DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER

From The Office Of State Auditor
Claire McCaskill

Report No. 2003-88
August 26, 2003
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AUDIT REPORT

Office Of The
State Auditor Of Missouri
Claire McCaskill

August 2003

YELLOW SHEET

The following problems were discovered as a result of an audit conducted by our office of the Department of Mental Health, Higginsville Habilitation Center.

From July 1999 to March 2001, the Higginsville Habilitation Center (HHC) paid employees over $130,000 related to three bonus/incentive programs which were established to address shortages in direct support staff. The HHC did not review the legality of these bonuses/incentives before implementing these programs.

Two of the programs were implemented in July 1999, with one involving the payment of a $200 "finders fee" to any staff who recruited a new employee for the direct support workforce. The other program involved the payment of a $200 "sign on bonus" to any new employee who became a permanent employee after successfully completing their probation period. The "finder's fee" program was discontinued in January 2000, but the "sign on bonus" program was revised to pay a $500 bonus to new employees hired after that date. From July 1999 through March 2001, the facility expended $1,600 and $18,700 on "finder's fees" and "sign on bonuses", respectively.

The third program, effective March 1, 2000, involved paying a monthly bonus of $100 to each direct support staff employee who met the following conditions:

- A successful or better rating on the employee's last performance appraisal.
- No sick time (or time used in lieu of sick) used during the month.
- No tardy time used during the month.
- No written counselings, reprimands, or suspensions during the month.
- Not on original probation.

Between March 1, 2000 and March 1, 2001, the facility spent $110,400 on this incentive program. In March 2001, the bonus/incentive programs still in effect were discontinued due to budget constraints and the anticipated downsizing of staff. The Missouri Constitution prohibits the granting of additional compensation to a public officer or employee after the services have been performed.

Northwest Community Services is an organizational unit of the HHC and it oversees the operations of 25 separate individualized supported living homes (ISLs) located in an adjoining three-county area. The ISLs have been established as either one-bed, two-bed, or three-bed homes.

For the year ended June 30, 2002, the average per client cost incurred by the state for clients living in the three-bed homes totaled $72,956. This compares to an average per client cost in the two-bed homes and one-bed home of $94,286 and $134,847, respectively. Each home requires the same basic round-the-clock staffing. Therefore, the more clients living at a home, the less the average costs that are required to care for them. Standard criteria and procedures have not been established to document and justify why clients might need to be placed in a more expensive placement setting.

Although the state receives reimbursement for a portion of the direct care personal service costs incurred in the homes, the costs borne by the state related to these homes are substantial. During the year ended June 30, 2002, the total cost of HHC's state-operated homes totaled $4.9 million. Of this amount, $2.5 million was reimbursed by the Medicaid waiver program, leaving about $2.4 million or approximately $38,000 per client to be paid for by the state.

A comparison of the monthly census reports of clients on campus to the reports of days billed to Medicaid disclosed that HHC billed Medicaid for days of service in which Medicaid-eligible clients were in uncertified beds, resulting in overbillings to Medicaid. During a review of the monthly census reports, we identified instances in which the number of Medicaid-eligible clients in a unit exceeded the number of certified beds. We determined these situations generally occurred when the facility was over capacity and temporary beds needed to be set up to house the extra clients. It appears the reimbursement officer who handles the Medicaid billings was not consistently notified when a Medicaid-eligible client was placed in an uncertified bed. The overbillings identified totaled $276,203, resulting in excess net revenues of $168,513 (based on a Medicaid reimbursement rate of 60 percent). Although HHC officials believe the overbilling amount cited in the audit was overstated due to inaccuracies in the monthly census reports, they could not identify any specific errors in the reports.

The two employees who work in the canteen were paid from the state's General Revenue Fund, and the salary and benefit costs of these employees during the two years ended June 30, 2002, totaled approximately $100,000. During this period, no reimbursements were made to the General Revenue Fund-State to offset these costs. As a result, the General Revenue Fund-State was substantially subsidizing the canteen operation. This condition has also been reported in previous audits.

The audit report also notes some other concerns related to canteen operations, and client funds and property.

DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER

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Honorable Bob Holden, Governor
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and
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Division of Mental Retardation and
Developmental Disabilities
and
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Field Services, North District
and
Dan Thornton, Superintendent
Higginsville Habilitation Center
Higginsville, MO 64037

We have audited the Department of Mental Health, Higginsville Habilitation Center. The scope of this audit included, but was not necessarily limited to, the years ended June 30, 2002 and 2001. The objectives of this audit were to:

1. Review certain management practices and financial information for compliance with applicable constitutional provisions, statutes, regulations, and administrative rules.

2. Review the efficiency and effectiveness of certain management practices.

3. Review certain expenditures made by the Higginsville Habilitation Center.

Our audit was conducted in accordance with applicable standards contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and included such procedures as we considered necessary in the circumstances. In this regard, we reviewed the facility's expenditures, rules, regulations, and other pertinent procedures and documents, and interviewed various personnel of the facility.

As part of our audit, we assessed the facility's management controls to the extent we determined necessary to evaluate the specific matters described above and not to provide

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assurance on those controls. With respect to management controls, we obtained an understanding of the design of relevant policies and procedures and whether they have been placed in operation.

Our audit was limited to the specific matters described above and was based on selective tests and procedures considered appropriate in the circumstances. Had we performed additional procedures, other information might have come to our attention that would have been included in this report.

The accompanying History, Organization, and Statistical Information is presented for informational purposes. This information was obtained from the facility's management and the Statewide Advantage for Missouri (SAM II) system and was not subjected to the procedures applied in the audit of the Department of Mental Health, Higginsville Habilitation Center.

The accompanying Management Advisory Report presents our findings arising from our audit of the Department of Mental Health, Higginsville Habilitation Center.

Claire McCaskill

Claire McCaskill
State Auditor

February 25, 2003 (fieldwork completion date)

The following auditors participated in the preparation of this report:

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MANAGEMENT ADVISORY REPORT -
STATE AUDITOR'S FINDINGS

DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER
MANAGEMENT ADVISORY REPORT -
STATE AUDITOR'S FINDINGS

1. Bonus/Incentive Programs

From July 1999 to March 2001, the Higginsville Habilitation Center (HHC) paid employees over $130,000 related to three bonus/incentive programs which were established to address shortages in direct support staff. The HHC did not review the legality of these bonuses/incentives before implementing these programs.

Two of the programs were implemented in July 1999, with one involving the payment of a $200 “finder’s fee” to any staff who recruited a new employee for the direct support workforce. The bonus would be paid when the new employee passed a probation period. The other program involved the payment of a $200 “sign on bonus” to any new employee who became a permanent employee after successfully completing their probation period. Effective January 2000, the "finder's fee" program was discontinued, but the "sign on bonus" program was revised to pay a $500 bonus to new employees hired after that date who met the program requirements. From July 1999 through March 2001, the facility expended $1,600 and $18,700 on "finder's fees" and "sign on bonuses", respectively.

The third program, implemented effective March 1, 2000, involved a monthly bonus of $100 to each direct support staff employee who met the following conditions:

- A successful or better rating on the employee's last performance appraisal.
- No sick time (or time used in lieu of sick) used during the month.
- No tardy time used during the month.
- No written counselings, reprimands, or suspensions during the month.
- Not on original probation.

The reasons cited in implementing this program included: (1) to provide a financial reinforcement to staff who came to work everyday and provided a positive attitude and influence on fellow staff; (2) to dramatically decrease absenteeism, which would allow for better coverage and more opportunity for staff to use their vacation and compensatory time; (3) to reduce employee injuries through better staff compliments; and (4) to allow the facility to provide a richer life for the clients supported. Between March 1, 2000 and March 1, 2001, the facility spent $110,400 on this incentive program.

In March 2001, the bonus/incentive programs still in effect were discontinued due to budget constraints and the anticipated downsizing of staff. In addition, problems in coding these incentives/bonuses into the new state payroll system appear to have been a factor in this decision.

Article III, Section 39 of the Missouri Constitution prohibits the granting of additional compensation to a public officer or employee after the services have been performed. While it might be argued the applicable employees performed additional duties to earn a "finder's fee" or a "sign on bonus", the program that allowed employees to earn a $100 monthly bonus appears to be particularly questionable.

WE RECOMMEND HHC management refrain from paying similar bonuses/incentives in the future unless the legality and appropriateness of them have been thoroughly reviewed.

