

**Amendment No. 1 to the Agreement Between
Michigan Department of Health & Human Services
And
CMHSP: _____
For
Managed Mental Health Supports and Services**

- **Period of Agreement:** This agreement shall commence on October 1, 2021 and continue through September 30, 2022.
- **Period of Amendment:** October 1, 2021 through September 30, 2022.
- **Program Budget and Agreement Amount:** Payment to the CMHSP will be paid based on the total funding available for managed mental health supports and services as identified in the annual Legislative Appropriation for community mental health services programs for the period of October 1, 2021 through September 30, 2022. The estimated value of this is contingent upon and subject to enactment of legislative appropriations and availability of funds.
- **Amendment Purpose:** This amendment is for changes to the following:
 - Section 15.4 Debarment and Suspension
 - Contract Attachment C3.3.4 Self-Directive Services Technical Requirement
 - Contract Attachment C4.5.1 PASRR Agreement
 - Contract Attachment C6.5.1.1 CMHSP Reporting Requirements
- **Original Agreement Conditions:** It is understood and agreed that all other conditions of the original agreement remain the same.
- **Special Certification**
The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or contractor.

Signature Section

For the Michigan Department of Health and Human Services

Christine H. Sanches, Director
Bureau of Grants and Purchasing

Date

For the CONTRACTOR:

Name (print)

Title (print)

Signature

Date

15.4 Debarment and Suspension

With regard to any federal funds received or utilized under this agreement, assurance is hereby given to the MDHHS that the CMHSP will comply with Federal Regulation Executive Order 12549 and certifies to the best of its knowledge and belief that it, including its employees and sub-contractors:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or CMHSP.
- B. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section B, and;
- D. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN
SERVICES BEHAVIORAL HEALTH AND DISABILITIES
ADMINISTRATION**

SELF-DIRECTED SERVICES TECHNICAL REQUIREMENTS

Purpose

This document sets the standards for the use of self-directed and choice vouchered services, supports, and individual budgets for behavioral health services delivered through the Community Mental Health Service Programs (CMHSPs) and Prepaid Inpatient Health Plans (PIHPs) in Michigan.

CMHSPs and PIHPs must assure self-directed services are available to all individuals, no matter where they live in Michigan and must actively assist individuals that choose to self-direct. Any reference to Self-Directed Services also applies to Choice Voucher with appropriate substitutions for family and child throughout the document.

PIHPs/CMHSPs must meet the following requirements:

1. Self-directed services and supports are set up using a Person-Centered Planning Process from which an Individual Plan of Service (IPOS) for medically necessary services and an individual budget are developed.
2. Self-directed (Choice Voucher for under 18 year old individuals) services must be offered to all individuals receiving CMHSP or PIHP services.
3. Options must include all of the following:
 - Direct employment (the individual is the employer of record).
 - Use of any qualified provider agency that can serve as employer of record for staff selected by the individual (Agency Supported Self-Direction). PIHP and or CMHSP contractual language with provider agencies assures personal selection and changes of staff.
 - Direct contract (Purchase of Service Agreements) arrangement between individual and independent provider(s).
 - Financial Management/Fiscal Intermediary Services and Supports Brokers must be available.
4. Self-directed services are implemented through partnerships between the PIHP/CMHSP's and the individual directing his/her services through a Self-Direction Agreement. This agreement describes the responsibilities and authority of both parties.
5. Choosing self-directed services does not change a person's access to the services he/she needs or those available from the PIHP and or CMHSP so long as medical necessity criteria and benefit coverage eligibility remains.

