I. PURPOSE

This form should be used to report expenditures and revenues generated during the current fiscal year for all Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) authorized program activities.

DBHIDS authorized programs consist of Mental Health and CBH (Administration PAC #0182 and Reinvestment PACs #0184 and #0185).

II. GENERAL INSTRUCTIONS

A. All DBHIDS authorized program activities must be reported on this form.

B. Only DBHIDS authorized programs are eligible for DPW and CBH reimbursement.

III. PREPARING THE FORM

A. Heading: Check the BH block. Enter agency name, period covered, and date submitted. Signatures of the Executive Director and Board Chairperson are required to be included on this form.

B. Program Activity: List all program activities that have been authorized by DBHIDS.

C. PAC Code: Enter the eight-digit program activity code for each authorized activity.

D. Program Name: Enter the program name.

E. Eligible Expenditures:

1. Personnel: Enter the amount reported for personnel expenditures.

2. Operating: Enter the sum of the amounts reported for operating and equipment/assets.

   a) Regarding Fee – for – Service programs, total costs computed on a fee basis are entered on this form in the Operating column.

   b) Retained Revenue Allowance (RRA) is to be entered on this form in the Operating column.

3. <u>Administration</u>: Enter the amount for administrative expenditures

4. <u>Total</u>: Enter the total of Personnel, Operating, and Administration.

5. <u>Revenue</u>: When reporting for program funded activities enter the amount of revenue reported as an offset to eligible expenditures.

    When reporting Fee-for-Service programs, enter all fee revenue that will be generated within the activity. This includes only revenue that has been reported in the Program Service Fees, Private Insurance, CBH, Other Managed Care and Medical Assistance line of the Expenditure Summary. This must reconcile to the amounts reported on the MA Fee-for-Service Schedule, and Revenue Summary.

6. <u>Net Eligible Expenses</u>: Enter the sum of the Total Eligible Expenditures less revenue. This amount represents the Net Eligible Expenses.

7. <u>Ineligible Cost</u>: Enter all costs that are ineligible for DPW reimbursement. This does not pertain to CBH funded programs.

I. PURPOSE

The purpose of this form is to summarize all sources of revenue that the agency is required to report as an offset to eligible expenditures.

II. GENERAL INSTRUCTIONS

A. This form should be used to report revenue that will be used in determining the County funding request, receipts from DBHIDS should **not** be considered as a revenue source when preparing this form. Only Health Choices receipts are to be reported Reinvestment receipts should not be considered as a revenue source when preparing this form.

B. Amounts reported in all columns should be restricted to revenue that the agency is required to use as an offset to eligible expenditures.

C. When reporting for Fee-for-Service programs, all sources of revenue should be disclosed. However, only revenue reported for Program Service Fees, Private Insurance, CBH, other Managed Care and Medical Assistance should be carried forward to the Revenue column of the Program Activity Invoice Summary form. Other sources of revenue are disclosed as memo entries and are not included in the total revenue reported on this form.

III. PREPARING THE FORM

A. Heading: Check the BH block. Enter date submitted, agency name, and period covered.

B. Program Activity: List all "program activities" which have been authorized by DBHIDS

C. PAC Code: Enter the eight-digit code for each authorized activity.

D. Program Name: Enter the program name.

E. Program Service Fees: Enter revenue generated from fees for which clients or legally responsible relatives are liable (client liabilities).

F. Private Insurance: Enter revenue generated from fees covered by insurance benefits. Include Medicare payments under this category.

G. Medical Assistance: Enter revenue generated from Medical Assistance fees.

H. Room & Board Charges: Enter revenue generated from payments made by or on behalf of clients for the provision of room and board. Food stamps should be included where applicable.

I. Behavioral Health Initiative (CBH): Enter all revenue generated through CBH Health Choices.

J. Service or Production Contracts: Enter revenue generated from contracts for the provision of services or products.

K. Interest: Enter revenue generated through earning interest on bank accounts or other investment instruments.

L. Other: Enter revenue generated from sources other than those listed above.

   The Other revenue reported on this form should reconcile to the total Other Revenue reported on the Source of Other Revenue schedule.

M. Other Managed Care Fees: Enter fees received from public and private Managed Care providers.

   The Managed Care Fees reported on this form should reconcile to the total Managed Care Fees reported on the Managed Care Fees schedule.

N. Agency Contributions: Enter revenue provided by agency contributions, and donations, etc. used to fund ineligible expenses and expenses invoiced in excess of the authorized allocation.

