

Department of Health and Human Services  
Division of Behavioral Health (DBH)

# FISCAL YEAR 2026 REGION BUDGET PLAN GUIDELINES

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**November 7, 2024**



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# OVERVIEW OF REGION BUDGET PLANNING

## I. PURPOSE

The Division of Behavioral Health (DBH) develops regional budget plan guidelines for the Region Behavioral Health Authority (RBHA) annually. The guidelines outline requirements for the RBHA to develop an annual financial plan (referred to as the regional budget plan or RBP) and submit a budget for the upcoming fiscal year contracts. In RBHA's RBP, the RBHA will provide financial oversight of all funds received through DBH, including fee for service (FFS), non-fee for service (NFFS), and network management/system coordination funds.

DBH provides an allocation chart for the upcoming fiscal year detailing funding for the RBHA, including tax match requirements based on state funding. Upon receipt of the plans, detailed review, and approval of the RBHA's budget plan, DBH initiates a contract for network management services and funding for services with the Regional Governing Board (RBG).

## II. VALUES AND CONCEPTS

### Quadruple Aim:

Quadruple Aim provides a framework for the Division's strategic planning. It describes an approach to optimizing health system performance.

- Improving individual's experience of care
- Improving provider's experience of care
- Improve the health of populations
- Reducing the per capita cost of care

The Aims are intertwined with the priorities for DHHS and Data Driven Quality Improvement (QI) Activities

DBH and the Region Behavioral Health Authority (RBHA) will utilize information from a variety of sources, including statewide and regionally generated data, to make data driven decisions regarding allocation of funding. Data used should be generated from the Centralized Data System (CDS), including utilization, waitlist and capacity data, and from the Electronic Billing System (EBS) using available reports. Prevention planning should utilize the Nebraska Prevention Information Reporting System (NPIRS) data system. Other data supporting RBHA decision-making regarding allocations should be made available to DBH upon request.

## III. BALANCED ARRAY

1. DBH and the RBHAs will develop and manage a comprehensive, continuous, and integrated system of care and service array of mental health and substance use disorder treatment, prevention, rehabilitative, and recovery support services. RBHAs are expected to maintain sufficient capacity in their designated geographic area throughout the contract year. The DBH expects RBHAs to fund a balanced array of services within the continuum of care that supports access and choice.

## REGION BUDGET PLANNING PROCESS

The following process will be utilized by RBHA's and DBH during Region Budget Planning (RBP)

### I. Roles and Responsibilities

#### A. Division of Behavioral Health (DBH):

- a. Annually update the Region Budget Planning Guidelines after soliciting feedback from the RBHA's.
- b. Distribute a *preliminary* allocation chart.
- c. Distribute a finalized allocation chart once final budgets are received from the legislature.
- d. Annually update all RBP forms and provide updated forms to the RBHAs.
- e. Annually create or update SharePoint for all completed forms to be submitted by the RBHA's.
- f. Review submitted RBP forms and provide feedback; approved as is or changes needed.
- g. Schedule review sessions with the RBHA's to provide feedback on RBP submissions and answer questions.
- h. Review units and budgets uploaded into EBS to ensure allocation is met.
- i. Review with Division Director for final approval of RBP submissions.
- j. Distribute letters confirming approval status to RBHA and Regional Governing Board.
- k. Finalize and prepare documents for loading.
- l. Contracts for Regional subawards loaded per DHHS requirements.

#### B. Region Behavioral Health Authority (RBHA):

- a. Annually review and provide feedback on the Region Budget Planning Guidelines.
- b. Provide information to contracted providers so they can begin preparing their provider budgets.
- c. Provide technical assistance to providers in developing their provider budgets.
- d. As applicable, take preliminary RBP budget to their Governing Boards for approval.
- e. Upload completed RBP documents to SharePoint site.
- f. Complete units and budget in EBS.
- g. Network Management:
  - i. Expectations:
    1. Maintain, at a minimum, the following regional administrative functions:
      - a. Regional administration
      - b. Fiscal management
      - c. Network development and contract management
      - d. Quality improvement
      - e. Utilization management
      - f. Consumer involvement and advocacy
      - g. Access to basic services.
      - h. System development, monitoring and auditing to ensure that consumers served are clinically and financially eligible for Nebraska Behavioral Health System (NBHS) funding.

