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ADHS/DBHS FINANCIAL REPORTING GUIDE

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TABLE OF CONTENTS

I. ACRONYMS	7
II. OVERVIEW	11
III. FISCAL MONITORING AND FINANCIAL VIABILITY.....	15
A. CRITERIA FOR MONITORING FINANCIAL VIABILITY	15
B. FINANCIAL RATIOS AND STANDARDS TABLE.....	16
C. FINANCIAL STANDARDS	17
1. <i>CURRENT RATIO</i>	17
2. <i>DEFENSIVE INTERVAL</i>	17
3. <i>ADMINISTRATIVE AND SERVICE EXPENSE PERCENTAGES</i>	17
4. <i>MAINTENANCE OF MINIMUM CAPITALIZATION</i>	17
5. <i>EQUITY PER ENROLLED MEMBER</i>	17
6. <i>PERFORMANCE BOND</i>	18
7. <i>PROFIT/RISK CORRIDOR CALCULATIONS</i>	18
8. <i>NON-TITLE XIX/XXI CRISIS, MEDICATIONS AND SUPPORTED HOUSING</i>	19
9. <i>ENCOUNTER REPORTING REQUIREMENTS</i>	19
10. <i>OTHER REQUIREMENTS</i>	23
IV. REPORTING ISSUES.....	25
A. GENERAL.....	25
B. ADHS BLOCK GRANTS.....	25
C. COST ALLOCATION PLAN.....	28
D. SANCTIONS	28
E. PHARMACY REBATES.....	29
F. QUALIFYING INCENTIVE PAYMENTS	29
G. COMMUNITY REINVESTMENT	29
H. REPORTING ADHS/NON ADHS REVENUE AND EXPENSES	30
I. REQUESTS FOR OTHER INFORMATION.....	31
J. FINANCIAL REPORTING TIMELINE.....	32
V. PERIODIC REPORTING REQUIREMENTS	34
A. MONTHLY FINANCIAL STATEMENTS	34
B. QUARTERLY FINANCIAL STATEMENTS	34
C. ANNUAL FINANCIAL STATEMENTS.....	35
1. <i>DRAFT CONSOLIDATED AUDIT REPORTS</i>	35
2. <i>FINAL CONSOLIDATED AUDIT REPORTS</i>	35
3. <i>ANNUAL SUPPLEMENTAL REPORTS</i>	36
D. RELATED PARTY FINANCIAL STATEMENTS	36
E. TOP 20 PROVIDERS FINANCIAL STATEMENTS	36
VI. FINANCIAL REPORTING FORMATS AND INSTRUCTIONS.....	39
A. CERTIFICATION STATEMENT.....	39
B. STATEMENT OF FINANCIAL POSITION.....	40
C. INSTRUCTIONS FOR THE STATEMENT OF FINANCIAL POSITION	40

D. STATEMENT OF CHANGES IN NET ASSETS/EQUITY	44
E. INSTRUCTIONS FOR THE STATEMENT OF CHANGES IN NET ASSETS/EQUITY	44
F. STATEMENT OF ACTIVITIES	46
G. INSTRUCTIONS FOR THE STATEMENT OF ACTIVITIES	46
H. STATEMENT OF CASH FLOWS	54
I. INSTRUCTIONS FOR THE STATEMENT OF CASH FLOWS	54
J. PROFIT/RISK CORRIDOR.....	57
K. INSTRUCTIONS FOR THE PROFIT/RISK CORRIDOR ANALYSIS	57
L. LAG REPORT.....	62
M. INSTRUCTIONS FOR THE LAG REPORT.....	64
N. FINANCIAL RATIO ANALYSIS COMPARISON REPORT	69
O. INSTRUCTIONS FOR THE FINANCIAL RATIO ANALYSIS COMPARISON REPORT	69
P. FORMATS FOR ANNUAL REPORTS.....	72
VII. PERFORMANCE BOND.....	85
A. PERFORMANCE BOND DESCRIPTION.....	85
B. PERFORMANCE BOND INSTRUCTIONS	87
1. CASH DEPOSITS.....	87
2. IRREVOCABLE LETTER OF CREDIT.....	88
3. SURETY BONDS.....	88
4. CERTIFICATE OF DEPOSIT.....	89
5. UNITED STATES TREASURY BILLS.....	90
VIII. TRIBAL GENERAL ACCOUNTING ISSUES AND REPORTING REQUIREMENTS	93
A. GENERAL ACCOUNTING ISSUES.....	93
B. REPORTING REQUIREMENTS.....	93
C. GENERAL REPORTING GUIDELINES	96
D. ADHS BLOCK GRANTS.....	96
E. SANCTIONS.....	98
F. INDIRECT COST AGREEMENT	98

**EXHIBIT A - AGREED UPON PROCEDURES FOR RBHAs WITH RELATED PARTIES
PERFORMING ON THEIR BEHALF**

EXHIBIT B – A-133 AUDIT REQUIREMENT AND PROVIDER NOTIFICATION LETTER

EXHIBIT C – SAMPLE FEDERAL FUNDING LETTER TO PROVIDERS

EXHIBIT D – CROSSWALK TO COVERED SERVICES GUIDE

ACRONYMS

I. ACRONYMS

ADHS	Arizona Department of Health Services
ACOM	AHCCCS Contractor Operations Manual
AHCCCS	Arizona Health Care Cost Containment System
AICPA	American Institute of Certified Public Accountants
A. R. S.	Arizona Revised Statutes
BFO	Bureau of Financial Operations /Division of Behavioral Health Services
CD	Certificate of Deposit
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CMHS	Center for Mental Health Services
COE	Court Ordered Evaluation
DBHS	Division of Behavioral Health Services
E-Statements	Electronic Financial Statement Formats
FASB	Financial Accounting Standards Board
FFCB	Federal Farm Credit Banks
FFS	Fee-For-Service
FHLB	Federal Home Loan Banks
FHLMC	Federal Home Loan Mortgage Corporation
FNMA	Federal National Mortgage Association
GAAP	Generally Accepted Accounting Principles
GNMA	Governmental National Mortgage Association
GSA	Geographical Service Area

IBNR	Incurred But Not Reported
LOC	Letter of Credit
OFR	Office of Financial Review
OMB	Office of Management and Budget
OPS	Office of Program Support
PPS	Pre-Petition Screening
PL	Public Law
RBHA	Regional Behavioral Health Authority
RBUC	Reported But Unpaid Claim
SA	Substance Abuse
SAPT	Substance Abuse Prevention and Treatment
SED	Serious Emotional Disturbance
SFAS	FASB Statement of Financial Accounting Standards
SIG	State Infrastructure Grant
SMI	Seriously Mental Ill
SOP	Statement of Position
TRBHA	Tribal Regional Behavioral Health Authority
T/RBHA	Tribal/Regional Behavioral Health Authorities

OVERVIEW

II. OVERVIEW

The purpose of this reporting guide is to set the periodic financial reporting requirements for contracted T/RBHAs. The primary objectives of the reporting guide are to establish consistency and uniformity in financial reporting among the T/RBHAs and to provide guidelines to assist the T/RBHAs in meeting contractual reporting requirements. This reporting guide is neither intended to limit the scope of audit procedures to be performed during the T/RBHA's annual certified audit nor to replace the independent certified public accountants judgment as to the work to be performed. It is merely a supplement to the contract.

Financial statements must be prepared and presented on an accrual basis and in accordance with GAAP and all other applicable authoritative literature. If there are any inconsistencies between this reporting guide and any contract provision, the contract provision shall prevail. This guide is not intended nor should it be construed as an all-inclusive manual. The format and content of the required reports are subject to change. Questions regarding the content or format of a report are to be directed to the DBHS Chief Financial Officer (CFO).

FISCAL MONITORING AND FINANCIAL VIABILITY

III. FISCAL MONITORING AND FINANCIAL VIABILITY

A. CRITERIA FOR MONITORING FINANCIAL VIABILITY

The RBHA shall, on a monthly basis, meet certain financial viability criteria as outlined in this reporting guide. ADHS utilizes certain ratios and standards to assist in the monitoring of the RBHA's financial performance and viability. These ratios and standards will be used for evaluation purposes; however, they are not necessarily the only factors considered when evaluating RBHA financial viability. Should a RBHA fail to meet a ratio or standard, corrective action may be required and sanctions may be imposed. The financial ratios and standards are summarized in this reporting guide.

B. FINANCIAL RATIOS AND STANDARDS TABLE

Ratio	Description	Standard
LIQUIDITY RATIOS		
<u>Current Ratio:</u> $\frac{\text{Current Assets}}{\text{Current Liabilities}}$	Provides an indication of the organization's ability to pay its short-term liabilities.	≥ 1.0
<u>Defensive Interval:</u> $\frac{(\text{Cash} + \text{Current Investments})}{((\text{Operating Expenses} - \text{Non Cash Expense Items}) / [\text{Period Being Measured (days)}])}$	Measures the organization's ability to meet short-term obligations.	≥ 30 DAYS
PERFORMANCE RATIOS		
<u>Total Title XIX Administrative Expenses</u> (Total Title XIX Revenue less Interpretive Services)	Indicates the proportion of Title XIX administrative expenses to Title XIX revenue.	≤ 7.5%
<u>Title XXI Administrative Expenses</u> (Title XXI Revenue less Interpretive Services)	Indicates the proportion of Title XXI administrative expenses to Title XXI revenue.	≤ 7.5%
<u>Total Non-Title XIX/XXI Administrative Exp.</u> (Total Non-Title XIX/XXI Revenue less Interpretive Services)	Indicates the proportion of Non-Title XIX/XXI administrative expenses to Non-Title XIX/XXI revenue.	≤ 7.5%
<u>Total Title XIX Service Expenses</u> (Total Title XIX Revenue less Interpretive Services)	Indicates the proportion of Title XIX services expenses to Title XIX revenue.	No less than 89.7%
<u>Title XXI Service Expenses</u> (Title XXI Revenue less Interpretive Services)	Indicates the proportion of Title XXI services expenses to Title XXI revenue.	No less than 89.7%
<u>Total Non-Title XIX/XXI Service Expenses</u> (Total Non-Title XIX/XXI Revenue less Interpretive Services)	Indicates the proportion of Non-Title XIX/XXI services expenses to Non-Title XIX/XXI revenue.	No less than 89.7%
MINIMUM CAPITALIZATION, PERFORMANCE BOND AND EQUITY PER ENROLLED MEMBER		
Maintenance of Minimum Capitalization	GSA 1 through GSA 6 Net assets (not including the value of the Performance Bond) shall be greater than or equal to ninety percent (90%) of the monthly capitation and Non-Title XIX/XXI payment to the RBHA. This amount shall never fall below the initial minimum capitalization requirement for each GSA.	GSA 1 \$ 3,400,000 GSA 2 \$ 1,100,000 GSA 3 \$ 1,000,000 GSA 4 \$ 1,600,000 GSA 5 \$ 5,800,000 GSA 6 \$15,000,000
Performance Bond	GSA 1 through GSA 5 shall be 110% of monthly capitation and Non-Title XIX/XXI payment to RBHA. GSA 6 shall be 80% of the monthly capitation and Non-Title XIX/XXI payment to RBHA.	As Established by ADHS
Equity per Enrolled Member	<u>Net Assets – Performance Bond</u> # of Title XIX, Title XIX DD and Title XXI enrollees as of the 1 st day of each month	\$300/Enrolled Member

C. FINANCIAL STANDARDS

1. CURRENT RATIO

Current Assets divided by Current Liabilities shall be equal to or greater than 1:1.

2. DEFENSIVE INTERVAL

Cash and Current Investments divided by the average daily operating expense less Non Cash expenses shall be equal to or greater than 30 days.

3. ADMINISTRATIVE AND SERVICE EXPENSE PERCENTAGES

Each expense percentage shall be calculated separately by program for Title XIX, Title XXI and Non-Title XIX/XXI.

Service Expense Percentage Standard:

Title XIX and Title XXI	No less than 89.7%
Non-Title XIX/XXI	No less than 89.7%

Administrative Expense Percentage Standard:

Title XIX and Title XXI	≤ 7.5%
Non-Title XIX/XXI	≤ 7.5%

4. MAINTENANCE OF MINIMUM CAPITALIZATION

Net Assets/Equity (not including the value of the Performance Bond) shall be greater than or equal to ninety percent (90%) of the monthly capitation and Non-Title XIX/XXI payments to the RBHA. This amount should never fall below the initial minimum capitalization requirement for each GSA.

5. EQUITY PER ENROLLED MEMBER

The equity per enrolled member shall be greater than or equal to \$300 per enrolled member. This calculation shall be based on Net Assets (less Performance Bond) divided by the number of Title XIX, Title XIX DD and Title XXI enrolled members as of the first day of each month.

6. PERFORMANCE BOND

****See SECTION VII. PERFORMANCE BOND for more information and instructions.**

The RBHAs are required to post a Performance Bond to guarantee the payment of the RBHA's obligations to providers, non-contracting providers, and non-providers, and to guarantee the performance by the RBHA of obligations under their respective RBHA contracts. For GSAs 1 through 5, the Performance Bond requirement is equal to 110% of the expected monthly capitation and Non-Title XIX/XXI payment or as determined by ADHS. For GSA 6, the Performance Bond requirement is equal to eighty percent (80%) of the expected monthly capitation and Non-Title XIX/XXI payment or as determined by ADHS. The Performance Bond shall be adjusted when the total of monthly payments change by ten percent (+/-10%). The Performance Bond shall be of standard commercial scope issued by a surety company doing business in the State of Arizona, an irrevocable stand-by letter of credit, or a cash deposit. Performance Bond substitutes shall be in a form acceptable to ADHS and shall be payable to ADHS. Upon notification, a RBHA shall make changes to the amount required by ADHS.

The mailing address for performance bond deliverables sent via U.S. Mail is as follows:

ADHS/DBHS/BFO
Attention: Manager, Office of Financial Review
150 North 18th Avenue, Suite #270
Phoenix, Arizona 85007

7. PROFIT/RISK CORRIDOR CALCULATIONS

Based on individual RBHA contracts, ADHS limits the service profit or loss on Title XIX and Title XXI programs, and the service profit on Non-Title XIX/XXI programs. The RBHA shall record by GSA, and adjust monthly, as necessary, any excess profit or loss resulting from the profit/risk corridor calculations. ADHS requires that these entries be reflected in the program(s) where the profit or loss in excess of the corridor occurs. A separate analysis of the profit or loss for the Title XIX, Title XXI and Non-title XIX/XXI programs shall be performed on a monthly basis.

Monthly, throughout the fiscal year the RBHA shall accrue a receivable/payable for any estimated excess loss/profit.

Prior period revenue adjustments, if applicable, must be recorded in the Profit/Risk Corridor Analysis and Profit Limit Analysis Reports for the appropriate program. Record the amount as an adjustment under the revenue section. Be sure to disclose the details on the bottom of the report.

Sanctions, if applicable, must be reported on the "Less Sanction" line. This does not include data validation sanctions.

After the RBHA's final audit is received, and no later than 12 months after the end of the fiscal year, any profits on service revenue in excess of the profit/risk corridor for Title XIX and Title XXI and any excess profit above the profit limit as determined by the RBHA contract for Non-Title XIX/XXI, will be returned to ADHS. Excess profit is defined as "service revenue minus service expenses minus profit limit". ADHS will reimburse the RBHA for excess losses in the Title XIX and Title XXI programs, subject to available funding.

The qualifying incentive revenue and administrative costs are excluded from the profit/risk corridor calculations.

8. NON-TITLE XIX/XXI CRISIS, MEDICATIONS AND SUPPORTED HOUSING

No profit is allowed on Non-Title XIX/XXI Crisis, Medications and Supported Housing funds. The RBHA is under no obligation to deliver or pay for services beyond the amount paid to them for these programs. The RBHA's responsibility for providing services to Non-Title XIX/XXI Crisis, Medications and Supported Housing eligible persons shall be limited to the amount of funding that has been paid to the RBHA by ADHS. The RBHA shall manage allocated funds for services for Non-Title XIX/XXI Crisis, Medications and Supported Housing eligible persons in a manner sufficient to enable it to deliver services throughout the entire year. The RBHA may expend 7.5% of the total amount of Non-Title XIX/XXI Crisis, Medications and Supported Housing for administrative expenses. The RBHA shall return to ADHS all Non-Title XIX/XXI Crisis, Medications and Supported Housing funds not expended on services and administration for Non-Title XIX/XXI Crisis, Medications and Supported Housing persons.

9. ENCOUNTER REPORTING REQUIREMENTS

All RBHAs are required to submit encounters or claims for every service rendered to a client in accordance with encounter and claims submission requirements outlined in the ADHS/DBHS Guides and Manuals.

Medicaid funds cannot be used for pre-petition screenings and court-ordered evaluations.

Upon request of the RBHA, additional information on capacity based crisis expenses may be submitted to ADHS to be added to the encounters in order to give the RBHA credit for the cost of the capacity based crisis services incurred. Additional required information shall include all encounterable crisis services and documentation of actual amounts paid for capacity based crisis services. Capacity based service credit is defined as the difference between the paid amount for capacity based crisis services and the encounterable crisis services value. Credit will not be given for crisis services that could have been encountered but were not. Reports may be requested of the RBHAs to substantiate services that could and could not be encountered. ADHS may, at its discretion, reduce the total credit allowed for capacity based services beginning with FY2012.

All crisis services that are billed/encountered must be identified by entering the emergency indicators as indicated in the billing instructions beginning July 1, 2010. Crisis encounters will only be identified via emergency indicators. Stabilization services provided using codes S9484 and S9485 should be reported on line 505b, Crisis Intervention – Stabilization, under the appropriate column, except for SAPT and CMHS. These service codes are usually utilized within a hospital/subacute facility but due to the federal block grant regulations, SAPT and CMHS funds cannot be used for hospital inpatient services. On the other hand, stabilization services provided using codes other than S9484 and S9485, including crisis services provided at a Rural Substance Abuse Transitional Center (A6), should be reported under the appropriate column on the applicable line of service.

Accurate encounter data shall be submitted timely to assist ADHS in evaluating each RBHA's performance and for establishing capitation rates. For a complete list of service codes by provider type refer to the ADHS/DBHS Covered Services Guide, Appendix B-2. Encounter reporting analysis shall be performed by ADHS four (4) months after each quarter-end and eight (8) months after the fiscal year-end.

The value used by RBHA subcontractors to encounter services shall be determined by the contracted rate established at the beginning of the contract period. All rates should use the AHCCCS fee-for-service rate schedule as the baseline. All rates are subject to review and approval by ADHS. RBHAs must develop statistically sound encounter rates that are based on actual costs.

Any retrospective changes, to contracted rates that may result in the adjustment or voiding and replacement of encounters must be pre-approved through the Office of Program Support (OPS). When doing so, provide justification for why this process is necessary for the batch being submitted.

Recoupments: This Section is for Fee-For-Service Arrangements

In accordance with AHCCCS Contractor Operations Manual (ACOM) Recoupment Policy 412, recoupments are actions initiated by the Contractor to recover all or part of a previously paid claim. Recoupments include Contractor initiated/requested repayments as well as overpayments identified by the Provider where the Contractor seeks to actively withdraw funds to correct the overpayment from the Provider.

RBHAs' claims payment systems, as well as its prior authorization and concurrent review process, must minimize the likelihood of having to recoup already-paid claims. Any individual recoupment in excess of \$50,000 within a contract year must be approved in advance by AHCCCS, Division of Health Care Management. Pre-approval should be requested in writing per the requirements of ACOM Policy 412 and submitted to the OPS mailbox at OPS@azdhs.gov. ADHS will forward the request to AHCCCS. If AHCCCS does not respond to ADHS within 30 days, the recoupment request is deemed approved. ADHS will notify the requestor accordingly.

