

Summary Cost Report Instructions

Summary Forms for Counties ONLY

This section details the following forms and their requirements for Summary County Cost Reporting ONLY.

| | |
|-------------------------------|--|
| MH 1900_INFO_SUM | Information Sheet |
| MH 1908 | Supplemental State Resource Data Report Final amounts for State Categorical Funds From "Final Allocation" Letter |
| MH 1909 | Supplemental Cost Report Data by Program Category |
| MH 1909_SUM | Supplemental Cost Report Data by Program Category (Summary) |
| MH 1912 | Supplemental Cost Report Data for Special Education Pupils |
| MH 1968_SUM | Determination of SD/MC Direct Services and MAA Reimbursement |
| MH 1979_SUM | Summary of SD/MC Preliminary Desk Settlement |
| MH 1992_SUM | Summary Funding Sources |
| MH 1994 | Report of Mental Health Managed Care Allocation and Expenditures |
| MH 1995 | Report of Mental Health Services Act (MHSA) Distribution and Expenditures |
| MH1940 and Certification Page | Year End Cost Report Summary |
| MH 1979_1992_RECON | Reconciliation of MH 1979 and MH 1992 for FFP Accuracy |
| MH_EPSDT | EPSDT Costs |
| MHINOUT | Inpatient/Outpatient Summary |
| MH 1992 DETAIL | MH 1992 Detail |

MH 1908***Supplemental State Resource Data - Preliminary Worksheet to the MH1909s***

The purpose of the MH1908 Supplemental State Resource Data Worksheet is to identify the final allocation amounts for each program category and to identify the prior year rollover amounts. The data entered here automatically populates the MH1909's for each program category.

First Table – Program and Final Allocation

Enter county's allocation amount for each budget category from the county's Final Allocation Worksheet.

Second Table – Program Data by Fund Sources, Final Allocation and Prior Year Rollover Allocation

The first column is "Final Allocation". This column is automatically populated based on the information in the first table.

The second column is "Prior Year Rollover Allocation". Enter any rollover allocations from FY 2010-2011 by fund source.

MH 1909***Supplemental Cost Report Data by Program Category***

The objective of the MH1909 is to identify State General Fund (SGF) allocation and expenditures for specified budget item and program category funds. A separate MH 1909 is to be prepared for each program category fund and each program category fund rolled over from the previous fiscal year. Rollover expenditures are not current year Categorical Funds Allocation and should not be included in the Funding Sources portion of the MH1940.

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. The information is automatically populated from MH1900_INFO_SUM.

Lines 4 and 5 – Budget Category, Budget Item Number

No entry. The information is hard coded to the individual worksheets.

Line 6 – SGF Allocation

No entry. This amount is automatically populated from MH 1908, second table, Final Allocation Column.

Column A – Legal Entity Name

No entry. Each legal entity supported by appropriate Budget Program Category being reported. The legal entity name will be automatically populated from the “List of Legal Entities” on the MH1900 Information Sheet the moment the legal entity number is entered.

Column B – Legal Entity Number

Enter the five-digit legal entity number assigned to the Legal Entity.

Column C – Mode of Service

Enter the two-digit code for the appropriate Mode of Service.

Column D – Service Function

Enter the two-digit code for the appropriate Service Function.

Column E – Units of Service

Enter the Units of Service.

Column F – State Share of Net Cost

For each legal entity entry, enter the amount of allocated SGF from the specified Budget Program Category expended on the units of service. Do not include amounts used as state match to FFP, which are included in Column G.

Column G – Medi-Cal/State Share

For each legal entity, enter the amount of SGF used as state share to the SD/MC FFP generated by the specified Budget Program Category services.

Column H – State General Fund Total

No entry. Column H is equal to the sum of Columns F and G. This amount should not exceed the total SGF allocated for the specified Budget Program Category on Final Allocation Worksheet.

Column I – No County Matching Funds for FY 2011-2012

There is no county share of cost requirement to match SGF for counties with populations over 125,000 for FY 2011-2012.

Column J – Medi-Cal/FFP Share

Enter the amount of SD/MC FFP (match) generated by the Budget Program Category services. Include SD/MC FFP that was matched by expenditures reported in both column G (Medi-Cal/State Share) and column K (Other Fund Sources). The entry on column J must also be reported on MH1940, column B.

