STATE FOOTNOTES

NASMHPD Research Institute, Inc.
State Mental Health Agency Controlled Revenues & Expenditures: FY2008

Alabama:
- There was an increase in other revenues from 2007 to 2008 as more of the budget had to be funded from carryover funds in 2008.
- Total revenues exceed total expenditures by $7,700,000 due to the use of carryover funds.
- Total revenues for state hospitals exceed total expenditures for state hospitals by $2,500,000 due to the use of carryover funds.
- Total revenues for community programs exceed total expenditures for community programs by $5,300,000 due to the use of carryover funds.
- The difference between DSH and state plus federal Medicaid to state hospitals is attributed to the fact that in addition to DSH, state hospitals get other Medicaid for clients under age 21 and over age 65.

Alaska: None

Arizona:
- The 15.3% increase in total administration expenditures is due to the appropriation of a new Contract Compliance Special Line Item in SFY 2008.
- The 18.4% increase in children's mental health expenditures is due to an increase in Children's Medicaid expenditures.
- The large difference in total expenditures and total revenues is due to the fact that they do not always occur within the same fiscal year.
- Total expenditures for state hospitals exceed total revenues for state hospitals because revenues were received, but were sent to the State General Fund.
- The large difference in expenditures and revenues for community programs is due to the fact that revenues and expenditures do not always occur within the same fiscal year.
- Total DSH exceeds State plus Federal Medicaid to State Hospitals by $28,474,900 because DSH is appropriated to AHCCCS and is returned to the State General Fund.

Arkansas:
- Disproportionate Share (DSH) Medicaid is less than the total federal and state Medicaid revenue given to the state hospitals. The difference of $823,934 is the amount of DSH that the Arkansas State Hospital received in 2008.

California:
- The large increase in funds reported between FY2007 and FY2008 are primarily associated with the increased budget to support salary increases (parity for Coleman, Plata, and Perez), as well as the growth in the populations of the state hospitals. Funding for salary increases equate to approximately $106 million, and population adjustments account for approximately $50 million. These salary increases and population growth contribute to the large increase in total state hospital expenditures; total administration expenditures; total Medicaid revenues for state hospitals (including state and federal), total state revenues; total revenues for state hospitals; the increase in total DSH; increased expenditures on forensic

patients, and sexually violent predators, as well as the increased cost per day for each of these populations.

- The increase in total administration expenditures, along with the increase in total revenues can be attributed to the support of new headquarter positions that were created with the passage of SB 1128 Sex Offender Punishment, Control and Containment Act; along with the passage of Proposition 83, Jessica's Law. An increased number of inmates in the California Department of Corrections and Rehabilitation also mandated the need for additional support, as these entities will refer to the Department of Mental Health for Sexually Violent Predator screening and evaluation.

Colorado:

- Some children's mental health expenditures are included in SMHA-controlled expenditures; however, expenditures at County Child Welfare Centers and the Division of Youth Corrections are not included in SMHA expenditures.
- Colorado does not participate in Disproportionate Share Medicaid (DSH).
- Total administration expenditures increased 36.6% from $1,681,192 in 2007 to $2,297,283 in 2008 due to a high vacancy rate in 2007.
- Total expenditures for children's mental health services increased 22.2% from $99,376,763 in 2007 to $121,448,510 in 2008 because a higher percentage of children utilized these services. Thirty-two percent of children sought services in 2007, while 37% utilized these services in 2008.
- Colorado's expended 13.9% of its Federal Mental Health Block Grant on Administrative Activities; 8.9% more than the grant requirements allow. In Colorado's MHS Block Grant Budget, the state identifies direct expenditures such as personnel and operating costs for monitoring providers, Data and Evaluation, and a contract the state has with the University of Colorado. These direct expenditures are included on top of the 5% allowed for administrative activities in the Federal Block Grant requirements. For state budget purposes, these expenses are grouped (block grant administrative costs and State direct costs) into one state budget group because the state legislature requires it be done. The figures are reported to NRI in this manner for the purposes of ease and comparability.