RBHAs must notify ADHS of any cumulative recoupment greater than \$50,000 per provider Tax Identification Number per contract year. This written request should also include the requirements as set forth per ACOM Policy 412 and submitted to the OPS mailbox at OPS@azdhs.gov.

RBHAs shall not recoup monies from a provider later than 12 months after the date of original payment on a clean claim without prior approval of AHCCCS as further described in the ACOM *Recoupment Request Policy*. Pre-approval should be requested in writing and submitted to the OPS mailbox at OPS@azdhs.gov.

RBHAs are required to reimburse providers for previously recouped monies if the provider was subsequently denied payment by the primary insurer based on timely filing limits or lack of prior authorization and the member failed to disclose additional insurance coverage other than AHCCCS.

The provider shall have 90 days from the date they become aware that payment will not be made to submit a new claim with documentation from the primary insurer that payment will not be made. Documentation includes but is not limited to any of the following items establishing that the primary insurer has or would deny payment based on timely filing limits or lack of prior authorization; an Explanation of Benefit, policy or procedure, Provider Manual excerpt, etc.

RBHAs must void encounters that are recouped in full. For recoupment's that result in a reduced claim value or adjustments that result in an increased claim value, replacement encounters must be submitted. Notify OPS in writing prior to voiding or replacing recoup claims. AHCCCS will validate the submission of applicable voids and replacement encounters upon completion of any approved recoupment that meets the qualifications of this section. All replaced or voided encounters must reach adjudicated status within 120 days of the approval of the recoupment. Refer to the ACOM *Recoupment Request Policy* and the AHCCCS *Encounter Reporting User Manual* for further guidance.

Encounter Reporting:

ADHS shall, on a quarterly basis, retroactively calculate the Contract Year-to-Date (CYTD) value of encounters (based on dates of service) submitted by each RBHA. The calculation will be performed in order to measure timeliness and completeness of encounter submissions. Encounter reporting may be considered complete when the RBHA's encounter values reported to ADHS reach the minimum percentage levels specified in the table below as compared to the service (non-administrative) revenue (92.5% of total ADHS revenue) for each calendar quarter. Revenue not required by ADHS to be encountered will be excluded from the encounter reporting calculation (also known as "encounter relief"). Prior period adjustments, if applicable, will be excluded from current period revenue. This includes any ADHS qualifying incentives earned by the RBHA per individual contracts.

MINIMUM PERCENTAGE OF ENCOUNTERS TABLE – MARICOPA

QTR 1 (Jul – Sep)	QTR 2 (Jul - Dec)	QTR 3 (Jul - Mar)	QTR 4 (Jul - June)	YTD (Jul – June)
35%	45%	65%	75%	95%

MINIMUM PERCENTAGE OF ENCOUNTERS TABLE – GREATER ARIZONA

QTR 1 (Jul – Sep)	QTR 2 (Jul - Dec)	QTR 3 (Jul - Mar)	QTR 4 (Jul - June)	YTD (Jul– June)
35%	45%	55%	65%	85%

The completion percentages in the table above were selected to account for utilization fluctuation among quarters, and to recognize encounter submission lags. The objective is to ensure a steady inflow of submitted encounters.

The RBHAs will have eight (8) months following the fiscal year end to submit the required percentages of encounters (refer to the table above) for the final evaluation. A sanction may be assessed if the RBHA fails to submit the required encounters at the end of each of the five evaluation periods.

Sanction for Not Submitting the Minimum Percentage of Encounters:

ADHS may sanction the RBHA and/or pass through any sanctions assessed by AHCCCS (To ADHS) when the RBHA fails to submit the required minimum percentage of encounters. The full amount of the sanction will be withheld from the RBHA's monthly payment. The sanction shall be reported as an administrative expense in "All Other Operating" (Line 607). The sanction should be allocated to the appropriate program(s) then further disclosed on Schedule A of the Statement of Activities. Refer to **Section IV. Reporting Issues, D. Sanctions** of this guide for more information.

Provider Encounter Monitoring

On an ad hoc basis, ADHS will request evidence that a RBHA regularly monitors the volume of encounters submitted by their providers. The report will list the Total Revenue paid to the provider by major program and the Total Encounters submitted by the provider by major program. The report will show the percentage of Encounters submitted to Revenue Received, along with an explanation for under/over production of encounters.

10. OTHER REQUIREMENTS

In addition to any other remedies available to ADHS, if the RBHA fails to meet any of the criteria in the reporting guide, ADHS may require the RBHA to submit an action plan for review and approval delineating how and when the RBHA will come into compliance with all criteria.

REPORTING ISSUES

IV. REPORTING ISSUES

A. GENERAL

Financial data shall be reported in the format prescribed by ADHS. Generally Accepted Accounting Principles (GAAP) should be observed in the preparation of each report. Examples and general guidelines for each report follow. Separate instructions and template formats will be provided by ADHS in Microsoft Excel format (E-Statements). All amounts are to be rounded and reported in whole dollars. An explanation of adjustments made for prior periods and adjustments to prior months in the current fiscal year are to be disclosed on "Schedule A Disclosures". Predefined classifications are to be utilized prior to reporting in the "Other" column or "Other" line item categories. Items included in the "Other" categories are to be itemized on a supporting schedule. If there are insufficient instructions for a specific category, the RBHA shall request direction from the DBHS Chief Financial Officer. A perceived lack of instruction is not sufficient grounds for failure to report accurately. ADHS has provided the required reporting formats to ensure consistent reporting among all RBHAs. It is the RBHA's responsibility to ensure that all reports submitted are accurate, complete and timely. Adherence to GAAP is the overriding responsibility of the RBHA. If there is a conflict between GAAP and these instructions, the RBHA should advise the DBHS Chief Financial Officer of such conflict.

ADHS recognizes that interim financial statements are based on information available at the end of the reporting period, which may be incomplete. Revisions to a prior period will invalidate the previously submitted report. If material revisions are submitted after the ADHS due date, then sanctions may be imposed for untimely or inaccurate reporting.

The ADHS/DBHS Financial Reporting Guide, RBHA audited financial statements, quarterly Statement of Activities, Statement of Financial Position, Statement of Cash Flows and related Schedule A Disclosures will be posted on ADHS/DBHS' web site. The address is <http://www.azdhs.gov>. ADHS will refer requests for copies of the above documents to the RBHA. It is the RBHA's responsibility to provide copies to the requesting entity and may charge a reasonable fee.

B. ADHS BLOCK GRANTS

The practices, procedures and standards specified in and required by the Accounting and Auditing Procedures Manual for Contractors of Arizona Department of Health Services Funded Programs and any Uniform Financial Reporting Requirements shall be used by the RBHA in the management, recording and reporting of Federal Block Grant funds.

The RBHA shall comply with all terms, conditions and requirements of the CMHS and SAPT Performance Partnership Block Grants. Financial, performance and program data subject to audit shall be retained by the RBHA as documentation of compliance with federal requirements.

The RBHA shall establish fiscal controls to ensure that funds are accounted for in a manner that permits separate reporting of mental health and substance abuse grant funds and services. SAPT grant funds should be allocated by category (General Services, Pregnant/Parenting Women, Crisis, Meth Initiative, Flex Funds, Prevention, HIV and Children) in accordance with the ADHS Allocation Schedule. CMHS grant funds should be allocated by category (Children with SED, Adults with SMI, Flex Funds and Coaching and Training). Prior written approval must be obtained from ADHS for any deviations from the ADHS Allocation Schedule. Funds paid to RBHAs for a fiscal year shall be available for obligation and expenditures until the end of the fiscal year for which the funds were paid.

The RBHA shall, at the close of a fiscal year, defer all Federal Block Grant funds received but unexpended. The deferred revenue shall be recognized as earned in the first period of the following fiscal year. The recognized revenue shall be reported in the same program as ADHS originally remitted. Any revenue requiring deferral in the second year following its original remittance shall be returned to ADHS for reversion to the Authorizing Federal Agency. RBHAs shall maintain all necessary financial, contractual, budget and program data to ensure appropriate expenditure of grant funds.

The RBHAs are required to notify all non-profit providers that expend \$500,000 or more a year in Federal Awards such as the SAPT and CMHS Block Grants to have a Single Audit conducted in accordance with the provisions of OMB Circular A-133. Refer to Exhibits B and C for additional information and for a Sample Letter to Providers.

The RBHAs shall submit an annual SAPT Distribution Report in the format provided by ADHS by July 30 of each year. Similarly, the RBHAs shall submit an annual CMHS Distribution Report in the format provided by ADHS by July 30 of each year.

SAPT Block Grant

Category	Financial Guide Reporting Requirement
SA General Services	RBHAs report expenditures for General Services, including Intravenous Drug Users and Medication Assisted Treatment (MAT) as follows: <ul style="list-style-type: none"> • SAPT Column • By appropriate expenditure line (501-511, excluding inpatient hospital services) <small>footnote MAT expenses on Statement of Activities, Schedule A monthly</small>
Specialty Programs for Pregnant/Parenting Women	RBHAs report expenditures for Specialty Programs for Pregnant/Parenting Women as follows: <ul style="list-style-type: none"> • SAPT Column • By appropriate expenditure line (501 – 511, excluding inpatient hospital services)
Crisis Services	RBHAs report expenditures for Crisis Services as follows: <ul style="list-style-type: none"> • SAPT Column • By appropriate expenditure line (501 – 511, excluding inpatient hospital services)

SAPT Block Grant Continued

Category	Financial Guide Reporting Requirement
Meth Initiative	RBHAs report expenditures for Meth as follows: <ul style="list-style-type: none"> • SAPT Column • Line 503a, Medication Services
Flex Funds	RBHAs report expenditures for Flex Funds as follows: <ul style="list-style-type: none"> • SAPT Column • Line 504h, Flex Funds
Prevention	These services are non-encounterable. RBHAs report expenditures for prevention services as follows: <ul style="list-style-type: none"> • SAPT Column • Line 509a, Prevention
HIV/AIDS Early Intervention Services	These services are non-encounterable. RBHAs report expenditures for HIV/AIDS as follows: <ul style="list-style-type: none"> • SAPT Column • Line 509b, HIV
Children	RBHAs report expenditures for Children Services as follows: <ul style="list-style-type: none"> • SAPT Column • By appropriate expenditure line (501 – 511, excluding inpatient hospital services) <small>footnote amount expended on Statement of Activities, Schedule A monthly</small>

CMHS Block Grant

Category	Financial Guide Reporting Requirement
Children with SED	RBHAs should report expenditures as follows: <ul style="list-style-type: none"> • CMHS SED Column • By appropriate expenditure line (501 – 511, excluding inpatient hospital services)
Adults with SMI	RBHAs report expenditures as follows: <ul style="list-style-type: none"> • CMHS SMI Column • By appropriate expenditure line (501 – 511, excluding inpatient hospital services)
Flex Funds	RBHAs report expenditures as follows: <ul style="list-style-type: none"> • CMHS SED or SMI Column, in accordance with ADHS Allocation Schedule • Line 504h, Flex Funds
Coaching & Training	RBHAs report expenditures as follows: <ul style="list-style-type: none"> • CMHS SED Column • Line 511, Other ADHS Service Expense Not Reported Above. Disclose on Schedule A

C. COST ALLOCATION PLAN

Each RBHA shall prepare an indirect cost allocation plan in conformance with appropriate federal regulations such as OMB Circular A-122 “Cost Principles of Non-Profit Organizations.” The Cost Principles described in OMB Circular A-122 will be the standard applied to Cost Allocation Plans submitted by all RBHAs including for-profit entities. A list of individual costs to be allocated, along with the applicable base should be included in all Cost Allocation Plans. As per the OMB Circular A-122, actual conditions shall be taken into account in selecting the base to be used in allocating the expenses in each grouping to benefiting functions. The essential consideration in selecting a method or a base is that it is the one best suited for assigning the pool of costs to cost objectives in accordance with benefits derived; a traceable cause and effect relationship; or logic and reason. When an allocation can be made by assignment of a cost grouping directly to the function benefited, the allocation shall be made in that manner. In accordance with OMB Circular A-122, “Cost Principles of Non-Profit Organizations”, expenses should be recorded directly to the applicable program(s), if identifiable. If the program(s) cannot be readily identified, pro-rate the expense using the percentage of ADHS service expense for each program. The use of revenue as the base for the allocation of all allowable general and administrative cost including corporate overhead is not acceptable. Revenue is not an equitable base for allocation because it has no relationship to cost nor does it have a relationship to the provision of services. This plan shall be submitted to ADHS for approval by May 2 of each fiscal year and should identify items of cost and its allocation base. The Statement of Activities shall be reviewed for adherence to the RBHA’s cost allocation plan and shall be an integral part of each RBHA’s annual certified audit. Any issues of non-compliance with federal guidelines must be included in the certified audit report. All instances of questioned costs or procedural deficiencies related to Indirect Cost Plans, as identified in the certified audit reports, will be investigated by ADHS, and are subject to repayment to ADHS.

D. SANCTIONS

ADHS may impose sanctions on the RBHAs for failure to perform certain contractual obligations, and financial reporting guide requirements. The amount of the sanction will be determined by the sanction committee guided by the Sanction Protocol.

The full amount of the sanction will be withheld from the RBHA’s monthly payment. Revenue from specific programs will be reduced by the amount of the sanction. The RBHA should ensure that they report the full amount of the program’s revenue then report the sanction in the same program as an administrative expense, on Line 607, All Other Operating, then further disclose on Schedule A of the Statement of Activities. In addition, sanctions must be reported on the “Less Sanctions” line of the Profit Corridor Report.

E. PHARMACY REBATES

Pharmacy rebates received shall be reported on the Statement of Activities line 510b “Pharmacy Rebates Received” and should be allocated to programs in conformance with OMB Circular A-122, “Cost Principles of Non-Profit Organizations.”

Pharmacy rebate related expenses shall be reported on line 510c “Pharmacy Rebate Related Expense” and allocated to programs in conformance with OMB Circular A-122, “Cost Principles of Non-Profit Organizations.”

F. QUALIFYING INCENTIVE PAYMENTS

Based on each RBHA’s contract, qualifying incentive payments may be earned and should be reported as ADHS Revenue – Qualifying Incentive Payments on line 401b in the Program/Adm & Mgmt/Gen Column of the Statement of Activities in the period earned or paid. Qualifying incentive payments will not be included in the profit/risk corridor calculation.

If a RBHA decides to pass on qualifying incentives to a provider, the pass-thru money may be treated as a service or administrative expense and should be recorded on line 511 or line 607 of the Statement of Activities under the Program/Adm & Mgmt/Gen Column and disclosed on Schedule A.

Returned incentive payments (non-qualifying) will be treated as ADHS Revenue and reported on Line 401a under the applicable program that it was previously withheld. These payments will be included in the ratio and profit/risk corridor calculations.

Qualifying incentives will be paid to the RBHAs after ADHS makes its determination upon review of the documentation received from the RBHAs.

G. COMMUNITY REINVESTMENT

The amount of Community Reinvestment should be reported on the Statement of Activities Line 701, Unrelated Business Expenses, under the Program Admin & Mgt/Gen Column and further disclosed on the Statement of Activities, Schedule A.

H. REPORTING ADHS/NON ADHS REVENUE AND EXPENSES

- 1) All revenue received from ADHS should be reported on Line 401a, ADHS Revenue (unless otherwise directed by ADHS). This is the base for calculating the following:
 - a) Performance ratios such as Service and Administrative Expense Ratios
 - b) Profit Corridor
 - c) Encounter Reporting Requirements

Only ADHS related service expenses should be reported on lines 501 through 511. ADHS Service Expenses are totaled on line 513. ADHS Administrative Expenses should be reported on lines 601 through 607 with a total on line 608. These amounts are used in calculating ADHS Performance Ratios. ADHS Service Expenses are used to calculate excesses on the Profit Corridor.

Interpretive Services should be reported on line 620 under the applicable programs. RBHAs must maintain an internal tracking mechanism to ensure these expenses are being recorded properly. Interpretive expenses must be paid for using Administrative Capitation Funds; and therefore, are not included in the Performance Ratios and Profit Corridor calculations. Use the Adjustment line under the Revenue Section of the Profit Corridor Analysis to exclude Interpretive Services from Revenue. Disclose details of the adjustment on the bottom of the Profit Corridor Analysis, under the Adjustment Section.

- 2) Grants and Other Revenue received from other sources should be reported on Line 402, Specialty and Other Grants. The related service expenses for this revenue source should be reported on Line 520, Service Expenses from Non ADHS Sources. The detailed/specific expenses should be reported on the Statement of Activities, Schedule A disclosure. The related administrative expenses should be reported on Line 651, Non ADHS and/or Unrelated Admin Expense.

However, Non ADHS Revenue that is directly related to providing behavioral health services should be reported on Line 406, Other Behavioral Health Funding Sources – Non ADHS. The related service expenses for this revenue source should be reported on Line 520, Service Expenses from Non ADHS Sources. The detailed/specific expenses should be reported on the Statement of Activities, Schedule A Disclosure. The related administrative expenses should be reported on Line 651, Non ADHS and/or Unrelated Admin Expense.

Revenue and expenses received from Non ADHS sources may be reported in any of the various program columns, if the funds are spent on activities closely related to that program. If not related to any of the pre-determined programs, it should be reported in the NTXIX/XXI Other Column. These amounts are not figured in the Performance Ratios and Profit Corridor.

Examples of Non ADHS Revenue that should be reported on Line 402:

Revenue from the Arizona Department of Housing
Revenue from City or County
Revenue from the Department of Economic Security

Examples of Non ADHS Revenue that should be reported on Line 406:

Revenue from Training Fees
Revenue from Inter-RBHA Pharmacy Arrangements
RBHA assessed Sanctions

- 3) Revenue earned or received that is unrelated to providing Behavioral Health services should be reported on Line 407, Unrelated Business Revenue. The related expenses should be reported on Line 701, Unrelated Business Expenses. The basis for using this line should be based on how the revenue was earned. The detailed/specific expenses should be reported on the Statement of Activities, Schedule A disclosure. Generally, these unrelated amounts should be reported under the Program Adm Mgt/Gen Column. These amounts are not figured into the Performance Ratios and Profit Corridor.

Examples of Unrelated Revenue and Expenses that should be reported on Line 407 and Line 701:

Revenue from Provider Support
Revenue from Rental Income
Revenue from Photocopying Fees

I. REQUESTS FOR OTHER INFORMATION

Upon ADHS' request, the RBHA shall submit additional data or reports to supplement other financial information. The RBHA shall provide complete and accurate information no later than thirty (30) days after receipt of the request unless otherwise specified by ADHS.

J. FINANCIAL REPORTING TIMELINE

Report due dates that fall on a weekend or State recognized holiday will be due the next business day. All reports are due to the Office of Financial Review and the Compliance Mailbox (email address BHSCompliance@azdhs.gov) by 5:00 p.m. on the due date. Financial reports are considered timely when received by ADHS in the required format (refer to **Periodic Reporting Requirements, Section V. A - C**).

Extensions may be granted, but must be requested in writing and addressed to the Manager, Office of Financial Review. Requests must be received at least five (5) business days prior to ADHS' filing date and must include the reason for the extension and the revised filing date. Requests for filing extensions will be reviewed on a case to case basis.