Column K – Other Fund Sources

Enter expenditures above the allocated SGF amount used to provide identified Budget Program Category services. This column should also include non-state general funds used to match FFP. However, for CSOC/EPSTDT funds, this column can be above the allocated SGF amount even if the total allocated funds have not been expended. Please add an explanation line if above the allocated SGF amount. Other funds, such as IDEA funds, should be reported in this column.

MH 1912***Supplemental Cost Report Data for Special Education Program (SEP)***

The objective of the MH 1912 is to identify total SEP costs, regardless of funding source. The MH 1912 will be used for reporting total program costs associated with the SEP mandate to the California Legislature and the California Department of Education (CDE). Additionally, for those counties submitting SB 90 Claims for this program, the MH 1912 SEP will be the supporting documentation for that claim.

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. The information is automatically populated from MH 1900_INFO_SUM.

Lines 4 and 5 – Budget category, Budget Item Number

No entry. No information required at this time.

Line 6 – SGF Allocation

No entry. No information required at this time.

Column A – Legal Entity Name

No entry. This field is automatically populated from the “List of Legal Entities” on MH 1900_INFO_SUM when the Legal Entity Number is identified in Column B.

Column B – Legal Entity Number

Enter the five-digit number assigned to the legal entity, regardless of funding source.

Column C – Mode of Service

Enter the two-digit code for the appropriate Mode of Service.

Column D – Service Function

Enter the two-digit code for the appropriate Service Function.

Column E through G – Units of Service

Units of Service are for services associated with the AB 3632 SEP program, regardless of funding source. AB 3632 services are only those services on the Individualized Education Plan (IEP). Any other service provided to an AB 3632 eligible child should not be included on the MH 1912 SEP. AB 3632 services begin with the mental health assessment after referral from the Local Education Agency pursuant to the IEP. Any pre-referral services are not considered AB 3632 services and should not be reported on the MH 1912 SEP. The total units of service should match the total units of service reported to CSI and identified as being part of an IEP for SEP. For Medi-Cal legal entities, the total units of service should match the SD/MC approved units of service provided to SEP clients.

Column E – Medi-Cal Units of Service

Enter the Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column F – Non- Medi-Cal Units of Service

Enter the Non-Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column G – Total Units of Service

No entry. This is the sum of Medi-Cal Units of Service (Column E) and Non-Medi-Cal Units of Service (Column F). Column G is the Total Units of Service associated with the provision of AB 3632 SEP, regardless of funding source.

Column H – Reimbursement Rate and Cost Per Unit

Enter on separate lines the reimbursement rate for Medi-Cal units used to determine FFP, and the cost per unit for Non-Medi-Cal units by mode and service function from the appropriate MH 1966, Lines 4 through 6.

Column I – Medi-Cal Costs – Total

No entry. This is equal to Medi-Cal Units of Service (Column E) multiplied by Cost Per Unit (Column H).

Column J – Medi-Cal Costs – FFP

Enter the Medi-Cal FFP Costs for AB 3632 services for each legal entity and service function by multiplying the Total Medi-Cal Costs (Column I) by the FFP sharing ratio. This automatically populates the MH 1940, Line 12, Column B.

Column K – Medi- Cal Costs – County EPSDT Baseline

Enter the estimated county EPSDT baseline funds to be used as match for the FFP in column J. This represents the amount of county EPSDT baseline funding related to AB 3632 services provided to Medi-Cal beneficiaries.

Column L – Medi-Cal Costs – EPSDT County Match for Growth

Enter the estimated EPSDT county matching funds for the growth in EPSDT State General Funds. This represents the amount of the required ten percent county match to growth in EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column M – Medi-Cal Costs – EPSDT State General Funds

No entry. This is automatically populated from Medi-Cal Costs – Total (Column I) less the sum of Medi-Cal Costs – FFP (Column J), Medi-Cal Costs – EPSDT Baseline (Column K), and Medi-Cal Costs – EPSDT County Match for Growth (Column L). This represents the amount of EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column N – Non Medi-Cal Costs – Total

No entry. This is the sum of Non Medi-Cal Units of Service (Column F) multiplied by the Cost Per Unit (Column H).

