

Ohio Department of
Mental Health

SFY 2010 Community
Allocation Guidelines

July 27, 2009

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Introduction

The Ohio Department of Mental Health (ODMH) issued the projected allocation guidelines April 1, 2009 as required by ORC 5119.62(B)(3). The ORC requires the Department to notify, no later than the first day of April of each year, each board of alcohol, drug addiction, and mental health services of the estimate of the amount of general revenue funds to be allocated to the board during the fiscal year beginning on the next July first.

On June 17, 2009, Governor Strickland signed a balanced budget in one of the most economically challenging times in our state history. As a result of declining general state revenues, the Governor and the State Legislators were confronted with developing a balanced budget and prioritizing extremely limited resources towards both education and critical health and safety services for the greatest possible number of vulnerable Ohioans. Painful reductions were made to services that Ohioans had relied upon in the past but could no longer be supported at this time.

As such, ODMH's overall FY 10/11 general revenue appropriation was reduced by 13%. The most significant reduction to the budget was the loss of \$52.5 million dollars in the 505 allocation line. These revised allocation guidelines are reflective of the Department's budget reductions.

With the intent to move towards equal access to care statewide for those most in need, the revised allocation guidelines communicate the Department's decisions to prioritize its limited funding to:

- Maximize revenue to the community for the provision of mission critical community-based services and supports to Ohio's most vulnerable and at risk population;
- Operate state institutions for the care and treatment of persons with a mental illness;
- Fulfill the Department's statutory requirements; and
- Leverage additional funding for vulnerable populations.

Allocations made by these Allocation Guidelines are distributed in the following ways:

1. Attachment 1 describes allocations to each Board by funding source that may be disbursed based only on the authority of these Allocation Guidelines. These funds are subject to the conditions described in the Allocation Guidelines and the underlying statutes. Funds will be available after July 1, 2009 for quarterly disbursement. Funds in ALIs 401, 404, 408, 505, and Federal Block Grant will be automatically distributed to each ADAMH/CMH Board. Payments will be distributed within the first 14 days of each quarter.

All other funds described in the Allocation Guidelines, including federal funds, disbursed in FY 2010 will continue to require the submission of a Request for Advance/Reimbursement (RAR). These funds include, but are not limited to: ALI 419, Child Care Quality, Title IV-B, Parts 1&2 and Title XX. Payments for these funds will be distributed within 14 days of the receipt of a Request for Advance/Reimbursement (RAR).

The Request for Advance/Reimbursement (RAR) form used to "draw down" any funds that are not automatically distributed for State Fiscal Year 2010 can be found in the Appendices of these Allocation Guidelines and on the ODMH web site at: <http://mentalhealth.ohio.gov/>

2. Where the Allocation Guidelines indicate that a Notice of Sub-Award (NOSA) is required, funds may only be requested after receipt of a signed NOSA. Funds distributed by NOSA are subject to the terms and conditions of any related Grant Agreement and Assurances, the Special Conditions described in the NOSA and the conditions described in the Allocation Guidelines.

3. Other funds described in the Allocation Guidelines have not been allocated and are not yet available. Regardless of the method of allocation, it is required that all funds be expended for services that take place within the State Fiscal Year 2010, with the exception of ALI 408 as specified in ORC 5119.62(B)(3)(a). All funds not so obligated within the State Fiscal Year 2010 must be returned to ODMH. Any changes in the intended purpose of expenditures as described in these Allocation Guidelines must be pre-approved in writing by ODMH.

Appropriation Line Item: 401 (5)

PROGRAM NAME: COMMUNITY FORENSIC PSYCHIATRIC CENTERS

Purpose:

The Appropriation Line Item (ALI) 401(5), community forensic services, shall be used by the Department of Mental Health to provide psychiatric evaluation services to courts of common pleas. Funds shall be allocated through Alcohol, Drug Addiction and Mental Health/Community Mental Health (ADAMH/CMH) Boards to certified community agencies and shall be distributed according to the criteria delineated in rule 5122:32-01 of the Administrative Code.