2. Develop and manage a comprehensive, continuous, and integrated system of care and service array of mental health and substance use disorder treatment, prevention, rehabilitative, and support services with sufficient capacity for the designated geographic area.
  - a. Identify, recruit, enroll, retain, monitor, and continually evaluate a network of providers (herein referred to as the Network) according to State and Federal standards, regulations, and laws.
  - b. Provide direct technical assistance to the provider, including corrective action plans as needed, to correct financial, billing, or programmatic problems using performance and outcome data to determine if the provider shall be retained in the Network.
  - c. Verify all documentation and ensure that providers enrolled in the Network comply with the provider responsibilities and selection criteria in accordance with DBH and RBHA provider enrollment minimum standards.
  - d. Ensure that the Network has the capacity to provide the federally mandated substance use prevention services, substance use treatment services, and meet federally required timeframes for priority populations.
3. Develop an annual financial plan, as specified in this document to provide financial oversight of (1) all Fee for Service (FFS) and Non Fee for Service (NFFS) funds received from DBH; (2) the network management funds; (3) the funds for any service the Region directly provides, (4) ensure all federal maintenance of efforts are met, and (5) ensure local match (tax and non-tax) is expended.
4. Actively participate with the DBH in the implementation of initiatives, strategies, and related goals and objectives, including, but not limited to, strategic planning and development of access standards as evidenced by:
  - a. Attendance and participation in meetings and conference calls;
  - b. Submission of required data and reports;
  - c. Sharing of information with network providers as agreed upon in contract, network management, and Region Administrator meetings as applicable.
5. Develop and implement strategies ensuring behavioral health providers understand the effects of psychological trauma, consistently screen for trauma symptoms and history of traumatic events, provide ongoing assessment of trauma symptoms and problems related to trauma, and offer services that are recovery-oriented and trauma-sensitive.
6. Submit a list of providers offering same day services or open access services, including service description, annually.
7. Develop and implement educational and readiness strategies for network providers to increase their understanding of, and participation in, Nebraska's managed care organizations (MCO).
8. Within the current service array, ensure services/programs have the clinical expertise to serve special populations whose needs cannot be met by traditional behavioral health services.
9. Develop and implement strategies and/or training that promote and represent the cultural, ethnic, gender, and other needs of the

- community and incorporates the National Standards for Culturally and Linguistically Appropriate Services (CLAS) within the network.
10. Monitor, with reports as required by DBH, network of behavioral health treatment providers to (1) comply with the authorization and registration processes and timelines, (2) that providers are accepting consumers into service who meet clinical guidelines and financial eligibility requirements (3) enter data accurately into the DBH designated system for DBH consumer authorization and registration (CDS) and the DBH electronic billing system (EBS), and, (4) comply with the terms and requirements of any subsequent contract related to data and system management.
  11. Conduct unit, expense verification, and program fidelity reviews for all services rendered by contracted providers (prevention, network, and treatment) in the Region as outlined in the current DBH audit manual.
  12. Continue working toward sustainment of suicide prevention, mental health promotion, and other prevention efforts, by integrating these efforts into established prevention practices.
  13. Participate in DBH and Regional disaster preparedness, response, and recovery activities in accordance with the Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan.
  14. Ensure behavioral health treatment providers in the network do not deny service to eligible consumers utilizing medications prescribed by a physician and/or appropriately licensed professional (e.g. medication assisted treatment).
  15. Ensure behavioral health treatment providers in the treatment network facilitate access, or referrals, to Medication Assisted Treatment providers, when clinically appropriate, for consumers in their care.
  16. Ensure the funding operation of a housing assistance program as described in the DBH Housing Assistance Manual.
  17. The RBHA is encouraged to pursue national accreditation as a network.
  18. The RBHA will provide leadership, advocacy, planning activities, and system problem solving for consumers with behavioral health disorders. They will coordinate activities and collaborate with community-based partners to ensure consumers with behavioral health disorders receive the most appropriate services located within their community whenever possible.

## II. General RBP Parameters

The following parameters are applicable across all Region Budget Planning forms and documents. Each RBP required form's parameters will be described in the next section.

- A. Use of unauthorized forms/documents, PDF's and handwritten documents will not be accepted and will be returned to the RBHA to make necessary changes.
- B. Substance Use Disorder (SUD), Women's Set Aside, and Mental Health (MH) Children's services will be funded to ensure expenditures are at least equal to, or exceed, expenditure amounts required to ensure achievement of **maintenance of efforts** for women with children, pregnant women, and children with Serious Emotional Disturbances.