Column O – Non Medi-Cal Costs – County Matching Funds

There is no match requirement in FY2006-07 for AB 3632. However, if county general funds are used to support the SEP program, enter the amount of County General Funds used. Document this in the “Footnote” section, if this amount is included in the SB 90 claim.

Column P – Non Medi-Cal Costs – State General Funds

Enter the amount of SGF used to support SEP Non Medi-Cal Units of Service.

Column Q – Non Medi-Cal Costs – Other Fund Sources

No Entry. This is automatically calculated as the difference between the Total Non-Medi-Cal Costs (Column N) and the funding identified in Non-Medi-Cal Costs – County Matching Funds (Column O) and Non-Medi-Cal Costs – SGF (Column P). This should represent any other funds used to provide service for this program, such as County Office of Education/Special Education Local Plan Areas, realignment funds, patient fees, or any other funds source not identified in any of the other columns. A total amount for each fund source is to be provided in the “Footnotes” section.

Column R – Total SEP Program Costs

No entry. This is automatically calculated as the Total Units of Service (Column G) multiplied by the Cost Per Unit (Column H). This amount should also equal the sum of Total Medi-Cal Cost (Column I) and Non Medi-Cal Cost (Column N).

Note: If other categorical program funds were used to support SEP costs, an explanation in the “Footnotes” section is required. A copy of the County SB 90 claim for SEP is to be provided to confirm that total costs are included in both documents. Documentation in the “Footnote” section is required if no County SB 90 claim is filed for SEP.

MH 1994***Report of Mental Health Managed Care Allocation and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures from the Managed Care SGF allocation (4440-103-0001: Community Services – Outpatient Mental Health Services for Mental Health Managed Care).

FY 2010-2011 Rollover – Column A:**Line 1, FY 2010-2011 SGF Mental Health Contingency Reserve**

No entry. This amount automatically populated from the MH 1908 Supplemental State Resource Data sheet (Column E, Row 20). This amount represents Managed Care SGF for FY 2010-2011 not spent during that fiscal year and reserved for FY 2011-2012. (This line should be the same as the FY 2010-2011 Cost Report, MH1994, Line 10).

Line 2a, FY 2010-2011 Contingency Reserve Expenditures for Inpatient Expenditures in FY 2011-2012

Enter FY 2010-2011 Managed Care Contingency Reserve SGF Inpatient expenditures during FY 2011-2012.

Line 2b, FY 2010-2011 Contingency Reserve Expenditures for Outpatient Expenditures in FY 2011-2012

Enter FY 2010-2011 Managed Care Contingency Reserve SGF Outpatient expenditures during FY 2011-2012.

Line 3, SGF Mental Health Contingency Reserve

No entry. Line 3 is equal to Line 1 minus Line 2.

FY 2011-2012 Allocation- Column A:**Line 4, SGF Managed Care Allocation**

No entry. This line is automatically populated from MH 1908 Supplemental State Resource Data sheet, 4440-103-0001 “Community Services – Outpatient Mental Health Services for Mental Health Managed Care”.

Line 5, SGF Mental Health Contingency Reserve Rollover Expenditures

No entry. This line is automatically populated from Line 3.

Line 6, FFS/MC Expenditures Acute Inpatient Hospital Days

Enter SGF portion of FFS/MC expenditures for Acute Psychiatric Inpatient Hospital days.

Line 7, FFS/MC Expenditures Inpatient Hospital Administrative Days

Enter SGF portion of FFS/MC expenditures for Inpatient Hospital Administrative days.

Line 8, FFS/MC Expenditures Outpatient Mental Health Services

Enter the expenditures for Managed Care SGF allocation used to match FFS/MC expended for Outpatient Mental Health Services.

Line 9, State General Fund Expenditures Other Mental Health Services

Enter portion of FY 2011- 2012 Managed Care SGF allocation used to fund Other Mental Health Services expenditures.

Line 10, State General Fund Mental Health Contingency Reserve

Enter portion of FY 2011-2012 Managed Care SGF allocation that was not expended during the FY 2011-2012 and is held as contingency reserve to be rolled over for expenditure during FY 2012-2013.