Agencies providing forensic evaluation services for the common pleas criminal courts, pursuant to Sections 2945.371 (G)(3) and 2945.371 (G)(4) of the Ohio Revised Code, and certified by the Department of Mental Health according to the provisions of Administrative Rule 5122:32-01, "Rule for Community Forensic Psychiatric Centers", are eligible to apply to Boards for 332-401(5) funding.

Applications are completed by the agencies, reviewed and recommended by the ADAMH/CMH Boards and approved by the Department of Mental Health, Office of Forensic Services. The 401 (5) allocation was developed to provide, through a system of certified community forensic psychiatric centers, forensic evaluations of defendants to determine "competence to stand trial" and/or "sanity at the time of the offense" for common pleas criminal (felony) courts.

These funds are also used to provide Second Opinion Evaluations as required by S.B. 285. Department of Mental Health regional psychiatric hospitals request second opinions from the local forensic centers for all persons found "Not Guilty by Reason of Insanity" and/or "Incompetent to Stand Trial-Unrestorable" who are held under criminal court jurisdiction when the regional psychiatric hospital recommends termination off court commitment or the first of any non-secured status (unsupervised, of grounds movement, trial visit, or any conditional release). Evaluation reports must be submitted to the regional psychiatric hospital and the court within 30 days of request. 401(5) funds are not intended for services to courts or agencies other than common pleas courts' criminal division and Department of Mental Health regional psychiatric hospitals: with the exception of the Department of Mental Health seeking assistance from a forensic center with providing, to the extent possible, technical assistance, training and consultation to ADAMH/CMH Boards on matters relating to serving forensic consumers and implementation of a locally managed forensic service system.

NOTE: For FY2010, Fund 401 was reduced by \$1,235,853 from the previous year: from FY09 funding of \$4,325,822 to FY10 funding of \$3,089,969. Accordingly, this reduction in revenue requires a decrease in funding for the Community Forensic Psychiatric Centers. In order meet the reduced budget, the Department of Mental Health has determined that ten centers would receive a 5% reduction. The Court Psychiatric Clinic would receive a flat rate of \$22,000 based upon the low number of forensic evaluations performed and coupled with the fact that the center only performs second opinion evaluations.

Amount: \$2,629,381 (GRF ALI 401 (5))

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

NOSA: None

Office and Lead: Office of Forensic Services, Tereasa Moorman-Jamison

Appropriation Line Item: 401(C)

PROGRAM NAME: COMMUNITY FORENSIC RISK MANAGEMENT AND SYSTEM DEVELOPMENT

Purpose:

These funds are allocated to ADAMH/CMH Boards currently providing monitoring services to:

1. Maintain a unified forensic monitoring and data tracking system as required by S.B. 285, following the Ohio Department of Mental Health guidelines regarding the forensic monitor's roles and responsibilities, community risk assessment/management protocols and instruments and data tracking.
2. Better serve offenders who are mentally ill and those in a forensic status through the development of collaborative efforts focusing on local plans that include mental health programs, procedures and working agreements for this population.

A year end report on SFY 2010 401 (C) funds will be due in the Department of Mental Health, Office of Forensic Services on or before September 11, 2010. The report must include the following:

- a. Agency that provided the forensic monitoring services and received the funding;
- b. Amount of administrative costs utilized by the board from these funds;
- c. Number of individuals monitored for the fiscal year; and
- d. Any forensic programs/tasks specific to the points above that were implemented and related outcomes

