



COLORADO

**Department of Health Care
Policy & Financing**

SOLICITATION #:

2017000265

**Appendix R
1915(b)(3) Services Report**

APPENDIX R
1915(b)(3) Services Report

Instruction of the CASH based Alternative Service quarterly report

Contract Exhibit R2, Section I.A.2.: Contractor shall submit, quarterly, reports in electronic format to the Department and/or designee detailing the previous quarters expenditures for 1915(b)(3) Waiver (Alternative) services.

I.A.2.a. Expenditure reports shall detail the specific type of service and the expenditure amount associated with that service for the given quarter.

Contract II.1.2.j Due Dates for Quarterly Reporting:

In the absence of an alternative reporting time line, all quarterly reports are due thirty (30) calendar days following the end of the reporting quarter.

The CASH based Alternative Service quarterly report is a cost report based on the service adjudication date during a quarter of a fiscal year. The steps to fill out the report are listed as below:

1. The total cost of each service class adjudicated during a quarter should be filled in the column D of a corresponding quarterly tab (xxxQ_brkdown).
2. Each of the costs from step one above then should be broken down into two columns, the cost for the service date of prior fiscal year and the cost for the service date of current fiscal year. The prior year's cost is in the column B and the current year's cost is in the column C.

For example, one BHO has \$100,000 of residential services adjudicated (paid) during the second quarter of FY05-06 (Oct.-Dec. of 2005). \$20,000 of the \$100,000 is for the service date of prior FY (before July 1, 2005). And \$80,000 is for the current FY. In this case, \$100,000 goes to column D20 in tab '2ndQ_Brkdown', \$20,000 to column B20 and \$80,000 to column C20.

3. Other 'filled-out' fields include the date submitted in all of the quarterly tabs, the BHO name and the fiscal year in the 1stQ_Brkdown tab.
4. The 'SumByPayDate' tab with a title of 'Cash Based Alternative service expenditure report for FYxxxx' is an auto-populated tab. The information is automatically transferred from the quarterly tabs.

Please note: All services provided to children, with the exception of respite and vocational rehab, are considered state plan services under EPSDT. With the exception of respite and vocational rehab, please report the cost of B(3) services for adults, only. For respite and vocational rehab, please report the cost of B(3) services for children and adults.

APPENDIX R
1915(b)(3) Services Report

A	B	C	D
Amount adjudicated in 1st Qtr of FY broken down by Date of Service			
BHO:		Fiscal Year:	
Date Submitted:		Quarter: July - September	
ALTERNATIVE SERVICE	Date of Service		Total Amount Paid
	Prior FY	Current FY	
Intensive Case Management			0
Vocational Services			0
Other:			0
Assertive Community Treatment			0
Respite Care			0
Clubhouse/Drop-in Center			0
Recovery Services			0
Prevention/Early Intervention			0
REQUIRED SERVICE			0
Residential Services			0
TOTAL EXPENDITURE	0	0	0

APPENDIX R
1915(b)(3) Services Report

A	B	C	D
Amount adjudicated in 2nd Qtr of FY broken down by Date of Service			
BHO:	0	Fiscal Year:	0
Date Submitted:		Quarter:	October - December
	Date of Service		Total Amount Paid
ALTERNATIVE SERVICE	Prior FY	Current FY	Total Amount Paid
Intensive Case Management			0
Vocational Services			0
Other:			0
Assertive Community Treatment			0
Respite Care			0
Clubhouse/Drop-in Center			0
Recovery Services			0
Prevention/Early Intervention			0
REQUIRED SERVICE			
Residential Services			0
TOTAL EXPENDITURE	0	0	0

APPENDIX R
1915(b)(3) Services Report

A	B	C	D
Amount adjudicated in 3rd Qtr of FY broken down by Date of Service			
BHO:	0	Fiscal Year:	0
Date Submitted:		Quarter:	January - March
	Date of Service		
ALTERNATIVE SERVICE	Prior FY	Current FY	Total Amount Paid
Intensive Case Management			0
Vocational Services			0
Other:			0
Assertive Community Treatment			0
Respite Care			0
Clubhouse/Drop-in Center			0
Recovery Services			0
Prevention/Early Intervention			0
REQUIRED SERVICE			0
Residential Services			0
TOTAL EXPENDITURE	0	0	0