- C. RBHAs may use state funds for Disaster Preparedness, Response, and Recovery activities, excluding expenses reimbursable through the University of Nebraska-Public Policy Center or other sources.
- D. RBHAs must budget for travel to attend and participate in scheduled Network meetings to support the development, coordination, maintenance and monitoring of Network goals and activities.
- E. Review and use **utilization** data (CDS, EBS, and RBHA produced) to inform budget decisions.
- F. The plan should demonstrate and fund an array of services that improves access and minimizes wait times. This may also be useful to guide budget reductions.
- G. RBHAs will ensure that state required match dollars are secured, expended, and accurately reported on the RBP and RBHA actuals as directed by DBH.
- H. If necessary, any further reduction of appropriations made by the Legislature related to Medicaid expansion must be applied proportionately to Medicaid covered services as determined by DBH.



### III. FY26 RBP Required Forms and Documents

All required FY26 RBP forms and documents will be loaded onto the DBH SharePoint site prior to the RBP begin date. RBHA's must use these forms and submit their completed FY26 RBP forms to the [DBH RBP SharePoint site](#) (see How To Submit Forms/Documents section).

#### 1. Service Enhancements (SE) and Outcomes

- a. Service enhancements are used when additional funding is added to a service to provide support, above and beyond, the basic service definition.
- b. RBHA's will utilize the Service Enhancement template for each approved region service enhancement. The template includes a narrative outlining what the enhancement is and specifically how the enhancement is in addition to the basic service definition. The RBHA will identify the parameters for the use of the enhancement, who is eligible and why, identification of a control group, goals to be achieved with the enhancement, and how outcomes will be measured.
- c. The RBHA will submit a Provider Budget (BH-20) for the service enhancement.
- d. RBHAs will be expected to upload all approved outcome measures submitted with the service enhancement narrative to the DBH RBP SharePoint site.
- e. The outcomes should be submitted to the Division 45 calendar days following the close of the quarter.
  - i. Failure to submit required information within 45 calendar days after the quarter will result in payment for the service being denied until required information is received and approved or subsequent month billing, whichever is later.
  - ii. If the submission date falls on a weekend, the submission would be expected the following business day.
- f. Please utilize the **SE/RE Proposal Document** when submitting for Service Enhancements.

#### 2. Rate Enhancements (RE) and Outcomes

- a. In exceptional cases, there may be a request to pay an additional rate on top of an established unit rate. This request is appropriate when the Rate Enhancement would support better consumer outcomes. Like a Service Enhancement, a Rate Enhancement is only utilized when service provision is above what is outlined in the service definition in the Continuum of Care Manual.
- b. RBHA's will utilize the Service Enhancement template for each approved region service enhancement. The template includes (form is on SharePoint):
  - i. Description of Request
  - ii. Rationale for Request

- iii. Budget Overview
- iv. Enhancement Information
- v. Outcomes
- c. The RBHA will submit a Provider Budget (BH-20) for the service enhancement.
- d. RBHAs will be expected to upload all approved outcome measures submitted with the service enhancement narrative to the DBH RBP SharePoint site.
- e. The outcomes should be submitted to the Division 45 calendar days following the close of the quarter.
  - i. Failure to submit required information within 45 calendar days after the quarter will result in payment for the service being denied until required information is received and approved or subsequent month billing, whichever is later.
  - ii. If the submission date falls on a weekend, the submission would be expected the following business day.
- f. Rate and Service enhancements, if approved, will be ONLY for the FY26 contract.
- g. Please utilize the **SE/RE Proposal Document** when submitting for Rate Enhancements.

### 3. Region Specific Service Definitions

- a. RBHA's may submit service definitions for services being provided that are not in the Continuum of Care manual to DBH to be approved. Region specific service definitions will be reviewed to determine if the service expectations are consistent with any other service in the Continuum of Care (COC) Manual. DBH will review the service definition and determine if the service can continue in the next fiscal year or if there is another service comparable in the COC Manual that should be utilized instead. All submitted service definitions must follow formatting structure as other service definitions outlined in the Continuum of Care manual to include:
  - i. Service Name
  - ii. Funding Source - Outlines the primary funding source for the service (Default is "Behavioral Health")
  - iii. Setting - Defines the setting, such as a community setting, facility, hospital etc.
  - iv. Facility or Professional License - Defines the license required of the facility or individual offering the service (Default is "As required by the DHHS Division of Public Health")
  - v. Basic Definition - Provides a narrative overview of the services explaining the intent, goals, and purpose of the service.
  - vi. Service Expectations -