O. Total: Enter total of revenue to be generated from all of the above sources.

I. **PURPOSE**

This form is used to report the specific sources of revenue that are reported under the "Other" column on the Revenue Summary Schedule.

II. **GENERAL INSTRUCTIONS**

Any revenue reported in the "Other" column on the revenue summary must be detailed on this form.

III. **PREPARING THE FORM**

A. Heading: Check the DBHIDS block. Enter date submitted, agency name, and period covered.

B. Program Activity: Enter the program activities that have been authorized by DBHIDS.

C. PAC Code: Enter the eight-digit code for each authorized activity.

D. Program Name: Enter the program name

E. Description of Revenue Sources: Enter the description on the source of revenue and the corresponding amounts.

F. Total: Add all columns across and down. This total should agree with the total of the "Other" revenue column on the Revenue Summary Schedule.

I. **PURPOSE:**

This form should be used to summarize and report the actual expenditures and revenues by the line item classifications that are required by the account structure of the Pennsylvania Department of Public Welfare.

II. **GENERAL INSTRUCTIONS:**

A. This form should be completed for each non-residential distinct PAC or multiple PAC's authorized by the Department of Behavior Health and Intellectual disAbility Services (DBHIDS).

B. The new MS process requires single entry on ES. The sub-total classifications (Personnel, Operating, Administration, Revenue, and Net Eligible be Funded) must correspond to those reported on the Program Activity Invoice Summary. Fee-for-Service program total costs computed on a fee basis are entered in the Operating column on the Program Activity Summary.

III. **PREPARING THE FORM:**

A. <u>Heading</u>: Check the BH block. Enter agency name, date submitted, and the period covered.

B. <u>Program Activity</u>: Enter the program activities that have been authorized by DBHIDS.

C. <u>PAC Code</u>: Enter the eight digit PAC code for each authorized activity.

D. <u>Program Name</u>: Enter the program name.

E. <u>Classifications:</u>

1. <u>Personnel Services</u>:

a) <u>Wages & Salaries</u>: Enter the wage and salary totals. These amounts should reconcile to the total Wages and Salaries reported on the Personnel Invoice Schedule.

b) Employee Benefits: Enter amounts for employee benefit expenses.

c) Purchased Personnel: Enter the amounts for Purchased Personnel (include temporary help and professional practitioners and consultants who are not agency employees).

d) Purchased Treatment: Enter the costs incurred from the delivery of treatment or care provided to clients, by physicians, other practitioners, or institutional and other facility services. These costs are associated individuals, who are not agency employees.

e) Other Personnel Expense: Enter amounts for other personnel expenses such as professional fees, purchased payroll processing, etc. for the program activity.

f) Staff Development: Enter amounts for staff development.

g) Sub-Total Personnel: Enter the sub-total for personnel expenses.

2. Operating Expenses:/Equipment and Assets: Enter amounts for all applicable classifications within these categories.

   Note: When reporting at the program activity level, the total of the eligible Operating Expenses is carried forward to the operating column on the Program Activity Invoice Summary.

3. Total Direct: Enter sub-total for all direct expenditures. The amount reported on the total Direct line should equal the sum of the Personnel sub-total and the Operating sub-total line.

4. Administration: Enter amounts for Administration as reported on the Administration Cost Distribution Schedule

   Note: After completing total eligible costs, the provider should then determine the percentage relationship between the eligible administration and total eligible costs. If administrative expenditures exceed the cap, the amount necessary to reduce administrative expenditures to the cap is deducted from eligible administrative expenditures. When the amount of eligible administration is determined for the program activity, the eligible administrative expense should be reported on the Program Activity Invoice Summary.

5. Total Eligible Costs: Enter the sum of the total of Direct Cost plus Administration Cost.

6. Revenue: Enter revenue from all sources that the provider is required to report as an offset to eligible expenditures.

7. Net Eligible to Be Funded: Enter the amount of funding requested from the DBHIDS (Total Eligible Costs minus Total Revenue).

8. Retained Revenue: Enter the amount claimed as Retained Revenue Allowance (RRA). Refer to final invoice instructions for the allowability and limitations of the RRA. This amount must be added to the Operating cost reported on the Program Activity Invoice Schedule.

9. Net Eligible Including Retained Revenue: Enter the sum of the Net Eligible plus the Retained Revenue Allowance.

10. Ineligible Expenditure: Report expenses which are ineligible for reimbursement by DBHIDS. Expenses which are not incurred in compliance with DBHIDS Program regulations or otherwise do not conform with reimbursement policy of the DBHIDS are reported in this column. This does not apply to CBH funded programs.