Connecticut: None

Delaware:

- Medicaid revenues are only reported for a limited number of community programs that are operated by the SMHA directly, or under the SMHA contractual arrangements with community providers.
- Most DSH funds are not reported in the revenues or expenditures tables. DSH funds are deposited into the General Fund, the Division of Medicaid and Medical Assistance, and the SMHA. Only the SMHA portion is included in the revenues and expenditures tables; whereas total DSH is reported in table 3 – Disproportionate Share Medicaid.
- Total expenditures are less than total revenues due to the fact that State mental Hospital program revenues from Medicare, Medicaid, First Party and Third Party are deposited to the State General Fund.
- Total Medicaid to state hospitals increased 55.5% from 2007 to 2008 as State Hospital Medicaid revenue can vary from year to year depending on the number of patients that are eligible.
- Mental Health Block Grant revenue decreased39.5% from 2007 to 2008 because these funds are drawn down after the state incurs expenses. Each federal award has a two year grant

period (Federal Fiscal Year) that overlaps State Fiscal Years; therefore, the amount expended/drawn down in any particular State year can vary.
- Other revenues increased 24.3% from 2007 to 2008. This is not unusual as State hospital first and third party revenue can vary depending on patient resources and insurance coverage.
- During state fiscal year 2008 (July 2007 to June 2008) funds were expended from the Federal FY06 (October 2005 to September 2006), Federal FY07 (October 2006 to September 2007), and Federal FY08 (October 2007 to September 2008) Mental Health Block Grant Awards. Five percent of each ward is available for administration/support activities. For each of these fiscal years, the award was not 100 percent expended, therefore extra funds remained for the SMHA to expend in this fiscal year, resulting in greater than five percent expenditure on administration and support activities.

District of Columbia: None

Florida:
- There was a large increase in expenditures for forensic patients from 2007 to 2008. The 2007 State Legislature appropriated funding of $41,612,712 to annualize the cost of increasing forensic beds in the adult mental health treatment facilities program during FY2006.
- There was a large increase in expenditures for civil patients: patient days while the cost per patient day decreased 28.3% from 2007 to 2008. The 2008 data include patient days for persons served in West Florida Community Care Center (WFCCC) as well as step-down persons transferred from forensic beds into civil beds at Florida State Hospital, NE Florida State Hospital, and South Florida State Hospital. The 2007 data also included the dollar amounts, but not patient days for persons served at WFCCC and in step-down beds.

Georgia:
- Research and training expenses are included in the Central/Regional Office Support category.
- Child and adolescent services increased due to a transfer of approximately $30 million from another State Human Services Division to provide behavioral health services to the children served by the other agency.
- Georgia is developing 23 hours observation services; these costs are included in the inpatient services cost.

Hawaii:
- Other/unknown expensed for $13,831,153 covers payroll and other admin charges for CAMHD employees.

Idaho:
- Total administration expenses increased 21.8% from FY07 to FY08 due to an increase in professional training and a final payment to a law firm.
- Expenditures on Children's Mental Health Services decreased 33% from FY07 to FY08 as a result of a cutback on expensive Residential Care. The SMHA began to use wrap around services.
- State Hospital Revenues, State and Federal Medicaid Revenues, and Total Federal Revenues all decreased substantially from FY07 to FY08 because State Hospital South had fewer Medicaid-eligible patients.

- Mental Health Block Grant Revenues increased 16.5% from FY07 to FY08 as Adult and Children's Mental Health spent slightly more in MHBG in FY08 due to a decrease in state funds.
- Expenditures on forensic patients, as well as Forensic Patient Days both decreased 96.4% from FY07 to FY08 as State Hospital South does not track forensic patients separate from the rest of the hospital population.
- Expenditures on civil patients increased 29.4% as State Hospital South does not track civil patients separate from forensic patients.

Illinois: None

Indiana:

- The large change in Total Administration expenditures is due to the fact that the state had one additional quarter of Medicaid Administrative Claiming for the year causing additional expenditures for FY08.
- The decrease in Other Revenues is due to one-time funding that occurred in FY 2007.
- Total DSH exceeds State plus Federal Medicaid to State Hospitals by $57,468,907. Indiana considers DSH to be State dollars; therefore, this total amount is reported in the State General Revenue amount for the hospitals.

