BUDGET REQUIREMENTS SFY2027

Please make a working copy of the forms and keep the original for use at the end of the fiscal year for actual reporting.

All Budget Forms Including:

UCR Form A-1 Expense
UCR Form A-2 Personnel
UCR Form A-3 Non-Personnel & Information Worksheets
UCR Form A-4 Administrative Overhead
FIS 052 Revenue Form
SPF Service Projection Form

Each provider receiving a contract in FY2027 must complete all fiscal forms with full disclosure of all cost and revenues for the entire agency and submit them to the Board on or before **September 1, 2026**. The UCR form along with the other required forms are located on our website for your convenience. The files are in Excel format.

The Richland County Board will be utilizing the most current BH Redesign Coding the same as required by the Department of Medicaid.

UCR Form A-1 contains a listing of service categories defined by non-opiate and opiate treatment. Tabs have been inserted to help define the coding for each category. Please list aggregate services by the category listed. For example: Individual and Group Psychotherapy will be listed as a total. Please continue to separate mental health services from substance use disorder services.

UCR Form A-2 and A-3 have been pre-populated with the same services as the Form A-1. If a service is not listed, please insert it. After completing the forms, you may delete any columns that contain services you will not be providing in FY2027.

FIS 052 has also been pre-populated with services from the Form A-1; again, you may insert or delete any columns not relevant to your request. Revenue must be listed by source. Board subsidy and programs purchased by the Board must be listed separately from Medicaid services. Please bear in mind that all funds, including State and Federal grants, are provided by the Board. Please list any such grants accordingly. **All expense and revenue will be reconciled at the end of the fiscal year and the audit will confirm the reconciliation.**

Board subsidy services will be paid at the same rate as the fee schedule for Medicaid equivalent services any other treatment service will be paid on a cost basis, unless indicated otherwise.

If you have any question, please contact Carey or Scott at 419.774.5811 or cvogt@rcmhb.org / sbasilone@rcmhb.org.

Thank you!