PERIODIC REPORTING REQUIREMENTS

V. PERIODIC REPORTING REQUIREMENTS

A. MONTHLY FINANCIAL STATEMENTS

Monthly Financial Statements are *due to ADHS 30 days after month-end* and must include the following reports:

1. Statement of Financial Position
 - a. Schedule A Disclosures
2. Statement of Changes in Net Assets/Equity
3. Statement of Activities
 - a. Schedule A Disclosures
4. Statement of Cash Flows
 - a. Schedule A Disclosures
5. Profit/Risk Corridor Calculation Reports
6. Financial Ratio Analysis Comparison Report
7. Certification Statement

B. QUARTERLY FINANCIAL STATEMENTS

Quarterly Financial Statements are *due to ADHS 30 days after quarter-end and 40 days after the 4th quarter-end* and must include the following reports: (No monthly financial statement is due for the quarter end months)

1. Statement of Financial Position
 - a. Schedule A Disclosures
2. Statement of Changes in Net Assets/Equity
3. Statement of Activities
 - a. Schedule A Disclosures
4. Statement of Cash Flows
 - a. Schedule A Disclosures
5. Profit/Risk Corridor Calculation Reports
6. LAG (IBNR) Report - Summary
 - a. LAG Report by Program
7. Financial Ratio Analysis Comparison Report
8. Certification Statement

The required monthly, quarterly and annual supplemental reports shall be submitted electronically (E-statements) in the Microsoft Excel format provided by ADHS to ensure consistent reporting for each GSA. The Certification Statement must be signed by the CFO and scanned to OFR within three business days of report submittal. Draft and Annual Financial Reporting Packages must be sent electronically, with the exception of the bound Auditor's Report. Refer to **Section VI. Financial Reporting Formats and Instructions** for report examples and instructions.

C. ANNUAL FINANCIAL STATEMENTS

1. DRAFT CONSOLIDATED AUDIT REPORTS

Due to ADHS 75 days after fiscal year-end and must include the following reports:

- a. Statement of Financial Position
- b. Statement of Functional Expenses
- c. Supplemental Schedule of Title XIX, Title XXI and Non-Title XIX/XXI revenue and expenses, included as supplemental information under the auditor's report, all disclosures etc., and all applicable opinion letters.
- d. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. (Also applies to For-Profit Entities) Title XIX, Title XXI, SAPT and CMHS must be audited as major programs
- e. Annual Certification Statement signed by RBHA CFO
- f. Annual Supplemental Reports as outlined in C. 3., excluding the RBHA Financial Disclosure Statement and Related Party Transactions/Certification

2. FINAL CONSOLIDATED AUDIT REPORTS

The final audit reporting package *is due to ADHS 100 days after the fiscal year-end* and includes the following:

- a. Annual Certification Statement signed by RBHA CFO
- b. Statement of Financial Position
- c. Statement of Functional Expenses
- d. Supplemental Schedule of Title XIX, Title XXI and Non-Title XIX/XXI revenue and expenses, included as supplemental information under the auditor's report, all disclosures etc., and all applicable opinion letters.
- e. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. (Also applies to For-Profit Entities) Title XIX, Title XXI, SAPT and CMHS must be audited as major programs
- f. Bound Auditor's Report
- g. Annual Supplemental Reports as outlined in C. 3.

3. ANNUAL SUPPLEMENTAL REPORTS

- a. Statement of Financial Position Reconciliation from 4th Quarter Submission to Audited Consolidated Financial Statements
- b. Schedule A Disclosure for Statement of Financial Position Reconciliation from 4th Quarter Submission to Audited Consolidated Financial Statements
- c. Statement of Change in Net Assets/Equity
- d. Reconciliation of Change in Net Assets/Equity from 4th Quarter Submission to Audited Consolidated Financial Statements
- e. Disclosure Statement/Related Party Transactions Certification
- f. RBHA Financial Disclosure Statement and Related Party Transactions
- g. Cash Flow
- h. Cash Flow Schedule A Disclosure
- i. Annual Statement of Activities (audited by program and Indirect Expenses allocated in accordance with the Cost Allocation Plan)
- j. Annual Statement of Activities Schedule A Disclosures
- k. Financial Ratios and Standards Report
- l. Draft Profit/Risk Corridor Analysis
- m. Lag Report including methodology used to calculate IBNR

D. RELATED PARTY FINANCIAL STATEMENTS

The RBHAs shall submit electronically to ADHS the Annual Audited Financial Statements of Related Parties with whom the RBHA conducted business transactions. The related parties' Annual Audited Financial Statements are due 120 days after their fiscal year end.

RBHAs that contract with Related Parties to perform functions on behalf of the RBHA will provide an Annual Income Statement (reporting RBHA activities only) and accompanying documentation as agreed upon or other documentation deemed acceptable to ADHS. The after-tax profit/(loss) greater than 3% from these statements will be combined with the RBHAs profit/(loss) on an allocated basis. Refer to Exhibit A, Agreed Upon Procedures For RBHAs With Related Parties Performing On Their Behalf, for additional information.

E. TOP 20 PROVIDERS FINANCIAL STATEMENTS

The RBHAs shall submit electronically and hard copies in a binder, the most recent Annual Audited Financial Statements of their Top 20 Providers by February 28 following the end of the state fiscal year. Use ADHS Revenue to determine the Top 20 Providers.

FINANCIAL REPORTING FORMATS AND INSTRUCTIONS

VI. FINANCIAL REPORTING FORMATS AND INSTRUCTIONS

A. CERTIFICATION STATEMENT

All Financial Reporting Packages, including the Draft and Final, must include a Certification Statement, signed and dated by the Chief Financial Officer. Unsigned or unlabeled reports will not be accepted. The signature of the Chief Financial Officer is confirmation that the reports have been reviewed by the RBHA for accuracy and completeness. The certification statement must be an exact copy as the sample below:

CERTIFICATION STATEMENT OF
(Entity Name)
FOR THE PERIOD ENDED: _____

Name of Preparer: _____

Title: _____

Telephone Number: _____

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation with the reports may be prosecuted under applicable state and/or federal laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested might result in denial of a request to participate, or where the entity already participates, a termination of a RBHA's agreement with the Arizona Department of Health Services.

Date

Chief Financial Officer

B. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position illustrates the financial position of the RBHA as of the reporting date. It is the primary source of information about the RBHA's liquidity and financial stability.

C. INSTRUCTIONS FOR THE STATEMENT OF FINANCIAL POSITION

LINE #	ACCOUNT	DESCRIPTION
101	Cash	Cash and cash equivalents available for use. Cash equivalents are investments maturing 90 days or less from the date of purchase.
102	Current Investments	Readily saleable investments maturing one year or less from the date of purchase and expected to be redeemed or sold within one year of the statement date.
103	Accounts Receivable (net)	Report Accounts Receivable net of allowance for doubtful accounts. Amount should include any amount receivable from ADHS. (Disclose on Schedule A)
104	Notes Receivable (current portion)	Principal amounts on notes receivable due to the RBHA within one year of the statement date.
105	Prepaid Expenses	All prepaid expenses.
106	Other Current Assets	All other current assets not reported elsewhere on the Statement of Financial Position. (Disclose on Schedule A)
107	Total Current Assets	Total of the above accounts.
108	Land	Land.
109	Building	Buildings, capital leases, and other improvements.
110	Leasehold Improvements	Capital improvements to facilities leased.
111	Furniture and Equipment	Office equipment, data processing hardware and software (where permitted), and furniture, as well as similar assets held under capital leases.
112	Vehicles	Vehicles owned or leased.
113	Total Property and Equipment	The total of lines 108 through 112.
114	Less: Accumulated Depreciation	The total of all depreciation and amortization accounts relating to the various asset accounts, as set forth above.
115	Net Property and Equipment	Line 113 minus line 114.
116	Notes Receivable (net of current portion)	Loans payable to the RBHA over a period exceeding one year from the statement date.
117	Performance Bond	Disclose on Schedule A the method by which the RBHA satisfied this requirement. Indicate whether or not the amounts are included in the financial statements and if over or under funded and reasons therefore.
118	Long Term Investments	Investments with a maturity date of more than one year from the statement date.
119	Deposits	Refundable deposits.
120	Other Non-Current Assets	All other non-current assets not reported elsewhere on the Statement of Financial Position. (Disclose on Schedule A)
121	Total Non-Current Assets	Total of Lines 116 through 120.
122	TOTAL ASSETS	Line 107 plus 121.
201	Incurred But Not Reported Claims	Methodology for IBNR calculation is described in the section pertaining to the IBNR Lag Report. (Disclose on Schedule A)
202	Reported But Unpaid Claims	Claims that have been reported but remain unpaid at the statement date.
203	Payable to ADHS	Accruals for profit in excess of the contract profit/risk corridor. (Disclose on Schedule A)

C. STATEMENT OF FINANCIAL POSITION INSTRUCTIONS (CONTINUED)

LINE #	ACCOUNT	DESCRIPTION
204	Payable to Providers	Amounts owed to providers for block purchase, sub-capitation or other agreements.
205	Trade Accounts Payable	Amounts owed to creditors for the acquisition of goods and services, other than behavioral health services.
206	Accrued Salaries and Benefits	Amounts owed to employees for wages and benefits earned but not paid.
207	Long-term Debt (current portion)	Principal amounts on loans, notes, and capital lease obligations due within one year of the statement date.
208	Deferred Revenue	Accruals for deferred revenue/unearned revenue, as prescribed by GAAP. (Disclose on Schedule A)
209	Risk Pool Payable	Amounts accrued for risk pools established by the RBHA.
210	Other Current Liabilities	All other current liabilities not reported elsewhere on the Statement of Financial Position. (Disclose on Schedule A)
211	Total Current Liabilities	Total of lines 201 through 210.
212	Long-term debt (net of current portion)	The long-term portion of principal on loans, notes, and capital lease obligations.
213	Loss Contingencies	Loss Contingency accruals, which are non-current in nature, as prescribed by GAAP. (Disclose on Schedule A)
214	Other Non-current Liabilities	All other non-current liabilities not reported elsewhere on the Statement of Financial Position. (Disclose on Schedule A)
215	Total Non-current Liabilities	Total of lines 212 through 214.
216	Total Liabilities	Line 211 plus line 215.
217	Net Assets/Equity	Line 122 – 216. (Disclose Restricted Net Assets on Schedule A).
218	TOTAL LIABILITIES AND NET ASSETS/EQUITY	Line 216 plus line 217.

STATEMENT OF FINANCIAL POSITION

AS OF:

ASSETS

CURRENT ASSETS

- 101 Cash (Disclose on Schedule A)
- 102 Current Investments
- 103 Accounts Receivable (net) (Disclose on Schedule A)
- 104 Notes Receivable (current portion)
- 105 Prepaid Expenses
- 106 Other Current Assets (Disclose on Schedule A)
- 107 Total Current Assets

NON-CURRENT ASSETS

- 108 Land
- 109 Building
- 110 Leasehold Improvements
- 111 Furniture and Equipment
- 112 Vehicles
- 113 Total Property and Equipment
- 114 **Less:** Accumulated Depreciation
- 115 Net Property and Equipment
- 116 Notes Receivable (net of current portion)
- 117 Performance Bond (Disclose on Schedule A)
- 118 Long Term Investments
- 119 Deposits
- 120 Other Non-current Assets (Disclose on Schedule A)
- 121 Total Non-current Assets

122 TOTAL ASSETS

LIABILITIES AND NET ASSETS/EQUITY

CURRENT LIABILITIES

- 201 Incurred But Not Reported Claims (Disclose on Schedule A)
- 202 Reported But Unpaid Claims
- 203 Payable to ADHS (Disclose on Schedule A)
- 204 Payable to Providers
- 205 Trade Accounts Payable
- 206 Accrued Salaries and Benefits
- 207 Long-term Debt (current portion)
- 208 Deferred Revenue (Disclose on Schedule A)
- 209 Risk Pool Payable
- 210 Other Current Liabilities (Disclose on Schedule A)
- 211 Total Current Liabilities

NON-CURRENT LIABILITIES

- 212 Long-term debt (net of current portion)
- 213 Loss Contingencies (Disclosed on Schedule A)
- 214 Other Non-current Liabilities (Disclose on Schedule A)
- 215 Total Non-current Liabilities

216 TOTAL LIABILITIES

217 NET ASSETS/EQUITY

Unrestricted Net Assets

Restricted Net Assets (Disclose on Schedule A)

218 TOTAL LIABILITIES AND NET ASSETS/EQUITY

**STATEMENT OF FINANCIAL POSITION
AS OF:
Schedule A Disclosures**

ASSETS:

Cash

Restricted

Unrestricted

Total Cash

Accounts Receivable

ADHS

<u>Program ID</u>	<u>Category ID</u>
Current Year	
Select Program	Identify Category
Prior Year	
Select Program	Identify Category

Non-ADHS &/or Unrelated Business

Current Year
Prior Year

Allowance for Doubtful Accounts

Total Accounts Receivable

Other Current Assets (Detail of Line 106)

Identify Current Assets

Total Other Current Assets

Other Non-Current Assets (Detail of Line 120)

Identify Other Non-Current Assets

Total Other Non-Current Assets

PERFORMANCE BOND:

List type of Security and Amount

Adjustments:

Disclose and describe any adjustments made to previously submitted financial statements, including those that affect the current period financial statements

Payable to ADHS – Other Category

Disclose items recorded as "Other" in the category for Payable to ADHS Section

Explain ≥10% fluctuation in account from prior period

Describe fluctuation in each account greater than 10%

LIABILITIES:

IBNR Claims Estimate

Current Year
Current Year IBNR
Prior Year (s)
Prior Year IBNR
Total IBNR

Payable to ADHS (Detail of Line 203)

<u>Program ID</u>	<u>Category ID</u>
Current Year	
Select Program	Select Category
Prior Year	
Select Program	Select Category

Total Payable - ADHS

Deferred Revenue from: (Detail of Line 208)

<u>Program ID</u>	<u>Category ID</u>
<u>ADHS</u>	
Current Year	
Select Program	Identify Category
Prior Year	
Select Program	Identify Category

Non-ADHS &/or Unrelated Business

Current Year
 Select Program Identify Category
Prior Year
 Select Program Identify Category

Total Deferred Revenue

Other Current Liabilities (Detail of Line 210)

Identify Other Current Liabilities

Total Other Current Liabilities

Loss Contingencies (Detail of Line 213)

Identify Loss Contingencies

Total Loss Contingencies

Other Non-Current Liabilities (Detail of Line 214)

Identify Other Non-current Liabilities

Total Other Non-Current Liabilities

Restricted Net Assets (Detail of Line 217)

Itemized Restricted Net Assets

Total Restricted Net Assets

D. STATEMENT OF CHANGES IN NET ASSETS/EQUITY

The Statement of Changes in Net Assets/Equity includes changes due to Title XIX, Title XXI and Non-Title XIX/XXI activities and reflects the current impact of revenue and expenses on the RBHA's financial position.

E. INSTRUCTIONS FOR THE STATEMENT OF CHANGES IN NET ASSETS/EQUITY

Beginning Balance	Prior Year's Ending Balance
<u>Net Surplus (Net of Dividends Paid)</u> Net Earning for the period ended	<u>YTD Inc (Dec) in Net Assets</u> Net Assets/Equity from Statement of Activities
Dividends Paid	Total Dividends Paid
Prior Period Adjustments	Total of Cumulative Adjustments from Prior Period
Ending Balance	<u>Total Ending Net Assets</u> Net Assets/Equity from Statement of Activities

RBHA

STATEMENT OF CHANGES IN NET ASSETS /EQUITY

AS OF : (Current Month)

	Initial Capital	Additional Capital	Net Assets/ Retained Earnings	Total
Beginning Balance:	\$	\$	\$	\$
Increase/(Decrease) of Net Surplus / Net Earnings for the period ended: (Current Month)				
Less Dividends Paid				
**Prior Period Adjustments				
Ending Balance: (Current Month)	\$	\$	\$	\$

**Disclosure of Prior Period Adjustments

F. STATEMENT OF ACTIVITIES

The Statement of Activities encompasses year-to-date revenue and expenses for Title XIX, Title XXI, Non-Title XIX/XXI, Federal and County programs. All items are to be reported using the accrual method of accounting based on funding categories. The intent of the statement is to capture, on an accrual basis, the revenue of the RBHA and to match that revenue with related expenses by each funding program. Any expense allocation shall be made in a consistent manner and shall be in compliance with the cost allocation plan.

G. INSTRUCTIONS FOR THE STATEMENT OF ACTIVITIES

Revenue and expense shall be accrued according to GAAP. Revenue and expense shall be reported under the applicable funding program column in the line indicated in these instructions.

Revenue is to be calculated and accrued as follows:

- a. Title XIX and Title XXI revenue should be accrued using the projected number of eligible clients provided by AHCCCS multiplied by the approved capitation rates currently being paid, unless the most recent proposed capitation rates were already approved and are awaiting payment. Any deviations from the above must be pre-approved in writing.
- b. Non-Title XIX/XXI revenue is to be accrued using 1/12th of the annual allocation as reported on the ADHS Allocation Schedule. Revisions to the allocation may occur throughout the year, but until the RBHAs are notified in writing of any changes, the amount reported on the Allocation Schedule (or Payment Schedule if appropriate) is the best and most probable estimate of what ADHS will pay out. Prior written approval must be obtained from ADHS for any deviations from the ADHS Allocation Schedule.
- c. Other revenue sources should be accrued in accordance with GAAP (i.e. CERs and revenue sources other than ADHS).

Service expenses are to be calculated as part of the IBNR calculation and allocated on a consistent basis in accordance with GAAP within each funding program. Refer to **Section VI. Financial Reporting Formats and Instructions, L. and M. Lag Report** for more information.

Service expenses should be allocated to service line items and to each funding program based on current year service utilization/encounter data. ADHS may request the service allocation methodologies, as needed. Any other reasonable and consistent method used to allocate expense should be disclosed in Schedule A of the Statement of Activities.

Service expenses are to be reported in accordance with contractual requirements, ADHS Guides and Manuals and the ADHS/DBHS Financial Reporting Guide, Exhibit D.

Administrative expenses shall be reported in conformance with the RBHA's cost allocation plan. Refer to **Section IV. Reporting Issues, C. Cost Allocation Plan** for more information.

All Non ADHS revenue and expenses shall be reported and disclosed separately.

Line item instructions are on the following page.

