

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Community Policy Management Section

Initiative D: LME Request for SFY 07 Mental Health Trust Fund (MHTF) Award(s) to Private Not-for-Profit Provider or Private For-Profit Provider Organization(s) for Identifiable One-Time Non-Reimbursed Costs Related to MH/DD/SAS Service System Transition and Transformation

Request Due Date: Friday, Feb. 23, 2007, 5:00 pm

LMEs are invited to submit up to two recommendations for either a private not-for-profit provider or a private for-profit provider to receive one-time non-UCR Mental Health Trust Fund (MHTF) dollars that have been reserved by the Division to assist providers to (a) build additional community capacity as services are divested by the LMEs and (b) maintain financial stability during this growth period. Each LME is encouraged to apply for up to two one time allocations, not to exceed \$35,500 per provider for this purpose. Approved funding will be allocated to LMEs, who will in turn contract with the qualifying provider organization based on both need and provider viability.

All funds requested by LMEs for this purpose must be awarded to qualifying providers to support strategies to assist these organizations in being reimbursed for identifiable staff, equipment, and/or program costs that are directly related to MH/DD/SAS System Transition and Transformation to serve identified State Plan target populations. Funding criteria will consider (a) need for the services locally, (b) impact of the services on admissions to State facilities, and (c) operational viability of the provider. These costs may include one-time provider funding needs to (a) implement new and revised service definitions, and (b) assist providers in transitioning to private provider operations as a result of LME divestiture. Such transitional costs may include one-time equipment needs, minor facility modifications, start-up costs, staff training, supplementing staff costs until productivity increases, upgrade/acquisition of information systems for service documentation and billing, technical assistance for business planning, and partial buy-out of fringe benefits, such as retirement plans for LME staff moving to private service organizations which contract with the LME. Funds cannot be used for costs reimbursed by other funding sources.

All prospective funding for providers will require an evaluation by the LME and a recommendation in terms of provider type and level of services provided, number and type of consumers served, and ongoing viability of the provider. LMEs should report the amount of funds that the provider needs in SFY 07. All LME recommendations for MHTF funding to qualifying provider organizations are required to be based on a fair and open assessment of need, and a recommendation process considering all qualifying providers. The Division will review all LME submissions and, within available resources, approve funding based on identifiable needs.

The LME is required to complete and submit the **LME Request for Mental Health Trust Fund (MHTF) Awards to Private Provider Organization(s)** on the form below and requests for provider funding must be in priority order.

NOTE: LMEs are to complete and submit the LME Request by e-mail to Wanda Mitchell in the Division's Budget and Finance Office at Wanda.Mitchell@ncmail.net no later than **5:00 pm on Friday, February 23, 2007**. LME recommendations for funding are required to be approved by the Division prior to the actual allocation of funds to LMEs and the award of MHTF dollars to qualifying provider organizations.

DMHDDSAS USE Only:
 Example: MHTF SFY 07-A-01

 DMHDDSAS Application #

DMHDDSAS USE Only:
 Initiative D

DMHDDSAS USE Only:
 Date and Time Received

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Request Due Date: Fri., Feb. 23, 2007, 5:00 pm

Name of LME	Name/Title of LME Staff Submitting Plan	Date Submitted
I. Description of the LME's Process for Review of Provider Needs and Funding Recommendations.		

II. Identification of Recommended Qualifying Provider(s), Cost(s), and Award Amount(s)			
LME Priority No.	List in PRIORITY ORDER the Name and Address of Each Qualifying Private Provider Organization Recommended by the LME to Receive MHTF Funding for System Transition and Transformation (List no more than 2 providers)	Brief Description of Identifiable Provider Costs to be Reimbursed through MHTF and No. and Type of State Plan Target Population Consumers to be Impacted * * Provide additional detail on attachment as needed.	\$ Amount Needed For SFY07 (Please note limit of \$35,500 per provider)
1			
2			

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