Substance Abuse and Mental Health Services Administration

SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

1992-2012

20 YEARS STRONG

DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

SAMHSA-HRSA
Center for Integrated Health Solutions

Program Income:

Using Program Income for MAI-CoC Grantees

Tuesday, May 19, 2015

SAMHSA-HRSA Center for Integrated Health Solutions

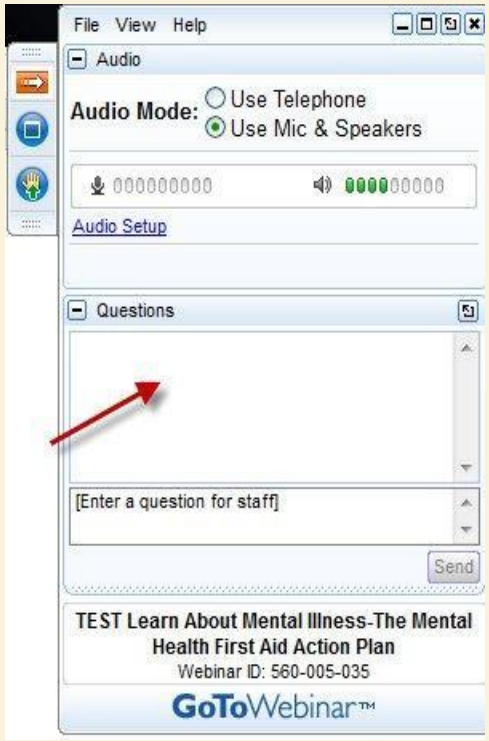
Slides for today's webinar are available on the CIHS website at:

http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars

How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the "raise your hand" button and we will open up your lines for you to ask your question to the group. **(left)**

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



SAMHSA-HRSA
Center for Integrated Health Solutions

Program Income:
Using Program Income for MAI-CoC Grantees

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration

Topics Covered in this Presentation

- **Program income:**
- Reimbursements allow you to further the objectives of the grant as approved in the current application.
- **Program participants will learn:**
- How to budget and use program income
- How to account for program income
- How to report program income

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The meaning of Program Income

- Program income is gross income received by the grantee, directly generated by a grant supported activity, or earned only as a result of the grant.

- Program income must be used to further the objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars and CFR as described in the terms and conditions of the award.

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STANDARD Terms of the Award

Standard Terms available on SAMHSA website:
http://www.samhsa.gov/grants/

- Program income accrued under this award may be used in accordance with the additional costs alternative described in (45 CFR 75.307 (e)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars A-102 ("Grants and Cooperative Agreements with State and Local Governments") and A-110 ("Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations").

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STANDARD Terms of the Award

Continued-

- The FFR must be prepared on a cumulative basis and all program income must be reported. http://www.whitehouse.gov/sites/default/files/omb/grants/approved_forms/sf-425-instructions.pdf

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SF425

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page 1 of pages
3. Recipient Organization (Name and complete address including Zip code)		

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☐ Cash ☐ Accrual

8. Project/Grant Period (Month, Day, Year) From:	To:	9. Reporting Period End Date (Month, Day, Year)

10. **Transactions**	Cumulative
(Use lines a-c for single or combined multiple grant reporting)	
Federal Cash (To report multiple grants separately, also use FFR Attachment):	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	
e. Federal share of expenditures	
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal funds (line d minus g)	
Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	
Program Income:	
l. Total Federal share of program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
				g. Totals:			

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number, and extension)
	d. Email Address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)
	14. Agency use only:

Standard Form 425 - Revised 10/11/2011
OMB Approval Number: 0348-0061
Expiration Date: 2/28/2015

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

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Examples of Program Income

Examples include but are not limited to:

- Medicare and Medicaid reimbursement, or private insurance reimbursement.
- Fees charged to register participants for a workshop or conference.
- Rental or usage fees charged for use of supplies or equipment purchased with grant program funds.
- Membership fees charged to individuals and organizations for grant related activities.
- Co-pays paid by clients for substance disorder or mental health treatment services.
- Services billed and received for clients entered into (e.g., GPRA, TRAC/NOMS, CDP,DCI) creates program income.

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Use of Program Income

Costs may be used for any of the following categories the grantee identifies in their Federal budget:

- Personnel
- Fringe Benefits
- Travel
- Equipment and Supplies
- Contractual
- Other
- Indirect Costs

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Budgeting Program Income

- Grant project budgets prepared by the grantee organization as they plan for the grant should include all funds that will be spent for the project—including other Federal and non-Federal sources. Non-Federal sources must include all program income expected to be earned and spent, e.g., Medicaid, Medicare reimbursements and client fees.