6. Self-directed services do not reduce the PIHP's responsibilities to individuals receiving services nor negate its responsibility to assist individuals in finding providers for services.
7. All Medicaid service and supports terms apply (i.e. documentation, financial accountability, monitoring, quality improvement) including reporting and provider qualifications.
8. The Office of Recipient Rights has investigative authority for specialty mental health services and supports including self-directed supports and services.
9. The PIHP/CMHSP must have procedures to make sure there are no gaps in services during transition to or from self-directed service arrangements.
10. People will be fully informed about the meaning of self-directed services and all models and possible ways to control, manage and account for their individual budget.
11. The PIHP/CMHSPs must provide education and training to ensure a common understanding of self-directed services is made available throughout its network. including:
 - Administrators
 - Case Managers/Supports Coordinators
 - Direct Support Professionals
 - Supports Brokers
 - Individuals and their Families
 - Agency-based Staff
 - Others
12. All person centered planning processes, service delivery and budget planning will support individuals to make decisions about and control their own lives. This means the PIHP/CMHSP will actively commit to promoting self-direction and support the decisions people who self-direct make about how to meet the goals of their IPOS within the parameters of the individual budget.
13. Accountability for the use of public funds must be a shared responsibility of the PIHP/CMHSP and the person, consistent with the fiduciary obligations of the PIHP/CMHSP. Fiscal responsibility and the wise use of public funds shall guide the individual and the PIHP/CMHSP in reaching an agreement on the allocation and use of funds comprising an individual budget.
14. Each PIHP/CMHSP must make sure that information and outreach materials about self-directed services (or choice voucher) is offered to all individuals served. Individuals must have all information in a format accessible to them.

15. The PIHP with the CMHSP will provide ongoing support and assistance to individuals managing and controlling the supports they are directing. Examples include, but are not limited to:
- Information about the options for self-directed services
 - Individual rights and responsibilities
 - Available resources
 - Supported decision making
 - Training including documentation, service delivery, role of employer, role of employee, budgeting
 - The use of a supports broker
 - Informal representative
 - Access to independent advocacy organizations (e.g. Disability Rights Michigan, local Arcs, United Cerebral Palsy, etc.)
 - Active management of the individual budget
 - Staff recruitment, selection, management and dismissal

In addition to the above, PIHPs/CMHSPs will provide support for other issues related to self-directed services such as coaching, mentoring, training, or other paid services needed for success.

Key Elements of Self-Directed Supports and Services

1. Employer Authority

Employer authority means the individual recruits, hires, supervises, directs, and fires the support staff. The individual acts as the common law employer.

2. Budget Authority

Controlling an individual budget is a core part of self-directed services. The individual budget is a projected amount of public mental health funds named in dollar terms within the context of medical necessity. With the budget spending plan, the spending authority is with the individual.

In order for a person to have budget authority the budget must be:

Accessible – meaning the individual has complete understanding of how they can control and make changes to the budget when needed.

Portable – meaning the individual must be able to change and transfer budget resources from one provider to another (includes one PIHP/CHMSP to another).

and *Flexible* – meaning flexible spending – individual controlled use of dollars and amount of services identified in the IPOS within a fixed budget. Changes to the budget should not require a change to the individual plan of service unless services are terminated or increased.

3. Financial Management/Fiscal Intermediary Services

A CMHSP is required to contract with a Financial Management Service provider. The Financial Management Service provider maintains compliance with its CMHSP contract requirements. Financial Management Service Providers are here to support the independent lifestyle that self-direction offers. The Financial Management Service providers assist people with payroll processing, taxes, budget management, and other fiscal aspects of employing staff and assists people with managing funds consistent with the Financial Management Services Technical Requirements.

4. Ending Self-Directed Services, Grievance and Appeal Rights

An individual may voluntarily end a self-directed service arrangement at any time for any reason. The Prepaid Inpatient Health Plan (PIHP) and or the Community Mental Health Service Provider (CMHSP) must work together with the individual to transition to another service arrangement through the person-centered planning process. Discontinuation of a self-direction agreement, by itself, shall neither change the individual's plan of service, nor eliminate the obligation of the PIHP/CMHSP to assure specialty mental health services and supports required in the IPOS are provided.

Ending self-directed service arrangements may be initiated by either, the individual or the Prepaid Inpatient Health Plan (PIHP) and/or Community Mental Health Support Plan (CMHSP). Before they can end self-directed services, the PIHP and/or CMHSP must inform the individual of the issues that have led to the possibility of ending self-direction arrangements, in writing. They also must provide opportunities for problem solving and resolution have been exhausted. The individual must be involved in all problem solving attempts. Ending self-direction arrangements are only done if other mutually agreeable solutions have been exhausted.

Termination of a self-direction services agreement by a PIHP/CMHSP is not a Medicaid Fair Hearings Issue. Only a suspension, reduction, or termination of Medicaid services can be appealed through the Medicaid Fair Hearings Process, not the use of self-direction arrangement to obtain those services.