Iowa: None

Kansas:

- Large increase in Total Community Mental Health Expenditures, Total Medicaid Revenues (state and federal), Total Medicaid Revenues to State Hospitals, Total Medicaid Revenues to Community Mental Health Programs, Total State and Federal Medicaid Revenues, State Revenues Total, Total Revenues, and Total Revenues to State Hospitals from FY07 to FY08 are due to the implementation of a Prepaid Ambulatory Health Plan on July 1, 2007.
- Large increase in Total Administration expenditures from FY07 to FY08 is due to the implementation of a Prepaid Ambulatory Health Plan on July 1, 2007 and the administrative costs of the managed care organization increased.
- Large increase in the Total SMHA-Controlled expenditures from FY07 to FY08 is due to the implementation of a Prepaid Ambulatory Health Plan on July 1, 2007. FY08 figures reported include expenditures for programs that were not reported in the past (Nursing Facilities for Mental Health, Psychiatric Residential Treatment Facilities) and a program that started in FY08 called "SVC Star" - a residential treatment program for children & youth who would otherwise be placed in inpatient treatment.

Kentucky:

- Large difference between the reported Disproportionate Share Medicaid and the total federal and state Medicaid revenues for state hospitals is due to the inclusion of Medicaid revenues received for the 65 and over population that were served in state psychiatric hospitals.
- Large increase in Total Administration expenditures from FY07 to FY08 is due to a change in Kentucky's administrative allocation method.

Louisiana:

- Federal Mental Health Block Grant Revenues: Though Block Grant revenues are reported in State Hospitals and SMHA Support Activities, most of these revenues relate to community services; less than 5% of these revenues support administrative expenses.

- The SMHA received funding for increased beds in state hospitals and for crisis services in the community in FY08 accounting for all large one year changes in revenues and expenditures between FY07 and FY08.
- In prior years, when the SMHA received grants for disaster recovery (Hurricane crisis counseling, SSBG, etc.) or other non-recurring grants, such funds were included in administration/support in that the program was administered by the Center Office (CO) and included in CO's budget. There were usually significant amounts of funding for the SMHA. However, these funds were targeted for the community and should have been included as such. One of the other programs that were included in Administration/ Support was the SMHA's Early Childhood Supports and Services, a recurring community program for children 0-5 that is administered by Central Office and included in CO's budget. This program was shifted from Administration to Community Programs creating the large one year increase in community expenditures and decrease in administration expenditures.

Maine:

- Data for FY2008 includes: Federal & State Medicaid Expenditures for the following service areas:
    - Section 13: Children's Targeted Case Management – 13.2
    - Section 17: Community Support Services: Community Integration Services, Intensive Community Integration, Intensive Case Management, Assertive Community Treatment, Skills Development, Day Support, Specialized Outpatient Services
    - Section 65: Mental Health Services: Emergency/Crisis, Outpatient, Medication Management, Family Psychoeducation
    - Section 97: PNMI – Residential/Group Services (Children's & Adults): Proc. Adult MI: RMI, Hospital, ME General Hospital, Mid-Coast Hospital and Southern ME Medical Center (Children & Adults with Psych. ICD-9 diagnosis)
    - Private Psychiatric Inpatient Facilities: Spring Harbor Hospital, Acadia Hospital (Children & Adults). Psychiatric Inpatient Expenditures are based on estimated payments. Identification of mental health service users in Residential Facilities and Inpatient Psychiatric Facilities required the use of ICD-9 Diagnoses codes (291 through 314.99)
    - State Psychiatric Institutes: Riverview Psychiatric Institute; Dorthea Dix Psychiatric Institute – Data obtained from Psychiatric Institute Financial Data.
    - Mental Health Block Grant Expenditures and SAMHSA Child System of Care Grant Expenditures included in Less than 24 Hour Care data.
    - Mental Health Administration: Expenditures include – State General Funds for all Central/Regional Office support activities including personnel costs.
- Data Sources:
    - MaineCare Paid Claims System: Paid Claims data refreshed March 15, 2009 – expenditures based on date of service
    - Claim Status: 71 paid – No claim adjustments made
    - State Grant Funds: Obtained from ME-DHSS Administrative Data Systems (AdvantageME System)
    - State Psychiatric Facility Data
    - Federal Match Rate 2008 (Blended): State – 36.70; Federal – 63.30

Maryland:

- The large increase in Mental Health Block Grant Revenues from FY07 to FY08 is a result of a one-time carry-over of funds.