LINE ITEM INSTRUCTIONS FOR THE STATEMENT OF ACTIVITIES

LINE	ACCOUNT	DESCRIPTION
Revenue:		Revenue
401	Revenue Under ADHS Contract	Revenue Under ADHS Contract
a	ADHS Revenue	Accrued Revenue for Title XIX, Title XXI, Non-Title XIX/XXI, Federal and County
b	ADHS Revenue - Qualifying Incentive Payments	Earned revenue for qualifying incentives from ADHS
402	Specialty & Other Grants	Other Revenue earned from specialty grants. (Disclose on Schedule A)
403	Client Fees (Co-pays)	Co-payments billed for client services
404	Third Party Recoveries	Third-party liability insurance recovered from third party insurances as described in the ADHS/DBHS Provider Manual section 3.5
a	Medicare	Medicare eligible client amounts due from Medicare
b	Other Insurance	Any other third party Insurer liable for claim payment
405	Interest Income	Interest income earned on performance bond or other investments should be reported in the Management & General Column
406	Other Behavioral Health Funding - Non ADHS	Any other behavioral health funding source that is not received from ADHS, allocate to programs (Disclose on Schedule A)
407	Unrelated Business Revenue	Any other business activity not related to providing behavioral health services. (Disclose on Schedule A)
408	TOTAL REVENUE	Sum of line 401 through line 407
Service Expenses:		Service Expenses
501	Treatment Services	Treatment Services
a	Counseling	Counseling
1	Counseling, Individual	Refer to Exhibit D Crosswalk to Covered Services Guide
2	Counseling, Family	Refer to Exhibit D Crosswalk to Covered Services Guide
3	Counseling, Group	Refer to Exhibit D Crosswalk to Covered Services Guide
b	Assessment, Evaluation and Screening	Refer to Exhibit D Crosswalk to Covered Services Guide
c	Other Professional	Refer to Exhibit D Crosswalk to Covered Services Guide
d	<i>Total Treatment Services</i>	The total of lines 501 a through c
502	Rehabilitation Services	Rehabilitation Services
a	Living Skills Training	Refer to Exhibit D Crosswalk to Covered Services Guide
b	Cognitive Rehabilitation	Refer to Exhibit D Crosswalk to Covered Services Guide
c	Health Promotion	Refer to Exhibit D Crosswalk to Covered Services Guide
d	Supported Employment Services	Refer to Exhibit D Crosswalk to Covered Services Guide
e	<i>Total Rehabilitation Services</i>	The total of lines 502 a through d
503	Medical Services	Medical Services
a	Medication Services	Refer to Exhibit D Crosswalk to Covered Services Guide
b	Medical Management	Refer to Exhibit D Crosswalk to Covered Services Guide
c	Laboratory, Radiology & Medical Imaging	Refer to Exhibit D Crosswalk to Covered Services Guide
d	Electro-Convulsive Therapy	Refer to Exhibit D Crosswalk to Covered Services Guide
e	<i>Total Medical Services</i>	The total of lines 503 a through d
504	Support Services	Support Services
a	Case Management	Refer to Exhibit D Crosswalk to Covered Services Guide
b	Personal Care Services	Refer to Exhibit D Crosswalk to Covered Services Guide
c	Family Support	Refer to Exhibit D Crosswalk to Covered Services Guide
d	Peer Support	Refer to Exhibit D Crosswalk to Covered Services Guide
e	Home Care Training to Home Care Client	Refer to Exhibit D Crosswalk to Covered Services Guide
f	Unskilled Respite Care	Refer to Exhibit D Crosswalk to Covered Services Guide
g	Supported Housing	Refer to Exhibit D Crosswalk to Covered Services Guide
h	Flex Fund Services	Refer to Exhibit D Crosswalk to Covered Services Guide
i	Transportation	Refer to Exhibit D Crosswalk to Covered Services Guide

LINE	ACCOUNT	DESCRIPTION
j	<i>Total Support Services</i>	The total of lines 504 a through i
505	Crisis Intervention Services	Crisis Intervention Services
A	Crisis Intervention - Mobile	Refer to Exhibit D Crosswalk to Covered Services Guide
B	Crisis Intervention - Stabilization	Refer to Exhibit D Crosswalk to Covered Services Guide
C	Crisis Intervention - Telephone	Refer to Exhibit D Crosswalk to Covered Services Guide
D	<i>Total Crisis Intervention Services</i>	The total of lines 505 a through c
506	Inpatient Services	Inpatient Services
a	Hospital	Hospital
1	Psychiatric (Provider Types 02 & 71)	Refer to Exhibit D Crosswalk to Covered Services Guide
2	Detoxification (Provider Types 02 & 71)	Refer to Exhibit D Crosswalk to Covered Services Guide
b	Sub-acute Facility	Sub-acute Facility
1	Psychiatric (Provider Types B5 & B6)	Refer to Exhibit D Crosswalk to Covered Services Guide
2	Detoxification (Provider Types B5 & B6)	Refer to Exhibit D Crosswalk to Covered Services Guide
c	Residential Treatment Center (RTC)	Residential Treatment Center (RTC)
1	Psychiatric - Secure & Non-Secure Provider Types (78, B1, B2, B3)	Refer to Exhibit D Crosswalk to Covered Services Guide
2	Detoxification - Secure & Non-Secure Provider Types (78, B1, B2, B3)	Refer to Exhibit D Crosswalk to Covered Services Guide
d	Inpatient Services, Professional	Refer to Exhibit D Crosswalk to Covered Services Guide
e	<i>Total Inpatient Services</i>	The total of lines 506 a through d
507	Residential Services	Residential Services
a	Level II Behavioral Health Residential Facilities	Refer to Exhibit D Crosswalk to Covered Services Guide
b	Level III Behavioral Health Residential Facilities	Refer to Exhibit D Crosswalk to Covered Services Guide
c	Room and Board	Refer to Exhibit D Crosswalk to Covered Services Guide
d	<i>Total Residential Services</i>	The total of lines 507 a through c
508	Behavioral Health Day Program	Behavioral Health Day Program
a	Supervised Day Program	Refer to Exhibit D Crosswalk to Covered Services Guide
b	Therapeutic Day Program	Refer to Exhibit D Crosswalk to Covered Services Guide
c	Medical Day Program	Refer to Exhibit D Crosswalk to Covered Services Guide
d	<i>Total Behavioral Health Day Program</i>	The total of lines 508 a through c
509	Prevention Services	Prevention Services
a	Prevention	Non-Title XIX/XXI Prevention Services
b	HIV	Non-Title XIX/XXI HIV Prevention
c	<i>Total Prevention Services</i>	The total of lines 509 a through b
510	Medication	Medication
a	Medication Expense	Medication expense – cost of drugs only
b	Pharmacy Rebate Received	Rebate Received, allocated by program
c	Pharmacy Rebate Related Expense	Rebate related expense, allocate by program – expense related to collection of rebate
d	Total Medication	The total of lines 510 a through c
511	Other ADHS Service Expenses Not Reported Above	Other ADHS service expenses that are not indicated above. (Disclose on Schedule A)
513	Subtotal ADHS Service Expenses	The total of lines 501 through 512
520	Service Expenses from Non ADHS Sources	Service expense not related to ADHS revenue; allocate to programs (Disclose on Schedule A)
525	Total Service Expense	The total of line 513 and 520
Administrative Expenses:		Administrative Expenses
601	Salaries	Accrued salary expense
602	Employee Benefits	Accrued employee benefit expense
603	Professional & Outside Services	Professional and outside services expense
604	Travel	Travel expense
605	Occupancy	Building rent or other occupancy expense
606	Depreciation	Depreciation and amortization expense of building, leasehold improvements, furniture, and equipment
607	All Other Operating	Other administrative expense, including Translation Services, not classified above. (Disclose on Schedule A)
608	Subtotal ADHS Administrative Expenses	The total of lines 601 through 607
620	Interpretive Services	Sign Language or Interpretive Services

LINE	ACCOUNT	DESCRIPTION
651	Non ADHS and/or Unrelated Admin. Expense	Administrative expense for Non ADHS or Unrelated Business activities. (Disclose separately on Schedule A)
652	Sub-total Administrative Expense	The total of lines 608 through line 651
701	Unrelated Business Expenses	Any other business expense for activities not related to providing behavioral health services. (Disclose on Schedule A)
790	Income Tax Provisions	For-profit entity income tax expense
	a ADHS Income Tax Provision	Income tax expense related to net gain from ADHS operations
	b Non ADHS Income Tax Provision	Income tax expense related to net gain from Non ADHS operations
799	Subtotal Income Tax Provision	Line 790a plus 790b
800	TOTAL EXPENSES	Line 525 plus line 608 plus line 652 plus line 701 plus line 799
801	INC/(DEC) IN NET ASSETS/EQUITY	Line 408 minus line 800

1. STATEMENT OF ACTIVITIES

STATEMENT OF ACTIVITIES
YEAR TO DATE AS OF:

	TXIX CHILD	TXIX CMDP	TXIX DD CHILD	TXIX SMI	TXIX DD ADULT	TXIX GMH/SA	TXXI CHILD	TXXI ADULT	NTXIX/XXI CRISIS	NTXIX/XXI MEDICATIONS	NTXIX/XXI SUPPORTED HOUSING	NTXIX/XXI OTHER
REVENUE												
401	Revenue Under ADHS Contract											
a	ADHS Revenue											
b	ADHS Revenue – Qualifying Incentive Payments											
402	Specialty & Other Grants*											
403	Client Fees (Co-pays)											
404	Third Part Recoveries											
a	Medicare											
b	Other Insurance											
405	Interest Income											
406	Other Behavioral Health Funding Sources - Non ADHS*											
407	Unrelated Business Revenue*											
408	TOTAL REVENUE											
EXPENSES												
Service Expenses:												
501	Treatment Services											
a	Counseling											
1	Counseling, Individual											
2	Counseling, Family											
3	Counseling, Group											
b	Assessment Evaluation and Screening											
c	Other Professional											
d	<i>Total Treatment Services</i>											
502	Rehabilitation Services											
a	Living Skills Training											
b	Cognitive Rehabilitation											
c	Health Promotion											
d	Supported Employment Services											
e	<i>Total Rehabilitation Services</i>											
503	Medical Services											
a	Medication Services											
b	Medical Management											
c	Laboratory, Radiology & Medical Imaging											
d	Electro-Convulsive Therapy											
e	<i>Total Medical Services</i>											
504	Support Services											
a	Case Management											
b	Personal Care Services											
c	Family Support											
d	Peer Support											
e	Home Care Training to Home Care Client											
f	Unskilled Respite Care											
g	Supported Housing*											
h	Flex Fund Services											
i	Transportation											
j	<i>Total Support Services</i>											
505	Crisis Intervention Services											
a	Crisis Intervention Mobile											
b	Crisis Intervention Stabilization											
c	Crisis Intervention Telephone											
d	<i>Total Crisis Intervention Services</i>											
506	Inpatient Services											
a	Hospital											
1	Psychiatric (Provider Types 02 & 71)											
2	Detoxification (Provider Types 02 & 71)											
b	Sub-acute Facility											
1	Psychiatric (Provider Types B5 & B6)											
2	Detoxification (Provider Types B5 & B6)											
c	Residential Treatment Center (RTC)											
1	Psychiatric – Secure & Non-secure (Provider Types 78.B1,B2,B3)											
2	Detoxification – Secure & Non- Secure (Provider Types 78.B1,B2,B3)											
d	Inpatient Services, Professional											
e	<i>Total Inpatient Services</i>											
507	Residential Services											
a	Level II Behavioral Health Residential Facilities											
b	Level III Behavioral Health Residential Facilities											
c	Room and Board											
d	<i>Total Residential Services</i>											
508	Behavioral Health Day Program											
a	Supervised Day Program											
b	Therapeutic Day Program											
c	Medical Day Program											
d	<i>Total Behavioral Health Day Program</i>											
509	Prevention Services											
a	Prevention											
b	HIV											
c	<i>Total Prevention Services</i>											
510	Medication											
a	Medication Expense											
b	Pharmacy Rebate Received											
c	Pharmacy Rebate Related Expense											
d	<i>Total Medication Expense</i>											
511	Other ADHS Service Expenses Not Rpt'd Above*											
513	Subtotal ADHS Service Expenses											
520	Service Expenses from Non ADHS Sources*											
525	Total Service Expense											
Administrative Expenses:												
601	Salaries											
602	Employee Benefits											
603	Professional & Outside Services											
604	Travel											
605	Occupancy											
606	Depreciation											
607	All Other Operating*											
608	Subtotal ADHS Administrative Expenses											
620	Interpretive Services											
651	Non ADHS and/or Unrelated Admin. Expense*											
652	Subtotal Administrative Expense											
701	Unrelated Business Expenses*											
790	Income Tax Provision											
a	ADHS Income Tax Provision											
b	Non ADHS Income Tax Provision											
799	Subtotal Income Tax Provision											
800	TOTAL EXPENSES											
801	INC/(DEC) IN NET ASSETS/EQUITY											

*Disclose on Schedule A

CMHS SED BLOCK GRANT	CMHS SMI BLOCK GRANT	SAPT BLOCK GRANT	OTHER FEDERAL	COUNTY	PASRR/ADOH	PATH	SUBTOTAL	PROGRAM ADMIN & MGMT/GEN	TOTAL
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2. SCHEDULE A DISCLOSURE

RBHA
STATEMENT OF ACTIVITIES
SCHEDULE A DISCLOSURE
YEAR TO DATE AS OF:

TXIX CHILD	TXIX CMDP	TXIX DD CHILD	TXIX SMI	TXIX DD ADULT	TXIX GMH/SA	TXIX CHILD	TXIX ADULT	NTXIX/XXI CRISIS	NTXIX/XXI MEDICATIONS	NTXIX/XXI SUPPORTED HOUSING	NTXIX/XXI OTHER
---------------	--------------	---------------------	-------------	------------------	----------------	---------------	---------------	---------------------	--------------------------	-----------------------------------	--------------------

DISCLOSURE OF NTXIX/XXI OTHER and OTHER FEDERAL ADHS REVENUE

Itemization of Items Reported In Other Columns

Total Other – NTXIX/XXI OTHER and OTHER FEDERAL

**DISCLOSURE OF OTHER GRANTS REPORTED ON
LINE 402**

Total Other Grants

**DISCLOSURE OF OTHER BEHAVIORAL HEALTH SOURCES REPORTED ON
LINE 406**

Itemization of Items Reported on Line 406

Total Other Behavioral Health Revenue

**UNRELATED BUSINESS REVENUE REPORTED ON
LINE 407**

Itemization of Items Reported on Line 407

Total Unrelated Business Revenue

**DISCLOSURE OF SUPPORTED HOUSING
ON LINE 504g (Choose a category)**

Rent Subsidy
Property Acquisition
Move-in/Start-up Kits
Assistance with Deposits
Utility Payments
Eviction/Prevention Efforts
Housing Provider (Property Manager)
Damages to the Unit
Other ADHS Approved Housing Expenses
(Itemize accordingly)

**DISCLOSURE OF ALL OTHER BEHAVIORAL HEALTH SERVICES
ON LINE 511**

Itemization of Items Reported on Line 511

Total All Other Behavioral Health Services

DISCLOSURE OF SERVICE EXPENSES FROM NON ADHS SOURCES ON LINE 520

Itemization of Items Reported on Line 520

Total Service Expense Non ADHS Sources

DISCLOSURE OF ALL OTHER OPERATING ON LINE 607

Itemization of Items Reported on Line 607

Total All Other Operating

DISCLOSURE OF NON ADHS and/or UNRELATED ADMINISTRATIVE EXPENSES ON LINE 651

Itemization of Items Reported on Line 651

Total Non ADHS and/or Unrelated Administrative Expenses

DISCLOSURE OF UNRELATED BUSINESS EXPENSES ON LINE 701

Itemization of Items Reported on Line 701

Total Unrelated Business Expenses

ADJUSTMENTS

(Disclose and describe any adjustments to previously submitted financial statements including those that affect the current financial statements.)

Notes:

Amount Expended for SAPT Children
Amount Expended for SAPT MAT

CMHS SED BLOCK GRANT	CMHS SMI BLOCK GRANT	SAPT BLOCK GRANT	FEDERAL OTHER	COUNTY	PASRR/ADOH	PATH	SUB TOTAL	PROGRAM ADMIN & MGMT/ GEN	TOTAL
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H. STATEMENT OF CASH FLOWS

The primary purpose of the Statement of Cash Flows is to provide information about an entity's cash inflows and cash outflows during an accounting period. Cash flows are classified in terms of operating, investing and financing activities. Significant non-cash investing and financing activities not affecting cash must also be disclosed in the Statement of Cash Flows. The indirect method is used for financial reporting. For further guidance, the RBHA should refer to SFAS 117.

I. INSTRUCTIONS FOR THE STATEMENT OF CASH FLOWS

Segment Description	Instructions (Indirect Method)
<p><u>CASH FLOWS FROM OPERATING ACTIVITIES:</u> Changes in Net Assets/Equity Adjustments to Reconcile Excess of Revenue Over/(Under) Expenses to Net Cash Provided (used) by Operating Activities: Depreciation and Amortization Changes in Operating Assets and Liabilities: (Increases)/Decreases in Assets: Current Investments Receivables Interest Receivable Inventory and Prepaid Expenses Deposits Other Increases/(Decreases) in Liabilities: IBNR RBUK Accounts Payable to ADHS Accounts Payable to Providers Interest Payable Trade Accounts Payable Accrued Salaries and Benefits Other Liabilities NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES</p>	<p>Begin with the Revenue Over/(Under) Expenses for the period, as reported on the Statement of Activities.</p> <p>Each Statement of Financial Position account should be analyzed to calculate any difference in accounts from the prior period. The effects of all deferrals of prior operating cash receipts and payments, accruals of expected future operating cash receipts and payments pertaining to the entity's operating activities should be reported, each as a line item, in this segment of the statement.</p>
<p><u>CASH FLOWS FROM INVESTING ACTIVITIES:</u> Proceeds from Sale of Property and Equipment Purchase of Property and Equipment (Describe on Schedule A) Proceeds from Sales of Investments Purchase of Investments NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES</p>	<p>Cash flows from investing activities include the results of analyses of the Statement of Financial Position accounts pertaining to the entity's investing activities. Purchases and sales of investments, furniture, equipment, and other related assets are reflected in this segment of the statement.</p>
<p><u>CASH FLOWS FROM FINANCING ACTIVITIES:</u> Contributions from Parent Dividends Paid Acquisition of Debt (Describe on Schedule A) Payment of Lease Obligations Payment of Other Debts (Describe on Schedule A) NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES</p>	<p>Cash flows from financing activities include the results of analyses of Statement of Financial Position accounts pertaining to financing activities, such as contributions from parent, dividends paid, acquisition and repayment of debts, long-term leases, etc.</p>
<p>NET INCREASE/(DECREASE) IN CASH</p>	<p>This is the net increase/decrease in cash during the period.</p>
<p>BEGINNING CASH</p>	<p>The cash balance at the beginning of the period.</p>
<p>ENDING CASH BALANCE** **Must agree with Cash Balance reported on the Balance Sheet</p>	<p>The sum of net increase/decrease and beginning cash balance.</p>

**STATEMENT OF CASH FLOWS
YEAR TO DATE FOR PERIOD ENDED:**

CASH FLOWS FROM OPERATING ACTIVITIES:

Changes in Net Assets/Equity
Adjustments to Reconcile Excess of Revenue Over/(Under) Expenses
to Net Cash Provided (Used) by Operating Activities:
Depreciation and Amortization
Changes in Operating Assets and Liabilities
(Increases)/Decreases in Assets:
Current Investments
Receivables
Inventory & Prepaid Expenses
Interest Receivable
Deposits
Other
Increases/(Decreases) in Liabilities:
IBNR
RUC
Accounts Payable to ADHS
Accounts Payable to Providers
Interest Payable
Trade Accounts Payable
Accrued Salaries & Benefits
Other Liabilities

NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES

CASH FLOWS FROM INVESTING ACTIVITIES

Proceeds from Sale of Property & Equipment
Purchase of Property & Equipment (Describe on Schedule A)
Proceeds from Sales of Investments
Purchase of Investments

NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES

CASH FLOWS FROM FINANCING ACTIVITIES:

Contributions from Parent
Dividends Paid
Acquisition of Debt (Describe on Schedule A)
Payment of Lease Obligations
Payment of Other Debts (Describe on Schedule A)

NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES

NET INCREASE/(DECREASE) IN CASH

BEGINNING CASH

ENDING CASH BALANCE *

***NOTE: ENDING CASH BALANCE MUST AGREE WITH TOTAL CASH BALANCE ON BALANCE SHEET**

**STATEMENT OF CASH FLOWS
YEAR TO DATE FOR PERIOD ENDED:
Schedule A Disclosure**

Describe:

1. Sources and amounts of cash received for other grants.

2. Underlying transactions for acquisition of debt.
(Debtor, amount, purpose of loan, term, interest rate and term of debt acquired during the quarter.)

3. Underlying transactions for retirement of debt.
(Debtor, amount paid off.)

4. Cash Flows from financing activities – Payment of Other Debt

5. Supplemental data or non-cash investing and financing activities, gifts, etc.

6. Purchase of Property and Equipment.

J. PROFIT/RISK CORRIDOR

See **Section III. C. #7** for information on Profit/Risk Corridor Analysis.