Line 11, Unexpended/Uncommitted State General Fund Balance

No entry. This line sums Lines 4 through 9. The amount listed on this line is the amount that the county identifies as unexpended during FY 2011-2012 and does not intend to rollover into FY 2012-2013.

MH 1995***Report of Mental Health Services Act (MHSA) Distribution and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures for MHSA distribution.

Prior Years Distribution – Column A:**Line 1, Prior Years Unexpended Mental Health Services Act Balance**

Enter the FY 2010-2011 unexpended Mental Health Services Act Funding. This number should equal line 8 of the MH 1995 in the FY 2010-2011 Cost Report.

Line 2, Prior Years Mental Health Services Act Expenditures

No Entry. (Field shaded for FY 2011-2012)

Line 3, Prior Years Unexpended Mental Health Services Act Balance

No entry. This line sums Line 1 and 2. The amount listed on this line is the amount that the county identifies as unexpended MHSA Balance.

FY 2011-2012 Distribution – Column A:**Line 4, FY 2011-2012 Mental Health Services Act Distribution**

Enter the distribution amount received for the MHSA for FY 2011-2012. This amount should equal funds approved for distribution in FY 2011-2012, whether or not the funds were not actually received until FY 2012-2013.

Line 5, FY 2011-2012 Interest Earned on Mental Health Services Act

Enter interest earned on MHSA Distributions for FY 2011-2012.

Line 6, FY 2011-2012 Mental Health Services Act Balance

No entry. This line is equal to Line 3.

Line 7, FY 2011-2012 Mental Health Services Act Expenditures

Enter MHSA expenditures in FY 2011-2012.

Line 8, FY 2011-2012 Unexpended Mental Health Services Act

No entry. Line 8 is equal to the sum of line 4, 5 and 6 minus line 7.

MH 1940***Year End Cost Report***

The purpose of this form is to allow each county's local mental health agency to report countywide mental health expenditures and revenues. This form is a summary of cost reports from all legal entities within the county, and information reported is certified by the county's local mental health director and county's auditor-controller as being true and correct. Information on this form is considered local mental health agency's claim for reimbursement and serves as the basis for year-end cost settlement with the State Department of Health Care Services. MH 1940's without the appropriate signatures will be considered incomplete.

Column A, Line 1

No entry. Total mental health expenditures and revenues except Medi-Cal, i.e., MH1992, Column J, Line 3 minus sum of: (a) FFP (MH 1979, Column J, Line 29 plus Line 33), (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 32, 32A, 33, 34, 35, 36 and 37, for all legal entities.

Column B, Line 1

No entry. Total Medi-Cal related dollars, i.e., sum of: (a) FFP (MH1979, column J, Line 29 plus Line 33); (b) match for FFP (calculated from MH1979); and (c) MH 1968, Columns E and K, Lines 32, 32A, 33, 34, 35, 36 and 37, for all legal entities.

Column C, Line 1

No entry. Column C, Line 1 is equal to the sum of Columns A and B, Line 1. The amount on this line should equal the total of MH1992, Line 3, for all legal entities.

Column A, Line 2

No entry. All funding sources except SD/MC (FFP and State Match), SD/MC-related patient and other payor revenues, and SGF (State and County share and Mental Health Managed Care) for all legal entities, plus any categorical funds used as match for FFP, i.e., MH 1992, Column J, Line 3 minus Lines 12, 13, 16, 17, and 18 minus match for FFP, calculated on the MH 1979 box (located in the lower right hand corner), minus MH 1968, Columns E and K, Lines 32, 32A, 33, 34, 35, 36 and 37, all legal entities, plus amount on MH1909, column G, Line 8.

Note: If categorical funds (e.g. SEP) were used as a match for FFP amount reflected on MH 1909, Column G, Line 8 is added as part of the calculation for this line.

Column B, Line 2

No entry. Match for FFP plus patient and other payor revenues, i.e., sum of: (a) match for FFP calculated from MH 1979 (shown on list of information worksheet), and (b) MH 1968, Columns E and K, Lines 32, 32A, 33, 34, 35, 36 and 37, for all legal entities.

Column C, Line 2

No entry. Column C, Line 2 is equal to the sum of Columns A and B, Line 2.

Column A, Line 3

No entry. Column A, Line 3 is equal to Column A, Line 1 minus Column A, Line 2.