Massachusetts:

- Data Source: FY08 Resource Inventory. Where applicable 38.32% fringe benefit rate has been added to personnel expenses
- State Hospital Inpatient Expenditures: Total SMHA-controlled Mental Health Expenditures for State Psychiatric Hospitals for Inpatient Services ($133.4 million) does not match the grand total of State Psychiatric Hospitals Inpatient Expenditures by Priority Groups ($227.7 million) because the later includes the inpatient expenditures for State Psychiatric Hospitals inpatient expenditures along with the inpatient expenditures of Community based Programs.
- Differences in Revenues and Expenditures: Funding mental health services in Massachusetts is not based on retained revenue and revenues are not a one to one offset of expenditures. Our general fund revenues represent the amount the Department of Mental Health (DMH) is appropriated each year to run its programs. Generally, any revenues we bring in through the year go back to the general fund.
- Disproportionate Share Medicaid (DHS): DMH did not collect any DSH in FY08.
- Decrease in Total Medicaid (state plus federal) expenditures for state hospitals from FY07 to FY08 is due to the closure of a unit.
- Increase in Total Medicaid (state plus federal) expenditures for community based programs from FY07 to FY08 is due to a rate increase for services.
- The variance in Other Revenues from FY07 to FY08 is related to an increase in interest revenue.

Michigan:

- Disproportionate Share (DSH) Medicaid funds are used elsewhere in the MDCH budget.
- Methodological change in reporting accounts for most of the large one year increases in *Total Community Mental Health Expenditures, Total SMHA Controlled Expenditures, Total Expenditures for Children's Services, Total Expenditures for Adult Services, Total Medicaid Revenues, Total Medicaid Revenues for State Hospitals, Total Medicaid Revenues for Community Mental Health Programs, Total Federal Revenues, Total Local Revenues, Other Revenues, Total Revenues, and Revenues for Community Programs* from FY07 to FY08.

Minnesota:

- Of the Federal Block Grant revenues reported for SMHA Support Activities ($1,338,635), 3.9% are for administration activities, the remainder includes planning, evaluation, and training expenditures.
- Large difference between the reported Disproportionate Share Medicaid and the total federal and state Medicaid revenues for state hospitals is due to the inclusion of Medicaid revenues for children's state hospital use.
- Large increase in Total Administration expenditures from FY07 and FY08 is due to two major training projects being conducted on EBP and documentation included in administration.
- Large decrease in Federal and State Medicaid Revenues (State Hospitals) from FY07 and FY08 is due to the reduction of the number of beds with a corresponding reduction in Medicaid billing.

- As part of system restructuring, state staff and funding from state hospitals were shifted to counties resulting in large increase in total Local Revenues from FY07 and FY08.
- Large increase in Forensic Patient Days (state hospital inpatient) between FY07 and FY08 is due to the exclusion of some small forensic units inpatient days (although costs were included) in the FY07 reporting.
- Large increase in Sexually Violent Predators Patient Days from FY07 and FY08 is due to an increase in the number of beds for this population.
- Large decrease in Civil (Non-Forensic) Patients Expenditures from FY07 and FY08 is due to the reduction of state hospital beds with a corresponding decrease in Medicaid billing.
- Large decrease in Civil Patients Patient Days from FY07 and FY08 is due to the reduction of state hospital beds with a corresponding decrease in Medicaid billing.