AUDITEE'S RESPONSE

We agree and as cited in the audit report, we discontinued this practice in March 2001. Such incentives will not be utilized in the future unless clear legal authority permits such action and appropriate approvals have been given. At the time this incentive program was implemented, HHC was experiencing critical recruitment/retention problems for direct care staff. The incentives program was effective in attracting and retaining adequate staff and averting the possible loss of ICF/MR certification due to insufficient staffing.

2. Individualized Supported Living Homes

Northwest Community Services is an organizational unit of the HHC and it oversees the operations of 25 separate individualized supported living homes (ISLs) located in an adjoining three-county area. The ISLs have been established as either one-bed, two-bed, or three-bed homes. Based on our review, the three-bed homes are the most cost-effective of these placement alternatives. Standard criteria and procedures have not been established in guiding the client placement decisions in the smaller, more expensive homes.

These homes represent a community-based residential placement alternative for HHC clients and have been typically established in rented apartments or small homes. A portion of their operating costs are eligible for reimbursement under the Medicaid Home and Community-Based Waiver Program. As of June 30, 2002, clients resided in 12 three-bed homes, 12 two-bed homes, and 1 one-bed home.

The direct care staff who assist in the day-to-day care of the resident clients are state employees paid from HHC appropriations. The clients residing in these homes are solely responsible for the payment of rent; however, they are only responsible for the payment of utilities, food, and personal items to the extent of their available income. If the personal income of the clients living in one of these homes is not sufficient to cover all those expenses, state funds cover the difference. In addition, a state-owned vehicle is assigned to each home for the transportation of the clients and the state pays for all expenses relating to these vehicles.

Based on cost information provided by HHC officials, we determined for the year ended June 30, 2002, the average per client cost incurred by the state for clients living in the three-bed homes totaled $72,956. This compares to an average per client cost in the two-bed homes and one-bed home of $94,286 and $134,847, respectively. These cost differences are a reflection of the level of direct care staff which is required at each home, regardless of the number of clients residing there. Each home requires the same basic round-the-clock staffing. Therefore, the more clients living at a home, the less the average personal services costs that are required to care for them.

Department officials have indicated that cost effectiveness is not a primary consideration in the placement of a client. However, standard criteria and procedures have not been established to document and justify why clients might need to be placed into a more expensive placement setting. Based on our discussion with facility personnel, it appears a primary factor in the placing of clients into such treatment settings is more due to client, parental, or guardian preference than documented care and treatment issues.

Although the state receives reimbursement for approximately 60 percent of the direct care personal service costs incurred in the homes, the costs borne by the state related to these homes are substantial. During the year ended June 30, 2002, the total cost (including direct care personal service costs, general and administration costs, and other costs) of HHC's state-operated homes totaled $4.9 million. Of this amount, $2.5 million was reimbursed by the Medicaid waiver program, leaving about $2.4 million or approximately $38,000 per client to be picked up by the state. The facility's ISL homes should be operated in the most cost-effective manner possible while still striving to meet the treatment and care needs of its clients.

WE RECOMMEND HHC management review this situation and consider the need and appropriateness of the current one-bed and two-bed ISL homes. Clients should be placed in the more cost-effective three-bed homes unless the reasons justifying their placement in a more expensive placement setting are thoroughly documented. In addition, standard criteria and procedures should be established in guiding the decisions in the placement of clients.

AUDITEE'S RESPONSE

We agree. Existing ISL placements will continue to be reviewed regularly, and two homes have already been closed and the consumers consolidated into other existing ISL homes. The decision to place consumers in one-bed or two-bed homes (rather than a three-bed home) has always weighed heavily on health and safety concerns, consumer personal needs and preferences. Criteria will be established to assist with documenting such placement decisions.

3. Medicaid Billings

The HHC receives reimbursements of approximately 60 percent of eligible costs under the Medicaid ICF/MR (intermediate care facilities for the mentally retarded) Program for

Medicaid-eligible clients living in campus residential facilities. A comparison of the monthly census reports of clients on campus to the reports of days billed to Medicaid disclosed that HHC billed Medicaid for days of service in which Medicaid-eligible clients were in uncertified beds, resulting in overbillings to Medicaid.

For Department of Mental Health facilities to receive Medicaid ICF/MR reimbursements, the facilities must meet minimum federal standards regarding room size, physical facilities, programming, staffing, etc. The process by which it is determined whether federal standards are met is called certification. Beds are "certified" when they have been determined to meet these standards.

