

# STATE FOOTNOTES

## NASMHPD Research Institute, Inc.

### State Mental Health Agency Controlled Revenues & Expenditures: FY2009

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#### Alabama:

- The decrease in *Total Medicaid State Hospital (State + Federal)* from 2008 to 2009 is due to the reduction in the number of Medicaid eligible beds.
- The decrease in *State Medicaid Revenues* from 2008 to 2009 is due to the decrease in state match rate due to Federal Stimulus and FMA changes.
- The decrease in *Other Revenues* from 2008 to 2009 is because to less carryover was available to fund the budget in FY2009.
- *Total expenditures* data is not equal to *the total revenues* data is due to the carryover dollars to FY2010.

#### Alaska:

- The 43.8% increase in *Total Administration Expenditures* coincides with a transfer of authority for a Medicaid pre-authorization contract to the Division of Behavioral Health (the State Mental Health Agency) from another division that was outside of the State Mental Health Agency.
- The 57.7% increase in *Other Revenues* coincides with a change in the fund sources that are recognized as Other Revenues rather than State General Funds. If considered together, the overall change in State Revenues and Other Revenues from FY08 to FY09 is not significant.

#### Arizona:

The increased funding received under the American Recovery and Reinvestment Act of 2009 resulted in:

- increased *total community mental health expenditures*
- increased *expenditures for adults services*
- increased *total Medicaid revenues (State plus Federal)*

#### Arkansas:

- The large increase in the *expenditure subtotal in Administration* from 2008 to 2009 for All Ages is due to new state dollars for the System of Care program.
- The large increase in *Total Federal Revenue* for All Programs from 2008 to 2009 is due to a new program at the Arkansas State Hospital.
- The large increase in *Revenue for Federal and State Medicaid for State Hospital Programs* from 2008 to 2009 is due to a new program at the Arkansas State Hospital.

#### California:

- The increases in *expenditures for children's mental health services, Medicaid revenues (state and federal) and federal revenues* from FY08 to FY09 are primarily due to increase in Federal Medical Assistance Percentages (FMAP) and total caseloads.

#### Colorado:

- *SMHA-Controlled Expenditures of Community-Based Programs (other/unknown)* includes contractual services paid to statewide Community Mental Health Centers and Behavioral Health Organizations.

- Medicaid revenues for community programs are only a small portion-the majority is expended at the State Medicaid Agency included in SMHA-Controlled expenditures.
- Children's mental health expenditures are only for non-Medicaid; Children's MHS is also provided by State Medicaid Agency included in SMHA-Controlled expenditures.
- The increases in *Federal Medicaid Revenues and Federal Revenues Total* from FY08 to FY09 are due to increased Medicaid eligible population. The decrease in *Other Revenues* from FY08 to FY09 is due to decrease in discretionary grants.

### **Connecticut:**

- Medicaid, Medicare, 3<sup>rd</sup> Party revenues are posted to the State of Connecticut General Fund not the Department of Mental Health and Addiction Services (DMHAS).
- The large increases in *Total Medicaid Revenues (state & federal) and Federal Revenues Total* between FY08 and FY09 is a result of a retroactive rate increase.
- The significantly large increase in *Other Revenues* is a result of a large bond award to PNP facilities.