I. **PURPOSE:**

This form is used to summarize and report budgeted or actual expenditures and revenue generated by site within a residential program activity.

II. **GENERAL INSTRUCTIONS**:

A. The form is to be completed for each distinct residential PAC authorized by the Department of Behavior Health (DBHIDS).

B. Sites serving individuals funded under two or more distinct PACs must be reported under each PAC. Total site expenditures and revenue reported within each PAC must be apportioned consistent with the individuals who are to be funded within the respective PAC. Appropriate classification and allocation are critical due to the categorical nature of DBHIDS funding.

C. The Personnel section has been reclassified as Supportive Services to report treatment services provided to individuals. The following line item expenditures must be reported as Personnel expenses on the Summary of Program Activities (budgeting) and Program Activity Invoice Summary (invoicing).

Wages and Salaries, Employee Benefits, Purchased Personnel, Purchased Treatment, Other Personnel, Staff Development, Service Liability Insurance, and Staff Travel

D. The Operating and Equipment/Assets sections have been reclassified as Housing Services to report non-treatment services provided to individuals. The Following line item expenditures must be reported as Operating expenses on the Summary Program Activities (budgeting) and Program Activity Invoice Summary (invoicing). (Note: The Equipment/Asset section has been eliminated and is merged into the Housing Section).

Rent, Mortgage, Continuing Participation Allowance, Utilities, Building Insurance, Housekeeping, Communications, Office Supplies, Drugs and Medical Supplies, Habilitation Supplies, Food, Clothing, Client Transportation, Miscellaneous Expense, Building Repairs and Maintenance, Building Renovations, Furniture and Equipment, Furniture and Equipment Repairs, and Residence Adaptations.

E. Use as many Residential Site Schedules as necessary to report all sites within an authorized PAC. The last column on the RSS should be used to report the total expenses and revenues for the PAC.

III. PREPARING THE FORM:

A. <u>Heading</u>: Check the BH block and the appropriate "budget" or "invoice" block. Enter agency name, date submitted, program activity, PAC name, PAC # and slot capacity.

B. <u>Site Address</u>: Enter the appropriate site information (street name and address, apartment number, floor, etc.)

C. <u>Slot Capacity</u>: Enter the number of slots that are charged to each specific site budgeted in the PAC. Please include any vacant slots. Do not include the actual number of individuals served in each individual site.

D. <u>Line Item Expenditure/Revenue Classifications</u>:

1. <u>Wages and Salaries</u>: Enter the agency employee wage and salary expense. This expense must be consistent with the number of hours to be assigned to the specific site.
    <u>Expenses associated with the purchase of personnel services from outside contractors are not to be reported in the Wages and Salaries</u>

2. <u>Employee Benefits</u>: Enter the amount of employee benefits consistent with wage and salary expense charged to the site.

    <u>Expenses associated with the purchase of personnel services from outside contractors are not to be reported in the Employee Benefits.</u>

3. <u>Purchased Personnel</u>: Enter only those expenses associated with the provision of direct services, such as nursing or temporary relief services, or service-oriented consultative services that were purchased from outside contractors.

4. <u>Purchased Treatment</u>: Enter expenses associated with the delivery of treatment or care provided to individuals by physicians, other practitioners, or institutional and other facility services, provided by outside contractors.

5. <u>Other Personnel Expenses</u>: Enter expenses associated with professional fees and other miscellaneous personnel expenses.

6.   Staff Development: Enter expenses related to on-the-job or off-the-job training for employees.

7.   Service Liability Insurance: Enter expenses associated with employee liability insurance coverage

8.   Staff Travel: Enter expenses associated with employee travel allowances including meals, lodging, and other related expenses.

9.   Rent: Enter the amount of lease or rental payments for all sites that are rented by the agency for each individual site.
    Do not include costs associated with administrative offices

10.   Mortgage: Enter the amount of mortgage payments for each respective site.
    Do not include expenses associated with administrative offices.

11.   Continuing Participation Allowance: Enter the expenses associated with debt-free real estate for each respective site.

12.   Utilities: Enter the expenses associated with of heating fuel, water, gas, or electricity for each respective site

13.   Building Insurance: Enter the expenses associated with fire, theft, liability coverage associated with the respective site.

