



FY 2008-2009

Cost Report Training



All Entries ▾

New...

Good Morning

On behalf of the Dept of Mental Health and the Local Program Financial Support staff, I want to welcome you to the FY 2008-2009 cost report training. I am Lupe Arce, your narrator.

Before we get started, I want to go over some housekeeping items:

- As the host, we will be putting all attendee phones on mute
- The chat box function will be disengaged to remove any distractions
- If you have a question during the presentation, please send an e-mail to cfrs_help@dmh.ca.gov - at the end of our presentation we will address some of the questions as we have time. Those addressed during this webinar and those that required additional research, along with our responses, will be posted to our internet web site at http://www.dmh.ca.gov/Provider_Info/Local_Program_Financial_Support.asp

So everyone settle in and on with our presentation





Important Facts

1. The Schedule A was revised due to the discontinuance of Negotiated Rates as of December 31, 2008.
2. Schedule B was revised to indicate 3 time periods due to the discontinuance of Negotiated Rates and the increase of the FFP effective 10/1/08.
3. Payments made to the ASO for its administrative service **should be** included as part of the mental health plan's administrative costs.
4. Prior to uploading, clear all crosscheck edit errors.
5. In addition to the Certification having the appropriate signatures, **the Date Uploaded, Upload ID and Upload File Name must be entered**. This information must reflect the **INITIAL** upload and must accompany the hard copy of the County Summary and Detail Cost Report. As a reminder, these items are due to the Department within 10 days of the initial upload date.
6. Cost Reports are **due to the Department of Mental Health by 2/28/10** - but you do not have to wait until the due date to submit. They may be submitted earlier (hint...hint)!
7. **County mandate claims are due to the State Controller's Office by 2/15/10 to prevent assessment of penalty.**

AGENDA TOPICS:

- OVERVIEW AND UPDATES
- INFORMATION TECHNOLOGY WEB SERVICE (ITWS) ENROLLMENT
- ITWS SUBMISSION & EDIT PROCESSING
- DETAIL COUNTY COST REPORT
- SUMMARY COST REPORT
- EDITS / ERRORS
- QUESTIONS

Authority

- **The general operation and administration of the Medicaid (Medi-Cal) Program is governed by Title XIX of the Social Security Act and additional federal laws and federal regulations; however, state laws and regulations, state contracts and state policy letter directives must also be followed. The authority for DMH requirements may be found under the following laws, regulations, contracts and policy directives:**
- **Welfare and Institutions (W&I) Code:**
 - **Section 5651 – references Cost Report requirements included in the DMH County Performance Contract.**
 - **Section 5664 – establishes the general requirements for required reports.**
 - **Section 5705 – addresses negotiated rates.**
 - **Section 5718 – delineates the December 31st Cost Report submission deadline.**
- **California Code of Regulations (CCR):**
 - **Section 51516 of Title 22 – establishes the basis for reimbursement under Short-Doyle/Medi-Cal (SD/Medi-Cal) under the purview of the Department of Health Care Services (DHCS), the federally designated single state agency.**
 - **Section 1840.105 of Title 9 – outlines the basis for FFP reimbursement for specialty mental health services.**
 - **Section 1840.110 of Title 9 – specifies claims submission requirements and references the Section of Title 22 that defines “good cause”.**
 - **Section 1840.112 of Title 9 – delineates claims certification and program integrity requirements.**
- **Contracts - the DMH/MHP Contracts and County Performance Agreements are distributed to all Mental Health Directors.**

DMH Letters and Information Notices are available at the following link:

<http://www.dmh.ca.gov/DMHDocs/default.asp>

The Social Security Handbook is available using the following link:

http://www.ssa.gov/OP_Home/handbook/ssa-hbk.htm

All California statutes under government codes including the W&I Code are available using the following link:

<http://www.leginfo.ca.gov>

The CCRs for DMH, Title 9, may be found using the following link:

http://www.dmh.ca.gov/Laws_and_Regulations/Regulations.asp

Cost & Financial Report System Training Overview and Updates

Primary Training Goal

- Provide informative materials and training to county staff responsible for completing the Fiscal Year 2008-2009 cost reports.

Tools to Meet the Training Goal

- Training Presentations
- Going through different forms describing the importance and purpose of each form and,
- Training materials i.e. Instruction Manual and Training Hand-outs via ITWS

Cost Report Overview

Cost Report Objectives

- Compute the cost per unit for each service function.
- Determine the estimated net Medi-Cal entitlement (Federal Financial Participation-FFP) for each legal entity.
- Identify the sources of funding.
- Serve as the source for County Mental Health fiscal year-end cost information.
- Serve as the basis for the local mental health agency's year-end cost settlement and subsequent SD/Medi-Cal fiscal audits.