K. INSTRUCTIONS FOR THE PROFIT/RISK CORRIDOR ANALYSIS

A separate analysis should be prepared for Title XIX, Title XXI and Non-Title XIX/XXI programs. Enter the profit/risk receivable, payable, or adjustment amount(s) if applicable. The details of any adjustment must be disclosed. Also, disclose factors contributing to excess profit or loss.

Accrue a Payable to ADHS and adjust the revenue in the appropriate program. No more than 3% profit should be earned in each program: Title XIX, Title XXI and Non-Title XIX/XXI (Non-Title XIX/XXI Other and County). Revenue and Expenses, as reported in the Profit Corridor Analysis, must match the Revenue and Expenses as reported in the Statement of Activities.

RBHAs shall not earn a profit in Non-Title XIX/XXI SMI Medications, Supported Housing and Crisis. These programs are treated separately for profit purposes. Unexpended funds in these programs must be returned to ADHS upon request. Losses incurred in these programs will not be reimbursed.

For-Profit Entities:

The provision for income tax will be added to service expense. In the event of excess profit in any program, the excess profit amount must be used to reduce revenue in the Statement of Activities. When revenue is reduced, revise the amount on line 401a.

The required steps are as follows:

- 1) Calculate Profit/Risk; and
- 2) Enter the amount of excess profit on the Profit Risk Corridor Amount Payable Reported by RBHA line on the Profit Risk Corridor Analysis Report. Accrue this amount as a Payable to ADHS.
- 3) Reduce the ADHS Revenue on the Profit Risk Corridor Analysis Report. The Total Revenue should remain the same after adjusting for steps 2 and 3. If there is an excess profit, reduce revenue on the Statement of Activities accordingly.
- 4) A reduction in revenue will have the effect of lowering taxes originally reported. Add the difference between the original tax amount and the new reduced tax amount to the original Payable to ADHS.
- 5) Reduce revenue again by the change in the Payable to ADHS (tax difference). In total, revenue should be reduced by the same amount as the second iteration, and the Profit/Risk Corridor Payable should equal the amount of the second iteration. The Total Revenue should remain the same after adjusting for steps 4 and 5. The total revenue reduction should equal the total Payable to ADHS. This is the amount that must be returned to ADHS.
- 6) Increase the original accrual by this additional amount.
- 7) Reduce revenue on the Statement of Activities by the amount of the total Payable to ADHS.
- 8) It is not necessary to continue the iteration after the first reduction in taxes is completed.

RBHA

Profit/Risk Corridor Analysis - TXIX
Per the RBHA Un-audited Financial Statements
FOR MONTH ENDED:

July 31, 20XX

TXIX	TXIX			Total
	TXIX Child	CMDP	TXIX DD Child	TXIX Child
ADHS Revenue	\$0	\$0	\$0	\$0
Profit/Risk Corridor Amount (Receivable) reported by RBHA				\$0
Profit/Risk Corridor Amount Payable reported by RBHA				\$0
Adjustments*				\$0
Total Revenue	\$0	\$0	\$0	\$0
ADHS Service Expense	\$0	\$0	\$0	\$0
ADHS Administrative Expense	\$0	\$0	\$0	\$0
Adjustments				\$0
Service & Administrative Expense	\$0	\$0	\$0	\$0
EBIT	\$0	\$0	\$0	\$0
ADHS Income Tax provision	\$0	\$0	\$0	\$0
Net Profit/(Loss)	\$0	\$0	\$0	\$0
Contractual Profit Margin	0.00%	0.00%	0.00%	0.00%

	TXIX Child	TXIX CMDP	TXIX DD Child	Total
				TXIX Child
Service Revenue (92.5% of Total Revenue)	-	-	-	-
ADHS Service Expense & Income Tax	\$0	\$0	\$0	\$0
Service Profit/(Loss)	-	-	-	-
Profit Corridor (+/-3% of Service Revenue)	-	-	-	-
Less Sanctions				-
Revised Profit Corridor				-
Excess Service Profit/(Loss)	-	-	-	-
Contractual Profit/Risk Corridor %	0.00%	0.00%	0.00%	0.00%

***Adjustments:**

Disclose details of adjustments recorded

Disclosure:

Identify factors contributing to non-compliance of profit/risk corridors

TXIX SMI	TXIX DD ADULT	Total TXIX SMI	TXIX GMH/SA	Total TXIX
\$0	\$0	\$0	\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
			\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	0.00%	0.00%	0.00%

TXIX SMI	TXIX DD ADULT	Total TXIX SMI	TXIX GMH/SA	Total TXIX
-	-	-	-	-
\$0	\$0	\$0	\$0	\$0
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
0.00%	0.00%	0.00%	0.00%	0.00%

RBHA

**Profit/Risk Corridor Analysis –TXXI and NTXIX/XXI
Per the RBHA Un-audited Financial Statements
FOR MONTH ENDED:**

TXXI

	TXXI Child	TXXI Adult	Total TXXI
ADHS Revenue	\$0	\$0	\$0
Profit/Risk Corridor Amount (Receivable) reported by RBHA			
Profit/Risk Corridor Amount Payable reported by RBHA			
Adjustments*			
Total Revenue	\$0	\$0	\$0
ADHS Service Expense	\$0	\$0	\$0
ADHS Administrative Expense	\$0	\$0	\$0
Adjustments*			
Service & Administrative Expense	\$0	\$0	\$0
EBIT	\$0	\$0	\$0
ADHS Income Tax provision	\$0	\$0	\$0
Net Profit/(Loss)	\$0	\$0	\$0
Contractual Profit Margin	0.00%	0.00%	0.00%

	TXXI Child	TXXI Adult	Total TXXI
Service Revenue (92.5% of Total Revenue)	-	-	-
ADHS Service Expense & Income Tax	\$0	\$0	\$0
Service Profit/(Loss)	-	-	-
Profit Corridor (+/-3% of Service Revenue)	-	-	-
Less Sanctions	-	-	-
Revised Profit Corridor	-	-	-
Excess Service Profit/(Loss)	-	-	-
Contractual Profit/Risk Corridor %	0.00%	0.00%	0.00%

***Adjustments:**

Disclose details of adjustments recorded

Disclosure:

Identify factors contributing to non-compliance of profit/risk corridors

NTXIX/XXI

SAPT Block Grant	CMHS SED Block Grant	CMHS SMI Block Grant	Total CMHS	NTXIX/XXI OTHER	COUNTY	Total NTXIX/XXI
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0

SAPT Block Grant	CMHS SED Block Grant	CMHS SMI Block Grant	Total CMHS	NTXIX/XXI OTHER	COUNTY	Total NTXIX/XXI
-	-	-	-	-	-	-
\$0	\$0	\$0	\$0	\$0	\$0	\$0
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

L. LAG REPORT

AICPA Statement of Position (SOP) 89-5 defines IBNR as costs associated with health care services incurred during a financial reporting period but not reported to the prepaid health care provider until after the reporting date. GAAP requires costs to be accrued as services are rendered. This requirement is met through accrual of a liability, i.e., IBNR. In conjunction with the IBNR process, SOP 89-5 further states that premiums (equivalent to capitation) are reported as revenue in the month members are entitled to service; premiums collected in advance are deferred revenue. SOP 89-5 concludes: "Health care costs should be accrued as the services are rendered, including estimates of the costs of services rendered but not yet reported. Furthermore, if a provider of prepaid health care services is obligated to render services to specific members beyond the premium period due to provisions in the contract or regulatory requirements, the costs to be incurred for such services should also be accrued currently." (AICPA SOP 89-9, paragraph 30)

There are three primary components of claims expense:

- Paid Claims
- Received but unpaid claims (RBUCs). A claim should be classified as an RBUC immediately upon its receipt and is to be tracked as such. The processing status of a RBUC is either pended, in process, or payable.
- Incurred But Not Reported claims (IBNRs)

Paid claims and RBUC expenses are identifiable as part of the basic accounting systems of the RBHAs. Since these components, along with a well-established prior authorization and referral system, form the basis for IBNR estimation, it is imperative that the RBHA has an adequate claims accrual and payment system. The system must be capable of reporting claims on a date-of-service basis, have the capacity to highlight large outlier cases, possess sufficient internal controls to prevent and detect payment errors, and conform to regular payment patterns. Once IBNR estimates have been established, continuous monitoring of reported and paid claims is essential.

Claim expense evaluation requires consideration of current trends and conditions. The following claims environment factors should be considered:

- Changes in various policies, practices, or coverage;
- Trends in inflation;
- Trends in claims lag time;
- Trends in length of hospital inpatient stay;
- Changes in contractual agreements.

IBNRs are difficult to estimate because the total units of service and the exact service costs are not always known prior to claims receipt. Since inpatient and residential treatment center claims are the major expenses incurred by the RBHAs, it is important to accurately identify costs of outstanding unbilled services. Selection of an appropriate system for estimating IBNR claims expense is based on RBHA circumstances, characteristics, and the availability of reliable information.

Elements of an IBNR system are:

1. The IBNR system must function as an integral part of the overall financial management and claims system. These systems join to collect, analyze, and share claims data. They require effective referral, prior authorization, utilization review and discharge planning functions. The RBHA must, in addition, have a full accrual accounting system to properly identify and record the expense, together with the related liabilities for all unpaid and unbilled services provided to clients.
2. An effective IBNR system requires the development of reliable lag reports that identify the length of time between the dates of service, receipt of claims, and processing/payment of claims by major provider type (hospital, outpatient, etc.). Reliable claims/cash disbursement systems generally produce much of the necessary data. Lag Reports and projections are most useful when there is a sufficient, accurate claims history, with stable lag patterns. If this is not the case, the reports will require modification, on a pro-forma basis, to reflect corrections for known errors or skewed payment patterns. The data included in the Lag Reports should include all information received to date.
3. Whenever practical, claims data collection and analysis should begin before the service is provided (i.e., prior authorization records). This prospective claims data, together with claims data collected as the services are provided (i.e., prior authorization records), should be used to identify claims liabilities.
4. Claims data may be segregated to permit analysis by: county, major provider, or category of service.
5. Subcontract agreements should clearly state each party's responsibility for claims/encounter submission, prior notification, authorization, and reimbursement rates. These agreements should be in writing, clearly understood, and followed consistently by each party.
6. Individual IBNR amounts, once established, should be monitored for adequacy and adjusted, as needed. If IBNR estimates are subsequently found to be significantly high or inaccurate, analysis should be performed to determine the reasons therefore. This analysis should be incorporated into a RBHA's IBNR methodology, if applicable.

Several different methods can be used to determine the total IBNR amount. The RBHAs should employ a method that best meets their needs and accurately estimates their IBNRs. If a RBHA is considering a method different from that previously described, a written description of the process must be submitted to ADHS for approval prior to its use. The IBNR methodology used by the RBHA must also be evaluated by the RBHAs Independent Certified Public Accountant for reasonableness. If the RBHA employs an alternate method to estimate its IBNR, the RBHA must submit documentation to back-up the amount of IBNR reported. Documentation is required only on the quarterly, draft and final audited reports. Documentation may be sent electronically and is due on the same day the financial reports are due. The quarterly and final reports will be considered incomplete if the documentation for the IBNR estimate is not submitted by the report's due date.

Lag Reports are used to track historical payment patterns. When a sufficient history exists and a regular claims submission pattern has been established, this methodology can be employed. If the Lag Report is not the primary methodology, the RBHA should use lag information as a validation test for accruals calculated using other methods. Typically, the information on the schedules is organized according to the month services are rendered on the horizontal axis and the month claims for those services are paid on the vertical axis. Population and category of service should track specifically, as each population may have different characteristics. A Lag Report - Summary should be prepared for each GSA.

M. INSTRUCTIONS FOR THE LAG REPORT

Once a number of months (typically eighteen) becomes fully reported and paid, the information can be used to estimate IBNRs. IBNR can be estimated by computing the average period over which claims are submitted and applying the completion factor months, which are not yet fully developed. The following example demonstrates the lag table:

Fully Developed Table

Month of Service

Month of Payment	Current	1 st Prior	2 nd Prior	Total	Percent of Total	Cumulative Percent
Current	2,000	800	1,400	4,200	10.0%	10.0%
1 st Prior	8,500	8,750	8,200	25,450	60.6%	70.6%
2 nd Prior	3,750	2,800	3,700	10,250	24.4%	95.5%
3 rd Prior	<u>750</u>	<u>650</u>	<u>700</u>	<u>2,100</u>	<u>5.0%</u>	100.0%
Total	15,000	13,000	14,000	42,000	100.0%	

This table indicates that 10.0 percent of all claims are reported and paid in the month services are rendered, 60.6 percent are paid in the second month, etc. In this example, within four months from the date of service all claims are paid (i.e., fully developed). The information in this example can be used to calculate IBNRs by examining claims payment experience for the three months prior to the balance sheet date.

By dividing the claims paid to date, by the decimal form of the cumulative percent developed from the fully developed table for the applicable month, an estimate can be made of each month's total claims to be experienced for the period. Subtracting the total claims paid to date from this estimate yields the estimated claims expense accrual for the IBNR.

The following steps must be taken in order to estimate the total claims expense as of the end of June:

1. For each month not yet fully developed, the cumulative percentage (obtained from the fully developed table) should be divided into the total amount of claims paid to date for each month. The result will be estimated total claims expense for each month.
2. Subtract all claims paid or received (RBUCs) for that month from the estimated total claims expense for each month. The remainder represents the IBNR estimate.

An example of a completed Lag Report is shown below:

LAG REPORT EXAMPLE

<u>Month of Payment</u>	<u>Month of Service</u>			<u>Total</u>	<u>% of Total</u>	<u>Cumulative</u>
	<u>Current</u>	<u>1st Prior</u>	<u>2nd Prior</u>		<u>Dollars</u>	<u>Percent</u>
Current	\$ 1,600	\$ 1,900	\$ 1,600	\$ 5,100	17.47%	17.47%
1 st Prior	\$ 0	\$10,600	\$ 9,700	\$20,300	69.52%	86.99%
2 nd Prior	\$ 0	\$ 0	\$ 3,800	\$ 3,800	13.01%	100.00%
3 rd Prior	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>		
Total	\$ 1,600	\$12,500	\$15,100	\$29,200		
Divided by						
Cumulative Percent	17.47%	86.99%	100%	N/A		
Calculated Total						
FFS Claim Expense	\$ 9,159	\$14,369	\$15,100	\$38,631		
Adjustments*	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Total FFS Claim Expense	\$ 9,159	\$14,369	\$15,100	\$38,628		
Less: Amount Paid to Date				\$29,200		
Less RBUCs				\$ <u>1,400</u>		
Total IBNR				<u>\$ 8,028</u>		

* Disclose adjustments at management's discretion. Provide a detailed explanation and show calculations.

Estimates developed by this lag methodology should be monitored for reasonableness. This is particularly true for the most recent months where the information is less developed. If the calculation is producing an unusually low or high total claims expense for any particular month, it should be investigated for validity.

The IBNR liabilities should tie to the Statement of Financial Position. A RBHA may submit a Lag Report with less than the required information and in a format different from the illustrated report, if prior approval has been obtained from DBHS Chief Financial Officer.

**RBHA
LAG REPORT – SUMMARY
AS OF:**

Month of Payment	Month of Service								
	Current	1 st Prior	2 nd Prior	3 rd Prior	4 th Prior	5 th Prior	6 th Prior	7 th Prior	8 th Prior
Current									
1 st Prior									
2 nd Prior									
3 rd Prior									
4 th Prior									
5 th Prior									
6 th Prior									
7 th Prior									
8 th Prior									
9 th Prior									
10 th Prior									
11 th Prior									
12 th Prior									
13 th Prior									
14 th Prior									
15 th Prior									
16 th Prior									
17 th Prior									
18 th Prior									
Total Claims Paid									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

Total FFS Expense Reported									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

Total Block/Sub Cap Exp Rprtd									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

Total RBUCs Reported									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

Total IBNR Reported									
Title XIX									
Title XXI									
Non-Title XIX/XXI									

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N. FINANCIAL RATIO ANALYSIS COMPARISON REPORT

This is a report generated from the E-statements for analysis purposes.

O. INSTRUCTIONS FOR THE FINANCIAL RATIO ANALYSIS COMPARISON REPORT

The majority of the amounts are linked from other statements. The following fields require input:

- Monthly Capitation and Non-Title XIX/XXI Payment under the Maintenance of Minimum Capitalization Section
- The Number of Enrollees under the Equity Per Enrolled Member Section

RBHA
Financial Ratio Analysis Comparison

As of: July 31, 20XX

Liquidity Ratio

Current Ratio: (Standard ≥ 1.0)

Current Assets/Current Liabilities

Month Ending	Current Assets	Current Liabilities	Ratio
Jul-XX	-	-	-

Equity per Enrolled Member (Standard ≥ \$300 per enrolled member)

Net Assets / (Number of Enrolled Members * \$300)

Month Ending		Total
Jul-XX	Net Assets/Equity	\$ -
	Less Performance Bond reported on Financial Statements	\$ -
	Subtotal	\$ -
	Divided by the No. of Enrollees	-
	\$300 per enrolled member	\$ 300
Compliance*/(Out of Compliance)		\$ (300)

* Out of Compliance provide plan of correction.

Performance Ratios

Title XIX Administrative Ratio: (Standard ≤ 7.5%)

Title XIX Admin. Exp./(Total Title XIX Rev. less Interpretive Services)

Month Ending	Title XIX Administrative Expense	(Title XIX Revenue less interpretive Services)	Percent
Jul-XX	-	-	-%

Title XXI Administrative Ratio: (Standard ≤ 7.5%)

Title XXI Admin. Exp./(Total Title XXI Rev. less Interpretive Services)

Month Ending	Title XXI Administrative Expense	(Title XXI Revenue less Interpretive Services)	Percent
Jul-XX	-	-	-%

Non-Title XIX/XXI Administrative Ratio: (Standard ≤ 7.5%)

Non-Title XIX/XXI Admin. Exp./(Total Non-Title XIX/XXI Rev. less Interpretive Services)

Month Ending	Non-Title XIX/XXI Administrative Expense	(Non-Title XIX/XXI Revenue less Interpretive Services)	Percent
Jul-XX	-	-	-%

Defensive Interval (in days): (Standard ≥ 30 days)

(Cash + Current Investments)/

((Total Expense - Non-cash Expense)/days)

Month Ending	Cash & Current Investments	Total Expenses – Non-cash Expenses	Current Days	Defensive Days
Jul-XX	-	-	-	-

Maintenance of Minimum Capitalization

(Net Assets - Performance Bond reported on Financial Statements) ≥ ((Monthly Capitation Payment + Non-Title XIX/XXI Payment)*90%)

Month Ending	Net Assets/Equity	Performance Bond	Total
Jul-XX	-	-	-
	Monthly Capitation Payment	Non-Title XIX/XXI Payment	*90%
			-
Compliance/(Out of Compliance)			-

* Out of Compliance provide plan of correction.