As it pertains to termination of self-directed service arrangements, ending the Financial Management Services (formerly Fiscal Intermediary) can be appealed through the Medicaid Fair Hearings Process.

Definition of Terms

Agency Supported Self-Direction (Also Known as Agency with Choice)

This allows the person to direct as much or as little employer and administrative responsibilities as agreed upon in the Individual Plan of Service (IPOS) and Agency Agreement while a provider agency serves as employer of record.

Choice Voucher Arrangements

Choice Voucher is the name for self-directed services for people under the age of 18. This is because children cannot independently direct their services until adulthood.

Direct Hire or Direct Employment

The Direct Hire or Direct Employment Model is an option of self-direction where the person is considered the employer of record and has the authority to hire, fire, supervise, and manage individual, aide level workers.

Employer of Record

The Employer of Record is the term for the person who is a legal employer. In much of this document a person who is self directing will be considered the employer of record or a managing employer.

Financial Management Service Provider/Fiscal Intermediary

A Fiscal Intermediary is an organization or person independent of the CMH system that assists employers to manage the dollars Self-Directed budgets.

Individual Budget

An individual budget is the amount of money from community mental health given to pay for behavioral health services and supports as listed in the individual plan of services (IPOS). By using an individual budget, people have the power to make meaningful choices about how they control their services and live their lives.

Managing Employer

A managing employer is the person or designee who is acting in a supervisory role, but is not considered the legal employer of record. All parents/guardians in a Choice Voucher Arrangement are considered managing employers.

Person

For the purposes of this document, "person" means a person receiving behavioral health services and supports.

Person Centered Planning

Person-centered planning is a collaborative, person-directed process designed to assist an individual to plan their life and supports.

Prepaid Inpatient Health Plan(PIHP)

A PIHP is a managed care organization that provides Medicaid services and money to the Community Mental Health Service Provider to pay for specialty mental health services and supports in an area of the state. There are 10 PIHPs in Michigan.

Purchase of Service Agreement or Direct Contract

A Purchase of Service Agreement is an option of self-direction where the individual can contract directly with a professional level provider including those who are not already on the provider panel. The individual has the authority to terminate the contract and set wages based on the CMHSP contracted rate for that service.

Qualified Provider

A qualified provider is an individual or agency that meets the federal and state requirements in their contract to provide mental health services and supports.

Self-Determination

Self-determination (SD) is the right of all people to have the power to make decisions for themselves; to have free will. The goals of SD, on an individual basis, are to promote full inclusion in community life, to feel important and increase belonging while reducing the isolation and segregation of people who receive services. Self-determination builds upon choice, autonomy, competence and relatedness which are building blocks of psychological wellbeing.

Self-Direction or Self Directed Services

Self-direction is an alternative method for obtaining supports and services. It is the act of selecting, directing and managing one’s services and supports. People who self-direct their services are able to decide how to spend their CMH services budget with support, as desired.

The methods of self-direction are crafted with the principles of self-determination.

Principles of Self-Determination	Self-Directed Outcome
Freedom	Deciding how to live a good life
Authority	Controlling a targeted amount of dollars
Support	Organizing resources in ways that are life enhancing and meaningful
Responsibility	Using public funds wisely
Confirmation	Having a role in redesigning the service system

Supported Decision Making

Supported Decision-Making Is a process that enables people receiving services to retain and exercise their rights and make and communicate choices in regard to personal and legal matters assisted by a group of people they know, trust and have chosen to support them.

Supported Decision-Making is an alternative to guardianship. Instead of having a guardian make a decision *for* the person, Supported Decision-Making allows the person to make his or her own decisions.

Supports Broker

A Supports Broker is a paid individual that helps the person find and get the needed services and supports in their IPOS. A Supports Broker has a clear focus on helping people identify and meet goals to increase independence and quality of life. Supports Broker(s) may be employed by a CMHSP or other entities.