Cost Report Overview

Cost Report Data Requirements

Total County Costs – Summary and Detail Cost Report Information

- ❖ Administrative Costs
- ❖ Quality Assurance & Utilization Review Costs
- ❖ Research & Evaluation Costs
- ❖ Direct Services Costs



Total Legal Entity Costs – Detail Cost Report Information

- ❖ Direct Services Costs

Cost Report Overview

Direct Service Costs are captured by Mode of Service and Service Function

- ❖ Mode 05 - Hospital Inpatient Services (SFC 10-19)
- ❖ Mode 05 - Other 24 Hr. Services
- ❖ Mode 10 - Day Services
- ❖ Mode 15 - Outpatient Services (Programs 1 & 2)
- ❖ Mode 45 - Outreach Services
- ❖ Mode 55 - Medi-Cal Administrative Activities (MAA)
- ❖ Mode 60 - Support Services

Units of Service

- ❖ Medi-Cal and Non-Medi-Cal units of service are reported in the appropriate time periods

Cost Report Overview

Method of Allocation - Reported by Mode and Service Function

- ❖ Rate for Allocation
- ❖ Statewide Maximum Allowances (SMA)
- ❖ Published Charges
- ❖ Directly Allocated
- ❖ Negotiated Rate as Applicable

Funding Information

- ❖ MHSA
- ❖ SAMHSA
- ❖ PATH
- ❖ State General Fund
- ❖ EPSDT
- ❖ AB 3632
- ❖ Realignment
- ❖ Other Funding





Cost Report Changes Made to Fiscal Year 2008-2009

- Change in the time periods on the MH1901 Schedule A's
 - 07/01/08 – 12/31/08 – (negotiated rate) - MH 1901 Schedule A_1
 - 01/01/09 – 06/30/09 – (no negotiated rate) - MH 1901 Schedule A_2
- Addition of a third MH1901 Schedule B supplemental worksheet having three time periods of reporting units of service.
 - 07/1/08 – 09/30/08 (50/50 FFP) – MH1901 Schedule B_1
 - 10/1/08 – 12/31/08 (61.59/38.41 FFP) – MH1901 Schedule B_2
 - 01/1/09 – 06/30/09 (61.59/38.41 FFP & no negotiated rate) - MH1901 Schedule B_3
- Addition of rows on MH1901 Schedule C and columns for all MH1966's to accommodate data reported for the three time periods.
- Addition of rows on MH1968 to reflect data for the three time periods.

Summary of Changes

MH_1901 Schedule A_1

To reflect SMA rates and/or NRs for the time period of July 1, 2008 through December 31, 2008.

State of California Health and Human Services Agency										Department of Mental Health	
DETAIL COST REPORT											
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES											
MH 1901 SCHEDULE A_1 (Rev. 5/08)										FISCAL YEAR 2008 - 2009	
Entity Name: 0						Entity Number: _____					
Fiscal Year: 2008 - 2009				07/01/08 - 12/31/08							
SERVICE FUNCTION		MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RA F			
A. 24 - HOUR SERVICES											
1	Hospital Inpatient	05	10 - 18	\$1,084.24	\$150.00	\$300.00					
2	Hospital Administrative Day	05	19	\$348.45							
3	Psychiatric Health Facility (PHF)	05	20 - 29	\$570.31							
4	SNF Intensive	05	30 - 34								
5	IMD Basic (No Patch)	05	35								
6	IMD (With Patch)	05	36 - 39								
7	Adult Crisis Residential	05	40 - 49	\$321.94							
8	Jail Inpatient	05	50 - 59								
9	Residential Other	05	60 - 64								
10	Adult Residential	05	65 - 79	\$157.03							
11	Semi - Supervised Living	05	80 - 84								
12	Independent Living	05	85 - 89								
13	MH Rehab Centers	05	90 - 94								
B. DAY SERVICES											
14	Crisis Stabilization										
15	Emergency Room	10	20 - 24	\$94.54							
16	Urgent Care	10	25 - 29	\$94.54							
17	Vocational Services	10	30 - 39								
18	Socialization	10	40 - 49								
19	SNF Augmentation	10	60 - 69								
20	Day Treatment Intensive										
21	Half Day	10	81 - 84	\$144.13							
22	Full Day	10	85 - 89	\$202.43							
23	Day Rehabilitation										
24	Half Day	10	91 - 94	\$84.08							
25	Full Day	10	95 - 99	\$131.24							
C. OUTPATIENT SERVICES											
26	Case Management, Brokerage	15	01 - 09	\$2.02							
27	Mental Health Services	15	10 - 19	\$2.61							
28	Mental Health Services	15	30 - 59	\$2.61							
29	Medication Support	15	60 - 69	\$4.82							
30	Crisis Intervention	15	70 - 79	\$3.88							
D. OUTREACH SERVICES											

Summary of Changes

MH_1901 Schedule A_2

To reflect SMA rates and no NRs for the time period of January 1, 2009 through June 30, 2009.

