

FAQ

(updated 10/25/16)

1. **Deadline:** The Plan and Budget forms for FY 2017 are due by close of business April 15th, 2016. Please contact Maria Browning at Maria.Browning@ky.gov if you have any submission problems with the Plan & Budget Reports.
2. **Deleted Forms:** The following forms have been deleted and are not required for FY2017 (* indicates form has been replaced by another for FY2017):
 - *Form 112–Financial Implementation Report (*has been replaced by Form 117)
 - Form 116 Adult Wraparound Quarterly Expense Report
 - Form 155 Kids Now Plus Scope of Work
 - Form 162 Allocation of Community Care Support Funds
 - *Form 169 SA Treatment Spending Plan (*has been replaced by Form 160)
 - Form 170 Family Liaison and Kentucky Family Peer Support Specialist
 - Form 171 Supported Housing Project Report Form
3. **Department Periodic Reports:** Please refer to the DBHDID website for blank forms. To access these forms go to the left navigation bar, click “Community Mental Health Centers” on the right navigation bar click “Department Periodic Reports”. For reports and due dates please refer to the Central Login, once you are logged in scroll down to the “Reports” and click on the drop down box and select, “Department Periodic Reports, 2017 Master List”. For assistance, please contact Maria Browning at Maria.Browning@ky.gov.
4. **Notice of Funding:** Emails with funding letters were sent to CMHCs on 4/4/16.
5. **Objectives & Instructions:** The Adult, Children, Emergency, and Substance Use Treatment Objectives contain valuable information to assist with the Plan & Budget application and also for reporting throughout the year. PLEASE refer to these documents prior to completing the various applications.
6. **Rate Information:** Rates will be calculated for indirect administrative, indirect clinical, (if applicable), and PASRR. PASRR rates are non–negotiable. Emails with rates were sent to CMHCs on 4/4/16.
7. **Form 014–Funding Formula Revenue:** DPR Form 014 has to be signed by an auditor before being submitted. If you have scanning capabilities you can submit the Funding Formula Revenue via the upload system. If you do not have scanning capabilities this form should be mailed to Ricky Spaulding at, 275 East Main St. 4C–

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D Frankfort, Ky. 40601. If this form is submitted through the mail, the Receipt date and the Approval date will be entered into the Department Periodic Reports by Ricky Spaulding. For clarification or assistance please contact Ricky Spaulding at Ricky.Spaulding@ky.gov or by phone: (502)782-6137.

8. **Form 110 Regional Prevention Center (RPC):** This form will not be required for the 2017 Plan and Budget since the work plan can now be entered into the Prevention Data System directly.

Please contact Phyllis Millspaugh at Phyllis.Millspaugh@ky.gov or (502)782-6234 with any questions.

9. **Form 113D-Emergency Implementation Report:** For information in this form, please contact Christie Penn at Christie.Penn@ky.gov or (502)782-6183.
10. **Form 113E-Deaf and Hard of Hearing Services:** This DPR form focuses on Deaf and Hard of Hearing Services (DHHS) and is to be submitted semi-annually. Part A can be completed by accounting or data staff. Part B must be completed by the DHHS Point Person. Part C is to be completed by the DHHS specialists at Bluegrass and Seven Counties only. Part D is required only for the DHHS Specialized Case Manager at Bluegrass. For further clarification or assistance please contact Michelle Niehaus at Michelle.Niehaus@ky.gov or (502)782-6181.
11. **Form 114 Early Childhood Mental Health Narrative:** This Plan and Budget form requires information about the Early Childhood services provided by the region. For further clarification or assistance, please contact Beth Jordan at Beth.jordan@ky.gov or by phone: (502)782-6172.
12. **Form 115- Adult System of Care Mental Health Application:** The Adult Mental Health Application submitted during Plan and Budget, takes into account that 100% of each region's (overall) Mental Health Block Grant funding allocated for adults with SMI must be spent on the provision of the following evidence based practices: Assertive Community Treatment, Supported Housing, Supported Employment, and Peer Support as part of the DIVERTS initiative. Definitions and fidelity tools are listed in the Adult Objectives and Instructions. For further assistance, please contact Melissa Runyon at Melissa.Runyon@ky.gov or (502)782-6187.

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13. **Form 117–CMHC Financial Planning and Implementation Report replaced form 112–Financial Implementation Report:** Form 117 will be collected for Plan & Budget and quarterly thereafter. Report planned and actual expenditures on form 117 for SMI and SED, by service as indicated by row and by funding source indicated by column headings. For further clarification or assistance please contact Barbara Matthews at Barbara.Matthews@ky.gov or (502)782–6178.
14. **Form 118–Child System of Care Mental Health Application Form:** Contact information for key child and youth programs is requested; number of staff trained and / or certified in several specialty areas is requested; questions specific to Kentucky Strengthening Families protective factors are asked; the service array grid includes new Medicaid covered services. For further clarification or assistance, please contact Beth Jordan at Beth.Jordan@ky.gov or by phone: (502)782–6172.
15. **Form 131–RIAC Allocation of Funds:** This form is due with Plan & Budget and semi-annually thereafter. Form 131A–RIAC Allocation and Expense Report Instructions includes detailed instructions to complete this form. Please contact Barbara Matthews at Barbara.Matthews@ky.gov or (502)782–6178 for additional assistance.
16. **Form 132–Emergency Services Mental Health Application:** The Emergency Services Application submitted during Plan and Budget, reflects the full array of service elements included in an Emergency System of Care. Service indicators are utilized to complete the service array grids for each population. For further clarification, please contact Christie Penn at Christie.Penn@ky.gov or (502)782–6183.
17. **Form 140– I–DD Financial Implementation Report:** Form 140 shall be submitted during Plan and Budget and quarterly thereafter. Instructions for completing form 140 are included on the form. Changes on the form this year include restricted and crisis funds combined into a single restricted funding source, a Cumulative Client List sheet added for each CMHC to enter a non–duplicative list of who they serve throughout the fiscal year, and to mark the quarter(s) they served them and what services were provided. The quarterly sheets have personal and fringe fields removed, in addition to the distinct clients per service being auto–calculated based on the entries into the new Cumulative Client List sheet. For clarification or assistance, please contact Dan Eberhardt at Dan.Eberhardt@ky.gov or for assistance with the form, please contact James Kimble at James.Kimble@ky.gov.