APPENDIX A: Core Elements Reference to 2013 Policy and Practice Guideline

Self-Directed Services Requirement	Self Determination Policy and Practice Guideline Core Element
1	See below
2	See below
3	See below
4	V. Realization of the principles of self-determination requires arrangements that are partnerships between the PIHP/CMHSP and the individual. They require the active commitment of the PIHP/CMHSP to provide a range of options for individual choice and control of personalized provider relationships within an overall environment of person-centered supports.
5	IX. Arrangements that support self-determination are administrative mechanisms, allowing a person to choose, control and direct providers of specialty mental health services and supports. With the exception of fiscal intermediary services, these mechanisms are not themselves covered services within the array of state plan and mental health specialty services and supports. Self-determination arrangements must be developed and operated within the requirements of the respective contracts between the PIHPs and CMHSPs and the Michigan Department of Health and Human Services and in accordance with federal and state law. Using arrangements that support self-determination does not change an individual's eligibility for particular specialty mental health services and supports.
6	VI. In the context of this partnership, PIHP/CMHSPs must actively assist people with prudently selecting qualified providers and otherwise support them with successfully using resources allocated in an individual budget.
7	X. All of the requirements for documentation of Medicaid-funded supports and services, financial accountability for Medicaid funds, and PIHP/CMHSP monitoring requirements apply to services and supports acquired using arrangements that support self-determination.
8	XI. Arrangements that support self-determination involve mental health specialty services and supports, and therefore, the investigative authority of the Recipient Rights office applies.
9	See below

Medicaid Managed Specialty Supports and Services Program FY22: Attachment C3.3.4
Amendment #1

10	I. People are provided with information about the principles of self-determination and the possibilities, models and arrangements involved. People have access to the tools and mechanisms supportive of self-determination, upon request. Self-determination arrangements commence when the PIHP/CMHSP and the individual reach an agreement on an individual plan of services (IPOS), the amount of mental health and other public resources to be authorized to accomplish the IPOS, and the arrangements through which authorized public mental health resources will be controlled, managed, and accounted for.
11	I. People are provided with information about the principles of self-determination and the possibilities, models and arrangements involved. People have access to the tools and mechanisms supportive of self-determination, upon request. Self-determination arrangements commence when the PIHP/CMHSP and the individual reach an agreement on an individual plan of services (IPOS), the amount of mental health and other public resources to be authorized to accomplish the IPOS, and the arrangements through which authorized public mental health resources will be controlled, managed, and accounted for.
12	II. Within the obligations that accompany the use of funds provided to them, PIHP/CMHSPs shall ensure that their services planning and delivery processes are designed to encourage and support individuals to decide and control their own lives. The PIHP/CMHSP shall offer and support easily-accessed methods for people to control and direct an individual budget. This includes providing them with methods to authorize and direct the delivery of specialty mental health services and supports from qualified providers selected by the individual.
13	IV. Fiscal responsibility and the wise use of public funds shall guide the individual and the PIHP/CMHSP in reaching an agreement on the allocation and use of funds comprising an individual budget. Accountability for the use of public funds must be a shared responsibility of the PIHP/CMHSP and the person, consistent with the fiduciary obligations of the PIHP/CMHSP.
14	I. People are provided with information about the principles of self-determination and the possibilities, models and arrangements involved. People have access to the tools and mechanisms supportive of self-determination, upon request. Self-determination arrangements commence when the PIHP/CMHSP and the individual reach an agreement on an individual plan of services (IPOS), the amount of mental health and other public resources to be authorized to accomplish the IPOS, and the arrangements through which authorized public mental health resources will be controlled, managed, and accounted for.

Medicaid Managed Specialty Supports and Services Program FY22: Attachment C3.3.4
Amendment #1