Mississippi:

- Disproportionate Share (DSH) Medicaid is greater than the total federal and state Medicaid revenue given to the state hospitals. The difference of $2.1 million is Medicaid revenue received by the adolescent unit at Gulfport.
- Large one year decrease in *State Psychiatric Hospital Revenues and Expenditures, Federal and State Medicaid Revenues, DSH, State Hospital Civil Inpatient Expenditures, Civil State Hospital Inpatient Days, and Civil State Hospital Inpatient Cost per Patient Days* from FY07 to FY08 are a due to the exclusion Mississippi State Hospital & East Mississippi State Hospital's nursing home revenues and expenditures from FY08 reporting.

Missouri:

- FY 2008 State Mental Health Agency Controlled Mental Health Expenditures:
    - SMHA controlled mental health expenditures include fringe benefit costs associated with the SMHA. These are included in expenditures even though fringe benefits are appropriated to and paid for by another state agency.
    - SMHA has excluded $2,085,482 of estimated 2008 costs for psychiatric services provided to the inmates of the Department of Corrections from the SMHA owned and operated adult psychiatric inpatient facilities. These individuals have not been committed to the SMHA for care. Instead this is a program where the SMHA has entered into an agreement with the Department of Corrections to assist with inmates exhibiting behavioral problems while they are in the custody of the Department of Corrections.
    - SMHA Administration includes administrative expenditures of the Division of Comprehensive Psychiatric Services and the apportioned costs of the Office of Director that support the division. Office of Director costs that support the Division of Alcohol and Drug Abuse and the Division of Developmental Disabilities are excluded from Table 1.

- FY 2008 State Mental Health Agency Controlled Mental Health Revenues
    - SMHA revenues do not equal SMHA expenditures due to revenues that are collected by the SMHA but transferred back to the State of Missouri General fund. A total of $156,800,298 is collected by the SMHA and transferred to the General Revenue fund: $146,945,341 is attributed to state psychiatric hospitals; $9,854,957 is attributed to community programs.

    - SMHA controlled mental health revenues include fringe benefit costs associated with the SMHA. These are included in revenues even though fringe benefits are appropriated to and paid for by another state agency.

- FY 2008 Disproportionate Share Medicaid
    - The Disproportionate Share State Match represents the certified state match of in-kind expenditures. This certified State Match in Table 3 is appropriated by the State of Missouri as General Revenue to the SMHA to operate state inpatient facilities.
    - The Federal share of the Disproportionate Share Medicaid received by the State of Missouri is not controlled by the SMHA. The $125,338,190 is collected by the SMHA and transferred to the Missouri General Revenue Fund.

Montana: None

Nebraska:

- Federal Mental Health Block Grant: funds expended in this report are comprised of monies from two separate Community Mental Health Services Block Grants – Federal Fiscal Year (FFY) 2008 and FFY2009. This is due to the time differential between State and Federal Fiscal Years, as well as the fluctuations of expenditures submitted by contractors during the reporting period. For the Grand Total $2,276,041 expenditures indicated, $1,183,921 of the funds were from the FFY08 award and $1,092,120 were from the FFY09 award (total FFY09 award amount = $1,925,411). To date, not all Federal FY09 funds have been expended.
- Forensic Patients Expenditures, Forensics Cost per Patient Day, Sexually Violent Predators Expenditures, Sexually Violent Predators Patient Days, and, Sexually Violent Predators cost per Patient Day: large one year change in reported figures between FY07 and FY08 are the result of Behavioral Health Reform to decrease the number of beds in state hospitals for individuals with behavioral health needs. As this has been accomplished, these beds have been used for sex offender treatment.

New Hampshire:

- Difference between Disproportionate Share Medicaid and state plus federal Medicaid to state hospitals is due to the inclusion of DSH revenue as part of the State and Federal Medicaid to the state hospital. NH was required by CMS to build in the DSH funds as a revenue source in the state hospital budget.
- Large one year decrease in *Total Administration Expenditures* from FY07 to FY08 is due to several factors: 1) Utility bills transferred from SMHA budget to another state agency, 2) Redistribution of positions within the central office, and 3) Loss of positions.

Nevada:

- Nevada does not receive DSH funds
- SMHA-Controlled expenditures include funds for forensic mental health services only, in jails and prisons.
- Only children's rural outpatient mental health expenditures are included in SMHA-Controlled expenditures.

