

## INSTRUCTIONS FOR COMPLETING MH 1982 B

- Line 1 Enter monthly direct facility costs of providing Short-Doyle/Medi-Cal (SDMC) services for all county providers from the MH 1980 worksheets, disk, or tape.
- Line 2 Enter monthly direct facility costs of providing SD/MC services for contract providers from the MH 1980 worksheets, disk, or tape.
- Line 3 Add lines 1 and 2.
- Line 4 Enter percentage, not to exceed 15%. A Value less than 15% may be appropriate for a county where actual SD/MC administrative costs are expected to be below the maximum allowable administrative costs.
- Line 5 Multiply line 3 by line 4.
- Line 6 Enter actual SD/MC administrative costs, if available. Otherwise, leave it blank.
- Line 7 Enter the smaller of line 6 (if not blank) or line 5. This amount represents the monthly SD/Mc administrative claim.

Submit this claim to:

Department of Mental Health  
Accounting Section  
1600 9<sup>th</sup> Street, Room 150  
Sacramento, CA 95814