### **Delaware:**

- *The total expenditures* are not equal to *the total revenues* because State Mental Hospital Program revenue from Medicare, Medicaid, 1<sup>st</sup> Party, and 3<sup>rd</sup> Party and Medicare Community revenue is deposited to the State General Fund.
- *Mental Health Block Grant funds* are drawn down after the State incurs expenses. Each federal award has a 2-year grant period (by federal fiscal year) that overlaps state fiscal years, so the amount expended in any particular state fiscal year can vary. During State Fiscal Year 09, funds were expended from three federal grant years. Five percent of each award is available for Administration/Support activities.
- *Disproportionate Share Medicaid (DSH)* is not equal to or less than *Total Medicaid to State Hospitals* because most DSH funds are not reported in Tables 1 and 2. DSH funds are deposited to the General Fund, the Division of Medicaid and Medical Assistance, and the SMHA. Only the SMHA portion is included in Tables 1 and 2. Total DSH is reported in Table 3.
- The increase in *Total Administration* from FY 08 to FY 09 is mostly because of an increase in COSIG grant expenditures from FY 08 to FY 09. In FY 08, COSIG expenditures were \$78,061; FY 09 was \$353,609.
- The decrease in *Total Medicaid: State Hospital (State + Fed)* from FY 08 to FY 09 is because State Hospital Medicaid revenue varies from year to year depending on the number of eligible clients. The FY 09 revenue is more in line with the FY 07 revenue.
- The increase in *MH Block Grant Revenues* from FY 08 to FY 09 is because funds are drawn down after the State incurs expenses. Each federal award has a 2-year grant period (by federal fiscal year) that overlaps state fiscal years, so the amount drawn down in any particular state fiscal year can vary. The FY 09 revenue amount is more in line with the FY 07 amount.
- Medicaid revenues are only reported for a limited number of community programs that are operated by the SMHA directly, or under SMHA contractual arrangements with community providers.

- *Medicaid and Medicare Federal Revenues* listed for the State Mental Hospital Program are deposited to the State General Fund.

**District of Columbia:** None.

**Florida:**

- The decrease in *Administration expenditures* from FY08 to FY09 is due to legislative budget reductions.
- The decrease in *Forensics: Cost per pt. day* from FY08 to FY09 is due to FY08 Civil and Forensic served data was reanalyzed.

**Georgia:** None

**Hawaii:**

- *Other/Unknown* expenditures for children under *SMHA-Controlled Expenditures of Community-Based Programs* includes Ancillary Services of \$887,003, UH Contracts of \$815,554 and Other Contracts of \$2,529,487, totaling \$4,232,034. FY08 central/regional office support is included in SMHA-controlled Expenditures of Community Programs.
- Expenditures for adults include fringe benefits paid for by another State agency.
- Reported Total Administration Expenditures (\$26,384,525) are broken out as follows:
  - Central/regional office support:
    - *children under age 18* - \$14,984,525
    - *adults over age 18* - \$11,400,000

**Idaho:**

- The decrease in *Forensics: Cost per pt. day* and *Forensic Patients: Expenditures* from FY08 to FY09 is due to Expenditures by Priority Groups: Fiscal year 08 Civil and Forensic served data was reanalyzed.
- The increase in *Other Revenues* from FY08 to FY09 is due to collection for patient services from individuals and third party payers.
- The decrease in *Federal and State Medicaid Revenue for Community Base Programs* from FY08 to FY09 is due to decrease of total Medicaid as a result of referring clients to private sector if they have Medicaid.

**Illinois:**

- *Disproportionate Share Medicaid (DSH)* reported on Table 3 is greater than *the total Medicaid to State Hospitals* reported on Table 2 is because DISH funds revert back to state general revenue, not DMH.

**Indiana:**

- The decrease in *Total Administration* from FY08 to FY09 is due to decrease in Admin Fee charged on the mental health Funds Recovery program from 9% to 4%.
- The increase in *Other Revenues* from FY08 to FY09 is due to the state psychiatric hospital's increased miscellaneous revenues collected throughout the fiscal year.
- *Total DSH number* is greater than *State plus federal Medicaid to state hospitals data* because DSH Funding is recorded as General Fund Revenue.

**Iowa:**

- The increase in *Total Administration* from FY08 to FY09 is due to better information being received from county governments.

