AGENCY CAPACITY REPORT

AGENCY: CONTRACT #:

 DATE PREPARED:
 ___/__/__

 Service Period From
 __/__/__ To __/__/_

Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	# Direct Service FTE Allocation	Service Capacity	Minimum Required Service Level	Operating Budget Allocation
Adult Mental Health	Case Rate						\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
	Capitated Rate						\$
							\$
							\$
							\$
							\$
							\$
							\$
	Fee For Services						\$
							\$
							\$
							\$
	Cost Reimbursement						\$
							\$
							\$
Children's Mental	Case Rate						\$
Health							\$
							\$
							\$
							\$
							\$
							\$
							\$
	Capitated Rate						\$
						1	\$
						1	\$
						1	\$
						1	\$
							\$
							\$
	Fee For Services	1				+	\$
						+	\$
		 				+	\$
		 				+	\$
	Cost					+	\$
	Reimbursement						\$

Adult Substance Abuse Case Rate	Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	# Direct Service FTE Allocation	Service Capacity	Minimum Required Service Level	Operating Budget Allocation
S S S S S S S S S S								
Capitated Rate	Adult Substance Abuse	Case Rate						
Capitated Rate								
Capitated Rate Capitated Rate Capitated Rate Capitated Rate Capitated Rate Capitated Rate Fee For Services Fee For Services Cost Reimbursement Capitated Rate Fee For Services Sample								
Capitated Rate								
Capitated Rate								
Capitated Rate								
Capitated Rate								
S S S S S S S S S S								
S S S S S S S S S S		Capitated Rate						\$ -
S S S S S S S S S S								\$ -
S S S S S S S S S S								
Children's Substance Abuse								
Fee For Services								
Fee For Services								
Fee For Services								
Cost S S S		Fee For Services						
Cost S S S		1 00 1 01 001 11000						
Cost Reimbursement								
Cost Reimbursement								
Reimbursement		04						
Case Rate		Reimbursement						
Case Rate								
Abuse								
S S S S S S S S S S								
S S S S S S S S S S	Abuse							
S S S S S S S S S S								
Capitated Rate								
Capitated Rate								
Capitated Rate								
Capitated Rate \$ \$								\$ -
Fee For Services								\$ -
Fee For Services		Capitated Rate						\$ -
Fee For Services \$ Cost Reimbursement \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$								
Fee For Services \$ Cost Reimbursement \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$								
Fee For Services \$ Fee For Services \$ Cost Reimbursement \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$								
S S S S S S S S S S								
S S S S S S S S S S								
Fee For Services								
Cost		Fee For Services						
S S S S S S S S S S		Tee For Gervices						
S S S S S S S S S S							+	
Cost \$ Reimbursement \$								
Reimbursement \$		Coot						
								\$ - \$ -