TEAM KENTUCKY.
CABINET FOR HEALTH
AND FAMILY SERVICES

**DEPARTMENT FOR BEHAVIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITES**

Instructions for Substance Use Financial Planning and Implementation Report

During the PLAN AND BUDGET PERIOD:

Use Form 160 to report **planned** expenditures for substance use prevention, treatment and recovery services as allocated on your Notice of Available Funding (NARF) and as described in your Plan and Budget application documents. **Plan and Budget** should be selected as the "Reporting Period".

During the QUARTERLY REPORTING PERIODS:

Use Form 160 to report your region's **actual** expenditures by funding category and by service. **This should include the full contracted amounts, including any contract modifications applicable to the quarter for which you are reporting actual expenditures**. Please enter the amount for the 1st quarter and underlined cumulatively each subsequent quarter. Select the appropriate **quarter** for which the report corresponds as the "Reporting Period".

NOTE: Within the UNRESTRICTED section, you may reallocate funding between services (using the same funding source), if the total funds used remain the same. The UNRESTRICTED section will contain the Substance Use Block Grant (SUBG) Other Treatment funding (subfunction TNA6) used for SUD Treatment and Recovery Services, State General Funds (TNAA), and Alcohol Intoxication Agency Funds (TNAH). KY-Moms MATR is reported in the RESTRICTED section. You may **not** move any funds allocated in RESTRICTED categories.

TREATMENT – UNRESTRICTED

The "UNRESTRICTED" Section should include the funding found on the first line of the Substance Use section of your contract's Attachment B. Listed components may be funded with more than one source.

Spending Plan (Submitted on Form 160 for Plan and Budget):
- The total amount for Substance Use Treatment and Recovery Supports listed on your CMHC Contract's Attachment B should be used to allocate planned expenditures within Columns B & F for the following services: Substance Use Screening/Assessment/SBIRT, Non-Medical and Medical Withdrawal Management, Outpatient, Intensive Outpatient, Residential, Targeted Case Management, Peer Support (Adult or Youth), Medications for Opioid Use Disorder, and other treatment and recovery supports.

Expenditure Reporting (Submitted on Form 160 Quarterly):
- Identify Substance Use Treatment and Recovery Supports expenses in Columns B & F for the appropriate quarter.

Recovery Support Services Guidance

Please list expenditures for **allowable** recovery support services in the spaces provided on Form 160 (Lines 30-34). For additional information on types of allowable recovery support services please see the guidance provided by SAMHSA: Allowable Recovery Support Services (RSS) Expenditures.

To identify other underlined allowable treatment and recovery supports that are not listed as standard components, utilize the "other" lines (Lines 35-37) to indicate other treatment and recovery supports.

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<u>**TREATMENT – RESTRICTED**</u>

Within the "RESTRICTED" section, note that some program names may be abbreviated. **If a category does not pertain to your region, i.e. you do not have funding available on your Attachment B for a given category, please leave it blank or enter zero.**

<u>**INSTRUCTIONS BY COLUMN**</u>

<u>**Column A**</u> **(Treatment, Recovery & Prevention Components/Programs):** Identified services for which funds are to be used are listed. Please refer to the section of the contract that outlines what services are allowable for expenditure of DBHDID funds. If the service for which you are utilizing funds is not listed, please identify those services on the "other" lines that are available in that category (i.e. Treatment & Recovery Supports, Crisis, Prevention, Statewide Projects).

<u>**Column B**</u> **(SUBG Federal Regular Block Grant Treatment Funds / TNA6):** Complete this column with planned or actual expenditures of Substance Use Block Grant (SUBG) Treatment Funds (TNA6) only (this fund source is also known as regular block grant). Please note the total for this column should not exceed the amount indicated as SUBG Regular Block Grant Treatment Funds (TNA6) on your CMHC Contract's Attachment B.

<u>**Column C**</u> **(SUBG Federal Regular Block Grant Women's Services Funds / TNA7):** Complete this column with planned or actual expenditures of SUBG Regular Block Grant Women's Set-Aside funding. These funds prioritize services for Pregnant Women and Women with Dependent Children. Please note the total for this column should not exceed the amount indicated as SUBG Regular Block Grant Women's Services Funds (TNA7) on your CMHC Contract's Attachment B.

<u>**Column D**</u> **(SUBG Federal Regular Block Grant Prevention Funds / TNA8):** Complete this column with planned or actual expenditures of SUBG Regular Block Grant Prevention Set-Aside. These funds prioritize the delivery of primary prevention services. Please note the total for this column should not exceed the amount indicated as SUBG Regular Block Grant Prevention Funds (TNA8) on your CMHC Contract's Attachment B.

<u>**Column E**</u> **(OTHER Federal Funds-allocated by DBHDID):** Complete this column with planned or actual expenditures of discretionary/other federal grant funds allotted by DBHDID. Please note the total for this column should not exceed the <u>other</u> federal fund amounts indicated on your CMHC Contract's Attachment B. Federal funds that are awarded to the CMHC directly (and not through DBHDID) are not to be reported here. DO NOT include any federal awards from sources other than DBHDID. **DO NOT report KORE (TNBR or TNBU) expenditures on Form 160 as those funds are within a separate contract in SFY 2026.**

<u>**Column F**</u> **(State & Agency Funds):** Complete this column with planned or actual expenditures of state and agency funds used to provide services. State and agency funds include DUI (TNAB), AI (TNAH), TTI Crisis Care (TNBL), and Tobacco Settlement (TNTA) -- all funds not granted by our Federal partners. **DO NOT include state, general or agency funds that you receive from state agencies/departments or external sources other than DBHDID.**

<u>**Column G**</u> This column is for the Grand Total of columns B, C, D, E, and F. This column includes component/ program totals and contains formulas to sum all funding.

The TOTAL for any column MUST NOT exceed the amount indicated on your NARF/Attachment B.

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Expenditure Reporting for Multi-funded Services

For all multi-funded services, please report expending funds in the following order: State General Funds; Regular Block Grant (TNA6, TNA7, TNA8); Other Federal Funds; Agency Funds.

If you have questions, please contact Joy Botkins at Joy.Botkins@ky.gov.

Form 160 Functional Updates

- All Excel forms now include an *Instructions* worksheet/tab. This document, the *160A-Substance Use Financial Planning and Implementation Report*, is now embedded on the Instructions worksheet for referral if needed while completing the 160 report.

- Funding columns not allowed for a particular program/service are now locked (and shaded dark blue).

- The merged cell located directly under the column headings (line 19) is now unlocked. This will allow the user to freeze this line so that the column headings remain visible while completing the form. To freeze this cell, do the following:

  - After completing the **Submitter's Phone Number** in the *Reporting Information* section, tab to the **next cell (row 19)**.

  - Before freezing, **scroll the page up so that the funding column headings are visible at the top of the screen**, allowing more lines of the report to be visible instead of the *Reporting Information* section.

  - Select the **View** tab from the Ribbon at the top of the screen.

  - Select the **Freeze Panes** button, then select **Freeze Panes**. The user should now be able to scroll up and down the page while the funding column headings are still visible.