Title XIX Service Ratio: (Standard: No less than 89.7%)

Title XIX Service Exp./(Total Title XIX Rev. less Interpretive Services)

Month Ending	Title XIX Service Expense	(Title XIX Revenue less Interpretive Services)	Percent
Jul-XX	-	-	-%

Title XXI Service Ratio: (Standard: No less than 89.7%)

Title XXI Service Exp./(Total Title XXI Rev. less Interpretive Services)

Month Ending	Title XXI Service Expense	(Title XXI Revenue less Interpretive Services)	Percent
Jul-XX	-	-	-%

Non-Title XIX/XXI Service Ratio: (Standard No less than 89.7%)

Non-Title XIX/XXI Service Exp./(Total Non-Title XIX/XXI Rev. less Interpretive Services)

Month Ending	Non-Title XIX/XXI Service Expense	(Non-Title XIX/XXI Revenue less Interpretive Services)	Percent
Jul-XX	-	-	-%

P. FORMATS FOR ANNUAL REPORTS

ANNUAL STATEMENT OF FINANCIAL POSITION AS OF:

Reconciliation from 4th Quarter Submission to Audited Consolidated Financial Statements

ASSETS	As Submitted <u>4th Quarter</u>	Audit Adjustments <u>Debits</u>	<u>Credits</u>	Restated <u>Balance</u>	<u>Notes*</u>
<u>Current Assets</u>					
101 Cash (Disclose on Schedule A)					
102 Current Investments					
103 Accounts Receivable (net) (Disclose on Schedule A)					
104 Notes Receivable (current portion)					
105 Prepaid Expenses					
106 Other Current Assets (Disclose on Schedule A)					
107 Total Current Assets					
<u>Non-Current Assets</u>					
108 Land					
109 Building					
110 Leasehold Improvements					
111 Furniture and Equipment					
112 Vehicles					
113 Total Property and Equipment					
114 Less: Accumulated Depreciation					
115 Net Property and Equipment					
116 Notes Receivable (net of current portion)					
117 Performance Bond (Disclose on Schedule A)					
118 Long Term Investments					
119 Deposits					
120 Other Noncurrent Assets (Disclose on Schedule A)					
121 Total Noncurrent Assets					
122 TOTAL ASSETS					

LIABILITIES AND NET ASSETS/EQUITY

	<u>As Submitted</u> <u>4th Quarter</u>	<u>Audit Adjustments</u>		<u>Restated</u> <u>Balance</u>	<u>Notes*</u>
<u>Current Liabilities</u>		<u>Debits</u>	<u>Credits</u>		
201 Incurred But Not Reported Claims					
202 Reported But Unpaid Claims					
203 Payable to ADHS					
204 Payable to Providers					
205 Trade Accounts Payable					
206 Accrued Salaries and Benefits					
207 Long-term Debt (current portion)					
208 Deferred Revenue (Disclose on Schedule A)					
209 Risk Pool Payable					
210 Other Current Liabilities					
211 Total Current Liabilities					
 <u>Non-Current Liabilities</u>					
212 Long-term debt (net of current portion)					
213 Loss Contingencies (Disclose on Schedule A)					
214 Other Noncurrent Liabilities					
215 Total Noncurrent Liabilities					
216 TOTAL LIABILITIES					
 217 NET ASSETS/EQUITY					
Unrestricted Net Assets					
Restricted Net Assets					
218 TOTAL LIABILITIES AND NET ASSETS/EQUITY					

* LIST THE BASIS OF AUDIT ADJUSTMENTS

**ANNUAL
STATEMENT OF FINANCIAL POSITION
AS OF:**

Schedule A Disclosures

ASSETS:

Cash

Restricted

Unrestricted

Total Cash

Accounts Receivable

ADHS

Program ID	Category ID
Current Year	
Prior Year	

Current Year

Prior Year

Non-ADHS &/or Unrelated Business

Current Year

Prior Year

Allowance for Doubtful Accounts

Total Accounts Receivable

Other Current Assets (Detail of Line 106)

Total Other Current Assets

Other Noncurrent Assets (Detail of Line 120)

Identify Other Noncurrent Assets

Total Other Noncurrent Assets

PERFORMANCE BOND:

List type of Security and Amount

Adjustments:

Disclose and describe any adjustments made to previously submitted financial statements, including those that affect the current period financial statements

Payables to ADHS – Other Category

Disclose items recorded as “Other” in the category for Payable to ADHS Section

Explain ≥10% fluctuation in account from prior period

Describe fluctuation in each account greater than 10%

LIABILITIES:

IBNR Claims Estimate

Current Year

Current Year IBNR

Prior Year

Prior Year IBNR

Total IBNR

Payable to ADHS (Detail of Line 203)

Program ID	Category ID
Current Year	
Select Program	Select Category
Prior Year	

Current Year

Select Program

Select Category

Prior Year

Total Payable - ADHS

Deferred Revenue from: (Detail of Line 208)

Program ID	Category ID
ADHS	
Current Year	
Prior Year	
Non-ADHS &/or Unrelated Business	
Current Year	
Prior Year	

ADHS

Current Year

Prior Year

Non-ADHS &/or Unrelated Business

Current Year

Prior Year

Total Deferred Revenue

Other Current Liabilities (Detail of Line 210)

Identify Other Current Liabilities

Total Other Current Liabilities

Loss Contingencies (Detail of Line 213)

Identify Loss Contingencies

Total Loss Contingencies

Other Noncurrent Liabilities (Detail of Line 214)

Identify Other Noncurrent Liabilities

Total Other Noncurrent Liabilities

Restricted Assets (Detail of Line 217)

Itemized Restricted Assets

Total Restricted Assets

**ANNUAL
CHANGES IN NET ASSETS/EQUITY
AS OF:**

***Reconciliation from 4th Quarter Submission to Audited
Consolidated Financial Statements***

Unrestricted:

Beginning Net Assets/EQUITY
Revenue Over/(Under) Expenses from 4th Quarter
Audit Adjustments (Disclose Basis Below)
Ending Net Assets/EQUITY

Temporarily Restricted:

Beginning Net Assets/EQUITY
Revenue Over/(Under) Expenses from 4th Quarter
Audit Adjustments (Disclose Basis Below)
Ending Net Assets/EQUITY

Permanently Restricted:

Beginning Net Assets/EQUITY
Revenue Over/(Under) Expenses from 4th Quarter
Audit Adjustments (Disclose Basis Below)
Ending Net Assets/EQUITY

Total Ending Net Assets/EQUITY (Line 217 Statement of Financial Position)

LIST THE BASIS OF AUDIT ADJUSTMENTS

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RBHA NAME

DISCLOSURE STATEMENT/RELATED PARTY TRANSACTIONS CERTIFICATON

RBHA NAME: _____

DISCLOSURE STATEMENT/RELATED PARTY TRANSACTIONS FOR THE YEAR ENDED: _____

CONTRACT NUMBER: _____

I hereby attest that the information contained in the Disclosure Statement/Related Party Transactions is current, complete and accurate to the best of my knowledge. I also attest that these reported transactions are reasonable, will not impact on the fiscal soundness of the RBHA, and are without conflict of interest. I understand that whoever knowingly and willfully makes or causes be made a false statement on the statement may be prosecuted under applicable federal and/or state laws. In addition, knowing and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the RBHA already participates in the agreement may terminate the agreement or contract with ADHS.

Date Signed

Chief Financial Officer

RBHA NAME
FINANCIAL DISCLOSURE STATEMENT

The RBHA must provide the following information as required by 42 CFR 455 Subpart B.

1. Ownership: List the name and address of each person with ownership or controlling interest as defined by 42 CFR 455.101, in the disclosing entity.

Name	Address	Percent of Ownership or Control

2. RBHA Ownership: List the name and the address of each person with an ownership or control interest in any RBHA in which the disclosing entity has direct or indirect ownership of 5% or more:

Name	Business Name	Address	Percent of Ownership or Control

Name of above persons who are related to one another as spouse, parent, child or sibling:

3. Ownership in Other Entities: List the name of any other entity in which a person with ownership or controlling interest in the RBHA also has an ownership or controlling interest:

4. Business Transactions: List the Ownership of any subcontractor with whom the RBHA has had business transactions totaling more than \$ 25,000 during the 12-month period ending on the date of the request:

Subcontractor	Describe Ownership of Subcontractors	Type of Business Transaction with Provider	Dollar Amount of Transaction

5. Long –Term Business Transactions: List any significant business transactions, as defined in 42CFR 455.101, between the RBHA and any wholly-owned supplier or between the RBHA and any subcontractor during the five-year period ending on the date of the request:

Subcontractor	Describe Ownership of Subcontractors	Type of Business Transaction with Provider	Dollar Amount of Transaction

6. Criminal Offenses: List the name of any person who has ownership or controlling interest in the RBHA, or is an agent or managing employee of the RBHA and has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid or the Title XXI services program since the inception of those programs:

Name	Address	Title

7. Creditors: List the name and address of each creditor whose loans or mortgages exceed 5% of the total RBHA equity and are secured by assets of the RBHA.

Name	Address	Description Of Debt	Amount of Security

RBHA RELATED PARTY TRANSACTIONS

1. **Board of Directors:** List the Names/Titles and Addresses of the Board of Directors of the RBHA:

Name/Title

Address

2. **Related Party Transactions:** Describe transactions between the RBHA and any related party in which a transaction or series of transactions during any one fiscal year exceeds the lesser of \$10,000 or 2% of the total operating expenses of the disclosing entity. List property, goods, services and facilities in detail noting the dollar amounts or other consideration for each transaction and the date thereof. Include a justification as to (1) the reasonableness of the transaction, (2) its potential adverse impact on the fiscal soundness of the disclosing entity, and (3) that the transaction is without conflict of interest:

a) The sale, exchange or leasing of any property:

Description of Transaction

Name of Related Party
And Relationship

Dollar Amount for
Reporting Period

Justification:

b) The furnishing of goods, services or facilities for consideration:

Description of Transaction

Name of Related Party
And Relationship

Dollar Amount for
Reporting Period

Justification:

c) Describe all transactions between the RBHA and any related party which includes the lending of money, extensions of credit or any investment in a related party. This type of transaction requires review and approval in advance by the ADHS Director:

Description of Transaction	Name of Related Party And Relationship	Dollar Amount for Reporting Period

Justification:

d) List the Name and Address of any individual who owns or controls more than 10% of stock or that has a controlling interest (i.e. formulates, determines or vetoes business policy decisions):

Name	Address	Owner or Controller	Has Controlling Interest? Yes/No

PERFORMANCE BOND INSTRUCTIONS

VII. PERFORMANCE BOND

A. PERFORMANCE BOND DESCRIPTION

ADHS allows several specific ways to satisfy the performance bond, as follows:

- Cash Deposits
- Irrevocable Stand-by Letter of credit issued by any of the below named institutions:
 1. A bank insured by the Federal Deposit Insurance Corporation.
 2. A Savings and Loan association insured by the Federal Savings and Loan Insurance Corporation.
 3. A credit union insured by the National Credit Union Administration.
- Surety Bonds issued by a surety company approved by ADHS.
- Substitute security, as agreed to by ADHS.

On or before June 15 of each year, the RBHA shall establish and maintain a performance bond rated at least A by A.M. Best Company of a standard scope issued by a surety company or companies holding a certificate of authority to transact surety business in the State of Arizona issued by the Director of the Department of Insurance pursuant to Title 20, Chapter 2, Article 1, and in a form prescribed by R2-7-505.

A full listing of acceptable substitute securities is described below. The acceptable list is complete; no others can be substituted. The listing of unacceptable securities is not comprehensive; it is designed only to give an idea of common securities that have already been considered and rejected. ADHS will periodically review the acceptable substitutes and consider other options as needed.

Certificate of Deposit (CD). CDs must be issued by a financial institution and insured by the appropriate Federal Agency. The CD must be assigned to ADHS and forwarded to the State Treasurer for safekeeping.

United States Treasury Bills (T-Bills). Similar to the Treasury Notes and Bonds, except they are much shorter in term, three, six and twelve months, and are sold at a discount. This means that less than the face amount is paid for the original purchase price and the face amount is recovered at maturity. The interest earned is the difference between the amount paid and the par value of the T-Bill.

United States Treasury Notes and Bonds. This type of security is backed by the full faith and credit of the United States Government. These are notes, with maturities ranging from two to thirty years. Interest is paid semi-annually on the anniversary of the issued date and six months later. They are considered coupon securities even though they are now mostly in book entry form. Ownership is simply entered in the computers of the Federal Reserve. Interest is paid by the Federal Reserve by issuing credits to members that the notes are recorded through and the banks credit the customer's account. These notes and bonds shall be held by the custodian of the State Treasurer (U.S. Bank). They may not be released or substituted without ADHS approval.

Federal Farm Credit Banks (FFCB). The FFCB is 37 banks that issue two types of securities that can be substitutes for the performance bond, Consolidated System wide bonds and Consolidated System wide notes. The securities are the joint and several obligations of all 37 member banks of the FFCB.

Federal Home Loan Banks (FHLB). The FHLB serves the same function for the Savings and Loan industry as the Federal Reserve does for the banking industry. It is owned by the member Savings and Loan and issues coupon interest bonds much like the Federal Reserve.

Federal National Mortgage Association (FNMA). FNMA issues two types of securities, coupon interest bonds and mortgage bonds. The coupon interest bonds are acceptable for the Performance Bonds. The Mortgage bonds are not acceptable because of the repayment of the principal over the life of the bonds.

Securities NOT acceptable to ADHS:

- Federal Home Loan Mortgage Corporation (FHLMC).
- Governmental National Mortgage Association (GNMA).
- Municipal Bonds.
- Corporate Bonds.
- Commercial Paper.
- Stocks.
- Letter of credit from other than a Bank, Savings and Loan or Credit Union.
- Banker's acceptance.
- Mutual Funds.
- Letter of Credit (guarantee) from any parent organization.

The Performance Bond shall remain in the safekeeping of the State of Arizona Treasurer's Office, or the State Treasurer's appointed custodian.

RBHA PROCEDURES:

Depending on the type of Performance Bond posted, the RBHA shall have funds deposited with the State Treasurer, Certificates of Deposit assigned to the State Treasurer, or substitute securities deposited with the State Treasurer's appointed custodian. The Original Letter of Credit or Surety bond must be sent to ADHS and will be forwarded to the State Treasurer for safekeeping.

The Performance Bond shall have an immediate redemption value equal to or greater than the Performance Bond required at the time of purchase.

The Performance Bond shall have a termination date of either the date in which the RBHA has liabilities relating to the performance of the contract of less than \$50,000 or twelve months following the termination date of the contract, whichever is later.

The State of Arizona Contract Number shall be noted on the performance bond. The RBHA must submit a written request to ADHS to withdraw or release its Performance Bond.

B. PERFORMANCE BOND INSTRUCTIONS

1. CASH DEPOSITS

a. Deposit of Funds

- i. The RBHA shall send ADHS a check in an amount that meets or exceeds the Performance Bond requirement. The check shall be accompanied by a letter describing:
 - The application of funds as a Performance Bond for the ADHS contract.
 - The name and phone number of a primary contact.
 - Instructions for the disposition of the interest from the deposit. Interest can be reinvested or disbursed monthly.
 - Directions of where to send any disbursed interest.
- ii. ADHS will complete and send the Securities Safekeeping Form with the RBHA's check to the State Treasurer for processing and deposit.
- iii. Subject to the instructions provided, the State Treasurer may issue warrants each month for the interest in the account.
- iv. The State Treasurer will furnish statements of the account only upon written request. This request may be made at any time.

b. Withdrawal of Funds

- i. The RBHA must send a letter to ADHS requesting the withdrawal of any or all principal funds. The letter must include:
 - The amount of the withdrawal.
 - The date the funds should be withdrawn, (allow a minimum of ten working days).
 - The manner in which the warrant from the State Treasurer's Office should be handled: Mailed by the US Postal Service, or Courier (please include name and phone number of primary contact).

2. IRREVOCABLE LETTER OF CREDIT

a. Establishment of Bond

- i. The RBHA should secure approval from ADHS prior to posting an irrevocable Letter of Credit (LOC) as a Performance Bond. Only stand-by LOCs are acceptable. The request for approval must include:
 - General requirements of the proposed LOC.
 - An amount that meets or exceeds the Performance Bond requirement.
 - A time period that meets or exceeds ADHS' contract term.
 - ADHS must receive a signed extension of the LOC at least 60 days prior to the expiration of the LOC or upon ADHS demand.
- ii. The RBHA must send the LOC to ADHS ten working days prior to the execution date. ADHS will review the LOC for elements necessary for the Performance Bond and advise the RBHA of the acceptance of, or required changes to, the LOC. Upon acceptance of the LOC by ADHS, the RBHA must submit the original LOC to ADHS. The original will be held with the State Treasurer for safekeeping until the agreement ends or is terminated by the parties.

b. Return of original Letter of credit

Original Letter of credit will be returned to the maker upon:

- Termination of the LOC.
- Satisfying the Performance Bond requirement with another acceptable form.

3. SURETY BONDS

a. Establishment of a Surety Bond

The RBHA shall secure approval from ADHS prior to posting a Surety Bond as a Performance Bond.

The general requirements of a Surety Bond are as follows:

- An amount that meets or exceeds the Performance Bond requirement.
- A time period that meets or exceeds ADHS' contract term.
- ADHS must receive a signed extension of the bond 60 days prior to the bond expiration date or upon ADHS demand.

The RBHA must send the original Surety Bond to ADHS. ADHS will notify the RBHA in writing of the acceptance of the Surety Bond or of any necessary changes within five days of receipt of agreement. The original will be forwarded to the State Treasurer for safekeeping until the agreement ends or is terminated by the parties.

b. Return of Surety Bond original

The original Surety Bond will be returned to the makers upon:

- Termination of the Surety Bond, or
- Satisfying the Performance Bond requirement with another acceptable form.

4. CERTIFICATE OF DEPOSIT

a. Assignment to Arizona State Treasurer

The completion of the Assignment to Arizona State Treasurer form is the RBHA's responsibility. Only Certificates of Deposit (CD) from banks, savings and loans, or credit unions, insured by the appropriate federal institution, are acceptable for the Performance Bond. The face amount of the CD must be equal to or greater than the Performance Bond requirement.

b. Deposit of the Certificate of Deposit

The RBHA shall deliver to ADHS the original CD (or receipts for the CD if certificate is not issued), the Assignment to Arizona State Treasurer, and a letter detailing the reason for the deposit and the name of a contact person.

ADHS will complete and send a Securities Safekeeping form with the CD and the Assignment to Arizona State Treasurer to the State Treasurer. It is the RBHA's responsibility to monitor the maturity date of the CD. No notifications will be made from the State Treasurer's Office or ADHS.

c. Withdrawal of a Certificate of Deposit

The RBHA must send a letter to ADHS requesting the release of a specific CD. The letter must include:

- The name of the institution issuing the CD.
- The certificate number.
- The amount of the CD.
- The manner in which the CD is to be returned to the RBHA.
- The name of a contact person.

5. UNITED STATES TREASURY BILLS

- a. Establishment of custodial account
 - i. The RBHA shall open a custodial account by providing the following information to US Bank (Forms and the US Bank contact information are available from ADHS upon request):
 - Request for Taxpayer Identification Number and Certification (Form W-9)
 - State of Arizona Client Data Form completed with specimen signatures
 - Arizona Department of Health Security Deposit Form (Form E125)
 - Shareholder Communication Act Form Authorization by an Institutional Shareholder
 - Money Market Fund Disclosure Form
 - State Treasurer Custody Agreement & Appendix A. (mutually agreed upon)
 - Articles of Incorporation
 - List of Principals and Directors
 - ii. After US Bank has opened the custodial account, the RBHA should execute the Arizona Department of Health Security Deposit Form (Form E125) to transfer the funds to US Bank (Funds for Treasury Bills can not be transferred in less than \$1,000 increments). Funds will be electronically transferred to US Bank based on the instructions per the E125 Deposit Form.
 - iii. After the funds have been deposited, US Bank will send a copy of the executed custody agreement to ADHS, the State Treasurer and the RBHA.

US Bank shall not permit the RBHA to make any withdrawal, disbursement, exchange, or transfer of Eligible Securities or other property from the Account if the Account Value, after giving effect to such transaction, would be less than the Minimum Account Balance (MAB). In addition, upon receipt of a MAB change notice, US Bank shall, by facsimile or electronic mail, confirm to ADHS that the RBHA's Account Value is at least equal to the new Minimum Account Balance.

