCSW   Hour   Hours   Paid   Hour   Hours   Paid   Hour   Hours   Paid   Hour   Hours   Paid   Hour   Hours   Paid   Hour   Hours   Paid   Hour   Hours   Paid   Hour   Hours   Paid   Hour   Hours   Paid   Hour   Hours   Paid   Hours   Paid   Hours   Paid   Hours   Paid   Hours   Hours   Paid   Hours   Paid   Hours   Hours   Paid   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Paid   Hours   Hours   Hours   Paid   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hours   Hou		CREDENTIAL (eq.				l						T-4-1 A	D-44	Nobas of		Total
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TOTAL CONSULTANT FEES 0.00 0.00 0.00	TOTAL CONSULTANT FE	<u> </u>								0.00				0.00		0.00

# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME: 0

FYE: #VALUE!

				TYPE OF SERVICE:		T COVERED IN S	ECTION 17	co	MMUNITY SU	IPPORT SER	VICES	ASSE	RTIVE COM	MUNITY TREA	TMENT
A POSITION TITLE	B CREDENTIAL (eg. MHRT II, LCSW)	C TOTAL AGENCY FTE	D TOTAL AGENCY SALARIES	E IUIAL AGENCY TAXES & BENEFITS	F % of Indirect Service Time	H Indirect Salaries	I Indirect Taxes & Benefits	F % of Indirect Service Time	G FIE amount of Indirect Service	H Indirect Salaries	I Indirect Taxes & Benefits	F % of Indirect Service Time	G F1E amount of Indirect Service	H Indirect Salaries	Indirect Taxes & Benefits
1. INDIRECT POSTIONS(LI	ist Position Title &	Credentia	11)	<u> </u>	1							ì			
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						0.00	0.00		-	0.00	0.00		-	0.00	0.00
						0.00	0.00		-	0.00	0.00		-	0.00	0.00
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TOTAL INDIRECT PERSON	NEL		0.00	0.00	•	0.00	0.00		•	0.00	0.00		-	0.00	0.00

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

**BUDGET SALARY & BENEFITS EXPENSE** 

PROVIDER NAME:

FYE: #VALUE!

,	WYACOL:											
				TYPE OF	IN-HOME	SUPPORT -	TRANSITION	AL LIVING				
	_	_	_	SERVICE:		SKI	LLS		IN-HOME SL			
Α	B 1	C	D	E I	F	G	н	ı	F	G	н	1
	Ì											
	J			TOTAL	% of Direct	FTE		Direct Care		FTE		Direct Car
		TOTAL	TOTAL	AGENCY	Care		Direct Care	Service	% of Direct			Service
0007101171717	CREDENTIAL (eg.	AGENCY	AGENCY	TAXES &	Service	Direct Care	Service	Taxes &	Care Service		Service	Taxes &
POSITION TITLE  I. DIRECT CARE POSTION	MHRT II, LCSW)	FTE	SALARIES	BENEFITS	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
I. DIRECT CARE POSTIO	NS(LIST POSITION & C	, reaentiai	,									
	T	1	<u> </u>	T		_	0.00	0.00		_	0.00	0.0
						-	0.00	0.00		-	0.00	0.0
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						_					0.00	0.00

# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME: 0
FYE:

				TYPE OF SERVICE:		SUPPORT – T SKIL		L LIVING	IN-HOME SU	IPPORT INT	ENSIVE LIV	ING SKILLS
Α	В	C	D 1	E	F	G FTE	н	l Direct	F	G FTE	н	l Direct
		İ i		TOTAL	% of Direct	Amount of	Direct	Support	% of Direct	Amount of	Direct	Support
		TOTAL	TOTAL	AGENCY	Support	Direct	Support	Service	Support	Direct	Support	Service
	CREDENTIAL (eg.	AGENCY	AGENCY	TAXES &	Service	Support	Service	Taxes &	Service	Support	Service	Taxes &
POSITION TITLE	MHRT II, LCSW)	FTE	SALARIES	BENEFITS	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits 5 8 1
DIRECT SUPPORT POST	FIONS(List Position	& Creder	itial)									
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						1	0.00	0.00	<b></b>		0.00	0.0
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							0.00	0.00		-	0.00	0.00
						] -	0.00	0.00			0.00	0.00
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						-	0.00	0.00		-	0.00	0.00
						-	0.00	0.00		-	0.00	0.00
OTAL DIRECT SUPPORT			0.00	0.00		•	0.00	0.00		•	0.00	0.00
Α	В 1	ı			F	G		H Total	F	G		н
	CREDENTIAL (eg.	]			Rate per	Number of		Amount	Rate per	Number of		Total
CONSULTANT TITLE	MHRT II, LCSW)				Hour	Hours		Pald	Hour	Hours		Amount Pai
Consultant Services (Li	st Area(s) of Cons	ultations)										
3								0.00				0.0
								0.00				0.0
								0.00				0.0
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								0.00				0.0
								0.00 0.00				0.0 0.0

# BUDGET SALARY & BENEFITS EXPENSE PROVIDER NAME: 0

FYE:

				TYPE OF SERVICE:	IN-HOME	SUPPORT 1 SKIL		AL LIVING	IN-HOME SU	PPORT - INT	TENSIVE LIVI	NG SKILLS
Α	В	С	D	E	F % 01	G FIE	н	1	F	G FIE	н	1
POSITION TITLE	CREDENTIAL (eg. MHRT II, LCSW)	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	AGENCY TAXES & BENEFITS	indirect Service Time	Amount of indirect Service	Indirect Salaries	Indirect Taxes & Benefits	% of Indirect Service Time	Amount of Indirect Service	indirect Salaries	Indirect Taxes & Benefits
1. INDIRECT POSTIONS(LI	st Position Title &	Credentia	1)									1
						] -	0.00	0.00		-	0.00	0.00
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						-	0.00	0.00		-	0.00	0.00
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	i					1 -	0.00	0.00		-	0.00	0.00
						1 -	0.00	0.00		-	0.00	0.00
TOTAL INDIRECT PERSON	NEL.		0.00	0.00		-	0.00	0.00			0.00	0.00

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

BUDGET SALARY & BENEFITS EXPENSE PROVIDER NAME: 0
FYE: #VALUE!

FYE:	#VALUE!														
												1			
				TYPE OF											
				SERVICE:		T COVERED IN	SECTION 17			JPPORT SER			RTIVE COM		
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1												1			
	J	]	j		% of			]				% of			
	l .	i		TOTAL	Direct		Direct Care	% of Direct	FTE			Direct	FTE		Direct Care
		TOTAL	TOTAL	AGENCY	Care	Direct Care	Service	Care	Amount of	Direct Care	Direct Care	Care	Amount of	Direct Care	Service
	CREDENTIAL (eg.	AGENCY	AGENCY	TAXES &	Service	Service	Taxes &	Service	Direct Care		Service Taxes	Service	Direct Care		Taxes &
POSITION TITLE	MHRT II, LCSW)	FTE	SALARIES	BENEFITS	Time	Salaries	Benefits	Time	Service	Salaries	& Benefits	Time	Service	Salaries	Benefits
1. DIRECT CARE POSTION					11110			1							
1. DIRECT CARE POSTION	da(List Position & C	PLEAGURITY!	,					i							
	·		Γ			1 000	0.00	<u> </u>	1	0.00	0.00		1	0.00	0.00
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						0.00	0.00		-	0.00	0.00		-	0.00	0.00
						0.00	0.00		-	0.00	0.00			0.00	0.00
						0.00	0.00		-	0.00	0.00		-	0.00	0.00
						0.00	0.00		-	0.00	0.00		-	0.00	0.00
						0.00	0.00		-	0.00	0.00		-	0.00	0.00
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TOTAL DIRECT CARE			0.00	0.00		0.00	0.00		•	0.00	0.00		-	0.00	0.00

# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME: 0

FYE: #VALUE!