	Other Core Elements
Covered in Managed Care Rule	III. People receiving services and supports through the public mental health system shall direct the use of resources in order to choose meaningful specialty mental health services and supports in accordance with their IPOS as developed through the person-centered planning process.
This element is included in the PCP Policy	VII. Issues of wellness and well-being are central to assuring successful accomplishment of a person's IPOS. These issues must be addressed and resolved using the person-centered planning process, balancing individual preferences and opportunities for self-determination with PIHP/CMHSP obligations under federal and state law and applicable Medicaid Waiver regulations. Resolutions should be guided by the individual's preferences and needs, and implemented in ways that maintain the greatest opportunity for personal control and direction.
Stricken	VIII. Self-determination requires recognition that there may be strong inherent conflicts of interest between a person's choices and current methods of planning, managing and delivering specialty mental health services and supports. The PIHP/CMHSP must watch for and seek to minimize or eliminate either potential or actual conflicts of interest between itself and its provider systems, and the processes and outcomes sought by the person
Covered in the Technical Requirements under Key Elements and at the end of the document	IX. Arrangements that support self-determination are administrative mechanisms, allowing a person to choose, control and direct providers of specialty mental health services and supports. With the exception of fiscal intermediary services, these mechanisms are not themselves covered services within the array of state plan and mental health specialty services and supports. Self-determination arrangements must be developed and operated within the requirements of the respective contracts between the PIHPs and CMHSPs and the Michigan Department of Health and Human Services and in accordance with federal and state law. Using arrangements that support self-determination does not change an individual's eligibility for particular specialty mental health services and supports.
Requirement	Explanation or citation to other parts of the SD Policy and Practice Guidelines
1	SD Policy sec II (A-C)
2	Self-directed services were expanded to all waivers in the 2019 1915(c) waiver applications
3	SD Policy sec III (B) 4
9	SD Policy sec II (E) 7

PASRR AGREEMENT

I. PURPOSE

The CMHSP will complete PRE-ADMISSION SCREENINGS AND RESIDENT REVIEWS (hereinafter referred to as PASRR) for individuals who are located in the CMHSP's MH/DD service area presenting for nursing facility admission, or who are currently a resident of a nursing facility located in said service area, as required by the Omnibus Budget Reconciliation Act (hereinafter referred to as OBRA) of 1987. The method of costing, billing and payment for these services is described below. This Agreement replaces any previous contract or amendment related to pre-admission screenings and annual resident review.

II. REQUIREMENTS

A. Evaluations and assessments as described herein shall be prepared and submitted in accordance with the following documents and resources:

1. Medicaid Provider Manual, Nursing Facility Chapter, .
<https://www.michigan.gov/mdhhs/0,5885,7-339--87572--,00.html>
2. Federal Register/Vol 57, No. 230/Monday, November 30, 1992/Rules and Regulations/Subpart C -- Pre-admission Screening and Annual Resident Review of Mentally Ill and Developmental Disabled Individuals.
<https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-part483.pdf>
3. The CMHSP must ensure that all new employees and contracted workers, who administer PASRR, are trained at least one time on the policies and procedures with respect to the OBRA/PASRR process through Improving MI Practices website at: www.improvingmipractices.org.
- 4.
5. The OBRA Operations Manual (8th Edition, 2017) is provided for reference in the OBRA Electronic Application.

The DEPARTMENT will notify the CMHSP of any changes in these documents due to federal rules and state requirements. The CMHSP will have implemented such changes within sixty (60) days of the DEPARTMENT's notification to the CMHSP unless otherwise provided by federal regulations.

PRE-ADMISSION SCREENING

B. The CMHSP will provide evaluations and assessments for all individuals located in the

CMHSP's service area who are presented for admission to a nursing facility regardless of the location of the admitting facility and for whom a Level I Pre-admission Screening procedure (DCH Form 3877) has identified the possible presence of a mental illness or a developmental disability. This evaluation and assessment will be completed, and an appropriate determination made prior to admission of the individual to a nursing facility. This evaluation and assessment will be completed utilizing criteria specified in Paragraph A. above by OBRA electronic application or paper system requirements.

- C. The CMHSP agrees that Pre-admission Screenings will be completed and required documentation submitted to the DEPARTMENT within four (4) working days of referral of the individual to the CMHSP by whatever agent performing the Level I identifies.

RESIDENT REVIEW (Hospital Exempt Discharged, Change in Condition)

- D. The CMHSP will complete Resident Reviews (Level II Evaluations) to all nursing facility residents who are located in the CMHSP's service area and who have been identified through the PASRR process as having either a mental illness or developmental disability or who have otherwise been identified to the CMHSP by submission of DCH Form 3877. This evaluation and assessment must be completed utilizing criteria specified in Paragraph A. above.
- E. The CMHSP agrees that Resident Reviews will be completed and required documentation submitted to the DEPARTMENT within fourteen (14) calendar days of receipt by the CMHSP of an appropriately completed DCH Form 3877 from the nursing facility(ies). In the case of Resident Reviews of persons who have been admitted to a nursing facility without a Pre-admission screening as an exempted hospital discharge (HED), the CMHSP will complete a review and submit required documentation to the DEPARTMENT within fourteen (14) calendar days of referral. In either situation, if a CMHSP is unable to comply with this requirement in a particular case, the CMHSP will notify the DEPARTMENT.