NOTE: For FY2010, Fund 401 was reduced by \$1,235,853 from the previous year: from FY09 funding of \$4,325,822 to FY10 funding of \$3,089,969. Specifically, the 401(C) line was reduced by \$378,330 (inclusive of an additional \$109,677 of block grant funds), from \$948,595 in FY2009 to \$570,265 for FY2010. As such, the Department of Mental Health has developed a modified distribution formula to reallocate the reduced funding, which takes into consideration current forensics evaluation caseloads as well as a historical productivity. Data was analyzed with current caseloads and historical caseloads added together. Funding was then generally distributed based upon the boards overall percentage of total combined caseloads. The exceptions were: 1) boards who were not currently monitoring a client did not receive any funding; and 2) the minimum amount of funding for those boards monitoring a client was determined to be \$4,000 regardless of overall percentage if the amount would be less than \$4,000. This amount of funding was based upon an assumption that monitoring a low caseload could take approximately 5% of a staff person's time. The Department of Mental Health will retain a small amount of funding to cover those possible occurrences that during this fiscal year a board which did not receive funding becomes responsible for monitoring a conditional release client.

Amount: \$460,588 (GRF ALI 401(C))

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

NOSA: None

Office and Lead: Office of Forensic Services, Tereasa Moorman-Jamison

Appropriation Line Item: 404

Program Name: SYSTEM OF CARE (SOC) ALLOCATIONS

Purpose:

Previously known as Access to Better Care, the framework of System of Care (SOC) describes the Ohio Family & Children First (OFCF) Cabinet's commitment to implement a coordinated continuum of services and supports for all children and families, with an emphasis on behavioral health care. SOC is a broad, flexible array of effective services and supports that focuses on family-centered practice, community-based services, strengthening the capacity of families, and providing individualized services. SOC involves and organized, coordinated network (i.e., Family and Children First) that integrates services and supports, planning, coordination, and management across child-serving systems at multiple levels.

The OFCF Cabinet recognizes full implementation of a SOC is a long-term process that requires extensive cross-system policy integration and resource alignment. With limited funding, the Cabinet's current priorities reflect an incremental approach to advancing a comprehensive array of needed services and supports for Ohio's children and families. The foundational SOC components for SFY 2010 are:

- a. Children's Community Behavioral Health (CCBH)
- b. Family-Centered Services and Supports (FCSS)
- c. Early Childhood Mental Health Consultation (ECMHC)
- d. Behavioral Health-Juvenile Justice (BH/JJ) Projects

PROGRAM NAME: CHILDREN'S COMMUNITY BEHAVIORAL HEALTH (CCBH)

Purpose:

The purpose, to be further defined by a System of Care Guidance (SOC) Document, will include providing effective and appropriate community-based early intervention and treatment services. The emphasis will be for ADAMH/CMH/ADAS Boards in partnership with their Family and Children First Councils (FCFCs) to support Early Childhood Mental Health Treatment and Intensive Home-Based Treatment, with trauma-informed practice. This is the former ABC 404 Base allocation which will continue to be allocated to the ADAMH/CMH/ADAS Boards at the same allocation proportion as SFY 2009.

Amount: \$6,500,000 (GRF ALI 404)

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

NOSA: Yes, \$127,763 distributed by NOSA to three ADAS Boards: Butler (\$38,243), Lorain (\$42,610), and Mahoning (\$46,910).

Office and Lead: Office of Children's Services, Kay Rietz

Appropriation Line Item: 408

PROGRAM NAME: COMMUNITY & HOSPITAL MENTAL HEALTH SERVICES

Purpose:

The Appropriation Line Item 408, Community & Hospital Mental Health Services, is used for regional psychiatric hospitals' personnel services, maintenance, and equipment; Community Support Network (CSN) community services; and local management and contracting of community mental health services.

These funds are allocated and distributed pursuant to O.R.C. Section 5119.62 for the local management of services provided to persons with severe mental/emotional disabilities for the promotion and support of their recovery and resilience. Distribution of such appropriated funds can only be made to ADAMH/CMH Boards that have elected to receive distribution of such funds pursuant to division (B)(3)(a) of Section 5119.62 of the Revised Code and have an approved Community Plan.