- The increase in *Children's Mental Health* and *Adult and elderly services* from FY08 to FY09 are because Iowa has finally put the dollar amount for services in expenditure and not just the revenues. Behavioral Health Contract has been broken down appropriately by children and adults; inpatient, 24 hour and community based.
- Iowa does not receive any *DSH* data.
- The increase in *Total Medicaid Revenues (State plus Federal)* from FY08 to FY09 is due to American Recovery and Reinvestment Act (ARRA).
- The increase in *Total Medicaid: State Hospitals (State + Fed.)* from FY08 to FY09 is due to a combination of ARRA and Medicaid expansion population program.
- The increase in *Total Medicaid: Community (State + Federal)* and *Federal Medicaid Revenues* from FY08 to FY09 are due to ARRA; increased used of the Habilitation Waiver program; increased Medicaid recipients.
- The decrease in *MH Block Grant Revenues* from FY08 to FY09 is because for FY09 Iowa only put in the expended amount.
- The increase in *Local Revenues* from FY08 to FY09 is because County Property Taxes were not included in the FY08 data.
- The decrease in *Other Revenues* from FY08 to FY09 is due to a reduction in State Hospital 'other' revenues.
- The decrease in *Civil (non-Forensic) Patients: Expenditures* and *Civil Patients: Cost per pt. day* from FY08 to FY09 are due to a reduction in beds/staff.
- The decrease in *Forensic Patients: Expenditures* and *Forensics: Cost per patient day* from FY08 to FY09 is due to the staff provided a more explicit 'count' of Forensic patients. The number of patients was down, but the length of stay increased substantially. Budgets have been reduced as have staffing.
- The increase in *expenditures* from FY08 to FY09 is due to Iowa finally having put out expenditures in this report from their Behavioral Health Managed Care Provider.

#### **Kansas:**

- The increase in *Total Community Mental Health Expenditures, Children's Mental Health Expenditures, Total Medicaid Revenues, Total Medicaid Revenues for Community Mental Health Services, Federal Medicaid Revenues, and Total Community Mental Health Revenues* are explained by an increase in community based mental health services provided in Kansas as a result of the Medicaid managed care organization. PAHP started in FY08, however, during that year and in FY09 the PAHP expanded the network of providers.
- Kansas expended less on a forensic program resulting in a decrease in *forensic cost per patient day*. However, overall Kansas served more people with more patient days in FY09.

#### **Kentucky:**

- The increase in *Total Medicaid: Community (State + Federal)* from FY08 to FY09 is due to an increase in a children's program that is 100% funded by Medicaid.
- The increase in *Forensics: Cost per pt. day* from FY08 to FY09 is due to a combination of expenses increasing due to special projects and patient days decreasing.

#### **Louisiana:** None

#### **Maine:**

- Data for FY09 includes: Federal and State Medicaid Expenditures for the following service areas:

- Section 13: Children’s Targeted Case Management – 13.12 (Procedures – Z9422, Z9423, T1017)
- Section 17 – Community Support Services: Community Integration (H2015), Assertive Community Treatment (CBB10), Skills-Training and Development (H2014), Ongoing Support – Employment (H2025), Day Support (H2012), Daily Living Support (H2017), Therapeutic Behavioral Health Services (H2019)
- Section 65 – Mental Health Services: Crisis Intervention (H2011), Crisis Stabilization Unit (H0018, H0019), Outpatient (H2000, H0004), Medication Management (H2010)
- Section 97 – PNMI – Residential/Group Services: (Children’s & Adults) – Proc. Adult MI: RMI, RMI2, RML, RML2; Child: RTS, RTSL
- Psychiatric Inpatient Units in Community Hospitals: St. Mary’s Hospital, Northern Maine Medical Center, Pen-Bey Hospital, Maine General Hospital, Maine Medical Center, Mid-Coast Hospital, and Southern Maine Medical Center (Children & Adults with Psych. ICF-9 Diagnosis).
- Private Psychiatric Inpatient Facilities: Spring Harbor Hospital, Acadia Hospital (Children and Adults). Note: Psychiatric inpatient expenditures are based on estimated payments. Identification of mental health service users in Residential Facilities and Inpatient Psychiatric Facilities required to use 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. State Hospital expenditures include: federal and state disproportionate share expenditures and general fund only expenditures from the two hospitals.
  - General fund only expenditures in the two state hospitals have not been previously reported but were included in this report. This accounts for the increase in state hospital expenditures.
  - Breakdown of state hospital expenditures by specific populations is not available.
- Mental Health Block Grant Expenditures and SAMHSA Child System of Care Grant Expenditures: included in Less than 24 Hours Care section
  - Mental Health Block Grant funds were reduced between SFY08 and SFY09
- Mental Health Administration: Expenditures include: State General Funds for all Central/Regional Office support activities including personnel costs
- Total Revenues: Increase in total revenues is accounted for by additional general fund expenditures for state hospitals and adult mental health residential services that were not reported in previous years.
- Data sources:
  - MaineCare Paid Claims System: Paid Claims Data last refreshed October 2010. Expenditures based on date of service for SFY09 (July 1, 2008 to June 30, 2009). Claim status: 71 paid – no claim adjustments made.
  - State General Funds: Obtained from ME-DHHS Administrative Data Systems – (AdvantageME System)
  - State Psychiatric Facility Data
  - Federal Match Rate 2009 (Blended): State: 35.87; Federal 64.14