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18. **Form 145-PASRR:** DPR Form 145 reports PASRR expenditures on a quarterly basis. Centers are reminded that with the discontinuance of the fee for service billing, it is imperative that the event data set include all units. For clarification or assistance please contact Rachel Cox at Rachel.cox@ky.gov or (502)782-6114.
19. **Forms 147, 147A Prevention Enhancement Sites (PES) Forms:** Regions 3, 5, 10 and 15 shall submit Form 147 with the annual Plan & Budget. Regions shall submit a form 101-Project Budget and Financial Report with Plan & Budget and quarterly thereafter. Form 147A-PES Year-End Report Form is due annually and shall be submitted with the Department Periodic Reports at the end of the FY (7/31/2017). For further clarification or assistance, please contact Phyllis Millspaugh at Phyllis.Millspaugh@ky.gov or by phone: (502)782-6234.
20. **Forms 148B-Substance Abuse Treatment and Adult Services Array-Continuum of Care & 148C-Substance Abuse Treatment and Youth Services Array-Continuum of Care:** These Plan & Budget forms identify substance abuse and co-occurring services within each county of the CMHC for Adults (148B) and Youth (148C). Form 148D provides instructions for completing these forms. For further assistance, please contact Katie Stratton at Katie.Stratton@ky.gov or (502)782-6192 or Maggie Schroeder at Maggie.Schroeder@ky.gov or (502)782-6188.
21. **Forms 155A, 155C, 155D, 155E KIDS NOW Plus Forms:** These forms are for regions with KIDS NOW Plus programs. Requirements include timely submission of case management data and discharges via the UK CDAR website. The KIDS NOW Plus Application for Funding Form 155A, and the Budget Justification Form 155E are submitted to request funding. The KIDS NOW Plus Quarterly Project Budget & Financial Report Form 155C is submitted 30 days following the close of each quarter. For further assistance, please contact Katie Stratton at Katie.Stratton@ky.gov or (502)782-6192 or Maggie Schroeder at Maggie.Schroeder@ky.gov or (502)782-6188.
22. **Form 160 Substance Abuse Treatment Financial Planning and Implementation Report has replaced form 169 Substance Abuse Treatment Financial Implementation Report:** This form includes a list of Substance Abuse Treatment Components Identify the component and report anticipated expenditures for Plan & Budget and actual expenditures quarterly thereafter. Instructions for filling out this form can be found on the Plan & Budget website as 160A-SA Treatment

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Financial Planning and Implementation Report Instructions. For further clarification, please contact Sara Barker at Sara.Barker@ky.gov or (502)782-6146.

23. **Form 167 Substance Abuse and Co-Occurring Disorder System of Care Application:** Substance Abuse programs are required to complete Form 167. This application includes information about services for individuals with co-occurring substance use and mental health disorders, as well as both adults and adolescents; therefore, it is recommended that the Substance Abuse Director consult with both the Mental Health Clinical Director and the Children's Services Director in order to complete the form. For additional assistance please contact Katie Stratton at Katie.Stratton@ky.gov or (502)782-6192.
24. **Forms 172, 173, 174 DIVERTS Reports:** All regions must submit the following forms quarterly: 172-Assertive Community Treatment Project Report Form, 173-Peer Support Project Report Form & 174-Supported Employment Project Report Form. You will no longer submit a 102-Project Report Form for these services. Note: DIVERTS funding and MHBG funding is considered "expense reimbursed" for SFY 17 in that you will need to reconcile expenses at the end of the fiscal year and repay funds not expensed according to your approved line item budget. You will continue to receive one-twelfth payments throughout the year as long as you are in compliance with terms outlined in your SFY 17 CMHC contract.

When reporting outcomes on these forms for each Evidence Based Practice, please note the following guidelines: Individuals served as part of the Interim Settlement Agreement (ISA)/DIVERTS are defined as the following: Adults with SMI who are institutionalized or at risk of institutionalization. Individuals with SMI who are being transitioned to integrated communities, OR individuals with SMI who are being served in an effort to prevent admission or readmission to a psychiatric facility should be counted on these DIVERTS forms.

When reporting outcomes on form 173-Peer Support Project Report Form, please see the following guidelines: Individuals served or working in Consumer Operated Programs (COSP) should only be reported by regions who received Mental Health Block Grant funding from DBHDID to develop consumer run programs as described in the SAMHSA Consumer Operated Services Toolkit. Individuals working as peers on ACT teams should not be listed on form 173-Peer Support but should be listed on form 172-Assertive Community Treatment as part of the ACT team. Peer Support Supervisors should be listed with their name, title (licensure status),

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location, and should include the schedule (frequency) and type (individual or group or both) of supervision. Objective Statement 1 requests specific names, FTE status and location by program/population for all hired Peer Specialists. (EX: 2.5 FTE at COSP in Mayfield; 2.5 FTE at COSP in Paducah; 2.75 FTE for DIVERTS; 6.0 FTE for outpatient)

Please contact Melissa Runyon at Melissa.Runyon@ky.gov or (502)782-6187 for assistance and additional clarification.