Eligibility:

Boards must have an approved Community Plan.

Boards must have elected distribution of funds pursuant to division (B)(3)(a) of Section 5119.62 of the Revised Code.

Distribution:

If, as CSN contracts are negotiated, the Boards wish the Department to retain some of these dollars to pay for contracted services, then that needs to be spelled out in the contract. If not, then the contracts need to clearly indicate how the respective Board wishes to pay for the contracted CSN services (the CSN-contracted Medicaid services will continue to be paid, at 100% through MACSIS using current processes).

The 408 allocation methodology includes two factors: 1) a provision of 97% "Hold Harmless" back to the SFY 2001 total 408 allocation, and 2) the balance uses an estimated prevalence calculation from the Holzer methodology, substituting the 2008 Ohio Family Health Survey data for the 2000 Census projections. For FY 2010, the 408 portion for hospital care for forensic patients is \$108,555,407. From this total allocation, the cost of the Approved Net Days, at \$525 per day (the SFY 2010 408 Per Diem) is subtracted. The remaining dollars are SFY 2010's Flex dollars for each Board that can be used to pay for any CSN services as well as local, Board-contracted services.

Boards and Fiscal Administration, as well as the regional psychiatric hospitals will manage any adjustments to the Net Allocation figure as the result of Community Support Network (CSN) contract negotiations.

Approval for Board specific 408 hospital bed days will be done under a separate cover letter in the Community Plan.

1. Upon request, Boards will receive one-quarter of their SFY 2010 flexible funds for Board-contracted community services at the beginning of each quarter. Distribution is made on a prospective basis and is not considered reimbursement. Boards that can document the need for distribution of funds in an amount greater than one-quarter of the total in any given quarter may receive a greater amount, subject to the approval of Fiscal Administration and Program and Policy Development.
2. Risk Corridors for Inpatient Use following the Adjustment Methodology for Variance (AMV), as detailed in the referenced April 8, 2004 MSPA/CP (Part B), apply to the use of these funds. This will be based on the statewide per diem of for all Boards at the end of year reconciliation.

3. Board reports on expenditures of 408 flexible funds for SFY 2009 are due on January 29, 2010, as part of Board's Actual Report DMH-FIS-040 (Actual). Failure to comply with this timeline may result in suspended payment of the allocation.

Amount: Estimated "net" (community & hospital) amount = \$263,187,463 (ALI 408)

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

NOSA: No

Office and Lead Fiscal Administration, Holly Jones; Program and Policy Development, Carrol Hernandez

Appropriation Line Item: 419

PROGRAM NAME: COMMUNITY MEDICATION SUBSIDY

Purpose:

The Appropriation Line Item 419, Community Medication Subsidy, is used to provide subsidized support for the psychotropic medication needs of indigent citizens of a community, to promote and support the recovery/resiliency of consumers (adults and children/adolescents), to reduce unnecessary hospitalization because of the inability to afford the required medication, and to provide subsidized support for methadone costs.

Eligibility:

1. ADAMH/CMH Boards must have an approved Community Plan. Boards must be authorized by the Ohio Department of Alcohol and Drug Addiction Services for receipt of methadone allocations.
2. The community medication allocation is made to Boards. The Board will determine allocations for psychotropic community medications to eligible agencies.
3. Boards will be responsible for the approval of any application made by a Provider for first-time allocation, with such allocation being made within the Board's total allocation.
4. Client eligibility for subsidized support for psychotropic medication should factor in income and client characteristics. Client characteristic standards are described below. For SFY 2010, in order to receive Central Pharmacy medications, clients must be:
 - a. adults with a severe mental disability or children/adolescents with a serious emotional disturbance; or
 - b. at risk of hospitalization if medications were discontinued; or
 - c. recently released from a mental health inpatient, residential treatment facility, jail or prison (within a three month period prior to eligibility determination).

