



**MENTAL HEALTH AND SUBSTANCE
ABUSE SERVICES BULLETIN
MENTAL RETARDATION BULLETIN
COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF PUBLIC WELFARE**

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SUBJECT:
Cost Settlement Policy and Procedures for Community-Based Medicaid Initiatives

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SCOPE:

County Mental Health & Substance Abuse/Mental Retardation Administrators
County Mental Health & Substance Abuse/Mental Retardation Fiscal Officers

PURPOSE:

To set forth policy and procedure for cost settlement activity associated with Medicaid initiatives for mental health & substance abuse services and mental retardation community-based services.

BACKGROUND:

To date, the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Mental Retardation (OMR) have received Federal approval of an amendment to the State Medicaid Plan allowing payments on behalf of persons eligible for Medicaid for the following services:

- MHSAS - Intensive Case Management
- MHSAS - Family-Based Services
- MHSAS - Resource Coordination
- MR - Targeted Services Management

Information specific to the Mental Health and Substance Abuse Services' Crisis Intervention is contained in Attachment 4.

Information specific to those counties under HealthChoices for Mental Health and Substance Abuse Services is contained in Attachment 5.

This Bulletin obsoletes Bulletin Numbers OMH-94-06, OMH-95-10, OMH-96-03, OMH-97-04, OMHSAS-99-03 and OMHSAS-99-07.

The county program determines service delivery systems as county-operated or contracted with independent providers. Providers and/or counties are required to adhere to all productivity standards and governing regulations as applicable to each service activity. With contracted services, the county program negotiates rates eligible for Federal Financial Participation for each specific service to be funded as per the counties annual plan. All rates are based upon estimated costs for each service; therefore, subject to cost settlement. Reference: Title 55 Pennsylvania Code 4300 County Mental Health and Substance Abuse Services and Mental Retardation Fiscal Regulations governing county negotiated fees. Since cost settlement impacts on two (2) distinct funding mechanisms supporting these services, a reconciliation process is being implemented which will uniformly capture adjustments specific to advanced State Grant funding and Federal reimbursements accrued through direct invoicing of MAMIS. **In order for cost settlement to work properly, reporting of Federal Medicaid revenues must be on the accrual basis reflective of billable units of service rendered during the fiscal reporting period.**

PROCEDURE:

The **Cost Settlement Report (CSR)** implemented in this Bulletin serves as the vehicle to capture the interim reconciliation to actual costs for community-based Medicaid initiatives based upon accrued expenditures and accrued Medicaid revenues for each service activity. **CSRs** must be completed by the county program operating as the provider of service and by all independent contractors for each service activity within each fiscal reporting period. The CSR must be completed when a reimbursement rate has been negotiated and approved and when FFP has been received. The **CSR** is designed to compare overall accrued expenditures eligible for DPW State/Federal participation to combined DPW State/Medicaid accrued revenues. This approach eliminates the need to cost settle to multiple interim rates negotiated for a particular service activity within any given fiscal reporting period. This **CSR** should be incorporated as an essential component of the county program's existing fiscal year closing activity, with results ultimately represented on the Annual Income and Expenditure Report for the preceding fiscal reporting period.

The county MHSAS/MR program is responsible for the following:

1. Completion of **CSRs** for community-based Medicaid initiative service activities that are county-operated;
2. Review and approval of **CSRs** for community-based Medicaid initiative service activities that are contracted with independent providers;
3. Completion of the **Cost Settlement Summary**;
4. Submission of the **Cost Settlement Summary** and supporting **CSR** documents for service activity to the Department of Public Welfare, Bureau of Financial Operations for the preceding fiscal reporting period; and

5. Reporting of expenditures, Medical Assistance revenues and DPW participation of the Income and Expenditure Report Schedule MH/MR 16 that is reflective of interim settlements for both service delivery systems; and
6. Authorization in writing of the state matching funds available to satisfy underpayment settlements.
7. Collection of State grant fund overpayments and payment of additional State grant funds when available to satisfy settlements as necessary with contracted providers.
8. Comparison of the budgeted units identified in the rate setting process to the actual units provided and reported on the **CSR**. **If the actual units reported are less than the estimated budgeted units, a narrative must be submitted as part of the cost settlement package which details the reasons why the productivity standard was not met.** This information will be supplied to the appropriate Program Office for their review. Assistance may be offered by the Program Office when indicated.

Specific instructions for completion of the **CSR** and the **Cost Settlement Summary** are provided in this Bulletin. Also provided is a document flow chart to illustrate the process.

Upon receipt of the county program's **CSR** report package, the Bureau of Financial Operations will verify the information. If a discrepancy is identified, immediate contact will be made with the county program. The Bureau of Financial Operations will provide written notification to the county program of all MAMIS adjustments initiated. This information will be provided simultaneously to the Office of Mental Health and Substance Abuse Services and the Office of Mental Retardation.