New Jersey: None

New York: None

New Mexico: None

North Carolina:

- State Mental Health Agency Controlled Mental Health Expenditures
  - Under State Psychiatric Hospitals, Other 24 Hour (Residential), the amounts listed for children (under 18) are for Wright School. These are non-inpatient facilities operated directly by the SMHA and serve children with emotional problems. The amount listed for ages 18+ is for the N.C. Special Care Center which is a skilled/intermediate care facility operated directly by the SMHA and serves adults with mental health problems which require this level of nursing care.
  - Expenditures for Community-Based Programs exclude funding for Local Management Entities [LME] (also referred to as area programs or mental health centers) for systems management services. Systems management funds are non-direct service functions which LMEs perform such as governance, claims processing, care management, identification and development of service providers, quality management and improvement, customer service, etc. This funding includes management functions related to mental health, developmental disabilities and substance abuse services. Funding is supported by approximately 43% Medicaid administrative funding and 57% in State appropriation.
  - SMHA-Controlled expenditures include only minor amount of funds for mental health services in jails or prisons which cannot be determined. Amounts reported in Table 1 do not include any MH expenditures made by local law enforcement staff or N.C. Department of Corrections staff which provide MH services in jails or prisons.
- State Mental Health Agency Controlled Mental Health Revenues
  - Amounts noted in Table 2 for Local Revenues reflect the required county (local) match for Medicaid. Medicaid revenue for SMHA Support Activities is administrative funding rather than Medicaid service dollars. These are essentially earned at a 50%-50% FFP and the non-Federal share of the Medicaid administrative funds is paid totally from State appropriation (no local match required). The State matching funds for the Medicaid administrative dollars are reflected in the State Medicaid line.
- Disproportionate Share Medicaid
  - The non-Federal match for Medicaid is paid from a combination of State appropriation and required county match. Required local match for Medicaid is for SFY08 is as follows:
    - July - Sept. is 15% of the non-Federal share,
    - October - May is 11.25%, and
    - June is 7.50% of the non-Federal share.
    - Disproportionate Share (DSH) Medicaid is greater than the total federal and state Medicaid revenue given to the state hospitals. The difference is because DSH founds are not included in State mental health agency controlled mental health revenues reported.
- State Mental Health Agency State Hospital Expenditures by Priority Groups
  - Unable to break out cost for Sexually Violent Predators separately.
  - Information could not be broken out by age for civil commitments, however, the following commitment information is provided:

    1.19% % of total days of service provided in Forensic Treatment Unit (would be considered Involuntary)

    6.12% % of total days of service provided for voluntary admissions.

92.69% % of total days of service provided for involuntary admissions (does not duplicate Forensic)
100.00% Total Percent

- Large one year decrease in total *Medicaid revenues for State hospitals (State and Federal) and Local Revenues* from FY07 to FY08 are due to State Hospital Temporary Decertification in SFY08 which was successfully Appealed and certification was reinstated
- Large one year increase in *forensic patients expenditures and cost per patient day* from FY07 to FY08 is due to the development of new programs established for criminal offenders.
- Large one year decrease in *forensic patient days* from FY07 to FY08 is due to decrease in outpatient program of forensic patient days in psychiatric hospital.

North Dakota: None

Ohio:

- Ohio does not currently have a Sexual Offender or Sexually Violent Predators law that authorizes the direct commitment into a state psychiatric inpatient facility.
- Ohio does not distinguish expenditures by forensic category, thus in order to estimate forensic expenditures, forensic resident days were used to prorate hospital system costs with a 4% inflation adjustment for increased costs of forensic care (increased security and staff time).
- FY 08 report includes local levy & other board revenue for first time. The community boards have the ability to roll funds into the subsequent fiscal year. FY 09 may see higher expenditures. Additionally, both ODMH and the boards have been relying more heavily on cash reserves for the last two fiscal years which appears as an increase in revenue.
- The Department began utilizing cash reserves in FY 07 to off-set the GRF reductions which show the differences in reporting of State Psychiatric Hospital expenditures in FY08 for all ages.
- Both the department and the boards have been relying more heavily on cash reserves for the last two fiscal years which appears as an increase in revenue FY 08 report includes local levy & other board revenue for first time
- The DSH amounts are not the actual amount of revenue received by ODMH, but the total amounts received by the state. ODMH received approximately $3 million of this in FY 08.
- Large one year decrease in total *Medicaid revenues for State hospitals (State and Federal) and Local Revenues* from FY07 to FY08 are due to increase in Medicaid rate from .5966 in FY 07 to .6214 in FY 08.
- Large one year increase in total *Revenues* and *total Community MH Revenues* from FY07 to FY08 are because FY08 data includes local revenues for the first time.