**Maryland:**

- The decline in *Federal MH Block Grant Revenue* from FY08 to FY09 is due the inclusion of a one-time carry-over funds in FY08 data

### **Massachusetts:**

- *The expenditures and revenues* data source: FY09 Resource Inventory. Where applicable 24.5% fringe benefit rate has been added to personnel expenses.
- Massachusetts DMH Did not collect any DSH in FY09.
- Differences in *Revenues and Expenditures*: Funding MH services in Massachusetts are not based on retained revenue and expenditures are not a one to one offset of revenues. Our general fund revenue represents the amount DMH is appropriated each year to run its programs. Without getting into too much detail and the specifics of individual services/programs, it is simple to say that generally any revenues we bring in through the year go back to the general fund.
- The Department of Mental Health did not collect any Disproportionate Share in FY09.
- The decrease in *Other Revenues* from FY08 to FY09 is due to the amount of interest received in FY09.

### **Michigan:**

- The increase in *Total Medicaid: State Hospitals (State + Federal.)*, *State Medicaid Revenues* and *Federal Medicaid Revenues* from FY08 to FY09 are due to the Medicaid FMAP match.
- The increase in *MH Block Grant Revenues* is due to lapse in FY08 funding into FY09 (two years to spend the grant).
- The increase in *Forensics: Cost per patient day* from FY08 to FY09 is due to plans to achieve Medicaid/Medicare certification resulting in staffing/cost increases.

### **Minnesota:**

- The decrease in *Total Medicaid Revenues (state and federal)* from FY08 to FY09 is due to a reduction in the number of state hospital beds with a corresponding decrease in Medicaid billing. In addition, FY09 data does not include DSH (DSH was included in the FY08 data).
- The decrease in *civil patients: patient days* from FY08 to FY09 are due to a reduction in the number of state hospital beds with a corresponding decrease in Medicaid billing.

### **Mississippi:**

- *State Medicaid revenue* declined from FY08 to FY09 due to ARRA. Under ARRA, Mississippi's share of Medicaid was dropped significantly.
- The large increase in *Disproportionate Share Medicaid* from FY08 to FY09 is due to the SMHA receiving funds in 2009 that it should have actually received in 2008.

### **Missouri:**

- *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 \$2,014,191 of estimated 2009 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.

- *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 \$153,959,983 is collected by the SMHA and transferred to the General Revenue fund: \$143,563,269 is attributed to state psychiatric hospitals; \$10,396,714 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.
- *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 \$125,222,127 is collected by the SMHA and transferred to the Missouri General Revenue Fund.

#### **Montana:**

- The large increase in *Federal Medicaid revenues* from FY08 to FY09 is due to American Recovery and Reinvestment Act (ARRA) stimulus adjustments.