- iv. The RBHA can set up an on line access account to retrieve quarterly statements from US Bank. US Bank will send annual statements to the RBHA.
- b. Withdrawal of Funds
 - i. To withdraw funds, the RBHA must send a letter to ADHS requesting the withdrawal. The letter must include:
 - The amount of the withdrawal
 - The date that the funds should be withdrawn (allow a minimum of ten working days)
 - E-126 Security Release Form
 - ii. Upon approval, ADHS will forward the E-126 form to US Bank to release the funds.

TRIBAL GENERAL ACCOUNTING ISSUES AND REPORTING REQUIREMENTS

VIII. TRIBAL GENERAL ACCOUNTING ISSUES AND REPORTING REQUIREMENTS

A. GENERAL ACCOUNTING ISSUES

The TRBHA shall ensure that it has a system to produce complete, timely, reliable and accurate financial records in accordance with Government Auditing Standards, and if applicable OMB A-133, "Audits of States, Local Governments and Non-Profit Organizations".

Reports should be submitted electronically to the Office of Financial Review and the compliance mailbox at BHSCompliance@azdhs.gov. Report due dates that fall on a weekend or State recognized holiday are due the next business day. All reports are due by 5:00 p.m. on the due date. Extensions may be granted, but must be requested in writing and addressed to the Manager, Office of Financial Review. Requests must be received at least five (5) business days prior to ADHS' filing date and must include the reason for the extension and the revised filing date. Requests for filing extensions will be reviewed on a case to case basis.

Reports should be submitted electronically, whenever possible. If deliverables must be mailed, submit to the following address:

ADHS/DBHS/BFO
Attention: Manager, Office of Financial Review
150 N. 18th Avenue, Suite # 270
Phoenix, Arizona 85007

B. REPORTING REQUIREMENTS

1. Revenue and Expense Report

Based on individual Intergovernmental Agreements (IGA), the Revenue and Expense Report is either due 45 days after quarter-end or semi-annually by February 15 and August 15.

Quarterly or semi-annually, the TRBHA shall submit a year-to-date report detailing revenue and expenses separately for Supported Housing, Crisis Services, Medications, Title XIX/XXI Reimbursement, Grants (if applicable) and Title XIX Administration. Any reclassifications or adjustments should be footnoted on the report under disclosures.

Unexpended funds must be returned to ADHS upon request.

Annual Revenue and Expense Report with Annual Certification Statement is due by November 15 of each year.

TRBHA

Revenue and Expense Summary

For the (#) Months Ended (Date):

Revenue

- 401 ADHS/DBHS
- 406 Other Revenue

Total Revenue

Service Expenses

- 501 Treatment Services
- 502 Rehabilitation Services
- 503 Medical Services
- 504 Support Services
- 505 Crisis Intervention Services
- 506 Inpatient Services
- 507 Residential Services
- 508 Behavioral Health Day Program
- 509 Reserved for Future Use
- 510 Medications
- 511 Flex Funds
- 512 Housing
 - a. Rent Subsidy
 - b. Property Acquisition
 - c. Move-In/Start-up Kits
 - d. Assistance with Deposits
 - e. Housing Provider (Property Manager)
 - f. Utility Payments
 - g. Eviction/Prevention Efforts
 - h. Damages to Unit
 - i. Other ADHS Approved Housing Expense (Disclose accordingly)
- 513 Coaching/Training
- 514 SAPT
 - a. SA General Services
 - b. Pregnant/Parenting Women
 - c. HIV
 - d. Prevention
 - e. Meth
 - f. Children

Administrative Expense

- 601 Salaries
- 602 Employee Benefits
- 603 Professional & Outside Services
- 604 Travel
- 605 Occupancy
- 606 Depreciation
- 607 All Other Operating*
 - Legal
 - Human Resources
 - Purchasing
 - Advertising
 - Utilities
 - Telephones
 - Translation Services
 - Staff Education
 - Mileage, Fuel, Lease
 - Supplies
 - Maintenance
 - Travel
 - Capital Outlay
- 620 Interpretive Services

Administrative Expense Sub-total

Indirect Costs XX%

Total Expenses

Net Revenue/(Loss)

Adjustments:

Notes:

2. CERTIFICATION STATEMENT

The Revenue and Expense Reports must include a Certification Statement, signed and dated by the Chief Financial Officer. Scanned or mailed Certifications are due to ADHS within three business days of report submittal. Unsigned or unlabeled reports will not be accepted. The signature of the Chief Financial Officer is confirmation that the reports have been reviewed by the RBHA for accuracy and completeness. The certification statement must be an exact copy as the sample below:

CERTIFICATION STATEMENT OF (ENTITY NAME)
FOR THE PERIOD ENDED: _____, 20XX

Name of Preparer: _____

Title: _____

Phone No. _____

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowing and willfully makes or caused to be made a false statement or representation with this report may be prosecuted under applicable state and /or federal laws. In addition, knowing and willfully failing to fully and accurately disclose the information requested might result in denial of a request to participate, or where the entity already participates, a termination of a T/RBHA's agreement or contact with the Arizona Department of Health Services.

Date

Chief Financial Officer

3. Audited Financial Statements

Audited Financial Statements are due to ADHS nine (9) months after the Tribe's fiscal year-end. If the TRBHA expends \$500,000 or more a year in Federal Awards, an Audit conducted in accordance with OMB Circular A-133 is required. SAPT and CMHS Block Grants must be audited as major programs. These reports must be prepared by an Independent Auditor and include supplemental schedules and audit opinions.

C. GENERAL REPORTING GUIDELINES

Financial data shall be reported in the format prescribed by ADHS. Generally Accepted Accounting Principles (GAAP) should be observed in the preparation of each report. Examples and general guidelines for each report follow. Separate instructions and template formats will be provided by ADHS in Microsoft Excel format (E-Statements). All amounts are to be rounded and reported in whole dollars. An explanation of adjustments made for prior periods and adjustments to prior months in the current fiscal year are to be disclosed. If there are insufficient instructions for a specific category, the TRBHA shall request direction from the DBHS Chief Financial Officer. A perceived lack of instruction is not sufficient grounds for failure to report accurately. ADHS has provided the required reporting formats to ensure consistent reporting among the TRBHAs. It is the TRBHA's responsibility to ensure that all reports submitted are accurate, complete and timely. Adherence to GAAP is the overriding responsibility of the TRBHA. If there is a conflict between GAAP and these instructions, the TRBHA should advise the DBHS Chief Financial Officer of such conflict.

ADHS recognizes that interim financial statements are based on information available at the end of the reporting period, which may be incomplete. Revisions to a prior period will invalidate the previously submitted report. If material revisions are submitted after the ADHS due date, then sanctions may be imposed for untimely or inaccurate reporting.

D. ADHS BLOCK GRANTS

The practices, procedures and standards specified in and required by the Accounting and Auditing Procedures manual for Contractors of Arizona Department of Health Services Funded Programs and any Uniform Financial Reporting Requirements shall be used by the TRBHA in the management, recording and reporting Federal Block Grant funds.

The TRBHA shall comply with all terms, conditions and requirements of the CMHS and SAPT Performance Partnership Block Grants. Financial, performance and program data subject to audit shall be retained by the TRBHA as documentation of compliance with federal requirements.

The TRBHA shall establish fiscal controls to ensure that funds are accounted for in a manner that permits separate reporting of mental health and substance abuse grant funds and services. SAPT Grant funds should be allocated by category (Flex Funds, General Services, Pregnant/Parenting Women, HIV, Prevention, Meth Initiative and Children) in accordance with the ADHS Allocation Schedule. CMHS grant funds should be allocated by category (Children with SED, Children with SMI, Flex Funds and Coaching and Training) in accordance with the ADHS Allocation Schedule. Prior written approval must be obtained from ADHS for any deviations from the ADHS Allocation Schedule. Funds paid to TRBHAs for a fiscal year shall be available for obligation and expenditures until the end of the fiscal year for which the funds were paid.

The TRBHA shall, at the close of a fiscal year, defer all Federal Block Grant funds received but unexpended. The deferred revenue shall be recognized as earned in the first period of the following fiscal year. The recognized revenue shall be reported in the same program as ADHS originally remitted. Any revenue requiring deferral in the second year following its original remittance shall be returned to ADHS for reversion to the Authorizing Federal Agency.

TRBHAs shall maintain all necessary financial, contractual, budget and program data to ensure appropriate expenditure of grant funds.

The TRBHAs are required to notify all non-profit providers that expend \$500,000 or more a year in Federal Awards such as the SAPT and CMHS Block Grants to have a Single Audit conducted in accordance with the provisions of OMB Circular A-133. Refer to Exhibits B and C for additional information and for a Sample Letter to Providers.

The TRBHAs shall submit an annual SAPT Distribution Report in the format provided by ADHS by July 30 of each year. Similarly, the TRBHAs shall submit an annual CMHS Distribution Report in the format provided by ADHS by July 30 of each year.

SAPT Block Grant

Category	Financial Guide Reporting Requirement
Flex Funds	TRBHAs report expenditures for flex funds as follows: <ul style="list-style-type: none"> • SAPT Column • Line 511, Flex Funds
SA General Services	TRBHAs report expenditures for General Services and Intravenous Drug Users as follows: <ul style="list-style-type: none"> • SAPT Column • Line 514a, excluding inpatient hospital services
Specialty Programs for Pregnant/Parenting Women	TRBHAs report expenditures for Specialty Programs for Pregnant/Parenting Women as follows: <ul style="list-style-type: none"> • SAPT Column • Line 514b, excluding inpatient hospital services
HIV/AIDS Early Intervention Services	TRBHAs report expenditures for HIV/AIDS as follows: <ul style="list-style-type: none"> • SAPT Column • Line 514c, HIV
Prevention	TRBHAs report expenditures for prevention services as follows: <ul style="list-style-type: none"> • SAPT Column • Line 514d, Prevention
Meth Initiative	TRBHAs report expenditures for Meth Initiative as follows: <ul style="list-style-type: none"> • SAPT Column • Line 514e, Meth
Children	RBHAs report expenditures for Children Services as follows: <ul style="list-style-type: none"> • SAPT Column • By appropriate expenditure line (501 – 511, excluding inpatient hospital services) <small>footnote amount expended on Statement of Activities, Schedule A quarterly</small>

CMHS Block Grant

Category	Financial Guide Reporting Requirement
Children with SED	TRBHAs report expenditures for these services as follows: <ul style="list-style-type: none">• CMHS SED Column• By appropriate expenditure line, excluding inpatient hospital services
Adults with SMI	TRBHAs report expenditures as follows: <ul style="list-style-type: none">• CMHS SMI Column• By appropriate expenditure line, excluding inpatient hospital services
Flex Funds	TRBHAs report expenditures as follows: <ul style="list-style-type: none">• CMHS SED Column• Line 511, Flex Funds
Coaching & Training	TRBHAs report expenditures as follows: <ul style="list-style-type: none">• CMHS SED Column• Line 513

E. SANCTIONS

Per the contractual agreement with the TRBHA, ADHS may impose sanctions on the TRBHAs for failure to perform certain contractual obligations and financial reporting guide requirements. The amount of the sanction will be determined by the sanction committee guided by the Sanction Protocol. The full amount of the sanction will be withheld from the TRBHAs monthly payment. TRBHAs should ensure that they report the full amount of the program's revenue, and then report the sanction in the same program as an administrative expense under "Other Operating".

F. INDIRECT COST AGREEMENT

If applicable, the TRBHA shall provide ADHS with a copy of their most recent Indirect Cost Agreement by October 1 of each year.

EXHIBIT A
AGREED UPON PROCEDURES FOR RBHAs WITH
RELATED PARTIES PERFORMING ON THEIR BEHALF

- 1) The RBHA will provide separate Annual Income Statements for each Related Party starting with the report for the period ended June 30, 2010 and each year thereafter. These reports will be the basis for determining the after-tax profit/(loss) greater than 3% that will be combined with each GSA's profit/(loss) when calculating the profit/risk corridor.
- 2) These annual profit/(loss) statements will be accompanied by "back-up" documentation from each corresponding entity. "Back-up" documentation will include but is not limited to, copies of General Ledger/Sub-Ledger entries, Prescription Medication Expense Reports, allocation worksheets showing how allocation rates were derived, worksheets showing how direct and/or indirect costs were allocated, etc.
- 3) "Back-up" documentation may not be identical for each entity. The documentation submitted should be customized to suit each entity's circumstances.
- 4) The RBHA will coordinate the preparation of these reports along the timelines of the Annual Audit for the year ended June 30, 20XX.
- 5) ADHS and the RBHA agree to cooperate in complying with this reporting process should there be issues not previously addressed or that were not clear.

The final profit corridor amount will be determined after ADHS' final verification of the documents submitted for review.

The Annual Income Statements and supporting documentation are due to ADHS by September 30 of each fiscal year.

EXHIBIT B

A-133 AUDIT REQUIREMENT AND PROVIDER NOTIFICATION

Division of Behavioral Health Services *Bureau of Financial Operations*

150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007-3241
(602) 364-4558
(602) 364-4736 FAX
Internet: www.azdhs.gov

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

May 13, 2010

DESIGNATED T/RBHA

Re: A-133 Audit Requirement and Provider Notification

Dear:

This letter serves as guidance regarding the A-133 Audit Requirement and required notification process to your providers. Under the Federal Single Audit Act and Federal OMB Circular A-133, organizations receiving federal funding of \$500,000 or more during their fiscal year must comply with OMB Circular A-133 reporting requirements and the terms specified in contract with ADHS/BHS. The information can be found at <http://www.whitehouse.gov/omb/circulars/>.

This requirement also transfers to the T/RBHA providers and compliance with the Federal OMB Circular A-133 shall be incorporated into their contracts. I have attached a copy of a sample template that can be used to implement the notification process to the provider. The template lists the minimum requirements of the Single Audit Report Package. In addition to implementing a notification process, please incorporate a procedure at the T/RBHA level for monitoring, tracking, and reporting the A-133 requirement for the providers.

Please be advised that if you have a process in place that includes provider notification, monitoring, and tracking, it is not necessary to change the process as long as it meets the A-133 requirements. If you have questions or require additional information, please contact me at (602) 364-4699.

Sincerely,

Chief Financial Officer
ADHS/DBHS

EXHIBIT C

SAMPLE FEDERAL FUNDING LETTER TO PROVIDERS

(Date)

(First Name, Last)

(Title)

(Name of Company)

(Address)

(City, State, Zipcode)

(Mr or Ms, Last Name)

(Name of Subrecipient) is a subrecipient with the (Name of TRBHA) Regional Behavioral Health Authority and as such receives funding through one or more federally funded programs. Under the Federal Single Audit Act and OMB Circular A-133, organizations receiving federal funding of **\$500,000 or more** during their fiscal year must comply with OMB Circular A-133 reporting requirements and the terms specified by your contract. If your organization has received funding that falls within these guidelines, please submit your completed Single Audit Report Package for your fiscal year ending xxxx. Please include our office on your distribution list for all components shown in **bold** below. The TRBHA single audit package includes:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Financial Statement and Single Audit including your Schedule of Expenditures of Federal Awards (SEFA). Per the OMB Circular A-133, please include identifiers and contract numbers for pass-through funds. (See §310 (2)) 2. Copy of the "Data Collection Form" (SF-SAC) 3. Schedule of Findings and Questioned Costs | <ol style="list-style-type: none"> 4. Any Financial Statement Findings 5. Any Federal Award Findings and Questioned Costs 6. Prior Audit Findings (if any) 7. Corrective Action Plan (CAP) 8. Management Letter (if applicable) |
|--|---|

If your organization's **total** Federal funding during the **(year)** fiscal year was **less than** \$500,000 and you do not fall within the Federal or contract requirements for the above reporting, please **mark this letter** accordingly, and **return a copy** to our office.

We are required by Federal Regulation and contract to submit a Single Audit and will do so by (date) ___/___/___.

We have already sent our **(year)** Single Audit Package to xxxx (date) ___/___/___.

We **do not** fall within the requirements and will not be submitting a **(year)** Single Audit (Explain below):

Explain: _____

Name (print) _____ **Title:** _____

Signature: _____ **Phone #:** _____

EXHIBIT D - Crosswalk to Covered Services Guide

Reporting Guide
Supplement
Updated 07/2011

EXHIBIT D CROSSWALK TO COVERED SERVICES GUIDE
PROCEDURE CODES CROSSWALK FOR COMPLETION OF STATEMENT OF ACTIVITIES
SORTED BY PROCEDURE CODES

ADHS/DBHS
Allowable
Procedure
Codes
effective
10/1/03*

	Service Categories	Service Sub Categories	Stmnt of Activities Report Line No.
0114	Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a1, b1, c1)
0116	Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a2, b2, c2)
0124	Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a1, b1, c1)
0126	Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a2, b2, c2)
0134	Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a1, b1, c1)
0136	Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a2, b2, c2)
0154	Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a1, b1, c1)
0156	Inpatient Services	Hospital, Subacute Facility, and RTC	506 (a2, b2, c2)
0183	Inpatient Services	RTC	506 c1
0189	Inpatient Services	RTC	506 c2
0270	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0271	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0272	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0279	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0900	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0901	Medical Services	Electro-Convulsive Therapy	503d
0902	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0903	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0904	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0911	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0914	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0915	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0916	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0917	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0918	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0919	Ancillary Inpatient Services	Hospital and Subacute Facility	506 (a1,a2,b1,b2,c1c2)
0941	Ancillary Inpatient Services	Hospital and Subacute Facility	506(a2,b2,c2)
0944	Ancillary Inpatient Services	Hospital and Subacute Facility	506(a2,b2,c2)
0945	Ancillary Inpatient Services	Hospital and Subacute Facility	506(a2,b2,c2)
0949	Ancillary Inpatient Services	Hospital and Subacute Facility	506(a2,b2,c2)
00104	Medical Services	Electro-Convulsive Therapy	503d
36415	Medical Services	Laboratory, Radiology and Medical Imaging	503c
70450	Medical Services	Laboratory, Radiology and Medical Imaging	503c
70460	Medical Services	Laboratory, Radiology and Medical Imaging	503c
70470	Medical Services	Laboratory, Radiology and Medical Imaging	503c
70551	Medical Services	Laboratory, Radiology and Medical Imaging	503c
70552	Medical Services	Laboratory, Radiology and Medical Imaging	503c
70553	Medical Services	Laboratory, Radiology and Medical Imaging	503c

Reporting Guide
Supplement
Updated 07/2011

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SORTED BY PROCEDURE CODES

ADHS/DBHS
Allowable
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10/1/03*

	Service Categories	Service Sub Categories	Stmnt of Activities Report Line No.
80048	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80050	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80051	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80053	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80061	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80076	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80100	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80101	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80102	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80152	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80154	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80156	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80160	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80164	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80166	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80174	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80178	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80182	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80299	Medical Services	Laboratory, Radiology and Medical Imaging	503c
80420	Medical Services	Laboratory, Radiology and Medical Imaging	503c
81000	Medical Services	Laboratory, Radiology and Medical Imaging	503c
81001	Medical Services	Laboratory, Radiology and Medical Imaging	503c
81002	Medical Services	Laboratory, Radiology and Medical Imaging	503c
81003	Medical Services	Laboratory, Radiology and Medical Imaging	503c
81005	Medical Services	Laboratory, Radiology and Medical Imaging	503c
81025	Medical Services	Laboratory, Radiology and Medical Imaging	503c
81050	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82055	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82075	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82145	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82205	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82382	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82465	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82520	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82530	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82533	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82565	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82570	Medical Services	Laboratory, Radiology and Medical Imaging	503c

