Instructions for Amending Cost Reports using Fiscal Year 2013/14 Time Survey Data

1. Using the 2011, 2012, and 2013 Cost Report Templates, edit the "Calculation for Averaged Percentages for Use in Schedule 2A" worksheet using 2013/14 time survey data by entering total hours in the Hours category. The Averages section will automatically be calculated.

| County Name: | 0 | | | | | |
|-------------------|-------------|-------------|--------------------------|------------------|------------|----------|
| Program Name: | 0 | | | | | |
| Reporting Period: | From: Ju | ıly 1, 2011 | To: June 30, 2012 | | | |
| | | | | | | |
| | Calc | ulation | for Averaged Percentag | es for Use in So | chedule 2A | |
| Categories | | | | Hours | Formula | Averages |
| Total "TCM | " Time § | Survey ho | urs = | | #DIV/0! | #DIV/0! |
| Total "Other | r/Direct \$ | Service/N | [AA" Time Survey hours = | | #DIV/0! | #DIV/0! |
| Total "Gen A | Admin''] | Time Sur | vey Hours = | | #DIV/0! | #DIV/0! |
| Total "PTO | ' Time S | urvey Ho | urs = | | #DIV/0! | #DIV/0! |
| Total Time S | Survey H | ours = | | - | #DIV/0! | #DIV/0! |
| (all categorie | s & all t | ime surve | yors formula) | | | |

2. The averages for Total "TCM" Time Survey Hours, Total "Other/Direct Service/MAA" Time Survey Hours, Total "Gen. Admin" Time Survey Hours, and Total "PTO" Time Survey Hours will flow onto the corresponding "Averaged" sections on Schedule 2A.

| County: | 0 | | | | | | | | |
|----------------------|---------------------------------|-------|----------------|---------|-------------------|-----------|--------|-----------------|--|
| Program Name: | PUBLIC GUARDIAN | | | | | | | | |
| Reporting Period: | From: July 1, 2010 To: June 30, | 2011 | | | | | | Schedule 2A | |
| | | | | | : | RVEY | VEY | | |
| Emplogee | | | | | Other/ Direct/ | | | | |
| Name | Rela | Hater | Classification | TCM | MAA | Gen Admin | PTO | Totals | |
| Time Surveyed to TCM | Add Time Surveyed Lines | | | | | | | | |
| Doe, Jane | Direct Support to C.M. | | TCM | 8.46× | 16.92% | 67.98% | 6.64% | 100.00% | |
| Smith, Sam | Case Manager (C.M.) | | TCM | 48.02% | 10.07% | 21.88% | 20.03% | 100.00% | |
| Buck, Monty | Case Manager (C.M.) | | TCM | 9.66% | 17.87× | 61.51% | 10.96% | 100.00% | |
| Her, Shelby | Case Manager (C.M.) | | TCM | 32.81% | 25.17% | 42.02% | 0.00% | 100.00% | |
| | | | | | | | | ERROR: Not 100% | |
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| | | | | | | | | ERROR: Not 100% | |
| | | | | | | | | ERROR: Not 100% | |
| | | | | | | | | | |
| Averaged | Add Averaged Lines | | | 31,29% | 12.37% | 44.58% | 11.76% | 100.00% | |
| | | | тсм | 31.29% | 12.37% | | 11.76% | 100.00% | |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% | |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% | |
| | | | TCM | 31.29× | 12.37% | 44.58% | 11.76% | 100.00% | |
| | | | TCM | 31.29% | 12.37% | | 11.76% | 100.00% | |
| | | l | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% | |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% | |
| | | | 1011 | 51.2.5% | 12.3174 | 11.00% | | 100.007 | |
| Admin & NTCM | Add Admin & NTCM Lines | | | | | | | | |
| | | | | | 100.00% | 0.00% | | 100.00% | |
| | | | | | 0.00% | 100.00% | | 100.00% | |
| | | | | | 0.00% | 0.00% | | 0.00% | |

Instructions for Amending Cost Reports using Fiscal Year 2013/14 Time Survey Data