#### **Nebraska:**

- *Total Mental Health Block Grant:* reported revenue and expenditures represent more than 1 year's equivalent of Nebraska's Mental Health Block Grant Funding. Federal fiscal year (FFY) 09 grant funding awarded to the state totaled \$1,925,411, of which only 5% was used for administrative purposes. The remaining administrative funds included in this report are from the FY08 grant and is due to the overlapping nature of Federal award period and State Fiscal Year period.
- *Total Community Mental Health Expenditure:* The perceived increase in community based mental health expenditures is from dollars expended from local funds. State funding decreased by 4% (FY08 total \$15,338,059 versus FY09 total of \$14,643,515) while the amount of local funds expended increased by 42% (FY total of \$11,233,036 versus FY09 total of \$16,050,102). It is believed this is due to more accurate reporting rather than an actual increase in local expenditures.
- *MH Block Grant Revenues:* Funds expended in this report are comprised of monies from two separate Community Mental Health Services Block Grants, FFY08 and FFY09. 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 \$1,124,514 were from the FFY09 award (Total FFY09 award amount = \$1,925,411).
- *Sexually Violent Predators:* Expenditures: As result of Behavioral Health Reform, the numbers of beds and staff dedicated for sex offender treatment has increased.
- *Civil Patient: Patient Days:* Result of Behavioral health Reform focus on moving individuals to community based services as soon as possible.

### **New Hampshire:**

- The increases in *children's mental health services* and *adult and elderly services* from FY08 to FY09 are because some expenditure was counted in the *age unknown* category in the prior years. In FY09, these expenditures were allocated to age categories based on MMIS data.
- The increase in *Civil Patients: Cost per patient day* from FY08 to FY09 is due to decrease in patient days from prior year.

### **Nevada:**

- All the large 1 year change data is due to they have not been able to locate the backup for last year's report to know how the data was compiled for the NV08 report.

### **New Jersey:**

- *Disproportionate Share Revenues* for State Hospitals are included in the reported expenditures and revenues, but since hospitals are "gross" budgeted with all patient revenues reverting to the state general fund, these revenues are included in general and other state revenues rather than in the State and Federal Medicaid amounts.
- *Local Revenues* includes amount related to County Psychiatric Hospitals, which vary widely from year to year on a state fiscal year basis.
- *Total State Hospital Inpatient* (forensic, sexually violent predators, civil – voluntary and involuntary) expenditure reported reflects only the cost of treatment services and does not include the cost of custodial care provided by the New Jersey Department of Corrections.

### **New York:**

- The 27.6% increase in *Disproportionate Share Medicaid Payments* from FY08 to FY09 is due to state fiscal year draw down actions.
- The 20.4% increase in *Total Forensic expenditures* from FY08 to FY09 is primarily due to increased census of 13%.
- The 50.2% increase in *sexually violent predator's expenditures* from FY08 to FY09 is primarily due to increased census of 33%.

### **New Mexico:** None

### **North Carolina:**

- The decrease in *Children's Mental Health Service* from FY08 to FY09 is due to the increase in Child Medicaid Eligibility.
- The increase in *Total Medicaid: State Hospitals* and the decrease in *State Medicaid Revenues* from FY08 to FY09 are due to the state hospital temporary decertification in SFY08; Reinstated in SFY09.
- The decrease in *Local Revenues & Other Revenues* from FY08 to FY09 are due to the state hospital temporary decertification in SFY08; Reinstated in SFY09.
- The decrease in *Forensic Patients: Patient Days* from FY08 to FY09 is due to the decrease in Outpatient program of Forensic Patient Days in Psychiatric Hospital.
- The increase in *Forensic: cost per pt. Day* from FY08 to FY09 is due to the development of new programs established for Criminal Offenders.
- The increase in *Civil Patients: Cost per pt. day* from FY08 to FY09 is due to increase in severity of patients and need for additional evaluations.

### **North Dakota:**

- The increase in *Total Medicaid Revenues (State plus Federal)*, *Total Medicaid: State Hospitals (State + Fed)*, *Federal Medicaid Revenues* and decrease in *Total Medicaid: State Hospitals (State + Fed)* and *state Medicaid Revenues* are due to Federal and State Medicaid Revenue – SH programs - the psych unit at Sheyenne Care Center opened about Sept 2008 so we don't have the revenue from our long term care geriatric population.