Column B, Line 3

No entry. Column B, Line 3 is equal to Column B, Line 1 minus Column B, Line 2.

Column C, Line 3

No entry. Column C, Line 3 is equal to the sum of Columns A and B, Line 3.

Column A, Line 4

No entry. Column A, Line 4 is equal to the county share from the MH1909 Summary, Column I, Total No Rolls.

Column C, Line 4

No entry. Column C, Line 4 is equal to Column A, Line 4.

Column A, Line 5

No entry. Column A, Line 5 is equal to Column A, Line 3 minus Column A, Line 4.

Column B, Line 5

No entry. Column B, Line 5 is automatically populated from Column B, Line 3. This amount should equal MH 1992, Column J, Line 12 and 13, for all legal entities.

Column C, Line 5

No entry. Column C, Line 5 is equal to the sum of Columns A and B, Line 5.

Column A, Line 6

No entry. Column A, Line 6 is equal to the SGF used as match for FFP from MH1909 Summary, Column G, Total No Rolls.

Column C, Line 6

No entry. Column C, Line 6 is equal to Column A, Line 6.

Column A, Line 7

No entry. Column A, Line 7 is equal to the sum of Column A, Line 5 and Column A, Line 6.

Column B, Line 7

No entry. Column B, Line 7 is automatically populated from Column B, Line 5. This amount should equal the sum of the MH1992, Column J, Lines 12 and 13, for all legal entities.

Column C, Line 7

No entry. Column C, Line 7 is equal to the sum of Columns A and B, Line 7.

Column A, Line 8

No entry.

Column A, Lines 9 through 12

No entry. Columns A, Lines 9 through 12 are automatically populated from Column H, Line 8 of the appropriate MH 1909.

Column A, Line 13

No entry. Column A, Line 13 is automatically populated from Column A, Lines 8 and 9 of the MH1994, "Outpatient Mental Health Services".

Column B, Line 8

Enter other FFP funds not matched by SGF identified in Lines 9 through 12, Column A.

Column B, Lines 9 through 12

No entry. For each identified Budget Act Line Item Program expenditure (Lines 9 through 12), total FFP matched in part by the SGF in Column A is automatically populated from the appropriate cell on the appropriate MH 1909. The FFP difference between total FFP in Line 7, Column B and the aggregate of Lines 9 through 12 is entered in Line 8, Other Funds.

Column B, Line 13

Justification is required for entry on this line.

Column A, Line 14

No entry. Column A, Line 14 is equal to Column A, Line 7.

Column B, Line 14

No entry. Column B, Line 14 is equal to Column B, Line 7.

Columns A and C, Line 15

No entry. Columns A and C, line 15 is equal to the sum of 1994, Column A, Lines 6 and 7, "FY 2011-2012 Community Services – Managed Care allocation spent on Fee-For-Service/Medi-Cal (FFS/MC) Hospital Inpatient Services.

Columns A and C, Line 16

No entry. Columns A and C, Line 16 is automatically populated from the MH1992, Column J, Line 20 for all legal entities, "FY 2011-2012 EPSDT SD/MC – State Share estimate".

Column C, Lines 8 through 16

No entry. Column C, Lines 8 through 16 equal the sum of Columns A and B, Lines 8 through 16.

COST REPORT TEMPLATES AND NAMING CONVENTION SUBMITTAL FILE TO DHCS

Introduction

The FY2011-2012 Cost Report packaging, naming conventions, automated desk edits, error correction cycle, and submittal process to DMH are described in this section.

The cost report will be distributed to the counties via the DMH Information Technology Web Server (ITWS). Counties are required to download the appropriate cost report template(s) from ITWS and distribute the template(s) to their contract provider legal entities by any method that will not change the electronic format of the template(s). The contract provider legal entities, after the completion of their cost reports, must return them to their county for review, verification, and approval. The counties are required to package these cost reports and submit the package” to DMH through the ITWS electronic submission process

COST REPORT FILES

The cost report files for this year remain an Excel based spreadsheet application. There will be two sets of Cost Report spreadsheet automations:

1. A Detail Cost Report for Legal Entities (contract or county), Medi-Cal and Non-Medi-Cal; and
2. A Summary Cost Report for each county or local mental health agency linking information from all legal entities.