Note: Column D for State Approved (NR) is gray shaded and protected.

A5

State of California Health and Human Services Agency Department of Mental Health
 DETAIL COST REPORT
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES
 MH 1901 SCHEDULE A_2 Supplement (Rev. 5/08) FISCAL YEAR 2008-2009

Entity Name: 0 Entity Number: _____
 Fiscal Year: 2008 - 2009 01/01/09 - 06/30/09

	A	B	C	D	E	F	G
	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RA... FO... ALLOC
A. 24 - HOUR SERVICES							
1	05	10 - 18	\$1,084.24		\$300.00		
2	05	19	\$348.45				
3	05	20 - 29	\$570.31				
4	05	30 - 34					
5	05	35					
6	05	36 - 39					
7	05	40 - 49	\$321.94				
8	05	50 - 59					
9	05	60 - 64					
10	05	65 - 79	\$157.03				
11	05	80 - 84					
12	05	85 - 89					
13	05	90 - 94					
B. DAY SERVICES							
14	10	20 - 24	\$34.54				
15	10	25 - 29	\$34.54				
16	10	30 - 39					
17	10	40 - 49					
18	10	60 - 69					
19	10	81 - 84	\$144.13				
20	10	85 - 89	\$202.43				
21	10	91 - 94	\$84.08				
22	10	95 - 99	\$131.24				
C. OUTPATIENT SERVICES							
23	15	01 - 09	\$2.02				
24	15	10 - 19	\$2.61				
25	15	30 - 59	\$2.61				
26	15	60 - 69	\$4.82				
27	15	70 - 79	\$3.88				
D. OUTREACH SERVICES							

MH1901_Schedule_A_1 | MH1901_Schedule_A_2 | MH1960 | MH1901_Schedule_B_1 | MH1901_Schedule_C_1

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Summary of Changes

MH 1901 Schedule-B_1

To reflect units of service for the time period of July 1, 2008 through September 30, 2008.

Microsoft Excel - CFRS_20082009_1500015B

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Type a question for help

Reply with Changes... End Review...

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State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_1 (Rev. 5/08) FISCAL YEAR 2008 - 2009

Entity Name: Provider One Entity Number: 00015

Fiscal Year: 2008 - 2009 **07/01/08 - 09/30/08**

CR - Court Reimburse	MAA - Medi-Cal Administrative Activities
NR - Nonpatient Rate	MHS - Mental Health Specialty
TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
ASO - Administrative Service Organization	OAW - CALWORKS Services

Settlement Type	Mode	SF	Total Units of Service	SD/CMC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA		ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		Non Medi-Cal Units
				Units	Total Units	Units	Total Medicare/SD/CMC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue		
1	CR	15	01	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
2	CR	15	02	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
3	CR	15	03	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
4	CR	15	04	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
5	NR	05	10	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
6	CR	05	19	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
7	CR	10	20	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
8	MHS	15	30	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
9	TBS	15	58	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
10	NR	15	70	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
11	MAA	55	01	30,000												30,000

NUM

Summary of Changes

MH 1901 Schedule-B_2

To reflect units of service for the time period of October 1, 2008 through December 31, 2008.

Microsoft Excel - CFRS_20082009_1500015B

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State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_2 (Rev. 5/08) FISCAL YEAR 2008 - 2009

Entity Name: Provider One Entity Number: 00015

Fiscal Year: 2008 - 2009 **10/01/08 - 12/31/08**

Settlement Type	GP-Genl Reimburse	MAA-Multi-Cal Administrative Activities
Type	NR-Non-Registered Rate	MHS-Mental Health Specialty
	TBS-Therapeutic Behavioral Services	ISA-Integrated Service Agency
	ASO-Administrative Services Organization	CAW-CALWORKS Services

A	B	C	D	SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA		ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
				Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units	
1	CR	15	01	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
2	CR	15	02	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
3	CR	15	03	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
4	CR	15	04	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
5	NR	05	10	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
6	CR	05	19	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
7	CR	10	20	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
8	MHS	15	30	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
9	TBS	15	58	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
10	NR	15	70	30,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
11	MAA	55	01	30,000												30,000

Non Medi-Cal / MH1900_INFO / MH1901_Schedule_A_1 / MH1901_Schedule_A_2 / MH1960 / MH1901_Schedule_B_1 / MH1901_Schedule_B_2 / MH1

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Summary of Changes

MH 1901 Schedule-B_3

To reflect units of service for the time period of January 1, 2009 through June 30, 2009.