				TYPE OF SERVICE:		T COVERED IN S	SECTION 17	co	DMMUNITY SU	IPPORT SEF	RVICES	ASSE	ERTIVE COMM	IUNITY TREA	ATMENT
Α .	В	C	D .	E	F	н	! .	F	G	н	1	F	G	н	_1
POSITION TITLE	CREDENTIAL (eg. MHRT II, LCSW)	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	% of Direct Support Service Time	Direct Support Service Salaries	Direct Support Service Taxes & Benefits	% of Direct Support Service Time	FTE Amount of Direct Support Service	Direct Support Service Salaries	Direct Support Service Taxes & Benefits	% of Direct Support Service Time	FTE Amount of Direct Support	Direct Support Service Salarses	Direct Support Service Taxes &
2. DIRECT SUPPORT POS				DENEFIIS	Turne	Salaries	benents	lime	Service	Salaries	& Benefits	Time	Service	Salaries	Benefits
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						0.00	0.00		-	0.00	0.00		<u> </u>	0.00	0.00
TOTAL DIRECT SUPPORT			0.00	0.00		0.00	0.00		•	0.00	0.00		-	0.00	0.00
Α .	В				F	G	н	F	G		н	F	G		H Total
CONSULTANT TITLE	CREDENTIAL (eg. MHRT II, LCSW)							Rate per Hour	Number of Hours		Total Amount Paid	Rate per Hour	Number of Hours		Amount Paid
3. Consultant Services (L	ist Area(s) of Consu	ultations)						11001	110013			11001	1,00.0		
A. Addisorrant caractes (F									T		0.00				0.00
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TOTAL CONSULTANT FEE	:5				1				0.00		0.00	1	0.00		0.00

**BUDGET SALARY & BENEFITS EXPENSE** 

PROVIDER NAME: 0

FYE:

				TYPE OF SERVICE:		T COVERED IN S	ECTION 17	co	MMUNITY SU	PPORT SER	VICES	ASSE	RTIVE COM	MUNITY TREA	TMENT
A	В	С	D	E   IUIAL	F % of	н	1	F % of	G FIE	н	i	F % of	G FIE	н	1
POSITION TITLE	CREDENTIAL (eg. MHRT II, LCSW)	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	AGENCY TAXES & BENEFITS	Indirect Service Time	indirect Salaries	Indirect Taxes & Benefits	Indirect Service Time	amount of indirect Service	Indirect Salaries	Indirect Taxes & Benefits	Indirect Service Time	amount of indirect Service	Indirect Salaries	Indirect Taxes & Benefits
1. INDIRECT POSTIONS(L	st Position Title &	Credentia	1)				Į		_						
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***						0.00	0.00		-	0.00	0.00		-	0.00	0.00
TOTAL INDIRECT PERSON		<u> </u>				0.00	0.00		-	0.00	0.00		-	0.00	0.00

# BDS Community Support Services -- MAINECARE Section 17 BUDGET Worksheets (new providers only) SALARY ALLOCATION

# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME: 0

_	_	_	_	SERVICE:	ı <u>-</u>	SKI G			IN-HOME SU			
A	В	C	D	E	F	G	н	ı	F.	G	н	ı
	CREDENTIAL (eg.	TOTAL	TOTAL AGENCY	TOTAL AGENCY TAXES &	% of Direct Care Service		Direct Care Service	Direct Care Service Taxes &	% of Direct	FTE Amount of Direct Care	Direct Care Service	Direct Ca Service Taxes &
POSITION TITLE	MHRT II, LCSW)	FTE	SALARIES	BENEFITS	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
RECT CARE POSTIO	NS(List Position & C	Credential)	)									
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# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME: 0

FYE:

				TYPE OF SERVICE:		SUPPORT - 1 SKIL		IAL LIVING	IN-HOME SU	JPPORT IN	TENSIVE LIV	ING SKILLS
A	В	С	D	, E	F	G FTE	н	I Direct	F	G FTE	н	i Direct
		TOTAL	TOTAL	TOTAL AGENCY	% of Direct Support	Amount of Direct	Direct Support	Support Service	% of Direct Support		Direct Support	Support Service
	CREDENTIAL (eg.	AGENCY	AGENCY	TAXES &	Service	Support	Service	Taxes &	Service	Support	Service	Taxes &
POSITION TITLE	MHRT II, LCSW)	FTE	SALARIES	BENEFITS	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
DIRECT SUPPORT POS				DETTECTION	1	CCIVICO	Outerios	Dononia		Gervice	Jaiailus	Donenta
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						-	0.00	0.00		-	0.00	0.00
							0.00	0.00		-	0.00	0.00
OTAL DIRECT SUPPORT			0.00	0.00		•	0.00	0.00		•	0.00	0.00
A	В	ı			F	G		H Total	F	G		н
	CREDENTIAL (eg.	1			Rate per	Number of		Amount	Rate per	Number of		Total
CONSULTANT TITLE	MHRT II, LCSW)	1			Hour	Hours		Paid	Hour	Hours		Amount Pale
. Consultant Services (L	ist Area(s) of Consu	iltations)					······································		131			
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OTAL CONSULTANT FE	FE					0.00		0.00		0.00		0.00

# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME: 0

FYE: #VALUE!

11.	#VALUE:											
				TYPE OF	IN-HOME	SUPPORT - 1	TRANSITIONA	AL LIVING				
				SERVICE:		SKII			IN-HOME SU	IPPORT IN	TENSIVE LIV	NG SKILLS
A	В	С	D	IUIAL	F % of	G +1 <b>5</b>	н	1	F	G +1 <b>±</b>	н	ı
		TOTAL	TOTAL	AGENCY	Indirect	Amount of		Indirect	% of Indirect			indirect
	CREDENTIAL (eg.	AGENCY	AGENCY	TAXES &	Service	Indirect	Indirect	Taxes &	Service	Indirect	Indirect	Taxes &
POSITION TITLE	MHRT II, LCSW)	FTE	SALARIES	BENEFITS	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
. INDIRECT POSTIONS(	List Position Title &	Credentia	1)									
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		ļ				-	0.00	0.00		-	0.00	0.0
							0.00	0.00		-	0.00	0.0
		ļ				_ ·	0.00	0.00		-	0.00	0.00
		ļ					0.00	0.00		-	0.00	0.00
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		-					0.00	0.00				0.0
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	<del></del>						0.00	0.00		•	0.00	0.0
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		t				1 -	0.00	0.00	<b></b>	-	0.00	0.00
						1 .	0.00	0.00		-	0.00	0.00
						1 -	0.00	0.00		-	0.00	0.0
						1 .	0.00	0.00		-	0.00	0.0
	1	<u> </u>				1 -	0.00	0.00		_	0.00	0.0
***************************************		1				1 -	0.00	0.00		-	0.00	0.00
						1 -	0.00	0.00		-	0.00	0.00
OTAL INDIRECT PERSO	MNEI		0.00	0.00			0.00	0.00		-	0.00	0.00

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

# Summary of Revenue & Expense

PROVIDER NAME: 0

BUDGET COSTS FY2003

TIME PERIOD: 7/1/2002 - 6/30/2003

PENERIUS		1 COMMUNITY SUPPORT SERVICES	2 ASSERTIVE COMMUNITY TREATMENT	3 IN-HOME SUPPORT TRANSITIONAL LIVING SKILLS	4 IN-HOME SUPPORT – INTENSIVE LIVING SKILLS	TOTAL
REVENUE						
MAINECARE formerly Medicaid(Federal & Se	ed funds)					0.00
BDS(Grant Funds)						0.00
Medicare Self Pay/ Private Client Fees						0.00
Insurance/ Third Party						0.00
Other Revenue						0.00
Other Revenue						0.00
2	TOTAL SERVICE REVENUE	0.00	0.00	0.00	0.00	0.00
0						
EXPERSES					<u> </u>	
Direct Service Personnel						
Direct Care Salanes(from Salary Allocation Sh	neets)	0.00	0.00	0.00	0.00	0.00
Taxes & Benefits(from Salary Allocation sheet		0.00	0.00	0.00	0.00	0.00
Direct Support Salaries(from Salary Allocation		0.00		0.00		0.00
Taxes & Benefits(from Salary Allocation sheet	s)	0.00		0.00	0.00	0.00
Consultant Fees		0.00	0.00	0,00	0.00	0.00
TOT	AL DIRECT SERVICE PERSONNEL	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
Direct Service Other Costs						Ì
Occupancy (Rent or Lease Office Space only-	Room & Board not covered)					0.00
Depreciation (Building only)	·					0.00
Mortgage & Interest (Office Space only- Room	& Board not covered)					0.00
Insurance						0.00
Maintenance & Repair Utilities (Heat, Water, Sewer & Electric)						0.00
Communication Expenses (Telephone, Pager,	etc.)					0.00
Office Equipment or Equipment Depreciation	,					0.00
Staff Travel						0.00
Staff Training	_4					0.00
Advertising Directly related to Staff Recruitmer Program Supplies	п					0.00
Office Supplies						0.00
Postage						0.00
Printing						0.00
Membership & Dues(only one Membership/due						2.00
Other Expenses not included above - Please it	LETTHZE.					0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
-	TOTAL DIRECT OTHER PURPLES	2.00			0.00	
	TOTAL DIRECT OTHER EXPENSES	0.00	0.00	0.00	0.00	0.00
		l l			ı .	Į

