

INSTRUCTIONS FOR MH/ID 16 FEE FOR SERVICE SCHEDULE

Form MH/ID 16 is a summary of the costs for services or activities under a fee-for-service, or contractual basis. A breakout of cost center, providers, rates, units provided at that rate, and Department of Human Services funding is listed for all expenditures reported in the intermediate object account of Purchased Treatment Services.

- Column 1:** List the cost centers in which fee-for-service expenditures occur.
- Column 2:** For each cost center, list all those facilities which are providing service on a fee or contractual basis. If a provider provides a service or services that are covered by more than one cost center, the facility should be listed separately under each cost center which applies. The expenditures are distributed among those cost centers.
- Column 3:** List the fee rate on which the expenditures to that facility are based. If a flat contract is used, do not complete this item. If a provider supplies services at more than one rate, each rate and costs should be listed individually.
- Column 3a:** Define the unit on which the rate is based (for example: a day or session).
- Column 4:** List the number of units which have been provided by the provider at the rate listed in Column 3 during the period which the report covers.
- Column 5:** Compute the total cost which is listed in Column 5 by multiplying the units (Column 4) by the rate (Column 3).
- Column 6:** List the amount which is eligible for Department of Human Services participation. Designate the Department of Human Services funding level for which the expenditures will be reimbursed. This may be either 100% or 90% Department of Human Services funding.

PAGE NUMBERS: If more than one page is required to list providers, number each page consecutively (1 of 3, 2 of 3, etc.).

SUBMISSION: The MH/ID 16 is submitted monthly with the MH/ID 17 Report.