III. RECORDS, BILLINGS, AND REIMBURSEMENT

- A. The CMHSP will maintain all documentation and records concerning services provided, client treatment recommendations and treatment plans, and verification of compliance with standards for subsequent audit, and actual cost documentation for a period of seven (7) years and assure that all such documentations will be accessible for audit by appropriate DEPARTMENT staff and other authorized agencies.
- B. The CMHSP will submit OBRA PASRR Grant Application annually through the State of Michigan EGrAMS Application. This application will identify CMHSP's estimated yearly cost, certification/contacts information, project synopsis and target

area, and work plan. The yearly cost will show all Direct Expenses, Other Expenses, and Indirect Expenses. Indirect Costs will need to be calculated on Attachment B.4 Form DeMinimis Rate Calculation. Contractual Cost over \$25,000 per subcontract/subaward are disallowed to be calculated from the Indirect Cost. Additional Other Expenses are also not allowed to be calculated for the Indirect Cost. These costs include Tuition Remissions, Rental Costs, Scholarships/Fellowships, Participant Support Costs, and Patient Care. Any OBRA PASRR Grant Application Amendments will be required to follow the MI E-Grants Project Based Amendment Schedule.

- C. The CMHSP will submit monthly billings to the DEPARTMENT for services provided based on an actual cost basis as defined in "Revised Billing Procedures for OBRA Pre-Admission Screening, and Resident Review for Nursing Facility Clients". Only one (1) bill will be considered for payment per month, and should be submitted for payment to the DEPARTMENT within forty-five (45) days after the end of the month in which the service was provided, except for the September bill which shall be submitted within fifteen (15) days after the end of the month. In the event that the CMHSP realizes costs incurred after a billing has been submitted, the CMHSP may submit a revised billing. In any event, all bills for services provided under this Agreement must be received by the DEPARTMENT within fifteen (15) days following the end of the fiscal year. Submitted bills will also include the number of evaluations completed during the month being billed by completing the "Detail of Services Billed" form. The PASRR forms located in the MDHHS OBRA Operations Manual must be utilized by the CMHSP for reporting and billing.

The CMHSP will submit a "Certificate of Indirect Costs" for indicating the indirect rate being used for indirect costs billed to the department. The form, attached, should be filled out annually.

- D. Payments earned by the CMHSP for these services will be included as earned revenue from the DEPARTMENT on the revenue and expenditure reports required by this contract. PASRR expenditures will be specifically identified as part of the "Other Services" section of the final FSR. Separation by MI and DD is not required. All payments made under this Agreement are subject to the requirements under the Single Audit Act of 1984. The CFDA number for the federally funded portion of payments made to the CMHSP under this Agreement is 93.778. The funding source consists of 75% Federal funds, and 25% State match.

IV. DEPARTMENT RESPONSIBILITIES

- A. The DEPARTMENT agrees that for bills received pertaining to this Agreement and which are correctly and completely submitted on a timely basis as specified in Paragraph III.B. above, payments will be made within forty-five (45) days of receipt of bills for approved services. All payments will be made at 100% of the CMHSP's charge as submitted.

MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY22 Attachment C4.5.1
Amendment #1

- B. Preparing claims for federal financial participation and submitting these claims to the Medical Services Administration will be the responsibility of the DEPARTMENT. The CMHSP will provide the DEPARTMENT with such documentation as may be required to support claims for federal financial participation.
- C. The DEPARTMENT will hold the CMHSP financially harmless where the CMHSP has followed procedures as outlined in Federal Office of Management and Budget 2 CFR Part 200, Subpart E – Cost Principles, and has documentation as to the services performed. The Federal Office of Management and Budget, 2 CFR Part 200, Subpart E – Cost Principles, is included in the MDHHS Technical Manual. The CMHSP will be responsible where procedures related to these identified evaluations are not followed or where documentation is lacking.