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Budgeting Program Income

- SF424 Item 18 - Estimated Funding: Enter the amount of Federal funds (TOTAL COSTS: Direct and Indirect Costs) being requested from SAMHSA and any non-Federal funds for this continuation grant application.
  - Under this section reflect other federal and non federal sources of funding by dollar amount and name of funder: Applicant, State, Local, Other Program Income, etc. *Other support is defined as all funds or resources, whether Federal, Non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, In-kind contributions or other Non-federal means.*
- Sample Budget and Justification (No match required) or (Match required)
- SF424A Section B Item 7- Total estimated funding of program income should be entered here.

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Additional References

- HHS Grants Policy Statement :

http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf

- **UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS**
- 2 CFR 200 (200.80): http://www.ecfr.gov/cgi-bin/text-idx?SID=704835d27377ef5213a51c149de40cab&node=2:1.1.2.2.1&rgn=div5#se2.1.200_180

- 45 CFR Part 75 (75.307): http://www.ecfr.gov/cgi-bin/text-idx?SID=704835d27377ef5213a51c149de40cab&node=2:1.1.2.2.1&rgn=div5#se2.1.200_180

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Center for Integrated Health Solutions

From Coverage to Care:
Helping the Newly Insured Understand Their Coverage

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Public Health Analyst – Special Assistant on Health Reform/Financing
Center for Substance Abuse Treatment
SAMHSA

CENTERS FOR MEDICARE & MEDICAID SERVICES

From Coverage to Care: Helping the Newly Insured Understand Their Coverage

"Working to Achieve Health Equity"

What is *From Coverage to Care*?

- C2C is an effort to help educate consumers about their new coverage and to connect them with primary care and preventive services that are right for them so they can live long, healthy lives.

- Resources online and in print include the Roadmap, Discussion Guide, videos, and more.

- C2C builds on existing networks of community partners to educate and empower newly covered individuals.

Why *From Coverage to Care*?

- Millions of Americans gained coverage through the Marketplace and Medicaid and CHIP during open enrollment, and this year more than 500,000 uninsured 64-year olds will become eligible for Medicare.
- For many, this is the first time in a long time or they have ever had coverage.
- Unless we connect the newly insured to primary care and preventive services, we will not realize the other goals of the ACA – improving population health and reducing health care costs.