14.   Housekeeping: Enter the expenses associated with general housekeeping

15.   Communications: Enter the expenses associated with telephones, postage, printing, faxes, and beepers/pagers.

16.   Office Supplies: Enter the expenses associated with all supplies and minor equipment which are consumed or used in the day-to-day operations of an office, and the normal maintenance of office equipment.

17. <u>Drugs/Medical Supplies</u>: Enter the expenses associated with of all medical supplies, and drugs, which are used in the treatment of clients, and the normal maintenance of medical equipment.

18. <u>Habilitation Supplies</u>: Enter the expenses associated with supplies and equipment which do not meet fixed assets requirements and are purchased for activities related to habilitation or recreational purposes.

19. <u>Food: Enter the expenses associated with providing meals to individuals</u>

20. <u>Clothing</u>: Enter the expenses associated with providing clothing to individuals.

21. <u>Client Transportation</u>: Enter the expenses associated with providing transportation to individuals.

22. <u>Miscellaneous Expenses</u>: Enter the expenses associated with the purchase of goods and services that do not apply to any other line item classification on the RSS.

23. <u>Building Repairs/Maintenance</u>: Enter the expenses associated with building repairs and general maintenance services performed by employees or contracted services.

24. <u>Building Renovations</u>: Enter the expenses associated with the costs of major renovations, defined as renovations whose costs exceed $10,000. Minor renovations of $10,000 or less are reported within the <u>Building Repair/Maintenance</u> expenditure classification. Renovations or modifications that meet the criteria specified under <u>Residential Adaptation</u> should not be reported under this category.

25. <u>Furnishings and Equipment</u>: Enter the expenses associated with furnishings and other equipment used in the site with a purchase price of $500 or more. Items of less than $500 are reported under <u>Minor Equipment</u>.

26. <u>Minor Household Equipment</u>: Enter the expenses associated with minor purchases of household items.

27. <u>Furniture and Equipment Repairs:</u> Enter the expenses associated with costs of repair of all types of furnishings and equipment used in the site.

28. Residence Adaptation: Enter the expense associated with building renovations or modifications necessitated by the special needs of handicapped individuals. Adaptations required for general licensure are not included under this category. Below is a detailed listing of the eligible expenses to be reported under Residence Adaptations:

   A. Ramps for street, sidewalk, or house

   B. Handrails and grab-bars

   C. That part of smoke/fire alarm system adapted from hearing impaired individuals

   D. Outside railings from street to home

   E. Kitchen sink, counter, and cabinet modifications for wheelchairs

   F. Tub and toilet handrails and stall adaptations

   G. Widened doorways

   H. Fixture adaptations for sink, shower, and stove

   I. Non-skid mats, stair strips, and runners

   J. Wall protection strips and hall runners for wheelchairs

   K. Wardrobe desk, shelving, and drawer modifications in beneficiary's bedroom

   L. Climate and environmental control modifications prescribed by a physician.

   M. Minor physical adaptations (vehicular modifications) are permitted for family vehicles that are used on a regular basis for transporting an individual to community services and community activities indicated in the individual program plan. Federal and state financial participation is available for the following vehicular modifications:

   - Vehicular lifts
   - Interior alterations, such as seats, head and feet rests, and seat belts
   - Custom devices necessary for the individual to be transported safely into the community, including driver control devices for individuals who drive.

29. Total Supportive and Housing Services: Enter the total line item expenses for each respective site.

30. Administration: Enter the amount of administration allocated to each respective site in the authorized PAC.

31. Total Expenses: Enter the total expenses for each respective site.

32. Revenue:

   A. Program Service Fees: Enter revenue (individual liability charges) received from individuals or legally responsible relatives.

   B. CBH Revenue: Enter the amount of Health Choices revenue received in each respective site.

   C. Room and Board: Enter the revenue collected providing room and board to individuals.

   D. HUD Revenue: Enter the revenue collected from the Department of Housing and Urban Development for individuals living in HUD funded sites.

   E. McKinney Grant: Enter the revenue collected for providing services to homeless individuals.

   F. Interest: Enter interest revenue earned on DBHIDS cash advances or other interest associated with DBHIDS funded services.

   G. Other Revenue: Enter the revenues collected from other sources of Revenue (excluding agency contribution) that do not pertain to the revenue classifications shown on the RSS.

   H. Agency Contributions: Enter the amount of funds applied by the agency to Offset expenses that exceed the authorized allocations or to fund ineligible expenses.

