**XYZ ME**

**Managing Entity Cost Allocation Plan**

**FY22-23 – Addendum #3**

***(Name)*, (Title)**

***(Street Address)***

***(City, Florida Zip Code*)**

**Effective Date: Date**

**XYZ ME**

**Managing Entity Cost Allocation Plan**

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# Section I - Certification

**XYZ ME**

**Certification by Responsible Individual**

I hereby certify, as the responsible official of *XYZ ME,* that the following is correct to the best of my knowledge and belief:

* This Cost Allocation Plan has been developed in accordance with the requirements of Title 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (also known as the “OMB Super Circular”).
* The allocation methodologies contained in this Cost Allocation Plan have been developed on the basis of a beneficial or causal relationship between the expenses incurred and the receiving organizational units or programs.
* Costs related to each activity are based on the current reporting month. All costs have been screened for allowable costs in accordance with Title 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (also known as the “OMB Super Circular”).
* An adequate accounting and statistical system exists to support claims that will be made under the Cost Allocation Plan.
* The same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of cost have been accounted for on a consistent basis.
* The information provided in support of the proposed Cost Allocation Plan is accurate.

Signature

Printed Name

Title

Date

# Section VII – Managing Entity Operational Cost

**MHSCD – ME CARE COORDINATION** – This cost pool captures the cost of the Managing Entity's Care Coordination function. The purpose of this function is to assist individuals with behavioral health conditions who are not yet effectively connected with needed services and supports to transition successfully from higher levels of care to effective community-based care. This includes services and supports that affect a person's overall well-being, such as behavioral health services, primary care, housing, and social connectedness.

 Managing Entities identify high utilizers and individuals with complex, special needs who could benefit from care coordination and contract with qualified providers to provide direct care services. Managing Entities continue to track these individuals over time to ensure they are successfully connected to the services and supports they need and to measure outcomes. Managing Entities monitor for additional service needs and purchase services as necessary, ensuring network adequacy. Managing Entities develop cross-system partnerships and agreements to facilitate information sharing and referral processes.

***ME Cost Allocation Plan Requirement*** *– In this section, the ME should provide a description of the services provided and billed for under this cost pool, which could include a list of the subcontractors and the amount they are subcontracted for. In addition, the ME should provide a description as to how the ME ensures that only eligible costs are charged to this cost pool and how their accounting system captures these costs which could include cost center detail and descriptions. The ME should provide the general ledger account and sub-account codes as listed in the Chart of Accounts that are used to capture the costs included in this cost pool.  If the account/sub-account codes are not unique for this cost pool, explain how the costs are identified for this cost pool. Attachments may be used to simplify the explanation of allocated costs.*

*If funding is not provided to the ME in their contract, include a statement to that effect here.*

# Attachment II – Chart of Accounts for Accounting and Data Systems

**(Add Chart of Accounts All Levels)**