SUBMITTAL FILE

The county Submittal File is the “package” that the county submits to DMH. The completed detail cost reports and the summary county cost report are combined into a single “package” called a “submittal file”. This packaging is completed through an archiving process called zipping. (Zipping gets its name from a product, or multitude of products, which combine files, called PKZIP. Further description and product information can be found at <http://www.pkware.com> and/or your local county information technology group.)

The submittal file (zipped file) is uploaded (submitted) to DMH ITWS. The name of the submittal file must conform to the submittal file naming conventions. See the sections on File Naming Conventions. Files not conforming to the specified naming conventions cannot be processed by DMH.

- Step 1. Logon to ITWS
- This requires enrollment to ITWS and permission to access the Cost and Financial Reporting System (CFRS). We also recommend that you request permission to access the Provider / Legal Entity System.
- Step 2. Download the Cost Report Template(s)
- The Detail Cost Report Template is:
CFRS_20112012_CC99999X_Detail_Template.xls
 - The Summary Cost Report Template is:
CFRS_20112012_CC00000X_Summary_Template.xls

NOTE: There may be additional information attached to the names of these file to describe the versions that are currently being used. Please download the most recent version of these files; i.e., (V1.01 & V1.02).

- Step 3. Rename and complete the Cost Report(s)
- RENAME and CREATE a COPY of the Detail Cost Report Template for:
 - 1 for EACH Contract Provider Legal Entity
 - 1 for the County Legal Entity
 - RENAME and CREATE a COPY of the Summary Cost Report Template for:
 - 1 for The County Only
 - Complete these cost reports according to the instructions in the manual.
 -
- Step 4. ZIP ALL excel.xls and create Submittal File
- ALL cost report files (.xls) must be Zipped together into a submittal file (.zip). This ZIP file is also called an archive. Use the ZIP utility (i.e., PKZIP) to accomplish this.
 - Note, you must create the name of this submittal file according to the naming conventions specified in this section.
- Step 5. Upload/Submit the Cost Report package to ITWS
- Logon to ITWS (ITWS.dhcs.ca.gov) and go to the CFRS system.
 - Select FUNCTIONS > UPLOAD, and specify the name of the submittal file that was created from the ZIP step for submission to DMH.
 - ITWS will return a confirmation message stating a successful upload process.
 - You and CRFS will also receive an email notification stating that the file has been successfully received by DMH.
 - The email will entail specific information regarding your email, and also an accompanying Upload ID number, which indicates this file in the CFRS system. Please note this Upload ID number for further notices and reports.

- Step 6. Automated DMH Desk Edits
- DMH will automatically process the Submittal ZIP file and perform the automated desk edits on the cost reports.
 - You will receive an email stating that the file has been processed through the automated desk edits. The results of the automated desk edits will be attached. The attached RESULTS FILE is a TEXT file and will be named according to the submittal file that was uploaded. The name of the RESULTS FILE will include the Upload ID number that was assigned when the submittal file was received by DMH.
 - You can also logon to ITWS to review the RESULTS text file. Use the Upload ID number assigned to the submittal file to find the appropriate RESULTS text file.
- Step 7. Review the Results File
- The Results File will include any processing errors found by the automated Desk Edit for all Detail Cost Reports and the Summary Cost Report.
- Step 8. Correct any errors
- The county corrects the errors listed in the Results File.
 - After corrections to the cost reports are completed, ALL cost report files (.xls) must again be Zipped together into a submittal file (.zip), see Step 4. The submittal file (zipped file) is uploaded to DMH ITWS, see Step 5.
- Step 9. Repeat Step 4 through Step 8 until the Results File contains no errors.
- Step 10. Finished

NOTE: After completing Step 5, the Upload/Submit step, the accompanying email that you receive specifies the Upload ID number of the submittal file. This Upload ID number must be used on the MH1940 that is sent to DMH. It is the “binding” number, which details when your cost report is actually received by DMH. You must submit one hard copy of the cost report (summary and county detail only) and an original signed MH 1940 certification package to DMH within 10 (ten) business days of the first submission of your cost report.