Reporting Guide
Supplement
Updated 07/2011

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10/1/03*

	Service Categories	Service Sub Categories	Stmnt of Activities Report Line No.
82575	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82607	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82742	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82746	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82947	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82948	Medical Services	Laboratory, Radiology and Medical Imaging	503c
82977	Medical Services	Laboratory, Radiology and Medical Imaging	503c
83840	Medical Services	Laboratory, Radiology and Medical Imaging	503c
83925	Medical Services	Laboratory, Radiology and Medical Imaging	503c
83992	Medical Services	Laboratory, Radiology and Medical Imaging	503c
84022	Medical Services	Laboratory, Radiology and Medical Imaging	503c
84132	Medical Services	Laboratory, Radiology and Medical Imaging	503c
84146	Medical Services	Laboratory, Radiology and Medical Imaging	503c
84436	Medical Services	Laboratory, Radiology and Medical Imaging	503c
84439	Medical Services	Laboratory, Radiology and Medical Imaging	503c
84443	Medical Services	Laboratory, Radiology and Medical Imaging	503c
84520	Medical Services	Laboratory, Radiology and Medical Imaging	503c
84703	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85007	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85008	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85009	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85013	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85014	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85018	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85025	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85027	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85048	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85651	Medical Services	Laboratory, Radiology and Medical Imaging	503c
85652	Medical Services	Laboratory, Radiology and Medical Imaging	503c
86580	Medical Services	Laboratory, Radiology and Medical Imaging	503c
86592	Medical Services	Laboratory, Radiology and Medical Imaging	503c
86593	Medical Services	Laboratory, Radiology and Medical Imaging	503c
86689	Medical Services	Laboratory, Radiology and Medical Imaging	503c
86701	Medical Services	Laboratory, Radiology and Medical Imaging	503c
86702	Medical Services	Laboratory, Radiology and Medical Imaging	503c
86703	Medical Services	Laboratory, Radiology and Medical Imaging	503c
87390	Medical Services	Laboratory, Radiology and Medical Imaging	503c
87391	Medical Services	Laboratory, Radiology and Medical Imaging	503c

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Supplement
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PROCEDURE CODES CROSSWALK FOR COMPLETION OF STATEMENT OF ACTIVITIES
SORTED BY PROCEDURE CODES

ADHS/DBHS
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10/1/03*

	Service Categories	Service Sub Categories	Stmnt of Activities Report Line No.
90801	Treatment Services	Assessment, Evaluation and Screening	501b
90802	Treatment Services	Assessment, Evaluation and Screening	501b
90804	Treatment Services	Counseling, Individual	501 a1
90805	Medical Services	Medical Management	503b
90806	Treatment Services	Counseling, Individual	501 a1
90807	Medical Services	Medical Management	503b
90808	Treatment Services	Counseling, Individual	501 a1
90809	Medical Services	Medical Management	503b
90810	Treatment Services	Counseling, Individual	501 a1
90811	Medical Services	Medical Management	503b
90812	Treatment Services	Counseling, Individual	501 a1
90813	Medical Services	Medical Management	503b
90814	Treatment Services	Counseling, Individual	501 a1
90815	Medical Services	Medical Management	503b
90816	Inpatient Services	Inpatient Services, Professional	506d
90817	Inpatient Services	Inpatient Services, Professional	506d
90818	Inpatient Services	Inpatient Services, Professional	506d
90819	Inpatient Services	Inpatient Services, Professional	506d
90821	Inpatient Services	Inpatient Services, Professional	506d
90822	Inpatient Services	Inpatient Services, Professional	506d
90823	Inpatient Services	Inpatient Services, Professional	506d
90824	Inpatient Services	Inpatient Services, Professional	506d
90826	Inpatient Services	Inpatient Services, Professional	506d
90827	Inpatient Services	Inpatient Services, Professional	506d
90828	Inpatient Services	Inpatient Services, Professional	506d
90829	Inpatient Services	Inpatient Services, Professional	506d
90845	Treatment Services	Counseling, Individual	501 a1
90846	Treatment Services	Counseling, Family	501 a2
90847	Treatment Services	Counseling, Family	501 a2
90849	Treatment Services	Counseling, Family	501 a2
90853	Treatment Services	Counseling, Group	501 a3
90857	Treatment Services	Counseling, Group	501 a3
90862	Medical Services	Medical Management	503b
90870	Medical Services	Electro-Convulsive Therapy	503d
90875	Treatment Services	Other Professional	501c
90876	Treatment Services	Other Professional	501c
90880	Treatment Services	Counseling, Individual	501 a1
90887	Support Services	Case Management	504a

Reporting Guide
Supplement
Updated 07/2011

EXHIBIT D CROSSWALK TO COVERED SERVICES GUIDE
PROCEDURE CODES CROSSWALK FOR COMPLETION OF STATEMENT OF ACTIVITIES
SORTED BY PROCEDURE CODES

ADHS/DBHS
Allowable
Procedure
Codes
effective
10/1/03*

	Service Categories	Service Sub Categories	Stmnt of Activities Report Line No.
90889	Support Services	Case Management	504a
90899	Treatment Services	Other Professional	501c
90901	Treatment Services	Other Professional	501c
93000	Medical Services	Laboratory, Radiology and Medical Imaging	503c
93005	Medical Services	Laboratory, Radiology and Medical Imaging	503c
93010	Medical Services	Laboratory, Radiology and Medical Imaging	503c
93040	Medical Services	Laboratory, Radiology and Medical Imaging	503c
93041	Medical Services	Laboratory, Radiology and Medical Imaging	503c
93042	Medical Services	Laboratory, Radiology and Medical Imaging	503c
95819	Medical Services	Laboratory, Radiology and Medical Imaging	503c
96101	Treatment Services	Assessment, Evaluation and Screening	501b
96102	Treatment Services	Assessment, Evaluation and Screening	501b
96103	Treatment Services	Assessment, Evaluation and Screening	501b
96110	Treatment Services	Assessment, Evaluation and Screening	501b
96111	Treatment Services	Assessment, Evaluation and Screening	501b
96116	Treatment Services	Assessment, Evaluation and Screening	501b
96118	Treatment Services	Assessment, Evaluation and Screening	501b
96119	Treatment Services	Assessment, Evaluation and Screening	501b
96120	Treatment Services	Assessment, Evaluation and Screening	501b
96372	Medical Services	Medication Services	503a
97532	Rehabilitation Services	Cognitive Rehabilitation	502b
98966	Support Services	Case Management	504a
98967	Support Services	Case Management	504a
98968	Support Services	Case Management	504a
97810	Treatment Services	Other Professional	501c
97811	Treatment Services	Other Professional	501c
97813	Treatment Services	Other Professional	501c
97814	Treatment Services	Other Professional	501c
99199	Treatment Services	Other Professional	501c
99201	Medical Services	Medical Management	503b
99202	Medical Services	Medical Management	503b
99203	Medical Services	Medical Management	503b
99204	Medical Services	Medical Management	503b
99205	Medical Services	Medical Management	503b
99211	Medical Services	Medical Management	503b
99212	Medical Services	Medical Management	503b
99213	Medical Services	Medical Management	503b
99214	Medical Services	Medical Management	503b

Reporting Guide
Supplement
Updated 07/2011

EXHIBIT D CROSSWALK TO COVERED SERVICES GUIDE
PROCEDURE CODES CROSSWALK FOR COMPLETION OF STATEMENT OF ACTIVITIES
SORTED BY PROCEDURE CODES

ADHS/DBHS
Allowable
Procedure
Codes
effective
10/1/03*

	Service Categories	Service Sub Categories	Stmnt of Activities Report Line No.
99215	Medical Services	Medical Management	503b
99217	Inpatient Services	Inpatient Services, Professional	506d
99218	Inpatient Services	Inpatient Services, Professional	506d
99219	Inpatient Services	Inpatient Services, Professional	506d
99220	Inpatient Services	Inpatient Services, Professional	506d
99221	Inpatient Services	Inpatient Services, Professional	506d
99222	Inpatient Services	Inpatient Services, Professional	506d
99223	Inpatient Services	Inpatient Services, Professional	506d
99231	Inpatient Services	Inpatient Services, Professional	506d
99232	Inpatient Services	Inpatient Services, Professional	506d
99233	Inpatient Services	Inpatient Services, Professional	506d
99234	Inpatient Services	Inpatient Services, Professional	506d
99235	Inpatient Services	Inpatient Services, Professional	506d
99236	Inpatient Services	Inpatient Services, Professional	506d
99238	Inpatient Services	Inpatient Services, Professional	506d
99239	Inpatient Services	Inpatient Services, Professional	506d
99241	Treatment Services	Assessment, Evaluation and Screening	501b
99242	Treatment Services	Assessment, Evaluation and Screening	501b
99243	Treatment Services	Assessment, Evaluation and Screening	501b
99244	Treatment Services	Assessment, Evaluation and Screening	501b
99245	Treatment Services	Assessment, Evaluation and Screening	501b
99251	Inpatient Services	Inpatient Services, Professional	506d
99252	Inpatient Services	Inpatient Services, Professional	506d
99253	Inpatient Services	Inpatient Services, Professional	506d
99254	Inpatient Services	Inpatient Services, Professional	506d
99255	Inpatient Services	Inpatient Services, Professional	506d
99281	Crisis Intervention Services	Crisis Intervention - Stabilization	505b**
99282	Crisis Intervention Services	Crisis Intervention - Stabilization	505b**
99283	Crisis Intervention Services	Crisis Intervention - Stabilization	505b**
99284	Crisis Intervention Services	Crisis Intervention - Stabilization	505b**
99285	Crisis Intervention Services	Crisis Intervention - Stabilization	505b**
99304	Medical Services	Medical Management	503b
99305	Medical Services	Medical Management	503b
99306	Medical Services	Medical Management	503b
99307	Medical Services	Medical Management	503b
99308	Medical Services	Medical Management	503b
99309	Medical Services	Medical Management	503b
99310	Medical Services	Medical Management	503b

Reporting Guide
Supplement
Updated 07/2011

EXHIBIT D CROSSWALK TO COVERED SERVICES GUIDE
PROCEDURE CODES CROSSWALK FOR COMPLETION OF STATEMENT OF ACTIVITIES
SORTED BY PROCEDURE CODES

ADHS/DBHS
Allowable
Procedure
Codes
effective
10/1/03*

	Service Categories	Service Sub Categories	Stmt of Activities Report Line No.
99315	Medical Services	Medical Management	503b
99316	Medical Services	Medical Management	503b
99318	Medical Services	Medical Management	503b
99324	Medical Services	Medical Management	503b
99325	Medical Services	Medical Management	503b
99326	Medical Services	Medical Management	503b
99327	Medical Services	Medical Management	503b
99328	Medical Services	Medical Management	503b
99334	Medical Services	Medical Management	503b
99335	Medical Services	Medical Management	503b
99336	Medical Services	Medical Management	503b
99337	Medical Services	Medical Management	503b
99341	Medical Services	Medical Management	503b
99342	Medical Services	Medical Management	503b
99343	Medical Services	Medical Management	503b
99344	Medical Services	Medical Management	503b
99345	Medical Services	Medical Management	503b
99347	Medical Services	Medical Management	503b
99348	Medical Services	Medical Management	503b
99349	Medical Services	Medical Management	503b
99350	Medical Services	Medical Management	503b
99354	Medical Services	Medical Management	503b
99355	Medical Services	Medical Management	503b
99356	Inpatient Services	Inpatient Services, Professional	506d
99357	Inpatient Services	Inpatient Services, Professional	506d
99358	Medical Services	Medical Management	503b
99359	Medical Services	Medical Management	503b
99367	Support Services	Case Management	504a
99368	Support Services	Case Management	504a
99441	Support Services	Case Management	504a
99442	Support Services	Case Management	504a
99443	Support Services	Case Management	504a
99499	Medical Services	Medical Management	503b
A0090	Support Services	Transportation	504i
A0100	Support Services	Transportation	504i
A0110	Support Services	Transportation	504i
A0120	Support Services	Transportation	504i
A0120 - TN	Support Services	Transportation	504i

Reporting Guide
Supplement
Updated 07/2011

EXHIBIT D CROSSWALK TO COVERED SERVICES GUIDE
PROCEDURE CODES CROSSWALK FOR COMPLETION OF STATEMENT OF ACTIVITIES
SORTED BY PROCEDURE CODES

ADHS/DBHS
Allowable
Procedure
Codes
effective
10/1/03*

	Service Categories	Service Sub Categories	Stmt of Activities Report Line No.
A0130	Support Services	Transportation	504i
A0130 - TN	Support Services	Transportation	504i
A0140	Support Services	Transportation	504i
A0160	Support Services	Transportation	504i
A0170	Support Services	Transportation	504i
A0180	Support Services	Transportation	504i
A0190	Support Services	Transportation	504i
A0200	Support Services	Transportation	504i
A0210	Support Services	Transportation	504i
A0382	Support Services	Transportation	504i
A0398	Support Services	Transportation	504i
A0420	Support Services	Transportation	504i
A0422	Support Services	Transportation	504i
A0425	Support Services	Transportation	504i
A0426	Support Services	Transportation	504i
A0427	Support Services	Transportation	504i
A0428	Support Services	Transportation	504i
A0429	Support Services	Transportation	504i
A0430	Support Services	Transportation	504i
A0431	Support Services	Transportation	504i
A0434	Support Services	Transportation	504i
A0435	Support Services	Transportation	504i
A0436	Support Services	Transportation	504i
A0888	Support Services	Transportation	504i
A0999	Support Services	Transportation	504i
H0001	Treatment Services	Assessment, Evaluation and Screening	501b
H0002	Treatment Services	Assessment, Evaluation and Screening	501b
H0004	Treatment Services	Counseling, Individual, Office	501 a1
H0004	Treatment Services	Counseling, Individual, Home	501 a1
H0004 - HQ	Treatment Services	Counseling, Group	501 a3
H0004 - HR	Treatment Services	Counseling, Family, Office with Client present	501 a2
H0004 - HR	Treatment Services	Counseling, Family, Out of Office with Client present	501 a2
H0004 - HS	Treatment Services	Counseling, Family, Office without Client present	501 a2
H0004 - HS	Treatment Services	Counseling, Family, Out of Office without Client present	501 a2
H0015	Treatment Services	Other Professional	501c
H0018	Residential Services	Short-term Residential w/o room and board	507a
H0019	Residential Services	Level III Beh. Health Residential Facilities	507b
H0020 - HG	Medical Services	Medication Services	503a

Reporting Guide
Supplement
Updated 07/2011

EXHIBIT D CROSSWALK TO COVERED SERVICES GUIDE
PROCEDURE CODES CROSSWALK FOR COMPLETION OF STATEMENT OF ACTIVITIES
SORTED BY PROCEDURE CODES

ADHS/DBHS
Allowable
Procedure
Codes
effective
10/1/03*

	Service Categories	Service Sub Categories	Stmt of Activities Report Line No.
H0025	Rehabilitation Services	Health Promotion - Prevention/promotion educ.	502c
H0031	Treatment Services	Assessment, Evaluation and Screening	501b
H0034	Rehabilitation Services	Health Promotion - Medication Training	502c
H0036	Behavioral Health Day Programs	Medical	508c
H0036 - TF	Behavioral Health Day Programs	Medical, Community	508c
H0036 - TF	Behavioral Health Day Programs	Medical, Home Community	508c
H0037	Behavioral Health Day Programs	Medical	508c
H0038	Support Services	Peer Support	504d
H0038 - HQ	Support Services	Peer Support	504d
H0043	Support Services	Supported Housing	504g
H0046	Treatment Services	Other Professional	501c
H0046 - SE	Residential Services	Room and Board	507c
H2010 - HG	Medical Services	Medication Services	503a
H2011	Crisis Intervention Services	Crisis Intervention - Mobile	505a**
H2011 - HT	Crisis Intervention Services	Crisis Intervention - Mobile	505a**
H2012	Behavioral Health Day Programs	Supervised	508a
H2014	Rehabilitation Services	Living Skills Training	502a
H2014 - HQ	Rehabilitation Services	Living Skills Training - Group/per person	502a
H2015	Behavioral Health Day Programs	Supervised	508a
H2016	Support Services	Peer Support	504d
H2017	Psychosocial Rehabilitation Services	Living Skills Training	502a
H2019	Behavioral Health Day Programs	Therapeutic	508b
H2019 - TF	Behavioral Health Day Programs	Therapeutic	508b
H2020	Behavioral Health Day Programs	Therapeutic	508b
H2025	Rehabilitation Services	Supported Employment Services - per 15 minutes	502d
H2026	Rehabilitation Services	Supported Employment Services - per diem	502d
H2027	Rehabilitation Services	Supported Employment Services	502d
H2033	Treatment Services	Other Professional	501c
J0515	Medical Services	Medication Services	503a
J1200	Medical Services	Medication Services	503a
J1630	Medical Services	Medication Services	503a
J1631	Medical Services	Medication Services	503a
J2680	Medical Services	Medication Services	503a
J2794	Medical Services	Medication Services	503a
J3410	Medical Services	Medication Services	503a
S0209	Support Services	Transportation	504i
S0209 - TN	Support Services	Transportation	504i
S0215	Support Services	Transportation	504i

Reporting Guide
Supplement
Updated 07/2011

EXHIBIT D CROSSWALK TO COVERED SERVICES GUIDE
PROCEDURE CODES CROSSWALK FOR COMPLETION OF STATEMENT OF ACTIVITIES
SORTED BY PROCEDURE CODES

ADHS/DBHS
Allowable
Procedure
Codes
effective
10/1/03*

	Service Categories	Service Sub Categories	Stmt of Activities Report Line No.
S0215 - TN	Support Services	Transportation	504i
S5109 - HA	Support Services	Home Care Training to Home Care Client, Child	504e
S5109 - HB	Support Services	Home Care Training to Home Care Client, Adult	504e
S5109 - HC	Support Services	Home Care Training to Home Care Client, Adult Geriatric	504e
S5110	Support Services	Home Care Training Family Services	504c
S5150	Support Services	Unskilled Respite Care	504f
S5151	Support Services	Unskilled Respite Care	504f
S9484	Crisis Intervention Services	Crisis Intervention - Stabilization	505b**
S9485	Crisis Intervention Services	Crisis Intervention - Stabilization	505b**
S9986	Support Services	Flex Fund Services - Not medically necessary	504h
S9986 - HW	Other ADHS Service Expense	Medicare Part D Premiums	511
T1002	Medical Services	Medical Management	503b
T1003	Medical Services	Medical Management	503b
T1013	Support Services	Sign Language or Oral Interpretive Service	620
T1016 - HN	Support Services	Case Management - Office, add modifier if video	504a
T1016 - HN	Support Services	Case Management - Out of Office by BHT	504a
T1016 - HN	Support Services	Case Management - Crisis Phones	505c**
T1016 - HO	Support Services	Case Management - Out of Office	504a
T1016 - HO	Support Services	Case Management - Office	504a
T1016 - HO	Support Services	Case Management - Crisis Phones	505c**
T1019	Support Services	Personal Care Services	504b
T1020	Support Services	Personal Care Services	504b
T2003	Support Services	Transportation	504i
T2005	Support Services	Transportation	504i
T2005 - TN	Support Services	Transportation	504i
T2007	Support Services	Transportation	504i
T2049	Support Services	Transportation	504i
T2049 - TN	Support Services	Transportation	504i

*Revenue Code effective date for providers B5 and B6 is 1/01/05

**All services that are billed/encountered as crisis must be identified by entering the emergency indicators as indicated in the billing instructions beginning 7/1/2010. RBHAs may utilize other covered Behavioral Health services as necessary. These services must also be identified using an emergency indicator.