### **Ohio:**

- *The total expenditures of the state mental health authority* is not equal to *the total revenues* is due to the inclusion of local revenue for Medicaid and non-Medicaid, however, local expenditures for Medicaid and non-Medicaid are not included.
- *The total expenditures of the state psychiatric hospital(s)* are not equal to *the total revenues* for hospitals because of expenditures are as reported in ODMH annual report. Rotary (cash reserves) were used in FY 09 to maintain capacity with GRF cut.
- *The Disproportionate Share Medicaid (DSH)* is greater than *total Medicaid to State Hospitals* because 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 FY09.
- *The total expenditure for community programs* is not equal to *the total revenue for community programs* because total expenditure for community programs does not include all local expenditures.
- The decrease in *State Medicaid Revenues* from FY08 to FY09 is because FY 08 was calculated with state match rate of 47%. FY 09 taken from actual Medicaid expenditure data mart and state match rate of 29%.
- The increase in *Federal Medicaid Revenues* and *Federal Revenues total* from FY08 to FY09 is because to FY 08 was calculated FFP/reimbursement. FY 09 data is taken from Medicaid expenditure data mart.

### **Oklahoma:**

- The increase in *Federal and State Medicaid Revenue- State Hospital Programs* from FY08 to FY09 is due to additional revenue from operations.
- The decrease in *State Medicaid Revenues and Federal Medicaid Revenues* from FY08 to FY09 is due to received increased ETPS payments.

### **Oregon:**

- The increase in *Total Community MH Expenditures* from FY08 to FY09 is due to the COLA of 2.1% for adults and 3.6% for children, caseload phase-in, and delayed payments in new MMIS system in FY 08.
- The increase in *adult and elderly service* from FY08 to FY09 is due to additional state hospital staff in response to USDOJ directive, increases in OHP rates (inflationary).
- The increase in *Federal Medicaid Revenues* from FY08 to FY09 is due to \$9 million FMAP rate change, Community MH phase-in, and increases in OHP rates (Medicaid eligible)
- The increase in *State Revenues Total* from FY08 to FY09 is due to additional state hospital staff in response to USDOJ directive, negotiated salary and benefit increases, state hospital increases are nearly 100% GF.
- The increase in *Federal Revenues Total* from FY08 to FY09 is due to increases in SAPT grant.

- The increase in *Other Revenues* from FY08 to FY09 is due to greater effort in Medicare and third-party liability reimbursements
- The increase in *Total Revenues: Community MH* from FY08 to FY09 is due to COLA 2.1% adults and 3.6% children, caseload phase-in, delayed payments in new MMIS system in FY08. In addition, general fund and some Medicaid expenditures are directly related to revenues.

**Pennsylvania:** None

**Rhode Island:**

- Federal match for CNOMS reduced state expenditures between FY08 and FY09.
- RI does not have a psychiatric hospital, and that expenditures for psych services are at a state-run hospital.

**South Carolina:**

- The increase in *Total Medicaid: State Hospitals (State + Fed.)* from FY08 to FY09 is due to utilization of additional DSH funds to help offset FY09 budget reductions
- The increase in *Local Revenues* from FY08 to FY09 is due to a slight increase in county funding.
- The increase in *Total DSH* from FY08 to FY09 is due to the utilization of additional DSH funds to help offset FY09 budget reduction.
- The increase in *Sexually Violent Predators: Patient Days* from FY08 to FY09 is due to the increased census average daily census at our Sexually Violent Predator Treatment Center.

**South Dakota:**

- *Total Administration* decrease from FY08 to FY09 is due to FY08 had increased in Community MH Research/Training activities. The increased in the *Total Medicaid Revenues (State plus Federal)*, *Total Medicaid: Community (State + Federal)* and *Federal Medicaid Revenues* from FY08 to FY09 is due to Fed FMAP Increase (ARRA)
- The decrease in *Other Revenues* from FY08 to FY09 is due to third Party Revenue for Grant program in previous year was higher.