Cost Report Template Files

The FY 2011-2012 Cost Report Templates are downloaded by the county from DMH ITWS. Remember, there are two templates:

- A template for the Detail Cost Report. RENAME and create a COPY of the Detail Cost Report template for EACH Legal Entity (contract or county), Medi-Cal and Non-Medi-Cal. Name the files according to the naming conventions specified in this section.
- A template for the Summary Cost Report. RENAME and create a copy of the Summary Cost Report template. Name the file according to the naming conventions specified in this section. The Summary Cost Report is to be completed by the County Only.

These files are located on ITWS have the following name:

- CFRS_20112012_CC99999X.XLS_(V1.02)_Detail_Template.XLS
 - This is the Detail Cost Report.
 - The '99999' will be replaced by the number associated with the Legal Entity.
- CFRS_20112012_CC00000X.XLS_(V1.01)_Summary_Template.XLS
 - This is the Summary Cost Report
 - The '00000' denotes a Summary Cost Report. It must remain as '00000' as it indicates the Summary Cost Report to be complete by the County.

NOTE: These files reflect a version number that is used internally when creating the Cost Reports. These files are the templates to be used for completing the Cost Reports, and the versions and names are for identification purposes.

File Naming Conventions – Detail Cost Report(s)

All naming conventions for DETAIL Cost Reports follow this format:

CFRS_20112012_CC99999X.XLS

Where:

| | |
|--------------|--|
| CC | County Code - Two digit code |
| 99999 | 5 digit number which identifies the legal entity # of the cost report for which the file is being submitted. Check your Legal Entity file for correct Legal Entity numbers of your providers that you are using. |
| X | <p>“B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete)</p> <p>“F”inal Settlement, (i.e., after any SD/MC adjustments)</p> <p>“Z” for Audits,</p> <p>“T” for Test files and/or DMH use.</p> |

LEGAL ENTITY NUMBERS

Legal Entity numbers are assigned by DMH by the type of Legal Entity they represent. These are essentially encoded with the 5-character Legal Entity numbering system of the Legal Entity File. Your 5-character Legal Entity numbers will resemble the following format. These are general rules and you should contact the DMH Statistics and Data Analysis (SDA) group if you have further questions or problems about these designations.

| | |
|--------------|---|
| <i>00000</i> | A Legal Entity number with 5 zeroes indicates that this is a Summary County Cost Report. This is very important!!! |
| <i>000##</i> | A Legal Entity number with 3 leading zeroes indicates that this is the County Legal Entity. Example, 00087 would indicate the County Legal Entity for County 87. |
| <i>00F87</i> | A Legal Entity number with 2 leading zeroes, then an “F” and a number, indicates that this is the FFS (Fee for Service) Legal Entity for the county. Example, 00F87 would indicate the FFS Legal Entity for County 87. |
| <i>AFC##</i> | A Legal Entity number with “AFC” as the preceding 3 characters indicates that this is an Administrative Services Organization (ASO) Legal Entity. The remaining 2 characters indicates that County Code. Example, AFC87 would indicate the ASO Legal Entity for County 87. |
| <i>HFP##</i> | A Legal Entity number with “HFP” as the preceding 3 characters indicates that this is a Healthy Families (Fee-For-Service) inpatient services and is used to claim all HFP inpatient services that occur in hospitals settings that would be fee-for-service if used for Medi-Cal children. |
| <i>#####</i> | Any other number is the 5-digit number which identifies the Legal Entity number. Check your Legal Entity File for correct Legal Entity numbers of the providers that you are using. |

File Naming Conventions - Summary Cost Report

All naming conventions for the SUMMARY Cost Reports follow this format:

CFRS_20112012_CC00000X.XLS

Where:

| | |
|--------------|--|
| CC | County Code – Two digit code |
| 00000 | 5-zeroes. This must be specified. |
| X | “B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete) “F”inal Settlement, (i.e., after any SD/MC adjustments) “Z” for Audits, “T” for Test files and/or DMH use. |

File Naming Conventions - Submittal File

All naming conventions for **SUBMITTAL** Package follow this format:

CFRS_20112012_CC_X_SUBMITTAL.ZIP

Where:

| | |
|-----------|---|
| CC | County Code – Two digit code |
| X | “B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete) “F”inal Settlement, (i.e., after any SD/MC adjustments) “Z” for Audits, “T” for Test files and/or DMH use. |

NOTE: If you need help using ZIP, or more formally known as PKZIP, please see <http://www.pkware.com> for instructions on using this and other ZIP products.