1. Outlines the specific requirements and activities for implementing the service, including deliverables and documentation that will be audited as a part of the provision of the service.
2. Must clearly outline required documentation for the service.  
Ex: Assessments, screeners, treatment plans, and progress notes.
3. Services must acknowledge delivery in a culturally competent manner.
4. Services must acknowledge crisis services are made available 24/7.
- vii. Length of Services - Outlines anticipated length of stay.
- viii. Staffing - Must Include roles eligible to render the service.
- ix. Staffing Ratio - Ratio of staff to individuals served.
- x. Hours of Operation - Hours of Operation for the Program
- xi. Individual Desired Outcomes - Anticipated outcomes for the individual served following the service being rendered.
- xii. Admission Criteria - Clinical criteria for the individual to be eligible for the service.
- xiii. Continued Stay Criteria - Criteria by which the individual will be reviewed to remain in the service.

4. Women's Set Aside Progress Report (WSA)

- a. The RBHA will submit a WSA qualifying service components checklist showing the provider is able to meet the federal requirements of being a WSA provider.
- b. Women's substance use set aside services for women who are not eligible for Medicaid must be funded at a level adequate to ensure expenditures do not fall below the amount expended in the previous year.

5. Financial Audit Schedule (RP2)

- a. The RBHA will submit a tentative schedule of the Financial CPA Audits to take place in the next fiscal year. See the Division of Behavioral Health [Audit Manual](#) for additional information.

6. Services Purchased Verification and Program Fidelity Review List (RP2A)

- a. The RBHA will submit a list of all services within the RBHA to be audited by the RBHA and a projected date of review. See the Division of Behavioral Health Audit Manual for additional information.

7. Same Day/Open Access Services

- a. The RBHA will submit a report of providers and service descriptions that have same day access or open access services.

8. Financial Eligibility Charts and Policy (Fee Schedules)

- a. The RBHA will submit their region sliding fee scales. These scales should align with the sliding fee scale provided by DBH. The RBHA will submit the most current version of their Financial Eligibility Policy. The region's policy shall align with DBH's policy found in the [NOMs manual](#), Appendix A.

#### 9. Region Rate Chart

- a. The RBHA will submit a list of services provided on a region rate. Region rates will be reviewed by DBH and determine if the region rate is appropriate for the next fiscal year.

#### 10. Federally Approved Indirect Cost Rate Document

- a. Providers should obtain a federally approved indirect cost rate or approved de minimis rate from DBH. The RBHA will provide the preapproved federal are or preapproved DHHS indirect cost rate with a copy of the approval attached.

#### 11. Network Management and System Coordination Budget Form (System Coordination)

- a. The RBHA will submit a BH-20c-h (**Network Coordination Summary Budget**) form reporting all revenue and expenditures NOT related to delivering services. Unless the RBHA has a federal approved cost rate, administrative costs must be included as direct costs on the BH-20c-h (Network Coordination Summary Budget) category forms or individual expense itemization on the BH-20c-h (Network Coordination Summary Budget) (h). Any allocation of administrative costs must be substantiated.
- b. See Appendix B: Funding Categories for BH-20 regarding the funding categories and examples of allowable and unallowable costs.
- c. Each position must be listed separately.
- d. Each expense shall be listed separately and in detail.
- e. Instructions to complete the BH-20c-g BH-20c-h (Network Coordination Summary Budget) Form are imbedded within the form.
- f. Each tab is color coded and aligns with each System Coordination.
- g. Each System Coordination budget must include (Expectations are outlined in the NOMS):
  - i. **Emergency Coordination:** RBHAs must budget for travel to attend and participate in scheduled Emergency System meetings to support coordination of emergency services.
  - ii. **Youth System Coordination:** RBHAs must budget for travel to attend and participate in scheduled Youth System meetings.
  - iii. **Housing Coordination:**
    - 1. Ensure sufficient funds are available for travel to attend and participate in scheduled Housing Coordination meetings and trainings.

2. The following parameters are to be used for the Housing Assistance Program:
  3. State funds may be used to expand DBH priority populations eligible for housing assistance (e.g. SUD Housing). No Federal, Health Care Cash, or Housing Related Assistance funds may be used for this purpose.
  4. When choosing to expand the population to receive services, the RBHA must identify the new population to be served and submit a program plan to be approved by DBH prior to implementation of the service.
  5. Housing Related Assistance funds may be used for the Landlord Risk Mitigation Fund as outlined in the Housing Assistance Manual. No Federal, Health Care Cash, or State funds may be used for this purpose.
  6. Housing Related Assistance funds, not to exceed 15%, may be used for coordination.
  7. Reporting Responsibilities:
  8. Ensure consumer level data for the Housing Assistance Program is submitted through the CDS.
- iv. Consumer Coordination:** RBHA must ensure sufficient funds are available for travel to attend and participate in Consumer System meetings and trainings as determined by the RBHA.
- v. Prevention Coordination:** See #15-#18 below.