3. On Schedule 2A, copy and paste the "Averaged" percentages to each corresponding column for each employee. (note: Use command Paste special then value to get valid results)

| County: | 0 | | | | | | | |
|----------------------|---------------------------------------|-------|----------------|--------|-------------------|-----------|--------|-----------------|
| Program Name: | PUBLIC GUARDIAN | | | | | | | |
| Reporting Period: | From: July 1, 2010 To: June 30, | 2011 | | | | | | Schedule 2A |
| | · · · · · · · · · · · · · · · · · · · | | | | 1 | SALARY SU | RVEY | |
| Employee | | | | | Other/ Direct/ | | | |
| Name | Rela | Hater | Clarrification | TCM | MAA | Gen Admin | PTO | Totals |
| Time Surveyed to TCM | Add Time Surveyed Lines | | | | | | | |
| Doe, Jane | Direct Support to C.M. | | TCM | 8.46% | 16.92% | 67.98% | 6.64% | 100.00% |
| Smith, Sam | Case Manager (C.M.) | | TCM | 48.02% | 10.07% | 21.88% | 20.03% | 100.00% |
| Buck, Monty | Case Manager (C.M.) | | TCM | 9.66% | 17.87% | 61.51% | 10.96% | 100.00% |
| Her, Shelby | Case Manager (C.M.) | | TCM | 32.81% | 25.17% | 42.02% | 0.00% | 100.00% |
| | | | | | | | | ERROR: Not 100% |
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| | | | | | | | | EBBOB: Not 100% |
| | | | | | | | | ERROR: Not 100% |
| | | | | | | | | |
| Averaged | Add Averaged Lines | | | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% |
| | | | TCM | 31.29% | 12.37% | 44.58% | 11.76% | 100.00% |
| | | | | | | | | |
| Admin & NTCM | Add Admin & NTCM Lines | | | | | | | |
| | | | | | 100.00% | 0.00% | | 100.00% |
| | | | | | 0.00% | 100.00% | | 100.00% |
| | | | | | 0.00% | 0.00% | | 0.00% |

4. On Worksheet A, verify the amount in Line 7, Column 4 equals zero.

| VORKSHEET A | County: | | | Reporting Period: | | | |
|--|------------------------------------|---|----------------------|---|-------------------------|---|-----------------------------|
| TCM BATE DEVELOPMENT CALCULATION | Program Name: | | | From: July 1, 2011 | To: June 30, 2012 | | |
| Cost Center | SALARIES & EMPLOYEE BENEFITS | ALL OTHER OPERATING & CONTRACTOR COSTS | SUBTOTAL (Col1+2) | VORKSHEET C RECLASS OF NON-TCM SURVEY COST | SUBTOTAL (Col 3 + 4) | WORKSHEET D ADJUSTMENT INCREASE (DECREASE) | NET EXPENSES (Col5+6) |
| 1. LGA-TCM CLASSES COSTS | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | #DIV/0! |
| 2. CONTRACTOR TCM COSTS - NON SPECIFIC | ***** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 3. CONTRACTOR TCM COSTS - SPECIFIC | ***** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4. TOTAL TCM COSTS (Lines 1,2,3) | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | #DIV/0! |
| 5. NON-TCM COSTS | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | #DIV/0! |
| 6. OVERHEAD (Administrative & Facility Costs) | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | #DIV/0! |
| 7. TOTAL COSTS (Sum of lines 4,5,6) | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | #DIV/0! |
| 8. TOTAL TCM COSTS (Col 7, Line 4) | #DIV/0! | | | | | | |
| 9. Total NON-TCM Costs (Col 7, Line 5) | #DIV/0! | | | | | | |
| 10. Total Cost of All Services Excluding Overhead | #DIV/0! | | | | | | |
| 11. Percentage of TCM Cost (Line 8 divided by Line 10) | #DIV/0! | | | | | | |
| 12. Overhead Applicable to TCM Service (Line 6, Col 7*Line 11) | #DIV/0! | | | | | | |
| 13. Allowable Case Manager Cost (Line 8 + Line 12) | #DIV/0! | | | | | | |
| 14. Total Reported TCM Encounters (Medi-Cal plus non Medi-Cal) | 0 | | | | | | |
| 15. Cost Per Encounter (Line 13 divided by Line 14) | #DIV/0! | | | | | | |
| 16. Total Allowable Case Manager Costs | #DIV/0! | | | | | | |
| 17. Known TGM oost inoreases | ***** | | | | | | |
| 18. Funding Adjustments (From Worksheet B) | \$0 | | | | | | |
| 19. Adjusted Allowable Case Managers Costs (Line 16 Plus Line 17 Minus Line 18) | #DIV/0! | | Authorized Signs | ture, Title (Signat | ure in Blue ink) | | |
| 20. Billable Bate Per Encounter For Current Year | #DI010i | | Autorized Signa | iture, mie (orgitat | are in Dide illR) | | |
| (Line 19 Divided by Line 14) | #DIV/0! | | | | | | |
| 21. Total Projected Medi-Cal Only Encounters for Current Year | 0 | | Optional Preparer Si | gnature | | | |
| 22. Maximum Medi-Cal Reimbursement for Current Year (Line 20 x Line 21) | #DI¥/0! | | | | | | |
| L Tenie zo v enie zu | +DITR: | | | | | | |

