

Board Name: _____
 SFY: 2012

HCPCS Procedure	Category	State 401 (C) Forensic Monitoring	State 401 (5) Forensic Centers	State 419 Community Medication	State 505 Local MH SOC	State 505 Special	State Other Funds	Federal Block Grant (forensic portion) CFDA 93.958	Federal Block Grant (Base) CFDA 93.958	Federal Title XX CFDA 93.667	Federal PATH CFDA 93.150	Federal Other	Local Levy	Local Other	Total Board Spending	Medicaid	Notes
BALANCES:																	
	Beginning Mental Health Fund Balance ¹																
	PRIOR PERIOD ADJUSTMENTS (Explain in the Note column)																
	Restated MH Beginning Fund Balance														\$ -		
REVENUES:																	
	Total Mental Health Revenues														\$ -		
BOARD ADMINISTRATION:																	
	Salaries, Fringes, and Operating																
	Board Capital Expenditures																
BOARD SERVICES TO OTHER BOARDS OR AGENCIES:																	
	Agency Salaries, Fringes, and Operating																
	Agency Capital Expenditures																
EXPENSES:																	
90862	Pharmacologic Mgt. (<i>Medication/Somatic</i>)																
H0031	Mental Health Assessment (non-physician) (<i>Diag. Assess.</i>)																
90801	Psychiatric Diagnostic Interview (Physician) (<i>Diag. Assess.</i>)																
H0004	BH Counseling and Therapy (Ind.) (<i>Ind. Counseling</i>)																
H0004	BH Counseling and Therapy (Gp.) (<i>Gp. Counseling</i>)																
S9484	Crisis Intervention MH Services (<i>Crisis Intervention</i>)																
S0201	Partial Hospitalization, less than 24 hr. (<i>Partial Hospitalization</i>)																
H0036	Community Psychiatric Supportive Treatment (Ind.) (<i>Ind. CPST</i>)																
H0036	Community Psychiatric Supportive Treatment (Gp.) (<i>Gp. CPST</i>)																
	Board Support for Medications																
H0040	Assertive Community Treatment (<i>Clinical Activities</i>)																
M1910	Assertive Community Treatment (<i>Non-Clinical Activities</i>)																
H2016	Intensive Home-Based Treatment (<i>Clinical Activities</i>)																
M1810	Intensive Home-Based Treatment (<i>Non-Clinical Activities</i>)																
H0030	Behavioral Health Hotline Service (Hotline)																
H0046	Other MH Svcs., not otherwise specified (<i>hlthcare</i>) ²																
M3140	Other MH Svcs. (<i>non-hlthcare</i>) ²																
H0038	Self-Help/Peer Svcs. (Peer Support)																
M1440	Adjunctive Therapy																
M1540	Adult Education																
M4120	Consultation																
M3120	Consumer Operated Service																
M1620	Employment / Vocational																
M4130	Information and Referral																
M4140	Mental Health Education																
M1430	Occupational Therapy Svc																
M4110	Prevention																
M1530	School Psychology																
M1550	Social & Recreational Svc																
M2240	Community Residence																
M2280	Crisis Care (Crisis Bed)																
M2250	Foster Care																
M2200	Residential Care (Residential Treatment/Residential Support)																
M2270	Respite Care (Respite Bed)																
M2260	Subsidized Housing																
M2290	Temporary Housing																
**	Forensic Evaluation																
**	PASARR																
**	Inpatient Psychiatric Service (Private hospital only)																
	Total Mental Health Expenditures		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Net Mental Health Current Year																
	Ending Mental Health Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Non-Mental Health Revenue																
	Non-Mental Health Expenditures																
	Net Non-Mental Health						0										

Specify Type of Accounting (cash, accrual, modified accrual): _____

NOTES (refer to Instructions):
 1. Beginning Balance (Prior Ending Balance) SFY 2011
 2. Enter Totals here and details on sheet titled "Other MH Svcs Detail".