

## **INSTRUCTIONS FOR MH/ID 18 REVENUE REPORT**

Form MH/ID 18 reports all income and revenue earned by the County Program in the delivery of all services. The amounts cited are based on the revenue accounts established by the account structure and reflect the revenue and income earned even if payments have not yet been received in that actual period.

### **Section I. INCOME**

This section is used to report income earned from Program Service Fees (reported in Column 2), Private Insurance (reported in Column 3), Medical Assistance (reported in Column 4), and Social Service funds (reported in Column 5), and Federal Staffing Grants (reported in Column 6).

Program service fees are all funds earned from clients or their legally responsible relatives as payments for all or part of the costs of services which a client has received. Private insurance fees are all funds earned from private insurance plans for payment of services received by a client. Medical Assistance fees are funds earned – including the Federal and State share. Social Service funds refer to the Federal contribution only. Federal Staffing Grants refer to funds earned from the Federal government only.

Revenues are reported in the appropriate cost center in which they are earned.

Column 1: Column 1 is used to sum the amounts listed in Columns 2, 3, 4, 5, and 6 for each cost center. The total income for a particular cost center is also entered on Line C, Section II, of the MH/ID 17-A. For example, the total revenue reported in Column 1 for the Inpatient cost center would also be entered on Line C, Section II, of the MH/ID 17-A Report in the column used to report expenditures for that cost center.

Column 2: All program service fees are listed for the appropriate cost center or cost centers in which they have been earned in the period covered by the report.

Column 3: For private insurance revenue, follow the instructions cited above.

Column 4: For Medical Assistance payments, follow the instructions cited above.

Column 5: For Federal Social Service grants, follow the instructions cited above.

Column 6: For Federal Staffing Grants, follow the instructions cited above.

**TOTAL:** The total for all amounts listed in Column 1 or Section I is entered on Line M.

Section II. OTHER REVENUE EARNED

This section is used to list four types of revenue earned by the County Program without regard to the cost center or cost centers in which it was earned. Only the total amount for each of the four revenue accounts is used for purposes of this report. The amounts listed are based on revenue earned during a specific period – even if payment has not been received during the specific period.

Line A: List the total amount of all other Federal grants or funds (except for Medical Assistance, Social Service Grants, or Federal Staffing Grants) received by the County Program. Attach a sheet to this form explaining the federal grants referred to by amounts listed on Line A.

Line B: List the total amount earned from charitable donations, gifts, or private sources.

Line C: List the total amount earned as interest from investment of Department of Human Services allocations.

Line D: List the total amount of income not reported as part of any other revenue account.

Line E: The sum of the amounts listed on Lines A, B, C, and D of Section II is entered on Line E.

Section III. SUMMARY

This section summarizes the revenue received from all sources – including the County (or Counties) and the Department of Human Services.

Line A: Add the amounts listed on Line E of Section II and Line M of Section I and enter this amount on Line A of Section III.