Oklahoma:

- Only some Medicaid Revenues for community program are included in SMHA-Controlled expenditures: (1) Adults - only state portion reported for private nonprofit CMHCs, state and federal reported for state operated CMHCs; (2) Children - not reported for outpatient services at private nonprofit CMHCs, state and federal reported for state operated CMHCs.
- SMHA-Controlled expenditures only include minimal funds for mental health services in jails or prisons.
- Large one year increase in *Children's Mental Health services* from FY07 to FY08 is due to program expansions, pay raises and increase in retirement rate.

- Large one year increase in *Total State Hospital Medicaid Revenues (State and Federal)* and *State Medicaid Revenues* from FY07 to FY08 is due to additional enhancement payments received in the current FY.
- Large one year decrease in *Federal Medicaid Revenues* from FY07 to FY08 is due to a major difference in Medicaid collected at OYC and CA.
- Large one year decrease in *Mental Health Block Grant Revenues* from FY07 to FY08 is due to Federal and State fiscal year time issues.
- Large one year increase in *Other Revenues* from FY07 to FY08 is due to interagency revenues.
- Large one year increase in *Total DSH* from FY07 to FY08 is due to the fact that State Medicaid agency stopped payment for better part of the prior year while re-working payment methodology.

Oregon:

- Large one year increase in Total Disproportionate Share Medicaid from FY07 to FY08 is due to an effort to provide improved services for clients and safety for both clients and staff.
- Large one year increase in *Total Disproportionate Share Medicaid* from FY07 to FY08 is due to the fact that state hospitals receive a portion of non-disproportionate share Medicaid. This amount will decrease in future due to changes in eligibility in Gero-Psychiatric Wards. This also accounts for the differences in amounts reported for Total DSH and State plus federal Medicaid to state hospitals in FY 2008.

Pennsylvania:

- The increase in revenue between FY 2006-07 and FY 2007-08 is due to an expansion of the State's Health Choices Program. On January 1, 2007, the North Central-State Option Zone, which covers 23 counties, was added. On July 1, 2007, the remaining 15 counties were added; and this completed the statewide expansion of the HC BH MA Managed Care Program.

Rhode Island: None

South Carolina:

- The SMHA received an increase in State Appropriated Funds for FY08 resulting in difference between reported revenues and expenditures.
- The decrease in Medicaid revenues from FY07 to FY08 is due to a shift in utilization of Medicaid revenues and state funds.
- Large one year increase in Sexually Violent Predators State Hospital Inpatient Expenditures and Cost per Patient Day are due to program expansion to meet demand.

South Dakota: None

Tennessee:

- Large one year increase in Total Administration from FY07 to FY08 is due the addition of the Division of Alcohol and Drug Abuse Services to the agency's authority increasing administrative expenditures.
- Large one year increase in Children's Mental Health Services from FY07 to FY08 is due to an increase in both inpatient and outpatient expenditures.
- Large one year decrease in other revenues from FY07 to FY08 is due to decreased miscellaneous funding from local entities.

Utah:

- Large one year increase in Local Revenue, State Medicaid Revenue for State Hospital Programs, Federal Medicaid Revenue (all programs) and Total Disproportionate Share Medicaid from FY07 to FY08 are a result of increase in Medicaid collections due to additional Medicaid clients coming in for services.

Texas:

- The 17% increase in total DSH from FY07 to FY08 is due to the Texas General Appropriations Act (GAA) 80th, R.S, H.B 1, DSHS Rider 9: Transfer of Appropriation - State Owned Hospitals stated that DSHS would transfer approximately $281,967,623 in Disproportionate Share Medicaid. This is an increase over prior years due to more availability of state match funding to support increase hospital cost.