The facility prepares a monthly census report which discloses the number of clients and the number of certified beds in each residential unit on campus as of the end of the month. The census reports also indicate whether there is any movement of clients in or out of a residential unit during a respective month. During a review of these reports, we identified instances in which the number of Medicaid-eligible clients in a unit exceeded the number of certified beds. We determined these situations generally occurred when the facility was over capacity and a temporary bed(s) needed to be set up to house the extra client(s).

Such temporary beds do not generally meet the various ICF/MR requirements and, therefore, are not certified; however, it appears the reimbursement officer who handles the Medicaid billings was not consistently notified when a Medicaid-eligible client was placed in an uncertified bed. When comparing the monthly census reports to the reports of days billed to Medicaid for those periods where the residential units were over capacity, we identified various instances in which it appears Medicaid was billed for clients who were in uncertified beds. The overbillings identified totaled $276,203, resulting in excess net revenues of $168,513 for the two years ended June 30, 2002.

Although HHC officials agree some overbillings to Medicaid occurred during the audit period, they believe the overbilling amount noted above is overstated due to inaccuracies in the monthly census reports the auditors used in their analysis. However, facility officials could not identify any specific errors in the monthly census reports.

The facility should ensure that Medicaid is billed only for those periods in which Medicaid-eligible clients are residing in certified beds.

WE RECOMMEND HHC management review this situation, determine the extent that Medicaid was overbilled, and work with Medicaid officials to resolve this matter. In addition, HHC management should ensure adequate procedures are established to prevent similar overbillings in the future.

AUDITEE'S RESPONSE

We agree. Action has already been taken to ensure that census reports and billings agree on billable days.

4. Canteen Operation

The HHC operates a small canteen that sells food, beverages, and other miscellaneous items. While the canteen was established primarily to serve the facility's residents and employees, it is open to the general public and we were informed local residents patronize the canteen. A review of this canteen operation disclosed the following concerns:

A. A canteen operation should be operated on a self-sustaining basis to the extent practical. However, the prices charged for the canteen items do not reflect the labor costs to operate the canteen, but recover only the actual cost of the items sold along with a small mark-up. As a result, the canteen items are sold to its customers at a relatively low price.

The two employees who work in the canteen were paid from the state's General Revenue Fund, and the salary and benefit costs of these employees during the two years ended June 30, 2002, totaled approximately $100,000. During this period, no reimbursements were made to the General Revenue Fund-State to offset these costs, but $6,500 in excess canteen monies were deposited into the Mental Health Trust Fund (MHTF).

As a result, the General Revenue Fund-State was substantially subsidizing the canteen operation while excess monies were deposited into the MHTF. While it may not be possible for the facility to cover all costs incurred in operating the canteen, the facility should review the pricing structure of the items sold in the canteen and consider charging prices that are more reflective of the actual costs incurred in producing the items. At a minimum, excess canteen monies should not be transferred to the MHTF until all state subsidies have been reimbursed.

This condition has also been reported in previous audits.

B. The canteen was incorporated as a not-for-profit (NFP) corporation in 1965 and it continues to exist as a NFP. Considering the canteen's operations are overseen and operated by HHC personnel, it is unclear why the canteen continues to maintain NFP status or whether this situation is in the best interests of the facility and the state.

In addition, it appears federal reporting requirements may have not been met for the canteen related to its NFP status. Section 501(c) of the Internal Revenue Code requires NFPs with annual gross receipts of more than $25,000 to file annual tax returns. It appears the canteen may have met this criteria, but no tax returns have been filed with the federal government. Failure to comply with the provisions of the Internal Revenue Code could result in a substantial fine and places a significant liability on the canteen and possibly the HHC.

WE RECOMMEND HHC management:

A. Operate the canteen on a self-sustaining basis to the extent practical. This would include reviewing the pricing structure of the items sold in the canteen and charging prices that are more reflective of the actual costs incurred in producing the items. In addition, the facility should reimburse the state's General Revenue Fund for any subsidies provided to the extent any excess canteen monies are available.

B. Review the benefits and need for the canteen to maintain its NFP status. If the present situation cannot be justified, consideration should be given to dropping the NFP status. In addition, the facility should determine the applicable NFP reporting requirements and file any tax information required by the Internal Revenue Code.

