Contract Year (KY) 2021 Planned Allocation Summary

Attachment 1

Allocation	Line Allocation Line Subtype	Allocation Amount Hold Amoun	t Carry over	Project	2	EFDA#-If pplicable	Encounter Claim Status**
Block Grant	s						
Prevention	NA	\$4,280.91	Y	H2860	OhioMHAS State Prevention & Wellness		Required
Prevention	NA	\$12,400.00	Y	H2861	OhioMHAS State Prevention & Wellness		Required
Prevention	NA	\$12,400.00		H2861	OhioMHAS State Prevention & Wellness		Required
Prevention	NA	\$12,400.00		H2862	OhioMHAS State Prevention & Wellnes	s	Required
Prevention	NA	\$465,708.00		H5051	OhioMHAS 3G40 Federal AoD SAPT Prevention Per Capita	93.959	Required
Prevention	NA	\$465,708.00		H5052	OhioMHAS 3G40 Federal AoD SAPT Prevention Per Capita	93.959	Required
Freatment	Addiction Treatment Program - ATP	\$9,000.00		H2341	OhioMHAS State AoD Addiction Treatment Pilot Program (ATPP)		Exempt
Freatment	Addiction Treatment Program - ATP	\$15,308.00		H2342	OhioMHAS State AoD Addiction Treatment Pilot Program (ATPP)		Exempt
Γreatment	MAT Prescriptions	\$17,792.00		H1014	Levy		Exempt
Γreatment	NA	\$492,929.00		H1014	Levy		Required
Freatment	SOR Initiative	\$756,232.00		H4331	OhioMHAS Federal 336644 State Opioi Response (SOR) - FC Minority	d 93.788	Exempt
Treatment	Women's Treatment	\$50,837.50		H5241	OhioMHAS 3G40 Federal AoD SAPT Block Grant (Women's Treatment) -	93.959	Exempt
Treatment	Women's Treatment	\$50,837.50		H5242	OhioMHAS 3G40 Federal AoD SAPT Block Grant (Women's Treatment) -	93.959	Exempt

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Provider: (COLUMBUS HEALTH	I DEPARTMENT						
Allocation Li	ne Allocation Line Subtype	Allocation Amount	Hold Amount	Carry over	Project	Project Description	CFDA#-If applicable	Encounter Claim Status**
Total for prov	ider:	\$2,365,832.91						
Notes:								
1. The contract y	ear allocations are continger	nt on receipt of planned fede	eral, state, and loca	l award amounts	to ADAMH.			
						ncounter claims, Exempt 90%T - unter claims are yet to be finalize		
3. The state fisca	l year (SFY) is indicated by	the last digit of the project c	ode.					
	over column indicates that a se block grant when available		ried over from the	prior contract ye	ar to the curre	ent contract year and needs to be	used before using oth	ner
Signature Exc	ecutive Director:				Date:			
2.0	200000				_ *****			