12. Provider NFFS/Expense Budget Form (Region Provider Budgets)

- a. The RBHA will provide copies of all provider budgets completed on BH-20 Provider Budget form for NFFS/Expense funded services ONLY. If budget includes any rate-based services, the BH-20 will be returned to the region to be corrected.
- b. See Appendix B: Funding Categories for BH-20 regarding the funding categories and examples of allowable and unallowable costs.
- c. Each position must be listed separately.
- d. Each expense shall be listed separately and in detail.
- e. Instructions to complete the BH-20c-h Provider Budget Form are imbedded within the form.
- f. Each tab is color coded and aligns with each service listed by the provider.

13. Unallocated Funds

- a. Should the RBHA have unallocated dollars when completing their budget, the RBHA should first ensure all required MOE's are met. If all MOE's are met, the RBHA will submit a narrative outlining how much money is unallocated and why aren't all dollars allocated. The narrative must include a detailed plan regarding how the RBHA intends to use those unallocated dollars.

14. Emergency System Plans for One Narrative and Budget (PF1)

- a. RBHA's must submit a summary in the form of a narrative of Plans For One allocations over the previous fiscal year (FY25). (Please submit a summary of how many Plans for One were completed and how much was spent/utilized in FY25?)
- b. Any RBHA's that identify Plans for One allocations in their FY26 budget must submit a detailed narrative and budget outlining use the allocated dollars and updated applications for any new or ongoing Plans for One.

15. Prevention Provider Budget (Coalitions and Region Direct Providers)

- a. RBHA's must ensure that all funds utilized from the Primary Prevention Set Aside are only for activities directed at individuals not identified to need treatment and directly associated with SUD prevention.
  - i. RBHA must fund a comprehensive prevention program that includes activities in the six Primary Prevention Strategies as identified in 45 CFR §96.125 Activities are to be provided in a variety of settings for both the general population as well as targeting subgroups who are at high risk for substance use. Activities should support DBH's Strategic Plan priorities for prevention.

- ii. It is permissible to use Primary Prevention Set Aside funds for strategies that address shared risk and protective factors as long as the strategy addresses SUD risk and protective factors.
- b. At least 60% (sixty percent) of the Primary Prevention Set Aside fund must be allocated to community-based partnerships.
- c. At least 50% (fifty percent) of the funding received by community-based partners must be used to fund Community Based and Environmental strategies.
- d. At least 65% (sixty-five percent) of the funds allocated for Primary Prevention Set Aside must be used to fund an evidence-based policy, practice, or program.
- e. Each funded entity must complete the BH20 Prev-EBP form which reflects the overall budget in the first tab and the EBP breakout in the second tab. All primary prevention services provided directly by the RBHA must be reflected in a separate BH20 Prev-EBP form and not under Regional Prevention Coordination.
- f. RBHA must ensure sufficient funds are available for travel to attend and participate in statewide Prevention meetings and trainings as scheduled.

#### 16. Prevention Training Outline

- a. This form consists of outlining prevention training efforts and include a budget.
- b. RBHA should note that Prevention training funding no longer counts towards the minimum 20% (twenty percent) for primary prevention set aside, however, additional SUPTRSBG funds may be used. The Training Budget Outline form must be completed and submitted with the RBP (see Prevention Training Budget Outline form for additional instructions).
  - i. Priorities for use of training dollars shall be toward travel, hotel, per diem for meals and incidentals, registration fee, training materials, and facility fees.
  - ii. Priorities for training topics include but are not limited to, substance use prevention outcome or evidence-based practices, prevention strategic planning, workforce development, capacity building, grant management, and sustainability of local coalitions.
  - iii. Trainings conducted or attended by regional prevention staff, should be reflected in the Prevention Coordination System budget.

#### 17. Prevention SUPTRSBG Work Plan

- a. Submit a Regional Work Plan detailing activities that will address the DBH's strategic priorities for prevention and any areas for training and technical assistance efforts to be completed during the contract year.

- b. Participate in reporting National Outcome Measures via the use of NPIRS, or other data recording processes required by DBH, to record prevention activities.
- c. Ensure that all funded prevention providers and community coalitions enter data into the NPIRS system and/or other data reporting system as required by DBH. Data should be entered based on the timeline indicated in the NPIRS Reporting Plan provided by DBH. All payments to coalitions who have not submitted data that is overdue by more than 60 days will be stopped.