Instructions for Amending Cost Reports using Fiscal Year 2013/14 Time Survey Data

 If Line 7, Column 4 shows an imbalance of one or two dollars, balance it to zero by entering an opposite amount on Schedule 2D at the bottom of the column titled Total Other/ Direct/ MAA Salary & PTO (i.e., for \$1 on Worksheet A, enter -\$1 on Schedule 2D).

| SALARIES AND BENEFI | 15 | | | | | | | |
|----------------------|---------------------------------|----------|----------------|----------|-----------------|-----------------|-----------------|-------------|
| County: | • | | | | | | | |
| Program Hame: | PUBLIC GUARDIAN | | | | | | | |
| Reporting Period: | Fram: July 1, 2010 Ta: June 30, | 2011 | | | | | | Schedule 2D |
| | | | | | | | | |
| | | | | | OPERATING | EXPENSES ALLOCA | TIOM | |
| | | | | | | Tatal Otherd | | |
| Employee | | | | Unit | Tatal TCH | Direct/ MAA | Tatal Gen Admin | Tatal |
| Hame | E-I- | Bales | Classification | | | Salary & PTO | Selery & PTO | Cartr |
| | | | | | | | | |
| Time Surveyed to TCM | Add Time Surveyed Lines | | | | | | | |
| Das, Jane | Direct Support to C.M. | | тем | 0.350320 | 7,579 | 15,159 | 60,904 | \$3,642 |
| Smith, Sem | Care Manager (C.H.) | <u> </u> | TCH | 0.350320 | 74,600 | 15,644 | 33,991 | 124,234 |
| Buck, Munty | Care Manager (C.H.) | <u> </u> | TCM | 0.350320 | 11,445 | 21,172 | 72,875 | 105,492 |
| Her, Shelby | Care Manager (C.H.) | <u> </u> | TCH | 0.350320 | 9,059 | 6,950 | 11,602 | 27,611 |
| , | | <u> </u> | | 0.350320 | 0 | 0 | 0 | 0 |
| | | | | 0.350320 | 0 | 0 | 0 | 0 |
| | | | | 0.350320 | 0 | 0 | 0 | 0 |
| | | | | 0.350320 | 0 | 0 | 0 | 0 |
| | | | | 0.350320 | 0 | 0 | 0 | 0 |
| | | | | 0.350320 | 0 | 0 | 0 | 0 |
| | | | | 0.350320 | 0 | 0 | 0 | 0 |
| | | | | 0.350320 | 0 | 0 | 0 | 0 |
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| | | | | 0.350320 | 0 | 0 | 0 | 0 |
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| | | | | 0.000000 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| Averaged | Add Averaged Lines | | | 0.000000 | 0 | 0 | 0 | 0 |
| | | | тен | 0.000000 | 0 | 0 | 0 | ů. |
| | | <u> </u> | TCH | 0.000000 | 0 | 0 | 0 | 0 |
| | | | TCH | 0.000000 | 0 | 0 | 0 | 0 |
| | | | TCH | 0.000000 | 0 | 0 | 0 | 0 |
| | | | TCH | 0.000000 | 0 | 0 | 0 | 0 |
| | | <u> </u> | TCH | 0.000000 | 0 | 0 | 0 | 0 |
| | | | TCH | 0.000000 | 0 | 0 | 0 | 0 |
| | | | 1.911 | 0.000000 | 0 | 0 | 0 | 0 |
| | | <u> </u> | | *.***** | , v | • • • | | · · · · |
| | Add Admin & NTCM Lines | | | | | | | |
| Admin & HTCH | | | | 0.000000 | 0 | 0 | 0 | 0 |
| | | | | 0.350320 | 0 | 598,101 | 0 | 598,101 |
| | | | | 0.350320 | 0 | 0 | 1,072,339 | 1,072,339 |
| | | | | 0.000000 | 0 | 0 | 0 | 0 |
| | | | | 0.000000 | 0 | 0 | 0 | 0 |
| | | | | 0.000000 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| TOTALS | | | | | 102,6#3 | 657,025 | 1,251,711 | 2,011,419 |
| | | | | | To Workshoot C1 | To Workshoot C1 | Ta Warkshoot C1 | |
| | | | | | Line 1Col 1 | Line 5 Cal 2 | Line 6 Col 1 | |
| | | | | | Line (OB) | Line S CBIZ | LINDOUGH | |