Further, when this file is uploaded to ITWS, it will be assigned an internal Upload ID (UpID) number. This UpID number will be referenced in all documentation regarding this file. You will also receive an email describing this and its newly renamed file.

Example:

1. CFRS_20112012_87_B_SUBMITTAL.ZIP

The cost reports uploaded for a sample county 87. You will receive email confirmation of this submission, and it will entail the Upload ID that was assigned when this file was uploaded. This number will now be in the name of the file in your county directory on ITWS and all reference documentation regarding this upload will be specified.

2. CFRS_20112012_87_B_7070_SUBMITTAL.ZIP

This is how the file will look with the Upload ID specified as part of the renamed file. This will be automatically be done by DMH and will look this way on ITWS.

Desk Edits Results File

After you have UPLOADED your Cost Report submittal file to ITWS, you will receive the following electronic communication from DMH:

1. An instant notification from ITWS saying your file was successfully uploaded.
2. Also, you will receive an email notification in your Inbox stating that DMH received your file as well.

In the meantime, DMH will be processing your uploaded submittal file and when done, the following will happen:

1. Notify you via an email notification in your Inbox stating that DMH has processed your file and the results of this process are available for viewing (or downloading) on ITWS.
2. Next, you need to Logon to ITWS to view the file and determine if the automated desk edit processing is successful or not.
3. If NOT, then make necessary corrections on your local copies of the cost reports, re-ZIP into a new Submittal File, and re-Upload to ITWS.
4. Cost report is not considered ACCEPTED, until all errors on both the detail and summary cost reports pass the automated edits.

The attached report file returned to you in the email will be named according to the following format. It will also be on ITWS with the same name as:

CFRS_20112012_CC_X_UPID_REPORT.TXT

Where:

| | |
|-------------|---|
| <i>CC</i> | County Code – Two digit code |
| <i>X</i> | “B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete) “F”inal Settlement, (i.e., after any SD/MC adjustments) “Z” for Audits, “T” for Test files and/or DMH use. |
| <i>UPID</i> | Upload ID that was assigned when your submittal file was uploaded to ITWS. |

Example:

CFRS_20112012_87_B_123456_REPORT.TXT

NOTE: This is a text document. Use Notepad or a similar product to open and read its content.

The Cost Report submission, editing and correction cycles will produce files of different types. These files may be Notification and Return Files, or possible Error files as well. These files are created by the DMH Cost and Financial Reporting System (CFRS) and placed on the DMH ITWS servers so the counties may download them, examine them, and determine if any corrective or continuing action needs to be taken. Also, any errors that they may have submitted in the Cost Report submission package will be listed here as well.

After a cost report has been submitted, the CFRS will process the submission package and will create the files on the ITWS server within one day after DMH receives a CFRS submittal file.

File Naming Conventions – Samples

The Detail and Summary Cost Reports are built and named according to the naming conventions. Reminder, the Summary Cost Report contains the list of the Legal Entities that are being submitted as part of the Cost Report package.

This example would represent a sample of names for cost reports to be submitted as part of the submittal package to DMH ITWS:

| | |
|----------------------------|---|
| CFRS_20112012_8700000B.XLS | Summary County Cost Report for County 87. Notice all 0's (Zeroes) in the file name and only the County Code is present |
| CFRS_20112012_8700087B.XLS | Detail Cost Report for County 87 Legal Entity. Notice the 3 0's (Zeroes) in the file name and then the County Code is present. |
| CFRS_20112012_8700877B.XLS | Detail Cost Report for Legal Entities by #. Notice the Legal Entity number is used here. “ “ “ “ “ “ “ “ |
| CFRS_20112012_8700887B.XLS | |
| CFRS_20112012_8700755B.XLS | |
| CFRS_20112012_8700205B.XLS | |
| CFRS_20112012_8700223B.XLS | |
| CFRS_20112012_8700227B.XLS | |
| CFRS_20112012_8700249B.XLS | |
| CFRS_20112012_8700269B.XLS | |
| CFRS_20112012_8700277B.XLS | |
| CFRS_20112012_8700279B.XLS | |