#### 18. Prevention Mini-Grants

- a. Regional Guidelines & Scoring Criteria
- b. RBHA must have a formal process for awarding mini grants, including scoring and use of standardized criteria developed by RBHAs. A RBHA can allocate a maximum of \$20,000 towards mini grants. If offered, mini grants must be awarded per the following parameters:
  - i. Meet criteria for one of the six identified strategies.
  - ii. No more than \$3,000 each; awards over this threshold shall be captured in contract.
    - a. The total to be awarded for Mini-Grants must be indicated on a separate BH20 Prev form labeled *Mini-Grant Summary*.
    - b. Mini-grants must include a submitted workplan.
    - c. Every approved Mini-grant application must be sent to DBH prevention to receive an NPIRS reporting plan.
    - d. Ensure that all funded prevention providers and community coalition enter data into NPIRS system and/or other data reporting system as required by DBH.
  - iii. Mini-grant recipients must be entered into, and billed using, the EBS.

#### 19. Tax Match (RP1)

- a. Certification of preliminary Tax Matching Funds – complete the RP-1 form by selecting the preliminary certification, enter in the dollar amounts for each corresponding funding category. A final certificate will be submitted to the Division, no later than October 1.
  - i. The RBHA shall provide one dollar for every three dollars provided from the General Fund

### **IV. REGIONAL SUBMISSIONS OF THE RBP**

All forms listed in Section III must be submitted following the file format found in Appendix C and submitted to DBH by the required due date. Each required form is updated and loaded onto the RBP submission SharePoint site. Reminder, any forms not submitted using the most current version and/or submitted in PDF format will not be reviewed and will be returned to the Region for corrections.



For services directly provided by the RBHA, a provider-specific budget is still required for expense based (Non-FFS) services.

1. For file submission, each RBHA will receive a two-part (Part 1 and Part 2) file structure in the form of a zip file.
2. The RBHA will save each required document into each identifying folder with the required file name (similar to Network/Prevention Compliance document submission).
3. Once all documents are compiled, the RBHA will upload the entire zip file to the RBP SharePoint site. Do not submit individual documents/forms as they will be returned.
4. If documents must be edited, upload the folder number/name the document falls under as a zip file with an updated date (IE: Part 1 – 3. Region Rate Chart – 4.1.25).

SharePoint website: <https://partners-dhhs.ne.gov/Pages/Home.aspx>

## APPENDIX A

### FY26 RBP TIMELINE AND APPROVAL PROCESS

November 6, 2024	<ul style="list-style-type: none"><li>• DBH Internal review and update of RBP.</li><li>• Guidelines and RBP required forms due.</li></ul>
November 7, 2024	<ul style="list-style-type: none"><li>• Draft FY26 RBP Guidelines will be emailed to RBHA's for review.</li><li>• RBP Forms will be uploaded into SharePoint.</li></ul>
November 15, 2024	<ul style="list-style-type: none"><li>• Feedback due from RBHAs on the Draft FY26 RBP Guidelines.</li></ul>
November 19, 2024	<ul style="list-style-type: none"><li>• Network Management/RA/DBH meeting – review of RBHA feedback on Draft FY26 RBP Guidelines.</li></ul>
December 9, 2024	<ul style="list-style-type: none"><li>• Final FY26 RBP Guidelines distributed.</li><li>• Preliminary allocation chart distributed.</li></ul>
January 10, 2025	<ul style="list-style-type: none"><li>• Allocation chart (revised, if applicable) distributed.</li></ul>
February 14, 2025	<ul style="list-style-type: none"><li>• Part 1 documents (see Appendix C) are due to DBH.</li></ul>
February 28, 2025	<ul style="list-style-type: none"><li>• DBH feedback to Part 1 documents are due to RBHA.</li></ul>
March 7, 2025	<ul style="list-style-type: none"><li>• RBHA resubmission of Part 1 documents (as applicable) due to DBH.</li><li>• DBH review any resubmissions.</li></ul>
March 21, 2025	<ul style="list-style-type: none"><li>• Part 2 documents (see Appendix C) are due to DBH.</li><li>• FY26 RBP (units and budgets) completed in EBS.</li><li>• Provider budgets plus unallocated in EBS match allocation. Initial match entered in EBS.</li></ul>
March 28-April 4, 2025	<ul style="list-style-type: none"><li>• DBH internal review of all RBP forms and documents.</li><li>• DBH feedback sent to RBHA.</li></ul>
April 18, 2025	<ul style="list-style-type: none"><li>• All RBP forms updated and due back to DBH.</li><li>• Follow up discussions scheduled as needed.</li><li>• Revisions finalized.</li></ul>