Boards and their contract agencies should establish a method to determine those persons most in need. This method must include identifying those persons eligible for third-party reimbursement.

Distribution:

For SFY 2010 , the following allocation methodology is used for psychotropic community medications:

1. Boards whose SFY 2009 Actual expenditures (12 months actual) are less than the SFY 2009 formula amount (40% population/60% prevalence) are allocated 110% of SFY 2009 Actual expenditures or the SFY 2010 formula amount, whichever is less (2008 Ohio Family Health Survey data estimates were used for the 40% population numbers).
2. Boards whose SFY 2009 Actual expenditures exceed the SFY 2010 formula amount are allocated their formula amount plus a prorated share of the balance of funds resulting from the adjustment outlined in step 1.
3. In addition to the SFY 2010 GRF 419 allocation, there are carryover funds from the previous year.
4. The allocations for methadone are based on 12 months of actual expenditures for SFY 2009. The total methadone allocation is subtracted from the total 419 allocation. These funds are provided to eight (8) Alcohol and Drug Addiction Services (ADAS) Boards, which will be contacted regarding their award. Each Board's Line Item 419 allocation is set out in Attachment 1.

5. The 419 allocation amounts are issued as credits to each Board, and the Office of Support Services monitors purchases and credits.

Special Note:

Please submit Provider allocations for psychotropic community medication allocation (form DMH-PSC-042), no later than September 1,2009, to:

Patrick Mascaro,
Office of Support Services, Medical Complex,
2150 West Broad Street,
Columbus, OH 43223-1200,

Allocated Funding

Appropriation Line Item GRF 419

419 Appropriation Amount	\$9,959,798
Plus Carryover from Previous Year	\$300,000
Subtotal	\$10,259,798
Less Methadone	\$252,288
Total Community Medication	\$10,007,510

Reimbursement Form: DMH-PSC-042, "Central Pharmacy-Provider Allocation" form

NOSA: No

Office and Lead: Office of Support Services, Patrick Mascaro

Appropriation Line Item: 505

PROGRAM NAME: LOCAL MENTAL HEALTH SYSTEMS OF CARE

Purpose:

The Appropriation Line Item (ALI) 505, Local Mental Health Systems of Care, is distributed by the Ohio Department of Mental Health to ADAMHS/CMH Boards to provide mental health services.

Eligibility:

Eligibility to receive ALI 505 funding is limited to Boards having a Community Plan approved by the ODMH in accordance with O.R.C. §340 and §5119.

Specific factors regarding the distribution of ALI 505 funds are described on the following pages.

Distribution:

Allocation methods within the SFY 2010 ALI 505 are consistent with legislative language and the goals of the ODMH. The total ALI 505 allocation will be contained in "505 Special" categories via Allocation Guidelines Attachment 1, ISTV to the Ohio Family and Children First Council and NOSAs.

Program Name: 505-BASE

Purpose:

The 505 line item appropriation has been drastically reduced in this biennium budget period. As a result, the previous 505-Base allocation is no longer available.

Amount: \$0

Reimbursement Form: N/A

Distribution: N/A

Office and Lead: N/A

PROGRAM NAME: 505 SPECIAL PROGRAMS AND INITIATIVES

Summary Purpose:

The reduced 505 allocation will be targeted: to leverage federal funds for services and supports; to support screening and evaluation; to ensure Ohioans are provided the most appropriate level of service in the least restrictive environment; to support the provision of core mental health services and supports for the most vulnerable and at risk populations; to support braided funding projects for a coordinated package of services for children who have been assessed at risk and their families, and; to respond to the financial challenges of Boards as a result of the increasing Medicaid match responsibilities.

PROGRAM NAME: EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Purpose:

The purpose of Early Childhood Mental Health (ECMH) Consultation for SFY 2010 will be to identify and address early childhood behavioral health needs in early childhood settings in high risk, low-income communities. The Ohio Department of Job and Family Services (ODJFS) will provide

information to guide the alignment of ECMH Consultation resources with communities most in need. The allocation for these funds will continue to be to the ADAMH/CMH Boards.