# Summary of Revenue & Expense

PROVIDER NAME :

0

BUDGET COSTS FY2003

TIME PERIOD: 7/1/2002 - 6/30/2003

Indirect Personnel	1 COMMUNITY SUPPORT SERVICES	2 ASSERTIVE COMMUNITY TREATMENT	3 IN-HOME SUPPORT TRANSITIONAL LIVING SKILLS	4 IN-HOME SUPPORT INTENSIVE LIVING SKILLS	TOTAL
Salanes Taxes & Benefits	0.00 0.00	0.00 0.00	0.00 0.00		0.00 0.00
TOTAL INDIRECT PERSONNEL EXPENSES	0.00	0.00	0.00	0.00	0.00
Indirect Other  Occupancy (Rent or Lease Office Space only- Room & Board not covered)  Depreciation (Building only)					0.00
Mortgage, Interest & Real estate tax(Office Space only-Room & Board not covered) Utilities (Heat, Water, Sewer & Electnc) Communication Expenses (Telephone, Pager, etc.)					0.00 0.00 0.00 0.00
Maintenance & Repair Insurance Office Squipment or Equipment Depreciation					0.00 0.00 0.00
Staff Training Staff Travel Advertising Directly related to Staff Recruitment					0.00 0.00 0.00
Office Supplies Postage Printing					0.00 0.00 0.00
Other Expenses not included above - Please itemize:					0.00 0.00 0.00 0.00
					0.00 0.00 0.00
					0.00 0.00 0.00
TOTAL INDIRECT OTHER EXPENSES	0.00	0.00	0.00	0.00	0.00
TOTAL SERVICE COSTS	0.00	0.00	0.00	0.00	0.00
UNITS Units Measured TOTAL Units of Service Provided BDS MAINECARE UNITS ALL OTHER UNITS TOTAL NUMBER of INDIVIDUALS SERVED	HOURLY	MONTHLY	HOURLY	PER DIEM	

# 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	

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

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

PROVIDER NAME:

0

			TYP	E OF SERVICE:	TIME	NOT COVERED by F	SD Service	FSD	TION 24)		
A	В	С	D	E	F	G	Н	I	J	κ	L
						Direct Care	Direct Care			Direct Care	Direct Care
				TOTAL	% of other	Service	Service Taxes		Portion of DC	Service	Service Taxes
		TOTAL	TOTAL	AGENCY	program	Salaries	& Benefits	% of Day	FTE allocated	Salaries	& Benefits
		AGENCY	AGENCY	TAXES &	Service	allocated to	allocated to	Hab Service	to Day Hab	allocated to	allocated to Day
JOB TITLE	Qualifications	FTE	SALARIES	BENEFITS	time	other programs	other programs	Time	service	Day hab	Hab
1. DIRECT CARE POSITIONS						F*D	F*E		I*C	I*D	I*F
						0.00			0.000	0.00	0.00
						0.00			0.000	0.00	
						0.00			0.000	0.00	
						0.00			0.000	0.00	
			····			0.00			0.000	0.00	
						0.00			0.000	0.00	
						0.00			0.000	0.00	
		<u> </u>				0.00			0.000	0.00	
						0.00			0.000	0.00	
	<u> </u>					0.00			0.000	0.00	
						0.00			0.000	0.00	
		++				0.00			0.000	0.00	
					·	0.00			0.000	0.00	
						0.00 0.00			0.000 0.000	0.00	
						0.00			0.000	0.00 0.00	
			***************************************			0.00			0.000	0.00	
		<del>                                     </del>				0.00			0.000	0.00	
TAL DIRECT CARE PERSONNEL		0.00	0.00	0.00		0.00			0.000	0.00	
INE DIEG! VAIL PLROOMILE		0.00	0.00	0.00		0.00	0.00		0.000	0.00	0.00
					l			l			

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

PROVIDER NAME: 0

•	<b>.</b>	•	TYPE D	OF SERVICE:		NOT COVERED by F		FSD	SERVICE (MAIN		FION 24)
A	В	С	U	E	F	G	Н	ı	J	K	L 1
JOB TITLE	Qualifications	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	% of other program Service time		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
2.PROGRAM SUPPORT POSITION	NS					F*D	F*E		l*C	I*D	I*F
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00 0.00	0.00 0.00		0.000 0.000	0.00 0.00	0.00
						0.00	0.00		0.000	0.00	0.00 0.00
	· · · · · · · · · · · · · · · · · · ·					0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
			<del></del>		*M	0.00	0.00		0.000	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	0.00 0.00		0.000 0.000	0.00 0.00	0.00 0.00
						0.00	0.00		0.000	0.00	0.00
TOTAL PROGRAM SUPPORT PER	RSONNEL		0.00	0.00		0.00			0.000	0.00	0.00
			0.00	0.00		0.00	0.00		0.000	0.00	0.55
3. Consultant Services (List Area	a(s) of Consultations)								E Rate per Hour	F Number of Hours	G Total Amount Paid E*F
						-	!				0.00
											0.00
											0.00
									<u> </u>		0.00
	ļ										0.00
											0.00
TOTAL CONSULTANT FEES									<u></u>	0.00	0.00
										0.00	0.00

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

PROVIDER NAME:

				E OF SERVICE:	TIME	NOT COVERED by FS	D Service	FSD S	SERVICE (MAIN	ECARE SECT	TION 24)
Α	В	С	D	E	F	G	н	ı	_ J	K	L
									Portion of		
				TOTAL	% of other		G & A Taxes &		G&A FTE	G&A	G&A Taxes &
		TOTAL	TOTAL	AGENCY	program	G & A Salaries	Benefits	% of Day	allocated to	Salaries	Benefits
		AGENCY	AGENCY	TAXES &	Service	allocated to	allocated to	Hab Service	Day Hab	allocated to	allocated to Day
JOB TITLE	Qualifications	FTE	SALARIES	BENEFITS	time	other programs	other programs	Time	service	Day hab	Hab
4.GENERAL AND ADMINSTRATI	VE POSITIONS					F*D	F*E		I*C	I*D	I*F
						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
		1				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
		$\bot$				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
		ļ				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
		<b></b>				0.00	0.00		0.000	0.00	0.00
		1				0.00	0.00		0.000	0.00	0.00
		1 1				0.00	0.00		0.000	0.00	0.00
		ļ		<u> </u>		0.00	0.00		0.000	0.00	0.00
				<u> </u>		0.00	0.00		0.000	0.00	0.00
TOTAL G & A PERSONNEL			0.00	0.00		0.00	0.00		0.000	0.00	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

COMMENTS & EXPLANATION COST REVENUE MAINECARE formerly Medicaid: BDS Agreement # BDS Agreement # BDS Agreement # BDS Agreement # Carry Över 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) Any cost included on this line should not be depreciated Office Equipment Purchases Equipment Depreciation( not including Vehicle) 0.00 Clinical Consultant (from Salary Allocation sheets) 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	
		1

# Section 24 - CHILDREN DAY HABILITAION FSD Unit and Consumer information

Provider Name: 0

TIME PERIOD: 7/01/2001 - 06/30/2002	
UNITS	
Define how units were billed to MAINECARE (formerly Medicaid) in FY02- Hourly or Per diem TOTAL Units of Service (Medicaid Units + Other Units)	
TOTAL BDS MAINECARE (formerly Medicaid) Units of Service TOTAL Other Units of Service	
Average number of members(consumers) served each month (nonduplicated)	
Average number of hours members receive service each day	
Average number of days per week members receive service	
Average number of months members is in the Program	
Total Number of Hours service provided	