<b>April 25, 2025</b>	<ul style="list-style-type: none"> <li>• <b>DBH internal final approvals.</b></li> <li>• <b>RBHA calls regarding approvals.</b></li> <li>• <b>Unapproved services or enhancements moved to unallocated; clarification in RBP status letters.</b></li> <li>• <b>DBH distributes letters confirming approval status to RBHA and Regional Governing Board.</b></li> </ul>
<b>May 2, 2025</b>	<ul style="list-style-type: none"> <li>• <b>Director presentation.</b></li> </ul>
<b>May 9, 2025</b>	<ul style="list-style-type: none"> <li>• <b>DBH RBP approval letters due.</b></li> <li>• <b>Contracts for Regional subawards loaded per DHHS requirements.</b></li> </ul>
<b>July 1, 2025</b>	<ul style="list-style-type: none"> <li>• <b>State to Regional final contracts are effective.</b></li> </ul>

*\*Date for contract dissemination is tentative.*

## APPENDIX B

### BH-20 AND SERVICE FUNDING CATEGORIES

#### Funding Categories for BH-20

The listing of expenses included under each category is not intended to be all inclusive nor exclusive. It is intended to provide common examples of the type of expenditures to include in each category. Please read through the entire document before completing the BH-20. Subject to Change. **See Federal Cost Principles 200 CFR and NOMs Appendix K for unallowable costs.**

**\*\*There may be changes to what is allowed and not allowed not listed within the Funding Category list and BH20 Form. The most updated version of the BH20 form supersedes the Funding Category outlined below.\*\***

#### DIRECT COSTS

**1. Personnel Wages/Salaries:** Personnel expenses that can be directly associated with the service being purchased (via time coding or time study).

- |   |   |
|---|---|
| <input type="checkbox"/> Permanent salaries/wages                       | <input type="checkbox"/> Holiday leave expense  |
| <input type="checkbox"/> Including Administrative (time study required) | <input type="checkbox"/> Military leave expense |
| <input type="checkbox"/> Temporary salaries/wages                       | <input type="checkbox"/> Funeral leave expense  |
| <input type="checkbox"/> Overtime pay                                   | <input type="checkbox"/> Civil leave expense    |
| <input type="checkbox"/> Comp time pay                                  | <input type="checkbox"/> Injury leave expense   |
| <input type="checkbox"/> Vacation leave expense                         |   |
| <input type="checkbox"/> Sick leave expense                             |   |

**2. Employer taxes and Fringe benefit expense:** Fringe benefits directly associated with the service being purchased.

- |   |  |
|---|--|
| <input type="checkbox"/> Retirement plans expense         | <input type="checkbox"/> Unemployment comp insurance               |
| <input type="checkbox"/> Social security benefits expense | <input type="checkbox"/> EAP                                       |
| <input type="checkbox"/> Life/accident insurance          | <input type="checkbox"/> Health Saving Plan/Flexible Spending Plan |
| <input type="checkbox"/> Health insurance                 |  |

**3. Supply/Operating Expenses:** Operational costs that can be directly associated with a particular service being purchased w/ established methodology and consistent application.

- ☐ Postage
- ☐ Communication (i.e., phone/voice mail/e-mail)
- ☐ Data processing/computer hardware/software
- ☐ Internet services
- ☐ Publications/newsletter/printing
- ☐ Training materials (booklets, pamphlets, curriculum, videos, etc.)
- ☐ Copying
- ☐ Professional dues/subscriptions
- ☐ Registration Fees
- ☐ Insurance (i.e., liability, building, auto)
- ☐ Program marketing/advertising (necessary for program or recruitment)
- ☐ Conference/professional development
- ☐ Job applicant (i.e., recruitment expenses)
- ☐ Utilities (i.e., elec./water/gas)
- ☐ Rental expenses (i.e., bldg./equip)
- ☐ Repair/maintenance (i.e., bldg./equip/vehicle)-under capitalization threshold)
- ☐ Office supplies
- ☐ Office equipment (under capitalization threshold)
- ☐ Workshops/retreats/trainings/classes
- ☐ Education services

**4. Travel Expenses:** Expenses for travel incurred while providing the service being purchased per agency travel policy and applicable state or federal requirements.

