

**INSTRUCTIONS FOR COMPLETING DMC FORMS FOR  
ODF GROUP AND INDIVIDUAL – ALCOHOL AND DRUG  
(MC 6003, MC 6015, and MC 6016)**

This form must be completed for each direct provider of Drug Medi-Cal services with ODF Individual and/or ODF Group services.

The filename for the FY 2011-12 Cost Report Forms is "1112\_DP\_ODF-AD.xls". A separate worksheet has been created for each document within the file (there are three tabs on the bottom of the file). The worksheets are "7895ODF-AD", "7990ODFG-AD", and "7990ODFI-AD". Enter data only in the shaded (light blue or pink) fields on the forms, all other fields are automatically calculated. Please do not change any of the formulas.

**NOTE:** Several fields on form "7895ODF-AD" are formulas that carry back unit or funding data from forms "7990ODFG-AD" and "7990ODFI-AD". Additionally, cost data from form "7895ODF-AD" carries forward to forms "7990ODFG-AD" and "7990ODFI-AD". Consequently, some calculated fields on all three forms will not have correct numbers until all entries on all three forms are complete. Complete all necessary entries on all three forms before reviewing the results.

**Worksheet "7895ODF-AD" (1<sup>st</sup> Tab) (MC 6003)**

**HEADING:** Enter the County Name, Contractor, Contract Period, Date Prepared, Contract Number, 4 digit Medi-Cal Provider Number and 6 digit Provider Number.

**NOTE:** Lines A-G1 will auto calculate once data is keyed on 7990 forms.

**REVENUES:** Enter the revenues for each applicable cost; in the applicable line (lines H through K3 in columns B, and C).

**UNITS:** Group: Enter the applicable Group Face-to-Face visits on line L1 and L3 in column B and on line L2 only, in columns B and C.

**NOTE:** Column C, lines L1, L3, and L5 are formulas, which will automatically be calculated based on the amounts entered on the Form 7990ODFG-AD "Total DMC Units" column, Line 04a, and 04c4.

**UNITS:** Individual: Enter the applicable Individual Face-to-Face visits on lines L6 to L8 in column B and, on line L7 only, column C.

**NOTE:** Column C, lines L6, L8 and L10, are formulas, which will automatically be calculated based on the amounts entered on Form 7990ODFI-AD "Total DMC Units" column, Line 04a, and 04c4.

Group Sessions: Enter the total number of group sessions in line N in columns B and C.

EXPENSES: On page 2, enter the total cost for each category in Column A, Total Program.

**NOTE:** Based on revenue and unit information previously entered, the expenses will be distributed appropriately between Private Pay and Drug Medi-Cal.

Based on the information entered on pages 1 and 2, the distribution of costs will be identified on page 3 of form "7895ODF-AD", as will the provisional rate for Medi-Cal reimbursement.

**Worksheet "7990ODFG-AD" (Group - 2<sup>nd</sup> Tab) (MC 6015)**

Line 04: The Statewide Maximum Allowance (SMA) Rate of \$29.57 is identified. However, if the Prorated Rate is less than the SMA, enter the Prorated Rate/Provisional Rate. The Prorated Rate/Provisional Rate is found on form 7895, page 3, column B (Per Person Group Rate).

Line 04a: For the reporting period (July through June), enter the number of total units submitted for reimbursement and the number of those units that were denied (excluding Minor Consent non-Title XIX claims).

Line 04c4: For the reporting period (July through June), enter the number of total units submitted for reimbursement for Minor Consent Non-Title XIX only and the number of those units that were denied.

Line 15a: In the shaded field, enter the total amount of Revenue/Fees (Share of Cost).

Line 15b: In the shaded field, enter the total amount of Revenue from Insurance / 3<sup>rd</sup> Party Fees.

**Worksheet "7990ODFI-AD" (Individual - 3<sup>rd</sup> Tab) (MC 6016)**

Line 04: The Statewide Maximum Allowance (SMA) Rate of \$69.59 is identified. However, if the Prorated Rate is less than the SMA, enter in the Prorated Rate/Provisional Rate. The Prorated Rate/Provisional Rate is found on form 7895, page 3, column B (Individual Session Rate).

Line 04a: For the reporting period (July through June), enter the number of total units submitted for reimbursement and the number of those units that were denied (excluding Minor Consent non-Title XIX claims).

Line 04c4: For the reporting period (July through June), enter the number of total units submitted for reimbursement for Non-Title XIX Minor Consent only and the number of those units that were denied.

Line 15a: In the shaded field, enter the total amount of Revenue/Fees (Share of Cost).

Line 15b: In the shaded field, enter the total amount of Revenue from Insurance / 3<sup>rd</sup> Party Fees.

**Save, Print and Submit to your analyst with the year-end certification form.**