Instructions for Amending Cost Reports using Fiscal Year 2013/14 Time Survey Data

5. On Worksheet A, verify the amount in Line 7, Column 7 remains the same as total amount as the originally submitted Cost Report.

| VORKSHEET A | County: | | | Reporting Period: | | | |
|--|------------------------------------|---|---------------------|---|--------------------------------|---|--------------------------------|
| TCM BATE DEVELOPMENT CALCULATION | Program Name: | | | From: July 1, 2011 | | To: June 30, 2012 | |
| Cost Center | SALARIES & EMPLOYEE BENEFITS | ALL OTHER OPERATING & CONTRACTOR COSTS | SUBTOTAL | VORKSHEET C RECLASS OF NON-TCM SURVEY COST | SUBTOTAL (Col 3 + 4) | WORKSHEET D ADJUSTMENT INCREASE (DECREASE) | NET EXPENSES (Col 5 + 6) |
| | BENEFIIS 1 | 2 | (Col 1 + 2) 3 | SURVEY CUST | (LOI3+4) 5 | (DECREASE) | (LOI5+6) 7 |
| 1. LGA-TCM CLASSES COSTS | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | #DIV/0! |
| 2. CONTRACTOR TCM COSTS - NON SPECIFIC | ***** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 3. CONTRACTOR TCM COSTS - SPECIFIC | ***** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4. TOTAL TCM COSTS (Lines 1,2,3) | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | #DIV/0! |
| 5. NON-TOM COSTS | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | #DIV/0! |
| 6. OVERHEAD (Administrative & Facility Costs) | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | |
| 7. TOTAL COSTS (Sum of lines 4,5,6) | \$0 | \$0 | \$0 | #DIV/0! | #DIV/0! | \$0 | #DIV/0! |
| 8. TOTAL TCM COSTS (Col 7, Line 4) | #DIV/0! | | | | | | |
| 9. Total NON-TCM Costs (Col 7, Line 5) | #DIV/0! | | | | | | |
| 10. Total Cost of All Services Excluding Overhead | #DIV/0! | | | | | | |
| 11. Percentage of TCM Cost (Line 8 divided by Line 10) | #DIV/0! | | | | | | |
| 12. Overhead Applicable to TCM Service (Line 6, Col 7*Line 11) | #DIV/0! | | | | | | |
| 13. Allowable Case Manager Cost (Line 8 + Line 12) | #DIV/0! | | | | | | |
| 14. Total Reported TCM Encounters (Medi-Cal plus non Medi-Cal) | 0 | | | | | | |
| 15. Cost Per Encounter (Line 13 divided by Line 14) | #DIV/0! | | | | | | |
| 16. Total Allowable Case Manager Costs | #DIV/0! | | | | | | |
| 17. Known TGM oost increases | ***** | | | | | | |
| 18. Funding Adjustments (From Worksheet B) | \$0 | | | | | | |
| 19. Adjusted Allowable Case Managers Costs | | | | | | | |
| (Line 16 Plus Line 17 Minus Line 18) | #DIV/0! | | Authorized Signa | ature, Title (Signat | ture in <mark>Blue</mark> ink) | | |
| 20. Billable Rate Per Encounter For Current Year | | | | | | | |
| (Line 19 Divided by Line 14) | #DIV/0! | | | | | | |
| 21. Total Projected Medi-Cal Only Encounters for Current Year | 0 | | Optional Preparer S | ignature | | | |
| 22. Maximum Medi-Cal Reimbursement for Current Year (Line 20 x Line 21) | #DIV/0! | | | | | | |

6. Once every step is complete, save the amended Cost Report.

- a. Name the newly revised Cost Report by:
 - i. Year of the Cost Report
 - ii. LGA Name
 - iii. Abbreviated TCM Program Name
 - 1. 2011 Cost Report
 - a. (PH, AP, LINK, COMM, PG, OP)
 - 2. 2012 and 2013 Cost Reports:
 - a. (CH, FA, IR, NO, and CD)
 - iv. Cost Report (CR)
 - v. Type "Revised"
- b. Example: A Cost Report for FY 2011/12 for Santa Cruz Public Health would be named as such: **2012 Santa Cruz PH AA CR Revised.xls**.
- 7. Email the amended Cost Report to the following email address: dhsaitcm@dhcs.ca.gov.