**APPENDIX R
1915(b)(3) Services Report**

A	B	C	D
Amount adjudicated in 4th Qtr of FY broken down by Date of Service			
BHO:	0	Fiscal Year:	0
Date Submitted:		Quarter:	April - June
	Date of Service		
ALTERNATIVE SERVICE	Prior FY	Current FY	Total Amount Paid
Intensive Case Management			0
Vocational Services			0
Other:			0
Assertive Community Treatment			0
Respite Care			0
Clubhouse/Drop-in Center			0
Recovery Services			0
Prevention/Early Intervention			0
REQUIRED SERVICE			0
Residential Services			0
TOTAL EXPENDITURE	0	0	0

APPENDIX R
1915(b)(3) Services Report

A	B	C	D
Amount adjudicated in 1st Qtr of FY broken down by Date of Service			
BHO:		Fiscal Year:	
Date Submitted:		Quarter: July - September	
ALTERNATIVE SERVICE	Date of Service		Total Amount Paid
	Prior FY	Current FY	
Intensive Case Management			0
Vocational Services			0
Other:			0
Assertive Community Treatment			0
Respite Care			0
Clubhouse/Drop-in Center			0
Recovery Services			0
Prevention/Early Intervention			0
REQUIRED SERVICE			0
Residential Services			0
TOTAL EXPENDITURE	0	0	0

**APPENDIX R
1915(b)(3) Services Report**

A	B	C	D
Amount adjudicated in 2nd Qtr of FY broken down by Date of Service			
BHO:	0	Fiscal Year:	0
Date Submitted:		Quarter:	October - December
	Date of Service		Total Amount Paid
ALTERNATIVE SERVICE	Prior FY	Current FY	Total Amount Paid
Intensive Case Management			0
Vocational Services			0
Other:			0
Assertive Community Treatment			0
Respite Care			0
Clubhouse/Drop-in Center			0
Recovery Services			0
Prevention/Early Intervention			0
REQUIRED SERVICE			
Residential Services			0
TOTAL EXPENDITURE	0	0	0

**APPENDIX R
1915(b)(3) Services Report**

A	B	C	D
Amount adjudicated in 3rd Qtr of FY broken down by Date of Service			
BHO:	0	Fiscal Year:	0
Date Submitted:		Quarter:	January - March
	Date of Service		Total Amount Paid
ALTERNATIVE SERVICE	Prior FY	Current FY	
Intensive Case Management			0
Vocational Services			0
Other:			0
Assertive Community Treatment			0
Respite Care			0
Clubhouse/Drop-in Center			0
Recovery Services			0
Prevention/Early Intervention			0
REQUIRED SERVICE			0
Residential Services			0
TOTAL EXPENDITURE	0	0	0

**APPENDIX R
1915(b)(3) Services Report**

A	B	C	D
Amount adjudicated in 4th Qtr of FY broken down by Date of Service			
BHO:	0	Fiscal Year:	0
Date Submitted:		Quarter:	April - June
	Date of Service		
ALTERNATIVE SERVICE	Prior FY	Current FY	Total Amount Paid
Intensive Case Management			0
Vocational Services			0
Other:			0
Assertive Community Treatment			0
Respite Care			0
Clubhouse/Drop-in Center			0
Recovery Services			0
Prevention/Early Intervention			0
REQUIRED SERVICE			0
Residential Services			0
TOTAL EXPENDITURE	0	0	0

**Appendix R
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Cash Based Alternative Service Expenditure Report for FY						
BHO:	0				Fiscal Year:	0
Date Submitted:					Quarter:	
	Paid Amount					
ALTERNATIVE SERVICE	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total Year to Date	
Intensive Case Management	0	0	0	0	0	
Vocational Services	0	0	0	0	0	
Other:						
Assertive Community Treatment	0	0	0	0	0	
Respite Care	0	0	0	0	0	
Clubhouse/Drop-in Center	0	0	0	0	0	
Recovery Services	0	0	0	0	0	
Prevention/Early Intervention	0	0	0	0	0	
REQUIRED SERVICE						
Residential Services	0	0	0	0	0	
TOTAL EXPENDITURE	0	0	0	0	0	