- ☐ Board and lodging (includes meals for longer than one day stay)
- ☐ Meals – one day travel
- ☐ Commercial transportation
- ☐ Agency owned transportation
- ☐ Mileage – personal vehicle

**5. Contracts/Consultants:** Other expenses directly associated with the service being purchased in relation to the service required.

- ☐ Consultants (rendered by person who are members of a particular profession or possess a special skill who are not officers or employees of the non-federal entity)

- Contracts for other services (i.e., non-employee physicians, nurses, etc.)

**6. Equipment Expenses:** Expenses for tangible personal property (including information technology systems) that has a useful life of more than one year and a per unit acquisition cost based on the organizations capitalization definition or \$5,000, whichever is less.









**7. Indirect:** Preapproved Federal Rate or Preapproved DHHS indirect cost rate (copy of approval must be attached).

## **APPENDIX C**

### **FILE STRUCTURE FOR SHAREPOINT**











#### **FY26 RBP Part 1**

- 1. Rate Enhancements (RE)**
  - a. Proposal (Narratives/Outcomes)
    - i. Region#\_ProviderName\_ServiceName\_RE\_Proposal\_FY26
- 2. Region Rate Chart**
  - a. Region#\_RateChart\_FY26
- 3. Region Specific Service Definition**
  - a. Region#\_ProviderName\_ServiceName\_SD\_FY26
- 4. RP2**
  - a. Region#\_RP2\_FY26
- 5. RP2A**
  - a. Region#\_RP2A\_FY26
- 6. SameDay-OpenAccess**
  - a. Region#\_SameDay/OpenAccess
- 7. Service Enhancements (SE)**
  - a. Proposal (Narratives/Outcomes)
    - i. Region#\_ProviderName\_ServiceName\_SE\_Proposal\_FY26
- 8. Women's Set Aside (WSA)**
  - a. Region#\_ProviderName\_ServiceName\_WSA\_FY26

-  1. Rate Enhancements (RE)
-  2. Region Rate Chart
-  3. Region Specific Service Definitions
-  4. RP2
-  5. RP2A
-  6. SameDay-OpenAccess
-  7. Service Enhancements (SE)
-  8. Women's Set Aside (WSA)

## **FY26 RBP Part 2**

- 1. Emergency Systems Plans For One**
  - a. Region#\_PF1\_Narrative\_ClientInitials(XX)\_FY26
  - b. Region#\_PF1\_BH20\_ClientInitials(XX)\_FY26
- 2. Federally Approved Indirect Cost**
  - a. Region#\_ProviderName\_IndirectCost\_FY26
- 3. Network System Coordination Budget**
  - a. Region#\_SystemCoordination\_BH20\_FY26
- 4. Prevention**
  - a. Prevention Provider Budgets**
    - i. Region#\_Prev\_Coalition/PrevProviderName\_BH20\_FY26
  - b. Prevention Mini-Grant Workplans (Regional Guidelines and Scoring Criteria)**
    - i. Region#\_Mini-Grant\_FY26
  - c. Prevention Training Outlines**
    - i. Region#\_Training\_BH20\_FY26
  - d. Prevention SUPTRSBG Workplan**
    - i. Region#\_Prev\_Coalition/PrevProviderName\_Workplan\_FY26
- 5. Rate Enhancement (RE)**
  - a. Rate Enhancement Budget**
    - i. Region#\_ProviderName\_ServiceName\_RE\_BH20\_FY26
- 6. Region-Provider Budgets (NFFS ONLY)**
  - a. Region#\_ProviderName\_BH20\_FY26
- 7. Service Enhancement (SE)**
  - a. Service Enhancement Budget**
    - i. Region#\_ProviderName\_ServiceName\_SE\_BH20\_FY26
- 8. Tax Match (RP1)**
  - a. Region#\_RP1\_FY26
- 9. Unallocated Funds**
  - a. Region#\_UnallocatedFundsBudget-Workplan\_FY26
- 10. Fee Schedules/Policy**
  - a. Sliding Fee Schedules
    - i. Region#\_SlidingFeeSchedules\_FY26
  - b. Policy
    - i. Region#\_FinancialEligibilityPolicy\_FY26

-  1. Emergency System Plans For One
-  2. Federally Approved Indirect Cost
-  3. Network System Coordination Budget
-  4. Prevention
-  5. Rate Enhancement (RE)
-  6. Region- Provider Budgets (NFFS ONLY)
-  7. Service Enhancement (SE)
-  8. Tax Match (RP1)
-  9. Unallocated Funds
-  10. Fee Schedules-Policy