

INSTRUCTIONS FOR COMPLETING DMC FORMS FOR NARCOTIC TREATMENT - PERINATAL

The EXCEL filename on the FY 2012-13 Cost Report Forms for these forms is "NTP - Perinatal - County". A separate worksheet has been created for each document within the file. The worksheets are "7895NTP-P-C", "7990NTP-P-C", and "Comparison". Enter data only in the blue or yellow shaded areas; all other values are automatically calculated.

These forms must be completed to provide adequate cost data (refer to 42 CFR 413.24 and 45 CFR 96.30). The detail of the service provider's costs must be identified on the forms in the appropriate cost categories.

Worksheet "7990NTP-P-C" is required for ALL Narcotic Treatment Programs.

Worksheet "7895NTP-P-C" is ONLY required when the program has both Non DMC and DMC funding sources.

Worksheet "Comparison" is required for ALL Narcotic Treatment Programs.

BRIEF ON UPDATES:

Funding lines for Drug Medi-Cal and Local Revenue Funds have been established to reflect the realignment of State Funds to Local Authority in accordance to the Behavioral Health sub-account.

- Reference the Funding Line Comparison Report for additional information

Worksheet "7990NTP-P-C"

HEADING: Enter the County Name, name of Provider being reported, Contract Period, Date Prepared, and Medi-Cal 4-digit Provider Number, and the 6-digit Provider Number.

UNIT OF SERVICE RATE:

CHANGES IN THIS YELLOW AREA ARE ONLY ALLOWED IF THE PROVIDER FILES CLAIMS AT A CUSTOMARY CHARGE WHICH IS LESS THAN THE DMC MAXIMUM RATE. If that is the case, enter the customary charge rate under the "Provider Rate" column for the affected service areas. **DO NOT CHANGE THE ADMINISTRATIVE RATE.**

NUMBER OF UNITS OF SERVICE:

1. Enter the total units of service submitted for the fiscal year in the Submitted UOS (ALL) column for each service provided.
2. Enter the total number of denied units of service for regular and Minor Consent for the fiscal year in the Denied UOS (ALL) column for each service provided.
3. Enter the total number of approved DMC Non-Title XIX Minor Consent units of service provided during the fiscal year for each service provided in the appropriate column if applicable.

4. The Final UOS Column contains a formula to calculate the total units of service for the entire fiscal year. The Final UOS is based upon Submitted - Denied UOS. Minor Consent units are a subset of Submitted.

TOTAL PROGRAM UNITS:

1. Enter the total program number of Methadone Units dispensed during the fiscal year for the entire program (Non DMC, DMC, and Private Pay).
2. At the bottom of the page, IF REQUIRED (see worksheet comment); enter the Share of Cost and Insurance amounts.

Worksheet “7895NTP-P-C” - Page 1- SUMMARY

This form is only required if the program has both Non DMC and DMC funding.

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

LINES H and I: For each line, enter the total amount applicable to each cost center (Detox, Private Pay, Medi-Cal and/or Non DMC/Public).

LINE M1, M5-M6: Enter the unit of service in the applicable column. Column D, Medi-Cal, should match the “Final UOS” column on the Form 7990 NTP-P.

Worksheet “7895NTP-P-C” - Page 2 - DETAIL

EXPENSES: For each line expense, enter the total cost to each applicable cost center. Remember, do not enter information in the cells where a “0” is located.

INDIRECT COSTS: Enter the Indirect Cost for each applicable cost center

DMC ADMIN. Under the Medi-Cal column, enter the total amount of Drug Medi-Cal County administration.

The information entered on Page 2 - Detail of this worksheet rolls forward to Page 1 - Summary of this worksheet.

Worksheet “Comparison”

All information on this sheet is automatically carried forward from worksheets 7990NTP-P-C and 7895NTP-P-C, except the “Fiscal Detail Pages” column. The cells in this column should be filled out with the total cost and unit information as in the Fiscal Detail Pages of the Paradox cost report corresponding to the Non DMC and DMC programs reflected in this form set. This worksheet also includes a review area for the provider rate entries made on the ADP 7990; any changes to these rates must not exceed the standard rates.