AUDITEE'S RESPONSE

A. *We agree in part. We will attempt to operate the canteen on a self-sustaining basis to the extent practical. Pricing structures will be addressed in an effort to have prices closer reflect total operating costs. However, we do not agree there should be any reimbursement to the General Revenue Fund, in that the canteen was established under authorization of Section 630.335, RSMo, which specifies all remaining funds after expenses should be credited to the mental health trust fund and expended "for the benefit of the patients' recreation, habilitation or treatment services or equipment of the facility or center from which derived".*

We feel the way the $100,000 cost is presented in the report causes some to misread the information. The actual average salary for the two canteen workers is approximately $18,500/yr. Also, in the future, HHC shall attempt to integrate residents into the canteen operations. Changes should be implemented by December 2003.

B. *We agree. The Not-for-Profit Corporation is not needed and has already been dissolved with the Secretary of State's office. The canteen has not been operated as a NFP for many, many years but rather is being operated under the authorization of Section 630.335, RSMo. We will seek determination if any tax reporting was required or if any tax liability existed.*

5. Client Funds and Property

Client monies, such as income and benefits, are used to pay for things such as care, treatment, and personal items, and are maintained in the facility's Non-Appropriated Funds System (NAFS). Our review of the facility's handling of client funds and personal property items disclosed the following concerns:

A. Improvement could be made in the monitoring and related documentation of HHC's client balances. A client's eligibility for governmental benefits is jeopardized when their personal account balance exceeds $1,000. Therefore, HHC policy requires action to be taken to reduce clients' balances when they exceed $750.

Based upon a review of NAFS month-end trial balance reports for three selected months, we noted seven client accounts that were over the $750 maximum with no documentation to indicate why the excessive balance was considered acceptable.

B. During our review of the NAFS month-end trial balance reports for three selected months, we noted nine client accounts had negative balances. Overspending occurred because client balances were not adequately reviewed to ensure sufficient balances existed before disbursements were made. As a result, disbursements made on behalf of these clients were made using, or borrowing, other clients' monies.

C. Improvements are needed related to the oversight of client fund expenditures.

Facility personnel are authorized to withdraw client monies from the NAFS account for personal expenditures of clients. HHC policy requires a Request for Funds for Activities form (commonly referred to as a goldenrod) to be completed and approved prior to the withdrawal of cash from a client's personal account. Depending on the amount and nature of the expenditure, after the expenditure is made a Receipt Listing for Funds Requested form is required to be completed and returned to the facility's Accounting Department along with the supporting invoices/receipts and any unspent money. We noted the following instances where facility personnel did not adhere to this policy:

1) Of 76 disbursements tested, we noted four instances in which a Receipt Listing for Funds Requested form was either not on file as required, no supporting invoices/receipts were on file, or were missing.

2) The Receipt Listing for Funds Requested forms did not include all required information for eleven disbursements tested. Staff did not document the amount spent, the purpose, or the amount returned, if applicable, on the Receipt Listing for Funds Requested forms. In addition,

forms were not signed by staff acknowledging cash was returned in five applicable instances.

D. Personal property items costing $50 or more which are purchased from a client's personal funds are required to be recorded on the client's Valuables Checklist record. Eight of the items included in our disbursements test included items costing over $50; however, none were listed on the applicable clients' Valuables Checklist records.

HHC's policy also requires annual reviews of the clients' Valuables Checklists; however, an annual review was documented for only one Valuables Checklist record we reviewed. HHC personnel indicated that while annual reviews are performed, they are not normally documented.

HHC management has a fiduciary responsibility to ensure clients' account balances are properly monitored to avoid jeopardizing third-party benefits, and to ensure client expenditures and property items are accounted for properly. Without proper oversight and compliance with established procedures, management cannot be assured that client third-party benefits, monies, and personal property items are adequately safeguarded.

WE RECOMMEND HHC management:

A. Ensure client account balances are adequately monitored so as not to jeopardize the benefits of the clients. If there is a valid reason(s) for a client's account being over the established maximum, that reason(s) should be documented.

B. Ensure expenditures are not made in excess of clients' balances.

C.1. Ensure staff completes and submits a Receipt Listing for Funds Requested form for all disbursements made from client funds along with the supporting invoices/receipts.

2. Ensure the completed Receipt Listing for Funds Requested forms include all required information including the amount spent, purpose, and amount of any unspent money that is returned.