INTERIM SETTLEMENTS: The interim settlement will be based upon accrued expenditures and accrued revenues. The results are ultimately represented on the Annual Income and Expenditure Report for the corresponding fiscal period in which services were rendered. **NOTE: MR Targeted Services Management rate setting does not currently contain a Non-MA (Non-FFP) component. Therefore, TSM Costs, not overall Case Management Costs, should be utilized for Cost Settlement. (Please refer to CSR Instructions, Attachment 2. Page 6 for specific instructions.)**

Overpayments

Federal Portion: The service provider will have a credit (negative balance) applied to the MAMIS provider file to satisfy the Federal portion of the claim. This is accomplished through a Gross Adjustment request initiated by the Bureau of Financial Operations to the Office of Medical Assistance Programs. The overpayment credit will be offset against active invoices in MAMIS.

State Portion: The county program is responsible to collect State overpayments from the contracted providers. State overpayments may be represented as those State match funds utilized for Federal Financial Participation (FFP) and/or 100% State funds ineligible for Federal Financial Participation (Non-FFP).

Underpayments

Each individual county administrative unit will determine through fiscal year closing activity if additional State funds are available within their **existing** allocations to meet (full or partial) actual costs for providing services. In this instance, all units subject to retroactive settlement (**both MA eligible (FFP) and Non-MA eligible (Non-FFP)** **must be reimbursed at the same level for any given period of time within the fiscal year.** In other words, such reimbursement cannot discriminate between Federally funded and non-Federally funded services. Federal funds utilized for the reimbursement of an underpayment for MA eligible services require verification of (and are limited by the availability of) a lump sum State match. **A State Match Verification (SMV) must accompany the CSR.** If no State dollars are available from the county program, no additional Federal dollars may be obtained. If the adjustment to FFP is due to productivity, not meeting the established standard, the justification for the lower productivity should be reviewed and incorporated into the counties' decision of what amount of the adjustment to provide state matching funds for.

Federal Portion: The service provider will have a debit (positive balance) applied to the MAMIS file, via gross adjustment, to generate the Federal portion due in a lump sum. This payment will be identified on a future Remittance Advice.

State Portion: The provider is reimbursed in a lump sum by the county with State funds, as determined available within the county program's existing allocation.

Restriction: In those years where we have applied a Federal categorical cap, if you are requesting additional payments supporting TSM services which are MA eligible this will be subject to Program Office review and approval.

FINAL SETTLEMENTS:

Related documentation supporting the information reported by the county programs should be held for a minimum of four (4) years after the close of the fiscal reporting period or until all related settlement issues have been resolved by the Department, whichever is later. Community-based, Medicaid initiative cost settlement procedures as implemented in this Bulletin will be referenced in the Department of Public Welfare's Single Audit Supplement. The county program is responsible for (1) determining any variances between interim and final schedules, (2) reporting changes to State grant funding and (3) requesting MAMIS Gross Adjustments through the next available Annual Income and Expenditure Report submitted to the Department. **To facilitate these determinations, the Department requires that county programs include the CSR as a required supplemental schedule for independent audits received from contracted service providers. The county programs are now required to submit the final CSR (based on audited information) to the Department when processing final actions. If requesting an underpayment be sure to include the State Match Verification form on the second page of the CSR.**

Criteria for Satisfying Final Settlements

Overpayments

Any variance between the interim and final **CSR**, which results in an overpayment, must be satisfied. The corresponding Federal and State portions will be collected in the same manner as described for interim settlements.

Underpayments

In accordance with MH/MR Fiscal Regulation 4300.147, Deficits, current year Department allocated funds may not be utilized to pay for a deficit incurred during a prior period without the approval of the Secretary of Public Welfare. Therefore, variances between the interim and final **CSR** reflecting an underpayment can be satisfied; however, **only up to the maximum amount of available State grant funds that were reported as unexpected in that prior period and budgeted for within the current fiscal reporting period.**

Procedure for Reporting Prior-Year Adjustments

When the county program operates as the provider of service, reporting of final State grant funding and Federal participation adjustments must occur through the County Single Audit.

When the county program contracts with independent providers, the county administrative unit is responsible to report State grant funding and Federal participation adjustments resulting from service provider audits as prior-year adjustments on the next available Annual Income and Expenditure Report. **Funding of Program Services Schedules, MH 15 and MR 15, Column 6, has been revised to isolate all prior-year audit adjustments related to cost settlement of Medicaid-initiative services.** Detailed instructions on the reporting of prior year adjustments will be contained in the I&E instruction package.

Attachment 1. Cost Settlement Document Flow

Attachment 2. CSR Form and Instructions

Attachment 3. Cost Settlement Summary

Attachment 4. Crisis Intervention Instructions

Attachment 5. Instructions pertaining to counties which have changed to HealthChoices.