V. TERMINATION

The Agreement may be terminated by either party within sixty (60) days notice. Said notice shall be made in writing and sent by certified mail. Termination will take effect sixty (60) days from receipt of said notice.

DETAILED OF SERVICES BILLED
NURSING FACILITY EVALUATIONS

CMH BOARD NAME:			MONTH/YEAR:	
NAME OF RESIDENT	D.O.B.	*TYPE OF SCREEN	MI OR DD	DATE OF SERVICE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

*INDICATE PAS/ARR/CIC/HED/REV

Completing Detailed Billing Summary Instructions

1. List each consumer who had a Completed Level II Evaluation submitted during the respective month.
 - a. If consumer had two completed Level II Evaluations in one month, list twice.
2. **Do Not** include any consumer who only had a Partial Level II Completed on this form.
3. **Do Not** include hours, visits, or costs on this form.

**SUMMARY BILLING FOR PRE-ADMISSION
SCREENING and RESIDENT REVIEWS (PASRR)
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

CMH BOARD _____ TELEPHONE NUMBER: _____
PERSON COMPLETING FORM: _____
MONTH ENDING: _____ DATE SUBMITTED: _____
NUMBER of Reviews: DD _____ MI _____ TOTAL _____

<u>I. DIRECT COSTS</u>	TOTAL
A. Direct Labor (excluding overtime, shift or holiday premiums and fringe benefits)	\$ _____
B. Other Labor (overtimes, shift or holiday premiums and fringe benefits).	\$ _____
C. Other Direct Costs (contractual services, supplies/materials, travel, equipment, telephone, office space, etc.)	\$ _____
D. Subtotal Direct Costs:	\$ _____

II. INDIRECT COSTS

- A. Please Check Appropriate Indirect Method: DeMinimis Cost Allocation Plan Federal Approval Rate
- B. Computation Method:
1. Approved Cost Allocation Plan: (Plan must be reviewed and approved by MDHHS before using indirect rate based on actual costs)
Direct Costs(I.D) above _____ x Indirect Rate _____ \$ _____

III. TOTAL COSTS (Direct and Indirect Costs) \$ _____

IV. FEDERAL REIMBURSEMENT

(Total Costs ..III Above) Total Costs _____ x .75 = \$ _____

CMHSP CERTIFICATION

The CMHSP has reported all costs at actual and in conformance with Federal OMB 2 CFR Part 200, Subpart E – Cost Principles. The CMHSP acknowledges that all costs are subject to audit for federal reimbursement purposes and assumes full responsibility and proper documentation.

COMMUNITY MENTAL HEALTH SERVICES PROGRAMS DATE
DIRECTOR

I authorize the Total Costs (III above) to be paid to the Community Mental Health Services Board or Authority.

MDHHS Authorized Staff

DATE

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIRECT COST: 10% DE MINIMIS RATE CALCULATION
FISCAL YEAR 2020 Grant Agreements**

Grantee Name:	
Grant Program Name:	
Grant Project (if applicable)	

		BUDGETED AMOUNT	
A.	TOTAL DIRECT EXPENDITURES Enter the total direct expenditures from the EGrAMS budget line called Total Direct Expenditures.		\$0
B.	COSTS DISALLOWED FROM 10% DE MINIMIS RATE INDIRECT BASE EXPENDITURES Enter all costs for each category from the EGrAMS budget listed below.	DISALLOWED COSTS (The worksheet will calculate this column).	
C.	Fringe Benefits:		
	Tuition Remissions	\$0	\$0
D.	Calculation of disallowed "Contractual" costs over \$25,000 per subcontract/subaward. Enter the total subcontract amount in column E for each subcontract/sub-award. The worksheet will calculate the disallowed costs in column F. Contractual (List Subcontracts/Sub awards, Agency Name, and Amount):		
	NAME	TOTAL AMOUNT	
	1) [Yellow Box]	\$0	\$0
	2) [Yellow Box]	\$0	\$0
	3) [Yellow Box]	\$0	\$0
	4) [Yellow Box]	\$0	\$0
	5) [Yellow Box]	\$0	\$0
E.	Equipment:	\$0	\$0
G.	Other Expenses: List total cost for the following sub-categories included in "Total Other Expenses" budget category:		
	Rental Costs	\$0	\$0
	Scholarships/Fellowships	\$0	\$0
	Participant Support Cost	\$0	\$0
	Patient Care	\$0	\$0
F.	Specific Assistance to Individuals:	\$0	\$0
H.	TOTAL DISALLOWED EXPENDITURES:		\$0
I.	BASE EXPENDITURES (A-G) (Enter amount for indirect calculation on budget):		\$0
J.	10% De Minimis Rate - up to 10%: (Enter amount for indirect calculation on budget):		10%
K.	INDIRECT COST: (enter amount on budget)		\$0