   I. Total Revenue: Enter the total revenue from the revenue sources reported on the RSS.

   J. Net Eligible Expenses To Be Funded: Enter the net expenses to be funded by subtracting Total Revenue from Total Expense for each respective site.

Note: The last column should report the total of all sites and the total reported must equal the total reported for the PAC on the Summary of Program Activities (budgeting), and Program Activity Invoice Summary (invoicing).

INSTRUCTIONS FOR PREPARING THE
PERSONNEL INVOICE SCHEDULE
PAGE 1 OF 1

   I.   **PURPOSE**

      This form provides a breakdown of salary and wage expenses in the program activities. The date of any new hire or termination should be listed.

  III.   **GENERAL INSTRUCTIONS**

      A. The form must be completed for each program activity that had Wages and Salaries expenses paid to agency employees during the course of the Fiscal Year.

  III.   **PREPARING THE FORM**

      A. <u>Heading</u> - Check the BH block. Enter provider name, period covered, date submitted, PAC code, and PAC name.

      B. <u>Name</u> - Enter employee name by first name and surname.

      C. <u>Position Title</u> -Enter working title of position

      D. <u>Hours Worked </u>- Enter the number of hours per week for the position

      E. <u>Salary</u> - Enter the cumulative year to date salary expense for each position in that particular PAC.

      F. <u>Termination Date</u> – Enter the termination date

      G. <u>Date of New Hire</u> - Enter the date hired

I. PURPOSE

This form is used to capture the expenditures for the client contingency funds associated with Intensive Case Management (ICM), Resource Coordination (RC), or Family Based Services (FB).

II. GENERAL INSTRUCTIONS

All costs invoiced should be reported under the respective service PAC's 0101-0491 (ICM – CHILD)), 0100-0491 (ICM), 0101-1991 (RC - CHILD), 0100-1991 (RC), 0101-1791 (FB). The clients' name and type of expenditure must be identified. Documentation and justification must be maintained by the agency.

III. PREPARING THE FORM

A. <u>Heading</u>: Enter the agency name, period covered, PAC code, and date submitted.

B. <u>Client</u>: Enter the client name for each program.

C. <u>Date</u>: Enter the date the expenditure was incurred.

D. <u>Expenditure</u>: Enter the expenditure amount.

E. <u>Type</u>: Enter type of expenditure using the following numerical codes:

1. Emergency Housing;

2. Emergency Clothing;

3. Emergency Food;

4. Other.

F. <u>Total</u>: Enter the net eligible expenditures in this column. These amounts must reconcile to the <u>Program Activity Invoice Summary and Expenditure Summary</u>

I. PURPOSE:

The purpose of this form is to document the allocation of the actual administrative costs among the DBHIDS authorized program activities.

II. GENERAL INSTRUCTIONS:

A. Agencies are not required to submit copies of the line – item administrative Expenditure Summary or work papers which reflect the computations used in effecting the administrative cost distribution; however, these documents must be maintained by so that they will be available for review by staff of the DBHIDS, and Federal, State, or other local authorities.

B. This form should be completed for each DBHIDS authorized PAC.

III. PREPARING THE FORM:

A. Heading: Check the BH block. Enter agency name, period covered and date submitted.

B. Program Activity: Enter the program activities that have been authorized by DBHIDS.

C. PAC Code: Enter the eight digit PAC code for each authorized activity.

D. Program Name: Enter the program name.

E. Sub-Total Program-Funded Services: Enter sub-totals of all program activities listed above on the form.

F. Other Program-Funded: This line is used if the agency assigns administration to both BH and IDS program activities. Amounts reported on this line should equal the sub-totals of program-funded activities reported for the other service area (BH or IDS) on the comparable administrative cost distribution form. Check appropriate block.

G. Partial Hospitalization: This line is used to report administrative charges assigned to partial hospitalization programs which are funded on a fee basis.

H. Other Fee-Funded Services: This line is used to report administrative charges assigned to program activities (other than partial hospitalization) that have been authorized for fee-based funding by the DBHIDS (for example, Intensive Case Management).

I.   Programs Not Funded by DBHIDS: This line is used to summarize administrative charges assigned to all other services or programs administered by the agency which are not funded by the DBHIDS.

J.   Total: This line is used to report total administrative costs.

K.   Total Administrative Costs (Column 1):   This column is used to report the distribution of total administrative expenses to be incurred by the agency regardless of their eligibility for DBHIDS funding.