D. Ensure the Valuables Checklist forms are complete and accurate, and the property items acquired or received are recorded on these records in a timely manner. In addition, the annual review of the Valuables Checklist forms should be documented.

AUDITEE'S RESPONSE

A. *We agree. Client account balances are reviewed each month, and appropriate documentation will be maintained to indicate why any client account balance exceeds the maximum.*

B&D. *We agree.*

C. *We agree. However, it should be noted that not <u>all</u> disbursements require receipts to be attached, such as consumers capable of handling their own spending money – we don't require them to send us receipts as to how they spent it. We will clarify this in our facility policy. Greater and continued efforts will be placed on ensuring supervisors and their staff complete and follow through on submitting client expenditure documentation when required.*

HISTORY, ORGANIZATION, AND STATISTICAL INFORMATION

DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER
HISTORY, ORGANIZATION,
AND STATISTICAL INFORMATION

What is presently the Higginsville Habilitation Center (HHC) began operation on June 1, 1956, as the educational branch of the then Marshall State School-Hospital Complex. Legislation passed by the Seventy-Fifth General Assembly in 1970 established this facility as the Higginsville State School-Hospital, a separate operating facility of the Department of Mental Health serving mentally retarded/developmentally disabled individuals from the northwestern part of the state. On October 1, 1983, the name of the facility was changed to the Higginsville Habilitation Center.

Admission to the facility is made through the recommendation of the Albany and Kansas City Regional Centers. The service area includes Andrew, Atchison, Bates, Buchanan, Caldwell, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Harrison, Holt, Jackson, Johnson, Lafayette, Nodaway, Platte, Ray, and Worth counties.

In December 1991, the Community Services Unit was established by the HHC to handle the Individualized Supported Living (ISL) Program which provides support necessary for men and women with developmental disabilities to live outside an institutional setting. Existing staff were used to support clients who had moved into their own homes. In 1993, Community Services became a separate unit with its own staff. In March 1998, Community Services was separated from HHC as an associate agency and, in October 1998, it was given the name Northwest Community Services (NWCS). On July 1, 2002, NWCS was brought back under HHC's organizational structure.

Clients receive a wide variety of programs and services to meet their individual needs. Educational, vocational, developmental, and behavior management programs are provided as well as physical therapy; occupational therapy; speech therapy; and medical, social and recreational services.

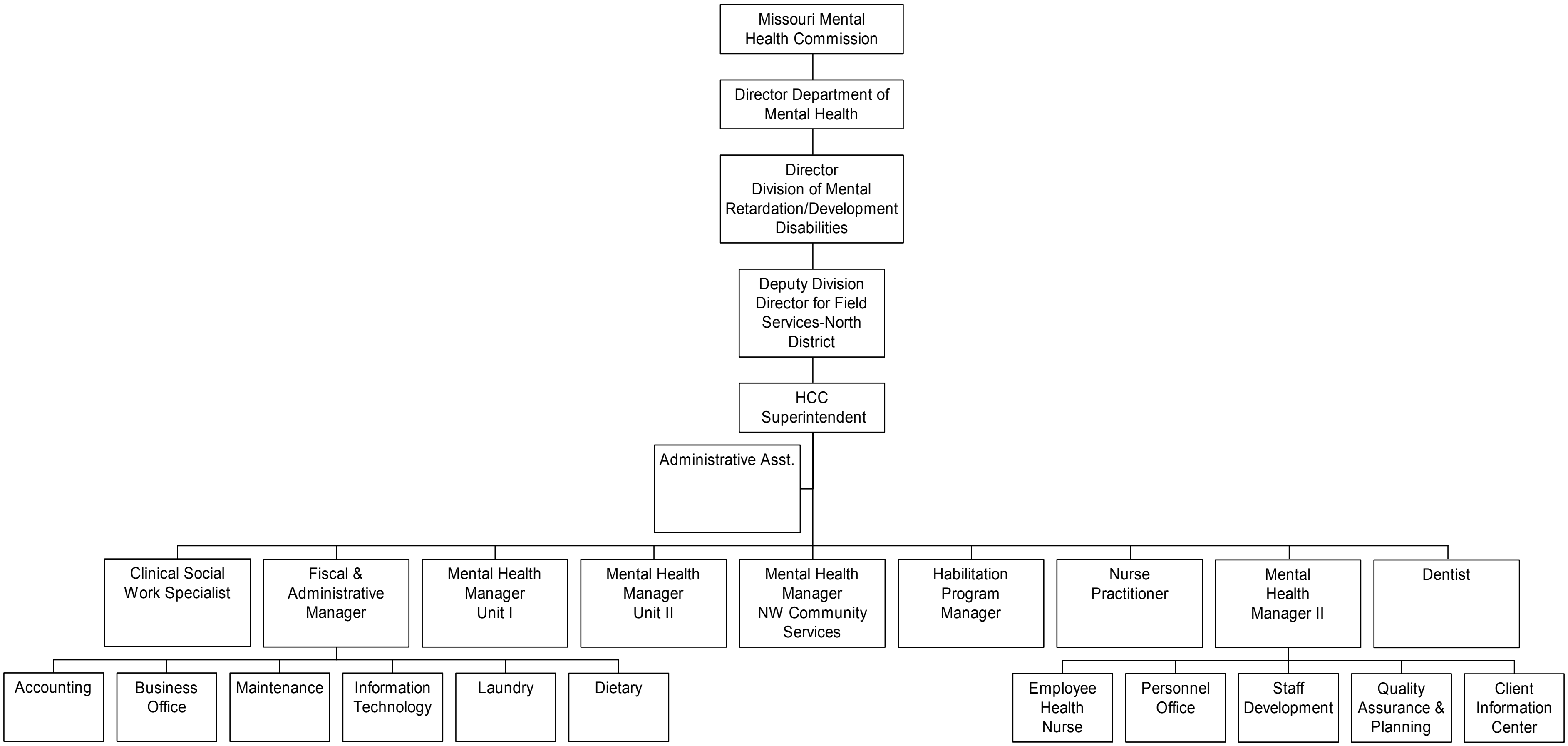
The HHC campus is composed of group homes, residential cottages, program services buildings, and administration offices. The campus is located on 150 acres adjacent to the Confederate Park and Cemetery and the Federal Veterans Cemetery near Business Route 13, north of Higginsville. The ISLs have been established in Higginsville, Independence, Warrensburg, Corder, Lexington, and Boonville.