Each Board and its funded providers will be required to submit a signed agreement assuring compliance with ECMHC Guidelines as well as the ECMHC Guidelines for Data Collection, including directions for submitting data and reports. This agreement must be signed and returned to ODMH no later than September 30, 2009. Failure to return the signed agreement by this date will result in a reduction of \$2,000 to the total ECMH FY 2010 allocation.

Distribution: See Attachment 1

All 50 mental health Boards are eligible to receive funding. All SFY 2010 funds must be expended by June 30, 2010.

Amount: \$200,000 (GRF ALI 505); \$2,150,000 (Child Care Quality- GRF must be expended first)

Reimbursement Form: Request for Advance or Reimbursement (RAR) Form: First \$4,000 of ALI 505 will be automatically distributed to Boards; the remaining balance of Child Care Quality federal funds is reimbursements and must be requested via the RAR Form.

NOSA: No

Office and Lead: Office of Children's Services, Marla Himmeger

PROGRAM NAME: HOSPITAL TO COMMUNITY CONVERSION: SE OHIO

Purpose:

Following the closure of the Central Ohio Adolescent Center and the conversion to community-based services, formerly the Southern Consortium for Children received funding on behalf of the SE Ohio ADAMH Boards (Athens-Hocking-Vinton, Gallia-Jackson-Meigs, Adams-Lawrence-Scioto and Washington ADAMHS Boards) to provide mental health services for children and adolescents.

Beginning in FY 2010, these SE Boards will directly receive a per capita (0-18 year old population) allocation to allow these local communities to make decisions for child and adolescent services that benefit their local systems.

Distribution: See Attachment 1

Amount: \$ 487,126 (Athens-Hocking-Vinton \$204,868; Adams-Lawrence-Scioto \$108,210; Gallia-Jackson-Meigs \$105,701; Washington \$68,347)

Reimbursement Form: Automatic quarterly distributions

NOSA: No

Office and Lead: Office of Children's Services, Kay Rietz

Fund Source: Federal Block Grant

PROGRAM NAME: FEDERAL BLOCK GRANT BASE

Purpose & Eligibility: The purpose, eligibility and distribution for Federal Block Base is the same as for ALI 505 with the exception that Federal Block Grant funds may not be used by Boards as Medicaid match.

Amount: \$7,550,841

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

Office and Lead: Program & Policy Development, Deborah Nixon-Hughes

Fund Source: Title XX

PROGRAM NAME: TITLE XX (COMPREHENSIVE SOCIAL SERVICES PLAN)

Purpose: Federal funds are awarded to ADAMH/CMH Boards for the provision of social services to eligible persons within the public mental health system.

Distribution: The Community Plan incorporates Title XX terms and conditions. Accordingly, allocations for Title XX are being distributed under the authority of these Allocation Guidelines See attachment #1.

NOSA: No

Mechanics

The following is a summary of the ADAMH/CMH Board responsibilities of the Community Mental Health Title XX Program:

1. Planning for the Provision of Title XX Services

Each ADAMH/CMH Board must submit a Mental Health Title XX Service Profile for each county in its service district. Each profile is a one-page budget which includes planned expenditures and recipients by service and eligibility categories. These profiles are included in the mental health portion of the Comprehensive Social Services Plan, (CSSP) which ODMH submits to Ohio Department of Job and Family Services (ODJFS). ODJFS submits Ohio's CSSP (Title XX) Plan to Health and Human Services.

2. Subcontracting for the Provision of Title XX Services

Board/Provider Title XX Contracts are awarded at the discretion of the Board. The method of subcontracting for the services is also left to the discretion of the Board. The Board may develop a Board/Provider Title XX Contract or may include Title XX services as a component of its Board/Provider Contract.

