



Community Behavioral Health: Provider Notice Alternative Payment Arrangement (APA) Expense Form April 14, 2020

During our weekly calls regarding the Alternative Payment Arrangement (APA), several providers had questions regarding the expense reporting form and there was a request to provide instructions on how to complete it. The form was originally released as an attachment to [CBH Provider Bulletin 20-08: COVID-19 Response: Alternative Payment Arrangement](#).

These forms are needed to monitor the requirements of the APA. It is not our intention to recoup funds from providers for APA payments except in circumstances where providers are not serving our members and/or have ceased operations.

The following points summarize information about the form and offer an explanation of how to fill it out. If you have any questions, please direct them to your Provider Relations Representative.

1. Period we are requesting

1.1. For the first month, April 2020, we are requesting two completely filled out forms.

1.1.1. The first form, for January 2020, will be used as the base period.

1.1.2. The second form is for April 2020; this form will be completed monthly thereafter as long as the APA is in place. We need a baseline period so that we can determine the level of staffing and expenses before and after the COVID-19 Emergency.

2. When is it due?

2.1. The form is due by 15 business days after the end of the prior month.

2.2. January and April forms are due by May 21, 2020.

2.3. May's form (if applicable) is due by June 19, 2020.

2.4. June's form (if applicable) is due by July 22, 2020.

3. How to complete each section

3.1. Tab One: Certification Statement

3.1.1. This is a certification, for the Senior Executive at your organization or at the individual site of your larger organization, indicating that the information you have submitted is correct and accurate. For example, if your organization is a local subsidiary of a national or regional provider organization, we require that the local senior executive sign the form. If you are a local organization, we require a signature by the Chief Executive Officer (CEO).

3.2. Tab Two: Expenditure Summary

3.2.1. Please provide the expenses that would be reported on your Income and Expense Statement for the portion of the business attributable to Medicaid/HealthChoices (CBH). We realize that, in some cases, this will involve calculating some estimates to break out the Medicaid portion of the business if your accounting/reporting systems do not report in that level of detail. Please make every effort to provide the most accurate information.

3.3. Tab Three: Personnel Invoice Schedule

- 3.3.1. Please provide personnel expenses for hourly and salaried employees attributable to the Medicaid/HealthChoices (CBH) business.
- 3.3.2. Please provide a combination of hourly and salaried personnel on this schedule, which should tie to the Wages and Salaries line of the Expenditure Summary.
- 3.3.3. If the amount of the Wages and Salaries line on Tab Two does not tie to this schedule, please provide an explanation.
- 3.3.4. For the Base Period (January 2020) only, please provide proof of payroll expenses, such as a payroll register summary total page or a quarterly 941 filing for the quarter ending March 31, 2020, if applicable.

3.4. Tab Four: Miscellaneous

- 3.4.1. Purchased Personnel: this is where to list contracted, 1099, or other personnel working for your organization but not receiving a paycheck through payroll.
 - 3.4.1.1. Please provide amounts expensed on Purchased Personnel and list name and amount by Purchased Individual on this form.
 - 3.4.1.2. The amount should tie to the Purchased Personnel line on the Expenditure Summary tab.

3.4.2. Other Personnel: any personnel that do not fit into the category of Employees or Purchased Personnel.

3.4.2.1. Please provide amounts expensed on Other Personnel and list name and amount on this form.

3.4.2.2. The amount should tie to the Other Personnel Expenses on the Expenditure Summary tab.

3.4.3. Staff Development: training and other expenses to assist your staff in furthering their career.

3.4.3.1. Please provide amounts expensed on Staff Development and list name and amount on this form along with an explanation of the staff development activity expensed (i.e. Training, etc.)

3.4.3.2. The amount should tie to the Staff Development Expenses on the Expenditure Summary tab.

3.4.4. Purchased Treatment: services that you purchase from other providers for treatment of your members.

3.4.4.1. Please provide amounts expensed on Purchased Treatment and list name and amount on this form.

3.4.4.2. This amount should tie to the Purchased Treatment Expenses on the Expenditure Summary tab.

3.4.5. Miscellaneous Expenses

3.4.5.1. Please list all miscellaneous expenses by type of expense with amount for each type of expense.

3.4.5.2. This amount should tie to the Miscellaneous Expense on the Expenditure Summary tab.

3.4.6. Building Repairs/Maintenance

3.4.6.1. Please list all Building Repairs/Maintenance expenses with amount for each type of expense (i.e. cleaning, painting, repair, etc.).

3.4.6.2. This amount should tie to the Building Repairs/Maintenance Expense on the Expenditure Summary tab.

3.4.7. Building Renovation

3.4.7.1. Please list each building renovation and the related expense along with an explanation of why the renovation was necessary.

3.4.7.2. This amount should tie to the Building Renovation Expense on the Expenditure Summary tab.

3.4.8. Furnishing/Equipment and/or Repairs

3.4.8.1. Please list each purchase or repair of furnishings or equipment with an explanation of why the purchase or repair was necessary.

3.4.8.2. This amount should tie to the Furnishing/Equipment and/or Repairs Expense on the Expenditure Summary tab.

3.4.9. Residence Adaptations (for Residential Facilities only)

3.4.9.1. Please list any Residence Adaptations with an explanation of why the adaptation was necessary.

3.4.9.2. This amount should tie to the Residence Adaptations Expense on the Expenditure Summary tab.

Should you have any specific questions about these forms, please direct them to your Provider Relations Representative, and we will respond as quickly as possible.