From Coverage to Care Resources

Visit http://marketplace.cms.gov/c2c

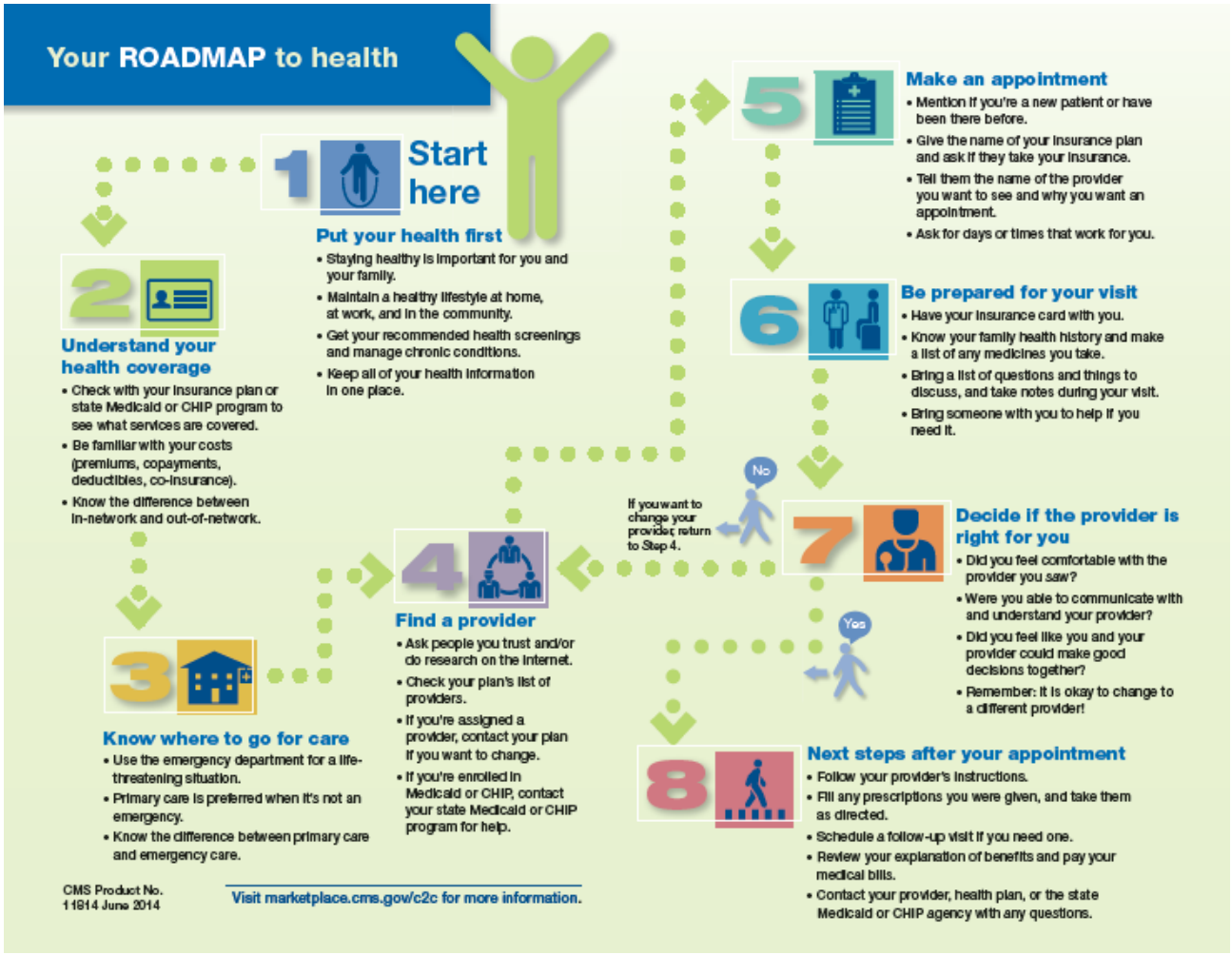
- Roadmap
  - Poster Roadmap
  - Consumer Tools
    - Insurance card
    - Primary Care vs. Emergency Care
    - Explanation of Benefits
  - Pull-out steps
- Discussion Guide
- Video vignettes

Print copies available from the CMS Clearinghouse

How to Use the Roadmap

- **Start the Conversation.** Use the Roadmap and Discussion Guide as a tool to help people understand their new coverage and understand the importance of getting the right preventive services.
- **Help Consumers Understand.** The Roadmap has a lot of information for consumers. You can help them use it as a resource to refer back to as they journey to better health and well-being.
- **Personalize it.** You know your community. Consider adding local resources and information.

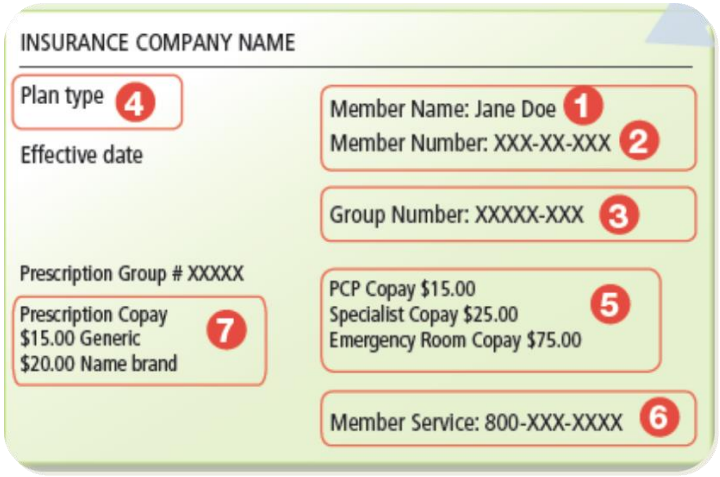
From Coverage to Care Roadmap



Online at marketplace.cms.gov/c2c

Other Information in the Roadmap

- Glossary of health coverage terms.
- Sample Insurance Card.
- Sample Explanation of Benefits.
- Resource list.
- Personal health tracking checklist.
- Health information page for coverage and provider information.



More Information on *From Coverage to Care*

Get Resources

http://marketplace.cms.gov/c2c

Contact Us

coveragetocare@cms.hhs.gov

QUESTIONS AND ANSWERS

Presenter Contact Information

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Additional Questions?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
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For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

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Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.