L.   Eligible Administrative Costs (Column 2):   This column is used to report the distribution of net expenditures, which are eligible for DBHIDS reimbursement in terms of their compliance with applicable DBHIDS program regulations and policies. However, do not exclude costs in excess of DBHIDS percentage caps when completing this column.

M.   Ineligible Costs In Excess of Cap (Column 3): This column is used to report the amounts of otherwise eligible administrative costs which will be ineligible for DBHIDS reimbursement since they exceed the percentage caps imposed by the Office. This column is completed after the administrative costs have been distributed to program activities and determination of their eligibility in terms of caps has been completed.

INSTRUCTIONS FOR PREPARING
THE MISCELLANEOUS ITEM DETAIL SCHEDULE
AND
THE BUDGET SUBSIDIARY SCHEDULE

PAGE 1 OF 2

I. PURPOSE

This form has two purposes:

A. To provide a breakdown of Purchased Personnel, Other Personnel, Staff Development, Purchased Treatment Services, and Miscellaneous Expenses as well as to identify agency subcontractors.

B. To provide a detail listing of Building Repairs/Maintenance, Building Renovations, Furnishings and Equipment, Furniture/Equipment Repairs.

The Administrative Miscellaneous Item Detail and Budget Subsidiary Schedule are no longer required to be submitted for administration.

II. GENERAL INSTRUCTIONS

A. The form is to be completed for each distinct PAC authorized by the DBHIDS that has budgeted expenses for Purchased Personnel, Other Personnel, Staff Development, Purchase Treatment Services, Miscellaneous Expense, Building Repair/Maintenance, Building Renovations, Furnishings and Equipment, and Furniture/Equipment Repair.

B. Any Building Repair/Maintenance, Building Renovations, Furnishings and Equipment, and Furniture/Equipment Repairs that exceed $500 for a program activity or site must be detailed on this schedule.

C. The form must be prepared by PAC for all non-residential programs and by site for all residential programs.

D. All agency sub-contractors must be reported to DBHIDS on this form.

III. PREPARING THE FORM

A. <u>Heading:</u> Enter agency name, program date submitted and period covered.

B. <u>PAC / Site:</u> Enter the PAC and corresponding program activity. Enter the site address as it corresponds to the Expenditure Summary.

C. Classification / Description: List the category of the Expense (Example: Purchase Personnel, Equipment Maintenance, etc.). Then provide a detailed description of the expenditures and the name of the person or company delivering the service (e.g., Joe Jones, Psych. Time @ $50/hour).

1. **Purchased Personnel:** Enter only those costs associated with the provision of direct services such as nursing, temporary relief services, or specialized therapy service-oriented consultative services.

2. **Other Personnel:** Enter costs of professional fees and other miscellaneous personnel expenses.

3. **Staff Development**: Enter costs related to on or off job training for program staff.

4. **Purchased Treatment Service**: Enter costs related to the delivery of treatment of care provided to clients (other than residential/rehabilitative services) by physicians, other practitioner or institutional and other facility services.

5. **Miscellaneous Expenses**: Enter costs that cannot be charged properly to any other expenditure classification.

D. **Grand Total: Enter the total of all the subtotal lines.**

All categories should be totaled with the totals corresponding to the amount reported on the Expenditures Summary.

INSTRUCTIONS FOR PREPARING
THE CONTRACT OUTCOMES QUARTERLY PROGRESS REPORT
PAGE 1 OF 1

In FY24, DBHIDS will require quarterly reporting on outcomes for all programs and services listed on the Contract Work Statement. The updated report has four sub-sections to report quarterly progress.

Program Description: Provide a brief description of the program/service.

Number of individuals engaged: Report the number of individuals engaged during this quarter.

Number of individuals screened or assessed: Report the number of individuals screened or assessed for the service/program during this quarter.

Number of individuals who received services: Report the number of individuals who received this service during this quarter. Include the number of individuals who completed the service, if appropriate.

Accomplishments: Provide a narrative stating accomplishments for this quarter. These accomplishments should be consistent with the program's goals.

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL disABILITY SERVICES
QUARTERLY REINVESTMENT REPORT
PAGE 1 OF 1

All programs and projects funded with HealthChoices Reinvestment dollars are required to complete and submit a quarterly report. This report will enhance the ability to track the progress and status of these initiatives in compliance with State and local expectations. Note that the satisfactory completion and timely submission of this information is required in order to maintain eligibility to draw down Reinvestment funding. Please complete the attached Quarterly Reinvestment Report and submit this document to the DBHIDS with your agency's quarterly invoices.