**Tennessee:**

- The decrease in *grant total for SMHA controlled-expenditures, adult and elderly services, total Medicaid revenues, and Total Revenues for Community MH* from FY08 to FY09 are due to the Medicaid program reforms.
- The increase in *Forensics: cost per patient day* from FY08 to FY09 is due to reduction in days of service and unit costs increases.

**Utah:** None

**Texas:**

- The increase in *Forensic Patients: Expenditures* from FY08 to FY09 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 increased hospital cost.

### **Vermont:**

- The increases in *federal Medicaid revenues* from FY08 to FY09 are a result of increased federal Medicaid match rate due to ARRA.

### **Virginia:**

- The Virginia General Assembly increased the number of predicate crimes necessary for commitment to the sexually violent program from 4 to 28. This has resulted in a rapid increase in the census of the Virginia Center for Behavioral Rehabilitation (the facility dedicated to the treatment of sexually violent predators). Due to this census increase, patient days attributable to sexually violent predators have increased significantly as have the costs of treatment. Because the census at Virginia Center for Behavioral Rehabilitation has risen faster than the overall costs of the facility, the cost per patient day has decreased for the moment.
- Although Virginia began overall budget reductions in earnest in FY09, the largest reductions to our appropriations occurred in FY10 and will be reflected in the next NASMHPD survey. These reductions have been carried forward to FY11 along with additional cuts to be applied in FY12.

### **Washington:**

- The increases in *federal Medicaid revenues* from FY08 to FY09 are a result of increased federal Medicaid match rate due to ARRA.

### **West Virginia:**

- The increase in *Total Administration* from FY08 to FY09 is due to BHHF using DIG carryover funds to assist providers with changes in the data reporting process.
- *MH Block Grant Revenues* increased from FY08 to FY09 due to a timing difference on how funds are awarded to community providers. BHHF awards block grant funds for community providers on a time period different from this report. Providers expended much of their block grant funds from FY 08 during the end of the funding period which is the beginning period for this report.
- *Civil Patients: patient days* – There is a decrease in civil bed days from FY08 to FY09. The department is under a court order to reduce the over-bedding issue. As a result, daily census has decreased to be more in line with the licensed capacity.
- *Civil Patients: Cost per patient day* increased from FY08 to FY09. Most hospital costs vary little with the daily census. With the daily census decreasing, the average cost per patient day will increase.
- *Other Revenues* increased from FY08 to FY09 due to a short fall in non-Medicaid revenue in FY09. General revenue funds were used to supplement the decrease.

### **Wisconsin:**

- Large one year increases in revenues and expenditures between FY08 and FY09 are due to the omission of \$27,904,414 of matching funds for FFP provided by counties for five Medicaid benefits; Wisconsin significantly expanded enrollment in Medicaid through various BadgerCare programs; enhanced FMAP rates allowed Wisconsin to serve more persons.

### **Wyoming:**

- The increase in *Total Administration* from FY08 to FY09 is due to inclusion of additional training and research dollars not previously reported.

- *Children's mental health services*: note that the dollar figures for SMHA controlled community-based programs are estimates based on client caseload statistics. Wyoming has served a higher percentage of youth across the years. In addition, some of the increase in expenditures from FY08 to FY09 can be attributed specially to a children's federal grant that was carried over and closed out. The loss of this grant, in addition state budget cuts, will decrease funding for FY10.
- The increases in *the Medicaid revenues and expenditures*: the SMHA is responsible for many more behavioral health programs than previously reported.
- The increase in *Federal Revenues* from FY08 to FY09 is due to a federal grant that was largely unused was carried over and closed out. The loss of this grant will decrease funding in FY10.
- The increase in *state hospital cost per patient days* from FY08 to FY09 is due to an increase in the costs of doing business.
- Approximately \$1 million difference between expenditures and revenue is due to the collection of billing from third parties.