As of June 30, 2002, the facility housed 131 clients on campus and 62 in ISL homes and employs approximately 500 personnel assigned to various administrative, service, and support sections.

Dan Thornton became the HHC Superintendent in March 1998 and continues in this position. Robert Thompson served as Executive Director of NWCS from May 2000 until June 30, 2002.

An organization chart and statistical data follow:

DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER*
ORGANIZATION CHART
JUNE 30, 2002



* Only personnel at the departmental level are included on this organization chart. There are numerous staff within each department and client units which include Unit managers, Unit Program Supervisors, Developmental Assistants, Clinical Social Workers, Registered Nurses, Physicians, Psychologists, Physical Therapists, Habilitation Specialists, Cooks, Dieticians, Custodians, and other personnel.

DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER
STATISTICAL DATA-CLIENT OCCUPANCY

	June 30,	
	2002	2001
Higginsville Habilitation Center Campus:		
Rouss Gallop	29	26
Crestview	30	34
Providence	24	26
Premier Home	8	8
Hillside	8	8
Summit House	8	8
Seneca House	8	8
West Oak	8	8
Vista House	8	8
Individualized Supported Living homes	62	58
Total Clients	193	192

DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER
COMPARATIVE STATEMENT OF APPROPRIATIONS AND EXPENDITURES

	Year Ended June 30,					
	2002			2001		
	Appropriation Authority	Expenditures	Lapsed Balances	Appropriation Authority	Expenditures	Lapsed Balances
GENERAL REVENUE FUND - STATE						
Personal Services	$ 8,034,093	7,862,796	171,297	9,401,258	8,990,353	410,905
Expense and/or Equipment	1,446,522	1,134,684	311,838	1,258,577	1,223,344	35,233
Maintenance and repair of sewer	73,320	10,737	62,583 [A]	0	0	0
Personal Services and/or Expense and Equipment	892,677	892,619	58	0	0	0
Personal Services -Northwest Community Services	1,929,241	1,929,239	2	2,122,811	2,122,418	393
Personal Services and/or Expense and Equipment - Northwest Community Services	214,360	214,340	20	0	0	0
Total General Revenue Fund - State	12,590,213	12,044,415	545,798	12,782,646	12,336,115	446,531
FACILITIES MAINTENANCE RESERVE FUND						
Replacment of HVAC systems	80,820	78,693	2,127 [A]	478,455	478,454	1
Repair/replacement of roof	1,039,879	663,511	376,368 [A]	224,492	224,491	1
Total Facilities Maintenance Reserve Fund	1,120,699	742,204	378,495	702,947	702,945	2
GENERAL REVENUE FUND - FEDERAL						
Personal Services	216,856	216,856	0	0	0	0
Personal Services and/or Expense and Equipment	24,095	24,081	14	0	0	0
Personal Services -Northwest Community Services	598,795	598,795	0	657,666	603,161	54,505
Personal Services and/or Expense and Equipment - Northwest Community Services	66,533	66,533	0	0	0	0
Total General Revenue Fund - Federal	906,279	906,265	14	657,666	603,161	54,505
Total All Funds	$ 14,617,191	13,692,884	924,307	14,143,259	13,642,221	501,038