# 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	1	/ )

	Provider Name( Agency):	
	Provider Address Street:	
	City, State & Zip	
2	BDS Region(s):	
bb9	Contact Person	
Д.	Contact's Email Address	
	Contact's Phone Number	
	List all MAINECARE Provider	IDs for Section 24 included in this information:
	List all MAINECARE Provide	IDs for Section 24 Included in this information:
	List all MAINECARE Provider	
	List all MAINECARE Provide	а
	List all MAINECARE Provide	a b
	List all MAINECARE Provide	a b c
	List all MAINECARE Provide	a b c d
	List all MAINECARE Provide	a b c d
	List all MAINECARE Provide	a b c d e f
	List all MAINECARE Provide	a
	List all MAINECARE Provide	a
	List all MAINECARE Provide	a

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

PROVIDER NAME: 0

			TYPI	E OF SERVICE:	TIME	NOT COVERED by F	SD Service	FSD	SERVICE (MAIN	ECARE SECT	ΓΙΟΝ 24)
A	В	С	D	E	F	G	н	1	J	ĸ	L
						Direct Care	Direct Care			Direct Care	Direct Care
				TOTAL	% of other	Service	Service Taxes		Portion of DC	Service	Service Taxes
		TOTAL	TOTAL	AGENCY	program	Salaries	& Benefits	% of Day	FTE allocated	Salaries	& Benefits
		AGENCY	AGENCY	TAXES &	Service	allocated to	allocated to	Hab Service	to Day Hab	allocated to	allocated to Day
JOB TITLE	Qualifications	FTE	SALARIES	BENEFITS	time	other programs	other programs	Time	service	Day Hab	Hab
1. DIRECT CARE POSITIONS						F*D	F*E		I*C	I*D	i*E
						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			0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
			<b></b>			0.00	0.00		0.000	0.00	0.00
<u> </u>						0.00	0.00		0.000	0.00	0.00
		ļ				0.00			0.000	0.00	0.00
		<b></b>				0.00	0.00		0.000	0.00	0.00
						0.00	0.00		0.000	0.00	0.00
		<del>                                     </del>		ļ	<u> </u>	0.00	0.00		0.000	0.00	0.00
		<b> </b>				0.00			0.000	0.00	0.00
<u> </u>						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

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

PROVIDER NAME: TYPE OF SERVICE: **FSD SERVICE (MAINECARE SECTION 24)** TIME NOT COVERED by FSD Service В Α C Е G κ Program Program Portion of Program Program TOTAL % of other Support **Support Taxes** Support FTE Support Support Taxes TOTAL. TOTAL **AGENCY** program Salaries & Benefits % of Day allocated to Salaries & Benefits **AGENCY AGENCY** TAXES & Service allocated to allocated to Hab Service Day Hab allocated to allocated to Day JOB TITLE Qualifications FTE **SALARIES BENEFITS** other programs other programs time Time service Dav Hab Hab 2.PROGRAM SUPPORT POSITIONS F*D F*E I*C I*D I*E 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 0.00 0.000 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 Ε 26ff G Number of Total Amount Rate per Hour Hours Paid 3. Consultant Services (List Area(s) of Consultations) E*F 0.00 0.00 0.00 0.00 0.00 0.00 0.00 **TOTAL CONSULTANT FEES** 0.00 0.00 В Ε F Α C D G н Κ L Portion of TOTAL % of other G & A Taxes & **G&A FTE** G&A **G&A Taxes &** TOTAL **TOTAL AGENCY** program G & A Salaries Benefits % of Dav allocated to Salaries **Benefits AGENCY** TAXES & **AGENCY** Service allocated to allocated to Hab Service Day Hab allocated to allocated to Day JOB TITLE Qualifications FTE **SALARIES BENEFITS** time other programs other programs Time service Day hab Hab 4.GENERAL AND ADMINISTRATIVE POSITIONS F*D F*E I*C I*D I*E 0.00 0.00 0.00 0.000 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
FSD cost information FY02 Adult.xls 0.00

Page 2 of 3

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

PROVIDER NAME:

0

	TYPE OF SERVICE: TIME NOT COVERED by FSD Service FSD SERVICE (MAINECARE SECTION 24)								24)
				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
26				0.00	0.00		0.000	0.00	0.00
00				0.00	0.00		0.000	0.00	0.00
TOTAL G & A PERSONNEL	0.00	0.00		0.00	0.00		0.000	0.00	0.00

# Section 24 - ADULT DAY HABILITATION

# Schedule of Revenue & Expenses

TOTAL DIRECT OTHER EXPENSES

Provider Name: 0

Actual Cost for Provider's Trail Balance

TIME PERIOD: 7/1/2001 - 6/30/2002 Trial Balance information COMMENTS & EXPLANATION COST 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** Personne! 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 Transporation Cost (Please Explain what for) Other Expenses not included above - Please itemize & explain

26hh Page 1 of 2 FSD cost information FY02 Adult xls

0.00

# Section 24 - ADULT DAY HABILITATION

# Schedule of Revenue & Expenses

Provider Name: 0

Actual Cost for Provider's Trail Balance
7/1/2001 - 6/30/2002 Trial Balance information
COST COMMENTS & EXPLANATION

General & Administrative Personnel Salaries(from Salary Allocation Sheets) Total InDirect Personnel Expenses General & Administrative Other Occupancy (Rent or Lesse only) Depreciation (Building only) Mortgage & Interest Insurance Maintenance & Repair Utilities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Slaff Travel Slaff Travel Slaff Travining Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES TOTAL EXPENSES  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00		COST	COMMENTS & EXPLANATION
Taxes & Benefits (from Salary Allocation Sheets)  TOTAL INDIRECT PERSONNEL EXPENSES  O.00  General & Administrative Other  Occupancy (Rent or Lease only) Depreciation (Bullding only) Mortgage & Interest Insurance Maintenance & Repair Utilities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Staff Training Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0.00  Ono  TOTAL INDIRECT OTHER EXPENSES  O 00	General & Administrative Personnel		
Taxes & Benefits (from Salary Allocation Sheets)  TOTAL INDIRECT PERSONNEL EXPENSES  O.00  General & Administrative Other  Occupancy (Rent or Lease only) Depreciation (Bullding only) Mortgage & Interest Insurance Maintenance & Repair Utilities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Staff Traivel Staff Traivel Staff Training Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00	Salaries(from Salary Allocation Sheets)	0.00	
TOTAL INDIRECT PERSONNEL EXPENSES  General & Administrative Other  Occupancy (Rent or Lease only) Depreciation (Bullding only) Mortgage & Interest Insurance Maintenance & Repair Utilities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Staff Travel Staff Travel Staff Traving Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0.00  TOTAL INDIRECT OTHER EXPENSES  0.00			
Occupancy (Rent or Lease only) Depreciation (Building only) Mortagae & Interest Insurance Maintenance & Repair Uillities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Staff Travel Staff Travel Staff Training Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00	· · · · · · · · · · · · · · · · · · ·		
Occupancy (Rent or Lease only) Depreciation (Building only) Mortagae & Interest Insurance Maintenance & Repair Uillities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Staff Travel Staff Travel Staff Training Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00	General & Administrative Other		
Depreciation (Building only) Mortgage & Interest Insurance Maintenance & Repair Utilities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Staff Training Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00			
Mortgage & Interest Insurance Maintenance & Repair Utilities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Staff Travel Staff Traving Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00			
Insurance Maintenance & Repair Utilities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Staff Traivel Staff Training Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00			
Maintenance & Repair Utilities (Heat, Water, Sewer, & Electric) Telephone Office Equipment Staff Travel Staff Travel Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00			
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		<del></del>	
Telephone Office Equipment Staff Travel Staff Training Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00			
Office Equipment Staff Travel Staff Training Postage Printing Other Expenses not included above - Please itemize & explain			
Staff Travel Staff Training Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00			
Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00		· · · · · · · · · · · · · · · · · · ·	
Postage Printing Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES  0 00	Staff Training		
Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES 0 00			
Other Expenses not included above - Please itemize & explain  TOTAL INDIRECT OTHER EXPENSES 0 00	Printing		
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TOTAL EXPENSES 0000	TOTAL INDIRECT OTHER EXPENSES	0 00	
TO THE EAFERGED 000	TATAL EVDENGEG	0.00	
·	TO TAL EXPENSES	000	

# Section 24 - ADULT DAY HABILITATION FSD

# Unit and Consumer information

Provider Name: 0

TIME PERIOD: 7/01/2001 - 06/30/2002	
UNITS  Define how units were billed to MAINECARE(formerlyMedicaid) in FY02- Hourly or Per diem TOTAL Units of Service (MAINECARE Units + Other Units)  TOTAL BDS MAINECARE (formerly Medicaid) Units of Service  TOTAL Other Units of Service	
Average number of members(consumers) served each month (nonduplicated) Average number of hours members receive service each day Average number of days per week members receive service Average number of months members is in the Program Total Number of Hours service provided	