Expenditures for Capital Outlay are not allowable for MDHHS Grants. If an exception is approved contact MDHHS Grants Section for further instructions.

MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY22 Attachment C4.5.1
Amendment #1

CMHSP
Indirect Cost Calculations
FY _____

	Current Month Total Expenses	Current Month Expenses Allowed for Indirect Cost	Total Year to Date Expenses
Salary			
Fringe Benefits			
Travel			
Supplies & Materials			
Rent			
Contractual			
Equipment			
TOTAL EXPENSES			
Indirect Cost Rate		%	
Total Indirect Cost Billed			

EXAMPLE

CERTIFICATE OF INDIRECT COSTS

This is to certify that the indirect cost rate proposal has been reviewed and is submitted herewith the knowledge and belief:

1. All costs included in this proposal, dated _____, to establish billing or final indirect costs rates for fiscal year _____, are allowable in accordance with the requirements of the Federal Award to which they apply and OMB 2 CFR Part 200, Subpart E – Cost Principles. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

2. All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal Government will be notified of any accounting changes that would affect the predetermined rate. If the department finds that the indirect rate was not determined correctly, the CMH agrees to pay the department any difference of all payments made.

I declare that the foregoing is true and correct.

Community Mental Health Agency:

Name: _____

Signature: _____

Title: _____

Date: _____

MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY22 Attachment C4.5.1
Amendment #1

FINANCIAL PLANNING, REPORTING AND SETTLEMENT

The CMHSP shall provide the financial reports to MDHHS as listed below. Forms and instructions are posted to the MDHHS website address at: http://www.michigan.gov/MDHHS/0,1607,7-132-2941_38765---,00.html

[Submit completed reports electronically \(Excel or Word\) to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov) except for reports noted in table below.

<u>Due Date</u>	<u>Report Title</u>	<u>Report Frequency</u>	<u>Report Period</u>
1/31/22	1Q Special Fund Account – Section 226a, PA of the MHC	Quarterly (Use standalone form)	October 1 to December 31
4/30/22	2Q Special Fund Account – Section 226a, PA of the MHC	Quarterly (Use standalone form)	October 1 to March 31
5/31/2022	Mid-Year Status Report	Mid-Year	October 1 to March 31
6/30/2022	Semi-annual Recipient Rights Data Report	Mid-Year	October 1 to March 31. Section I only. See section “Recipient Rights Data Report” for additional information in this attachment.
8/15/2022	CMHSP FSR Bundle – All Non-Medicaid,	Projection (Use tab in FSR Bundle)	October 1 to September 30
	<ul style="list-style-type: none"> State Services Utilization, Reconciliation & Cash Analysis 	Projection (Use tab in FSR Bundle)	October 1 to September 30
	<ul style="list-style-type: none"> General Fund Contract Settlement Worksheet 	Projection (Use tab in FSR Bundle)	October 1 to September 30
	<ul style="list-style-type: none"> General Fund Reconciliation and Cash Settlement 	Projection (Use tab in FSR Bundle)	October 1 to September 30
	<ul style="list-style-type: none"> Special Fund Account – Section 226a, PA of the MHC 	Projection (Use tab in FSR Bundle)	October 1 to September 30
10/1/2022	General Fund – Year End Accrual Schedule	Final	October 1 to September 30
FY22 Monthly	PASARR Agreement Monthly Billing	Monthly	Only one (1) bill will be considered for payment per month, and should be submitted for payment to the DEPARTMENT within forty-five (45) days after the end of the month in which the service was provided, except for the September bill which shall be submitted within fifteen (15) days after the end of the month.