Note: The appropriations presented above are used to account for and control the facility's expenditures from amounts appropriated to the facility by the General Assembly. The facility administers transactions from the appropriations presented above. However, the State Treasurer, as fund custodian, and the Office of Administration provide administrative control over the fund resources within the authority prescribed by the General Assembly. This schedule does not represent all expenditures of the facility. Some expenditures relating to state facilities are charged to department-wide appropriations and are not identified by facility. Expenditures charged to department-wide appropriations that are identified to Higginsville Habilitation Center are noted in Appendix B.

[A] Biennial appropriations set up in fiscal year 2002 are re-appropriations to fiscal year 2003. After the fiscal year-end processing has been completed, the unexpended fiscal year 2002 appropriation balance for a biennial appropriation is established in fiscal year 2003. Therefore, there is no lapsed balance for a biennial appropriation at the end of fiscal year 2002.

The lapsed balances include the following withholdings made at the Governor's request:

	Year Ended June 30,	
	2002	2001
Personal Service	$ 170,526	288,963
Expense and Equipment	311,829	35,000
Total	$ 482,355	323,963

Appendix B

DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER
COMPARATIVE STATEMENT OF EXPENDITURES (FROM APPROPRIATIONS)

	Year Ended June 30,			
	2002		2001	
	Expenditures From Facility Appropriations	Expenditures From Department-Wide Appropriations for HHC	Expenditures From Facility Appropriations	Expenditures From Department-Wide Appropriations for HHC
Salaries and Wages	$ 11,805,259	0	11,715,932	236,134
Travel	44,014	0	51,537	0
Fuel and Utilities	0	274,968	0	383,594
Communication Services and Supplies	65,153	10,645	81,349	3,609
Other Supplies	702,763	4,608	700,458	2,567
Professional Development	7,125	0	6,069	0
Professional Services	125,123	0	162,757	5,055
Equipment	171,401	1,584	213,421	475
Property and Improvements	756,968	61,129	693,730	141,204
Building and Equipment Leases	8,910	6,300	8,391	5,250
Miscellaneous	6,168	176	8,577	0
Total Expenditures	$ 13,692,884	359,410	13,642,221	777,888

Appendix C

DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER
COMPARATIVE STATEMENT OF CLIENT RECEIPTS, DISBURSEMENTS,
AND CASH BALANCES (FROM NON-APPROPRIATED FUNDS)

	Year Ended June 30,	
	2002	2001
CASH BALANCE, JULY 1	$ 107,518	111,026
RECEIPTS	1,307,544	1,334,050
DISBURSEMENTS	1,309,998	1,337,558
CASH BALANCE, JUNE 30	$ 105,064	107,518

Note: The receipts and disbursements presented in this schedule include client benefits as well as canteen, Center Industries, and other facility monies.

Appendix D

DEPARTMENT OF MENTAL HEALTH
HIGGINSVILLE HABILITATION CENTER
COMPARATIVE STATEMENT OF MENTAL HEALTH TRUST FUND RECEIPTS, DISBURSEMENTS, AND CASH BALANCES

	Year Ended June 30, 2002	Year Ended June 30, 2001
CASH BALANCE, JULY 1	$ 19,980	25,269
RECEIPTS	12,386	2,402
DISBURSEMENTS	17,158	7,691
CASH BALANCE, JUNE 30	$ 15,208	19,980

Note: The receipts and disbursements presented in this schedule include fundraiser, donated, and vending machine monies.

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