Vermont:

- Large one year increase in Forensic Cost per Patient Day and Civil Subtotal Cost from FY07 to FY08 is due to the development of a community residential recovery home which has resulted in less civil patient days as a percentage of the total.

Virginia:

- The increase in Administration from FY07 to FY08 is attributable to the factors outlined below:
    1. The average salary increase in FY08 was 4% which would have also increased employee benefit costs.
    2. There were an additional 5 employees hired in FY08 as opposed to FY07.
    3. Because FY06 had 25 pay periods (the July 1 payroll for that year was moved to June 30 as a result of the fear of government closure due to the General Assembly debate over transportation needs) only 23 pay periods occurred in FY07. FY08 returned to 24 pay periods meaning that expenditures would be higher by one additional pay period.
    4. In FY07 the Central Office processed, via surplus funds, $2.7 million in information technology bills on behalf of state facilities. This $2.7 million was deducted from the FY07 administration costs reported on the FY07 survey.
- The increase in Children's Services from FY07 to FY08 is due to the Department has moved to increase children's services over the last couple of years leading to and including FY08. This is simply a commitment on the part of the Department.
- The increase in Other Revenue from FY07 to FY08 because this represents first and third party reimbursement generated by our mental health facilities exclusive of Medicaid and Medicare. This amount can be volatile between any given years depending upon the insurance coverage carried by individuals admitted to our facilities. There is no particular pattern to this type of revenue generation year to year.
- The increase in Expenditures for Sexually Violent Predators and Patient Days from FY07 to FY08 because this is not unusual at all for the Department. This population is growing rapidly as is reflected by our census growth at our facility for sexually violent predators. In FY04, the first year of operation for this facility, the patient census was 4. It has since grown rapidly and stands at 190 currently, up from 114 at the close of FY09. Similar percentage increases year over year have been experienced since the inception of this facility. FY07 census was 38 while FY08 census was 60.
- Total revenues less than total expenditures at MH facilities in FY08 because this is consistent with the Department's operations over the last decade or more. MH facilities are

funded by State General Fund Appropriations and Special Revenue Fund Appropriations. The latter are supported by revenues generated by services provided by these MH facilities. The amount reported in this survey is the actual amount of revenues generated and not the Special Revenue Fund Appropriation. Because revenues generated by our MH facilities fall short of the Special Funds appropriated to them, we draw surpluses from the operation of our training centers for the intellectually disabled to cover any shortfalls incurred by our MH facilities.

Washington:

- The increase in adult and elderly service expenditures and Other revenues from FY07 to FY08 is due to this included funding of new PACT teams and other community alternatives for state hospital patients as well as some new programs funded with local taxes authorized by the Legislature for mental health and chemical dependency programs.

West Virginia:

- The decrease in Total Administration expenditures from FY07 to FY08 is due to rounding to the nearest $100,000.
- The increase in state revenues from FY07 to FY08 is due to increased appropriation from the legislature as well as the release of funds appropriated in prior years but not spent.
- The increase in other revenues from FY07 to FY08 is due to changes in payer mix and the improved ability to bill third party payer with improved claim follow up.
- The decrease in forensic costs per day is caused by increased number of forensic patient days without increased expenditures.
- The increase in the number of people staying for over 1 year has increased the overall length of stay even though acute care and forensic length of stays have declined.
- The increase in civil patient costs per day is caused by increased number of civil patient days without increased expenditures.

Wisconsin:

- The decrease in Children's Mental Health Services and Total Medicaid for State Hospital Services between FY07 and FY08 is due to a the closure of a children's at one of the state mental health institutes.
- The large increase in Total DSH between FY07 and FY08 is due to the ineligibility of one of the two states psychiatric hospitals for DSH in 2007, but both were eligible for 2008.

Wyoming:

- All large changes in reported data between FY07 and FY08 are attributed to the fact that we work with a biennium budget, and this report is for a single year. In addition, the SMHA received additional funding from the legislature. However, in future years the SMHA will not be receiving these additional funding.