**Client to Direct Care Staff ratio** 

# SECTION 65, Mental Health Services, of the MaineCare Benefits Manual BUDGET Worksheets (new providers only) Provider Information Sheet

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	07/01/2002-06/30/2003

9 Type of Mental Health Service under Section 65:

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	ADULT EMERGENCY & CRISIS INTERVENTION	HOURLY
	2	ADULT OUTPATIENT	HOURLY
	3	ADULT MEDICATION	HOURLY
,	4	ADULT CRISIS SUPPORT (In-Home)**	HOURLY
	5	ADULT CRISIS SUPPORT (Out of Home)	PER DIEM
	6	ADULT FAMILY PSYCHOEDUCATION**	MONTHLY
	7	CHILDREN'S EMERGENCY & CRISIS INTERVENTION	HOURLY
	8	CHILDREN'S OUTPATIENT	HOURLY
	9	CHILDREN'S MEDICATION	HOURLY
	10	INFANT MENTAL HEALTH	HOURLY
	11	CHILDREN'S FAMILY AND COMMUNITY SUPPORT SERVICES**	HOURLY
	12	CHILDREN'S DAY TREATMENT**	PER DIEM
	13	CHILDREN'S CRISIS SUPPORT SERVICES (In-Home)	HOURLY
1	14	CHILDREN'S CRISIS SUPPORT SERVICES (Out of Home)	PER DIEM
,	15	CHILDREN'S ACT	MONTHLY
	16	CHILDREN'S BEHAVIORAL HEALTH SERVICES	HOURLY

^{**} NO provider budget cost information has to be submitted. Single rate for each type of services -- Provider only needs to complete Provider Information sheet

# FOR BDS USE ONLY( PROVIDER DO NOT COMPLETE)

	NAME	DATE
Regional Program Staff Approval		
Regional Contract Administrator Approval		
Licensing Effective Date	26kk	

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

# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

FYE:

. .

. A	В.	C	D	TYPE OF SERVICE: E		OT COVERED IN	SECTION 65	ADULT E	MERGENCY & G	CRISIS INTER H	RVENTION I	F % of	ADULT O	UTPATIENT H	ı
POSITION TITLE	CREDENTIAL (eg. MHRT	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	Direct Care Service Time	Direct Care Service Salaries		% of Direct Care Service Time	Amount of Direct Care	Direct Care Service	Direct Care Service Taxes &	Direct Care Service	<b>Direct Care</b>	Direct Care Service	Direct Care Service Taxes &
	NS(List Position & Cred		SALARIES	BENEFIIS	Time	Salaries	benefits	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
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TOTAL DIRECT CARE			0.00	0.00		0.00	0.00		0.000	0.00	0.00	L	0.000	0.00	0.00

# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

FYE:

0

				TYPE OF SERVICE:		OT COVERED IN S	SECTION 65	ADULT E	MERGENCY 8	CRISIS INTE	RVENTION		ADULT O	UTPATIENT	I
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				TOTAL	% of Direct		Direct Core	% of Direct	FTE Amount of	Direct	Direct	% of	FTE	D:	Direct
		TOTAL	TOTAL	AGENCY		Direct Care	Service	Support	Direct	Support	Support Service	Direct Support	Amount of Direct	Direct Support	Support Service
	CREDENTIAL (eg. MHRT		AGENCY	TAXES &	Service	Service	Taxes &	Service	Support	Service	Taxes &	Service	Support	Service	Taxes &
POSITION TITLE	II, LCSW)	FTE	SALARIES	BENEFITS	Time	Salaries	Benefits	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
2. DIRECT SUPPORT POS	TIONS(List Position & C	redentia	I)												
						0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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TOTAL DIRECT SUPPORT			0.00	0.00		0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
A	В	1							F	G	н		F	G	H Total
1	CREDENTIAL (eg. MHRT								Rate per	Number of	Total	ĺ	Rate per	Number of	Amount
POSITION TITLE	II, LCSW)								Hour	Hours	<b>Amount Paid</b>		Hour	Hours	Paid
3. Consultant Services (L	ist Area(s) of Consultat	ions)													
											0.00				0.00
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TOTAL CONSULTANT FEI	ES .									0.00	0.00			0.00	0.00
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# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

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FYE:

				TYPE OF SERVICE:		T COVERED IN S	ECTION 65	ADULT E	MERGENCY &	CRISIS INTER	VENTION		ADULT O	UTPATIENT	ı
Α	В	, с,	D,	E	F	Н	1	F	G	Н	I	F	G	н	1
		TOTAL	TOTAL	TOTAL AGENCY	% of indirect		Indirect	, % of Indirect	FTE Amount of		Indirect	% of Indirect	FTE Amount of		Indirect
1	CREDENTIAL (eg. MHRT		AGENCY	TAXES &	Service	Indirect	Taxes &	Service	Indirect	Indirect	Taxes &	Service	Indirect	Indirect	Taxes &
POSITION TITLE	II, LCSW)	FTE	SALARIES	BENEFITS	Time	Salaries	Benefits	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
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						0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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		<u> </u>				0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
TOTAL INDIRECT PERSON	INEL		0.00	0.00		0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00

# SECTION 65, Mental Health Services, of the MaineCare Benefits BUDGET Worksheets (new providers only) SALARY ALLOCATION

**BUDGET SALARY & BENEFITS EXPENSE** 

PROVIDER NAME:

FYE:

0

				TYPE OF								
		•	_	SERVICE:	۰ –		DICATION				ORT (Out of	Home)
Α Α	В	, C	D	E	F	G	н	ŀ	F	G	Н	1
POSITION TITLE	CREDENTIAL (eg. MHRT	TOTAL AGENCY FTE	TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	% of Direct Care Service Time	FTE Amount of Direct Care Service	Direct Care Service Salaries	Direct Care Service Taxes & Benefits	% of Direct Care Service Time	FTE Amount of Direct Care Service	Direct Care Service Salaries	Direct Care Service Taxes & Benefits
1. DIRECT CARE POSTION	NS(List Position & Cred	ential)										
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
		1				0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000		0.00		0.000		0.00
					•	0.000		0.00		0.000		0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00	0.00
						0.000		0.00		0.000		0.00
TOTAL DIRECT CARE			0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00

# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

FYE: 07/01/2002-06/30/2003

				TYPE OF SERVICE:		ADULT ME	DICATION		ADULT	CRISIS SUPF	PORT (Out of	Home)
A	В	С	D	E	l F	G	н	ı	ĺF	G	н	ı 1
		1			İ	FTE		Direct		FTE		Direct
1	\	1		TOTAL		Amount of	Direct	Support	% of Direct		Direct	Support
		TOTAL	TOTAL	AGENCY	Support	Direct	Support	Service	Support	Direct	Support	Service
	CREDENTIAL (eg. MHRT		AGENCY	TAXES &	Service	Support	Service	Taxes &	Service	Support	Service	Taxes &
POSITION TITLE	II, LCSW)	FTE	SALARIES	BENEFITS	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
2. DIRECT SUPPORT POST	TIONS(List Position & C	redentia	1)							_		
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
					<b></b>	0.000	0.00	0.00		0.000	0.00	0.00
					<b></b>	0.000	0.00 0.00	0.00 0.00	<u> </u>	0.000	0.00 0.00	0.00 0.00
						0.000	0.00	0.00		0.000 0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
				·		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
TOTAL DIRECT SUPPORT			0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
Α Ι	В	ı			l	F	G	H Total		F	G	H Total
	CREDENTIAL (eg. MHRT					Rate per	Number of	Amount		Rate per	Number of	Amount
POSITION TITLE	II, LCSW)					Hour	Hours	Paid		Hour	Hours	Paid
3. Consultant Services (Li	st Area(s) of Consultati	ions)										
								0.00				0.00
								0.00				0.00
								0.00				0.00
								0.00				0.00
								0.00				0.00
								0.00				0.00
								0.00				0.00
								0.00				0.00
								0.00				0.00
								0.00				0.00
TOTAL CONSULTANT FEE	3						0.00	0.00	l		0.00	0.00

# **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

FYE:

	4		TYPE OF SERVICE:		ADULT ME	DICATION		ADULT CRISIS SUPPORT (Out of Home)				
<b>A</b>	В ]	с 	D	TOTAL	F % of	G FTE	н	1	F	G FTE	н	1
	l	TOTAL	TOTAL	AGENCY	Indirect	Amount of		Indirect	% of Indirect			Indirect
	CREDENTIAL (eg. MHRT		AGENCY	TAXES &	Service	Indirect	Indirect	Taxes &	Service	Indirect	Indirect	Taxes &
POSITION TITLE	II, LCSW)	FTE	SALARIES	BENEFITS	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
2. INDIRECT POSTIONS(L	ist Position & Credenti	al)				-						
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
	<u> </u>					0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00
TOTAL INDIRECT PERSO	NNEL		0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00

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

#### **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

FYE: 07/01/2002-06/30/2003

				TYPE OF SERVICE:			/ENTION	RISIS		CHILDREN'S		•	-	CHILDREN'	S MEDICATION	N
, <b>A</b>	В	C	D	, E	F % of	G	н	ı	F	G	Н	1	F % of	G	Н	1
1				TOTAL	Direct	FTE		Direct Care	% of Direct	FTE		Direct Care	Direct	FTE		Direct Care
		TOTAL	TOTAL	AGENCY	Care		Direct Care	Service	Care		Direct Care	Service	Care	Amount of	Direct Care	Service
	CREDENTIAL (eg. MHRT		AGENCY	TAXES &	Service	Direct Care	Service	Taxes &	Service	Direct Care	Service	Taxes &	Service	Direct Care	Service	Taxes &
POSITION TITLE	II, LCSW)	FTE	SALARIES	BENEFITS	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
1. DIRECT CARE POSTION	<u> </u>		SALARILO	DENERIIS	Time	Service	Jaianes	Denents	111116	Service	Jaiailes	Dellellts	inne	Service	Salaries	Denenits
1. DIRECT CARE POSTION	AS(LIST POSITION & Cred	ential)				1 0.000	0.00	0.00		1 0.000	0.00	0.00		1 0000		
						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
	<del> </del>	<b></b>				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
	<u></u>					0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		<del> </del>				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		<del>                                     </del>				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		<b></b>				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
				•		0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
	<u> </u>	ļ				0.000	0.00	0.00		0.000	0.00 0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00 0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		-				0.000	0.00 0.00	0.00 0.00		0.000	0.00	0.00 0.00		0.000	0.00	0.00
	<del> </del>	<del> </del>				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
	<u> </u>					0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
	<u> </u>					0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
TOTAL DIRECT CARE	<u> </u>	1	0.00	0.00		0.000	0.00	0.00	_	0.000	0.00	0.00		0.000	0.00	0.00

#### SALARY ALLOCATION

#### **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

FYE:

07/01/2002-06/30/2003

				TYPE OF SERVICE:		LDREN'S EME INTER\	RGENCY & C ENTION	RISIS		CHILDREN'S	OUTPATIENT			CHILDREN'S	S MEDICATIO	N
. A	В	, с	D	E	F	G	н	1	F	G	н	1	F	G	н	1
				TOTAL	% of	FTE	Disc. of	Direct	N -4 D'4	FTE	Diag. 4	Direct	% of	FTE	<b>D</b> : 4	Direct
		TOTAL	TOTAL	TOTAL AGENCY	Direct	Amount of Direct	Direct	Support	% of Direct	Amount of	Direct	Support	Direct	Amount of	Direct	Support
	CREDENTIAL (eg. MHRT		AGENCY	TAXES &	Support Service		Support Service	Service Taxes &	Support Service	Direct	Support Service	Service	Support	Direct	Support	Service
POSITION TITLE	II, LCSW)	FTE	SALARIES	BENEFITS	Time	Support Service	Salaries	Benefits	Time	Support Service	Salaries	Taxes & Benefits	Service Time	Support	Service	Taxes &
2. DIRECT SUPPORT POS				DENERIIS	rime	Service	Salaries	benefits	rime	Service	Salanes	benefits	Time	Service	Salaries	Benefits
2. DIRECT SUPPORT POS	TIONS(LIST POSITION & C	recentia	1)		T	0.000	0.00	0.00		0.000	0.00	0.00			0.00	
						0.000	0.00	0.00		0.000	0.00 0.00	0.00 0.00	<b></b>	0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		<u> </u>			<b></b>	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
					T	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
			<u>-</u>			0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
					<b> </b>	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
					<u> </u>	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
	ļ					0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00 0.00	0.00		0.000	0.00 0.00	0.00 0.00		0.000 0.000	0.00 0.00	0.00
		<b></b>				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
	<del> </del>					0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
TOTAL DIRECT SUPPORT			0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
A	В				I	F	G	Н		F	G	н		F	G	н
1	1	l			•	•	_	Total		•	•	Total		•	J	.,
	CREDENTIAL (eg. MHRT					Rate per	Number of	Amount		Rate per	Number of	Amount		Rate per	Number of	Total
POSITION TITLE	II, LCSW)					Hour	Hours	Paid		Hour	Hours	Paid		Hour	Hours	Amount Paid
3. Consultant Services (L	.ist Area(s) of Consultat	ions)														1
								0.00				0.00				0.00
								0.00				0.00				0.00
								0.00				0.00				0.00
								0.00				0.00				0.00
								0.00				0.00				0.00
								0.00				0.00				0.00
								0.00				0.00				0.00
- · · · · · · - <del>- · · · · · · · · · · ·</del>								0.00				0.00 0.00				0.00
								0.00 0.00				0.00				0.00
TOTAL CONCILLTANT FE							0.00			1	0.00				0.00	
TOTAL CONSULTANT FE	EJ						0.00	0.00	j		0.00	0.00			U. <b>U</b> U	0.00

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#### SALARY ALLOCATION

#### **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

FYE:

07/01/2002-06/30/2003

				TYPE OF SERVICE:		DREN'S EME		RISIS		CHILDREN'S (	DUTPATIENT			CHILDREN'S	MEDICATION	ı
, A	В	, с ,	D	. <u>E</u>	F_	G	Н	1	F	G	Н	1	F	G	Н	ι [
		TOTAL	TOTAL	TOTAL AGENCY	% of	FTE		1	% of	FTE			% of	FTE		
	CREDENTIAL (eg. MHRT		AGENCY		Indirect	Amount of	1114	Indirect	Indirect	Amount of		Indirect	Indirect	Amount of		Indirect
POSITION TITLE	II, LCSW)	FTE	SALARIES	TAXES & BENEFITS	Service Time	Indirect Service	Indirect Salaries	Taxes &	Service Time	Indirect	Indirect	Taxes &	Service	Indirect	Indirect	Taxes &
	<u> </u>		SALARIES	BENEFIIS	Time	Service	Salaries	Benefits	ııme	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
2. INDIRECT POSTIONS(L	ist Position & Credenti	iai)		T	<del></del>	1 0000	0.00	ا م م		1 0000	0.00					
	<u> </u>	<del> </del>			<b>!</b>	0.000	0.00 0.00	0.00 0.00		0.000	0.00	0.00		0.000	0.00	0.00
		<del> </del>				0.000	0.00	0.00		0.000	0.00 0.00	0.00 0.00		0.000 0.000	0.00	0.00
		+			<u> </u>	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00 0.00	0.00
		+			<u> </u>	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		1			-	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		+		<del> </del>	<b>-</b>	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		1		<del> </del>	<u> </u>	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		1			<b>-</b>	0.000	0.00	0.00	· · · · · · · · · · · · · · · · · · ·	0.000	0.00	0.00		0.000	0.00	0.00
					l	0.000	0.00	0.00		0,000	0.00	0.00		0.000	0.00	0.00
		1				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		1				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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		1				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		11				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		1				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		11				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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	]			<u> </u>	<u> </u>	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
TOTAL INDIRECT PERSO	NNEL		0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00

### SECTION 65, Mental Health Services, of the MaineCare Benefits BUDGET Worksheets (new providers only) SALARY ALLOCATION

#### **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

FYE:

0

07/01/2002-06/30/2003

A POSITION TITLE	B CREDENTIAL (eg. MHRT II, LCSW)	C TOTAL AGENCY FTE	D TOTAL AGENCY SALARIES	SERVICE: E TOTAL AGENCY TAXES & BENEFITS	F % of Direct Care Service Time	FTE Amount of Direct Care Service	н	l Direct Care	CHILDRI F % of Direct Care Service Time	FTE Amount of Direct Care Service	Н	l Direct Care	F % of Direct Care Service Time	CHILDREN G FTE Amount of Direct Care Service	l'S ACT H Direct Care Service Salaries	Urrect Care Service Taxes & Benefits
1. DIRECT CARE POSTIONS			O/ALF II (ILC	DEIGETTIC	711110	CEITICE	Odianes	Delients	1,1116	Service	Jaiaries	Denents	Time	Service	Salaries	Denents
TOTAL TOUTION	S(EIST FOSITION & OTHER	,				0.000	0.00	0.00		0.000	0.00	0.00	ļ ₁	0.000	0.00	
						0.000	0.00	0.00		0.000	0.00	0.00 0.00	<del> </del>	0.000 0.000	0.00 0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00	<del></del>	0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00	<u> </u>	0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00	L	0.000	0.00	0.00
TOTAL DIRECT CARE			0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00

#### SALARY ALLOCATION

#### **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

FYE:

07/01/2002-06/30/2003

				TYPE OF SERVICE:		INFANT MEN	TAL HEALTH		CHILDRI	EN'S CRISIS :	SUPPORT SE	RVICES		CHILDRE	N'S ACT	
Α 1	В	, C	D,	E	F	G FTE	Н	l Direct	F	G FTE	Н	l Direct	F	G FTE	Н	l Direct
POSITION TITLE	CREDENTIAL (eg. MHRT II, LCSW)	FTE	TOTAL AGENCY SALARIES	TOTAL AGENCY TAXES & BENEFITS	% of Direct Support Service Time	Amount of Direct Support Service	Direct Support Service Salaries		% of Direct Support Service Time	Amount of Direct Support Service	Direct Support Service Salaries		% of Direct Support Service Time	Amount of Direct Support Service	Direct Support Service Salaries	Support Service Taxes & Benefits
2. DIRECT SUPPORT POS	TIONS(List Position & C	redentia	1)													
						0.000		0.00 0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000		0.00		0.000	0.00 0.00	0.00 0.00		0.000 0.000	0.00 0.00	0.00
						0.000		0.00		0.000	0.00	0.00		0.000	0.00	0.00
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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						0.000		0.00		0.000	0.00	0.00		0.000	0.00	0.00
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		ll		2.22	ll	0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
TOTAL DIRECT SUPPORT			0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
A	В	I			l	F	G	H Total		F	G	H Total		F	G	H Total
1	CREDENTIAL (eg. MHRT					Rate per	Number of	Amount		Rate per	Number of	Amount		Rate per	Number of	
POSITION TITLE	II, LCSW)					Hour	Hours	Paid		Hour	Hours	Paid		Hour	Hours	Paid
3. Consultant Services (L	ist Area(s) of Consultat	lons)														. 1
								0.00				0.00				0.00
								0.00 0.00				0.00 0.00				0.00 0.00
	<u> </u>							0.00				0.00				0.00
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								0.00				0.00				0.00
								0.00				0.00				0.00
							<u> </u>	0.00				0.00				0.00
TOTAL CONSULTANT FEI							0.00	0.00		L	0.00	0.00			0.00	0.00
IOIAL CONSULIANT PE	E-9						0.00	0.00	I		0.00	. 0.00	l		0.00	0.00

#### SALARY ALLOCATION

#### **BUDGET SALARY & BENEFITS EXPENSE**

PROVIDER NAME:

0

FYE:

07/01/2002-06/30/2003

				TYPE OF SERVICE:		INFANT MENT	AL HEALTH		CHILDR	EN'S CRISIS S	UPPORT SE	RVICES	i	CHILDREN	I'S ACT	::
A	В	, с ,	D ,	E TOTAL	F	G FTE	Н	1	F	G	Н	1	F	G	Н	ı
		TOTAL	TOTAL	AGENCY	% of Indirect	Amount of		Indirect	% of Indirect	FTE Amount of		Indirect	% of Indirect	FTE Amount of		Indirect
	CREDENTIAL (eg. MHRT		AGENCY	TAXES &	Service	Indirect	Indirect	Taxes &	Service	Indirect	Indirect	Taxes &	Service	Indirect	Indirect	Taxes &
POSITION TITLE	II, LCSW)	FTE	SALARIES	BENEFITS	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits	Time	Service	Salaries	Benefits
2. INDIRECT POSTIONS(L								-51101110			04.4.100	Denento	1,111.0	OCIVIOC	Galaries	Dellerits
		Γ Τ				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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		<b></b>				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
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		<del>  </del>				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0:00	0.00
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						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
		<u> </u>				0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	
						0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00
OTAL INDIRECT PERSON	INEL	<del></del>	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00		0.000	0.00	0.00

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# 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
REVENUE .	ADULT EMERGENCY & CRISIS INTERVENTION	ADULT OUTPATIENT	ADULT MEDICATION	ADULT CRISIS SUPPORT (Out of Home)	CHILDREN'S EMERGENCY & CRISIS INTERVENTION
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	0.0
EXPENSES					
Direct Service Personnel					
Direct Care Salaries(from Salary Allocation Sheets)	0.00	0.00	0.00	0.00	0.0
Taxes & Benefits(from Salary Allocation sheets)	0.00	0.00			
Direct Support Salaries(from Salary Allocation Sheets)	0.00	0.00		1	
Taxes & Benefits(from Salary Allocation sheets) Consultant Fees	0.00	0.00 0.00			0.0 0.0
		0.00	0.00	0.00	0.0
TOTAL DIRECT SERVICE PERSONNEL	0.00	0.00	0.00	0.00	0.0
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)					
nsurance 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					
Printing  Membership & Dues(only one Membership/dues per year to one organization					
Other Expenses not included above - Please itemize:					
TATAL BIBLAY AND PURPLES		2.00		0.00	
TOTAL DIRECT OTHER EXPENSES	0.00	0.00	0.00	0.00	0.0
$\tilde{\omega}$	1	1	Page 1 of 4	ı	

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

Summary of Revenue & Expense

PROVIDER NAME :

FYE: #VALUE!

0

	1	2	3	5	7
Indirect Personnel	ADULT EMERGENCY & CRISIS INTERVENTION	ADULT OUTPATIENT	ADULT MEDICATION	ADULT CRISIS SUPPORT (Out of Home)	CHILDREN'S EMERGENCY & CRISIS INTERVENTION
Salaries Taxes & Benefits	0.00 0.00	0.00 0.00	0.00 0.00		0.00 0.00
TOTAL INDIRECT PERSONNEL EXPENSES	0.00	0.00	0.00	0.00	0.00
Indirect Other Occupancy (Rent or Lease only) Depreciation (Building only) Mortgage & Interest Utilities (Heat, Water, Sewer & Electric) Telephone					
Maintenance & Repair Insurance Office Equipment Office Supplies Staff Training Staff Travel					
Advertising Directly related to Staff Recruitment Supplies Postage Printing Other Expenses not included above - Please itemize:					
TOTAL INDIRECT COST RELATED TO SERVICE	0.00	0.00	0.00	0.00	0.00
26 yy total service costs	0.00	0.00	0.00	0.00	0.00
UNITS Units Measured TOTAL Units of Service Provided BDS MAINECARE UNITS OTHER UNITS	HOURLY	HOURLY	HOURLY	PER DIEM	HOURLY

### SECTION 65, Mental Health Services, of the Ma **BUDGET** Worksheets (new providers only) Summary of Revenue & Expense

PROVIDER NAME :

FYE:

	8	9	10	14	15	16	
REVENUE	CHILDREN'S OUTPATIENT	CHILDREN'S MEDICATION	INFANT MENTAL HEALTH	CHILDREN'S CRISIS SUPPORT SERVICES (Out of Home)	CHILDREN'S ACT	CHILDREN'S BEHAVIORAL HEALTH SERVICES	TOTAL
MaineCare formerly Medicaid(Federal & Seed funds) BDS(Grant Funds) Medicare Self Pay/ Private Client Fees Insurance/ Third Party Other Revenue Other Revenue							0.00 0.00 0.00 0.00 0.00 0.00 0.00
TOTAL SERVICE REVENUE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPENSES							
Direct Service Personnel Direct Care Salaries(from Salary Allocation Sheets) Taxes & Benefits(from Salary Allocation sheets) Direct Support Salaries(from Salary Allocation Sheets) Taxes & Benefits(from Salary Allocation sheets) Consultant Fees	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	#REF! #REF! #REF! #REF!	0.00 0.00 0.00 0.00 0.00
TOTAL DIRECT SERVICE PERSONNEL	0.00	0.00	0.00	0.00	0.00	#REF!	0.00
Direct Service Other Costs Occupancy (Rent or Lease Office Space only- Room & Board not covered)							0.00
Depreciation (Building only) Mortgage & Interest (Office Space only- Room & Board not covered) Insurance							0.00 0.00 0.00
Maintenance & Repair Utilities (Heat, Water, Sewer & Electric) Communication Expenses (Telephone, Pager, etc.)							0.00 0.00 0.00
Office Equipment or Equipment Depreciation Staff Travel Staff Training							0.00 0.00 0.00
Advertising Directly related to Staff Recruitment Program Supplies Office Supplies							0.00 0.00 0.00
Postage Printing Membership & Dues(only one Membership/dues per year to one organization							0.00 0.00 0.00
Other Expenses not included above - Please itemize:							0.00 0.00 0.00
							0.00 0.00 0.00
							0.00 0.00 0.00
							0.00 0.00
N TOTAL DIRECT OTHER EXPENSES	0.00	0.00	0.00 Page 3 of 4	0.00	0.00	0.00	0.00 Rate worksheet

### SECTION 65, Mental Health Services, of the Ma BUDGET Worksheets (new providers only) Summary of Revenue & Expense

PROVIDER NAME :

FYE:

	8	9	10	14	15	16	
Indirect Personnel	CHILDREN'S OUTPATIENT	CHILDREN'S MEDICATION	INFANT MENTAL HEALTH	CHILDREN'S CRISIS SUPPORT SERVICES (Out of Home)	CHILDREN'S ACT	CHILDREN'S BEHAVIORAL HEALTH SERVICES	TOTAL
Salaries	0.00	0.00	0.00	0.00	0.00	#REF!	0.00
Taxes & Benefits	0.00	0.00	0.00				0.00
TOTAL INDIRECT PERSONNEL EXPENSES	0.00	0.00	0.00	0.00	0.00	#REF!	0.00
Indirect Other							
Occupancy (Rent or Lease only)							0.00
Depreciation (Building only)							0.00
Mortgage & Interest				-			0.00 0.00
Utilities (Heat, Water, Sewer & Electric) Telephone							0.00
Maintenance & Repair							0.00
Insurance							0.00
Office Equipment							0.00
Office Supplies							0.00
Staff Training Staff Travel							0.00
Advertising Directly related to Staff Recruitment							0.00
Supplies							0.00
Postage							0.00
Printing							0.00
Other Expenses not included above - Please itemize:							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00 0.00
							0.00
NO TOTAL INDIRECT COST RELATED TO SERVICE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ົ້ນ ດ <b>TOTAL SERVICE COSTS</b> ນ	0.00	0.00	0.00	0.00	0.00	#REF!	0.00
<u> </u>							
UNITS							
Units Measured	HOURLY	HOURLY	HOURLY	PER DIEM	MONTHLY	HOURLY	
TOTAL Units of Service Provided							
BDS MAINECARE UNITS							
OTHER UNITS	L						

# SECTION 65, Mental Health Services, of the MaineCare Benefits Manuc 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: Address:	Fax No.:
Program Name: Address:	Tel. No.:
County:	
Budget Period: TO	
Medicaid Provider Number(s):	Corporation Government
Number of Licensed Beds:	Partnership Sole Proprietor
Type of Private Non-Medical Institution:	
THIS RATE SETTING REPORT MAY BE F	ADMINISTRATOR OF PROVIDER  ATION OF ANY INFORMATION CONTAINED IN PUNISHABLE BY FINE AND/OR IMPRISONMENT E OR FEDERAL LAW.
I HEREBY CERTIFY that I have read the above the accompanying rate setting report and supp (Facility Name) setting period beginning / / and endir of my knowledge and belief, it is a true and cor and records of the provider in accordance with	orting schedules prepared for for the rate ng/, and that to the best nplete estimate prepared from the books
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	TOTAL PROGRAM BUDGET	\$ 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	YEAR	YEAR			
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 8) Counties	· · · · · · · · · · · · · · · · · · ·				
9) Other					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
10) TOTAL REVENUES	0	0	0		
EXPENSES					
DIRECT SERVICE - PERSONNEL					
11) Wages			0		
12) Payroll Taxes			0		
13) Benefits	<del>.</del>		0		
14) Consultants 15) Foster Parents			0		
•					
16) Total Direct Service - Personnel	0	0	0		
DIRECT SERVICE - OTHER			_		
17) Occupancy			0		
18) Utilities 19) Heat			0		
20) Maintenance		-	- 0		
21) Insurance			0		
22) Food			0		
23) Depreciation			0		
24) Telephone			0		
25) Travel			0		
26) Materials/Supplies 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 35) Benefits			0		
36) Consultants			0		
37) Occupancy			0		
38) Utilities			0		
39) Heat			0		
40) Maintenance	-		0		
41) Insurance 42) Depreciation		· · · · · · · · · · · · · · · · · · ·	0		
42) Depreciation 43) Telephone	<del></del>		0	<del></del>	
44) Travel			0		Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro
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			144		Greater of actual or 85% licensed capacity
53) TOTAL COST PER DAY					

Program Name:				SCHEDULE A
Reporting Period: To				
CALCULATION OF P RATE SETTING				
	(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 RAT 2) Total Direct Service - Personnel (Sch. C, Col. 2+3, Line 26) 3) Program Allowance Percentage (See App. Section 2450) 4) Program Allowance (Line 2 multiplied by Line 3)	0 	0		
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:			Machine Market Control	
15) Adjustment:				
16) Adjustment:				•
17) Total Adjustments for Unallowable Costs			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)
	PDCCDAM	DDCCD414	\$ VARIANCE	% VARIANCE
	PROGRAM PRIOR	PROGRAM BUDGET	(COL. 2 LESS COL. 1)	(COL. 3 DIVIDED BY COL. 1)
21) PNMI Treatment Rate (Col. 1, Line 7)			\$0.00	#DIV/0!
<ul><li>22) PNMI Personal Care Rate (Col. 2, Line 7)</li><li>23) Room &amp; Board Rate (Col. 3, Line 20)</li></ul>			\$0.00 \$0.00	#DIV/0! #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)

SCHEDUL	Ε	С

Program Name:		
Reporting Period:	То	0

# SCHEDULE OF WAGES AND COST ALLOCATIONS RATE SETTING REPORT

	DIREC	T SERVICE WAGES				(1) TOTAL PROGRAM	(2)	(3)	(4)	(5)
		POSITIONS			FTE's	BUDGET	PNMI - REHABILITATION	PERSONAL CARE	ROOM & BOARD	OF ALLOCATION
	PNMI:		Function	Job Title						
	1									
:	2	, <u>, , , , , , , , , , , , , , , , , , </u>								
;	_									
4	4									
ب ري	5									
	6									
ee i	7									
1	В									
9	9									
10	0									
1	1									
12	2									
13	_									
14	4									
15	5									
17										
20										
	04)	T-tal Discot Coming Man								
	21)	Total Direct Service Wag								
	22)	Total Direct Service Payre								
	23)	Total Direct Service Bene	ents							
	24)	Total Direct Service Cons	sultants							
	0E)	Factor Daranto								DNISS 1 1 14 4 050/
	25)	Foster Parents								PNMI Limited to 35%
	26)	Total Direct Service - Pe	ersonnel							
	27)	Allocation Percentages				100.00%				

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 A110 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
- 1) 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 <u>ALL</u> 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 provideroperated 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 DATABASED 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

Revised 5/26/1999

Revised 2/7/2000

Revised 3/6/2000

Revised 4/27/2000

Revised 6/27/2000

Revised 7/20/2000

Revised 7/26/2000

Revised 7/28/2000

Revised 8/7/2000

Revised 8/15/2000

Revised 5/22/2001

Revised 5/24/2001

Revised 3/19/2002

Revised 3/21/2002

Revised 3/22/2002

Revised 4/1/2002

Revised 4/8/2002

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.

PL 2001, Resolve c. 92

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.

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# **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.

	December 5, 2002
Lynn F. Duby, Commissioner	



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