3. Title XX Allocations

The Title XX Allocations are estimates included in Exhibit A of the Contract and use the same formula as in previous years based on population (40%) and poverty level (60%) applied to the funds available. The formula to determine each Board's Title XX allocation is:

$$\text{Population} = \frac{\text{Number of People in the Board's Counties}}{\text{Number of people in Ohio}}$$

$$\text{Poverty Level} = \frac{\text{Number of People Below Poverty in the Board's Counties}}{\text{Number of People in Ohio}}$$

$$\text{Board Allocation} = \{(.40 \times \text{Population}) + (.60 \times \text{Poverty Level})\} \times \text{Ohio's Estimated Title XX Allocation}$$

ODMH receives four quarterly Title XX awards from the Ohio Department of Job and Family Services, (ODJFS) which are usually received in late July, October, January and April. The original Exhibit A will contain only the estimated first quarter award for SFY 2010 (July – September).

Boards will continue to send quarterly draw down requests to ODMH.

Any changes in federal funding for Title XX will be passed on to Boards.

4. Payment Rates

As long as only federally allowable costs, as identified in OMB Circulars A-87 and A-122, are reimbursed, the payment rates for Title XX services are left to the discretion of the Board. The Board loses its discretion regarding payment rates if defined unallowable costs are reimbursed.

5. Eligible Title XX Services

All services that are included in the County's component of the SFY Comprehensive Social Services Plan are eligible to be reimbursed through this Contract. All Title XX Provider Agencies must be certified by the ODMH for the services that are billed through the Title XX Program.

6. Title XX Eligible Recipients

State Title XX Legislative changes have deleted all statewide Title XX eligibility requirements. Rules promulgated by the ODJFS, (O.A.C. Section 5101:2-25-07), require each CDJFS to include as a part of its Title XX County Profile the eligibility criteria for the following Eligibility categories:

- Income Eligible
- Free Services
- Fee Services
- Without regard to income

Boards should contact the local CDJFS to determine the eligibility criteria and which services are included in the above categories. Provider agencies may determine the Title XX eligibility of the recipients of services. Boards and/or Provider Agencies should contact the local CDJFS(s) to determine the proper methods of determining and verifying the Title XX eligibility of the recipients.

Amount: \$8,310,020

Reimbursement Form: DMH-TXX-013

Office and Lead: Division of Program & Policy Development (Plan), Liz Gitter and Mario DeSantis;
Office of Fiscal Administration, Michele Sherman and Jill Stotridge

Table A

REPORTING MATRIX

NAME	FUND SOURCE	SUBMIT DATE	# OF COPIES	SUBMIT TO
Community Forensic Psychiatric Services Application	401(5) 401(J) 401(C)	401C Report due Sept. 11, 2010 See ODMH website for forms	One	Office of Forensic Services. Attn: Tereasa Moorman-Jamison
Children's Community Behavioral Health	404	Annual Report due July 30,2010	One	ODMH Website: SOC page
State & Community Mental Health Services	408	SFY 2008 040 Actual Jan. 1,2010	Three	Office Fiscal Administration Attn: Holly Wilson
SFY 05 DMH-FIS 040 & DMH-FIS 062 Actual	All Fund Sources	SFY 2009 040 Actual Jan. 1,2010	One	Office Fiscal Administration Attn: Holly Jones
Community Medication Subsidy SFY 2005	419	Sept. 1,2009 Provider allocated for SFY 2009	One	OSS. Attn: Pat Mascaro
Early Childhood Mental Health Consultation	505 Special	Interim Fiscal Report due Feb. 1, 2010 and Final Report due on Jul. 30, 2010	One	Office of Children's Services. Attn: Marla Himmeger
PASRR	505 Special	Submit invoice by end of the month following the month of the evaluation	One	Office Fiscal Administration and Support Attn: Michele Sherman