Note: For this time period NR Settlement Types will automatically be changed to CR.

Microsoft Excel - CFRS_20082009_1500015B

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State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_3 (Rev. 5/08) FISCAL YEAR 2008 - 2009

Entity Name: Provider One Entity Number: 00015

Fiscal Year: 2008 - 2009 01/01/09 - 06/30/09

Settlement Type	CR - Cost Reimburse	MAA - Multi-Cat Administrative Activities
NR - Nonpatient Referral	MHS - Mental Health Specialty	
TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency	
ASO - Administrative Services Organization	DAW - CALWORKS Services	

Settlement Type	Mode	SF	SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		Non-Medi-Cal Units		
			Total Units of Service	Units	Units	Total Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue			
1	CR	15	01	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
2	CR	15	02	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
3	CR	15	03	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
4	CR	15	04	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
5	CR	05	10	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
6	CR	05	19	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
7	CR	10	20	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
8	MHS	15	30	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
9	TBS	15	58	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
10	CR	15	70	30,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	500	5,000
11	MAA	55	01	30,000					500	5,000	500	5,000	500	5,000	500	5,000

MH1901_Schedule_A_1 MH1901_Schedule_A_2 MH1960 MH1901_Schedule_B_1 MH1901_Schedule_B_2 MH1901_Schedule_B_3 MH1901_Scl

Ready

Summary of Changes

MH 1901 Schedule-C

Addition of "1_1, 1_2 and 1_3" lines to reflect data from Schedule B_1, B_2 and B_3.

Example: Lines 1_1, 2_1, 3_1, etc., pull data from Schedule B_1 for time period of July 1, 2008 to September 30, 2008.

Lines 1_2, 2_2, 3_2, etc., pull data from Schedule B_2 time period of October 1, 2008 to December 31, 2008.

Lines 1_3, 2_3, 3_3, etc., pull data from Schedule B_3 time period of January 1, 2009 to June 30, 2009.

Microsoft Excel - CC99999X_(V.0809_1)

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Q22

State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT

SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE

TOTALS TO MODE OF SERVICE & SERVICE FUNCTION

MH 1901 SCHEDULE C (Rev. 5/08) FISCAL YEAR 2008 - 2009

Entity Name: 0 Entity Number: _____

Fiscal Year: 2008 - 2009

Allocation

Rule for Allocation
 SHS Rule

Published Charges
 Directly Allocated

COSTS TO BE ALLOCATED

Allowable Mode Costs (MH1960 Line 18, Col. C)

Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis		Allocation %	Allocated Cost	
					Directly Allocated Data	Relative Value			
11			-						No Entry (M200)
12			-						No Entry (M200)
13			-						No Entry (M200)
21			-						No Entry (M200)
22			-						No Entry (M200)
23			-						No Entry (M200)
31			-						No Entry (M200)
32			-						No Entry (M200)
33			-						No Entry (M200)
41			-						No Entry (M200)
42			-						No Entry (M200)
43			-						No Entry (M200)
51			-						No Entry (M200)
52			-						No Entry (M200)
53			-						No Entry (M200)
61			-						No Entry (M200)
62			-						No Entry (M200)
63			-						No Entry (M200)
71			-						No Entry (M200)

MH1901_Schedule_B_1 / MH1901_Schedule_B_2 / MH1901_Schedule_B_3 / MH1991 / MH1961 / MH1962 / MH1963 / MH1960 / MH1901_Schedule_C

Ready

Summary of Changes

The MH 1966 forms reflect the three separate columns for the three time periods of:

7/1/08 – 9/30/08

10/01/08 – 12/31/08

1/1/09 – 6/30/09

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State of California Health and Human Services Agency										Department of Mental Health		
DETAIL COST REPORT												
ALLOCATION OF COSTS TO SERVICE												
FUNCTIONS - MODE TOTAL												
MH 1966 (Rev. 5/08)												
County: 0												
County Code:												
Legal Entity: 0												
Legal Entity Number:												
Mode: 15 - Outpatient Services (Program 1)												
Mode Total												
Service Function												
Service Function												
Service Function												
Service Function												
Service Function												
Service Function												
Service Function												
Allocation Percentage												
Total Units												
Gross Cost												
Cost per Unit												
SMA per Unit												
Published Charge per Unit												
Negotiated Rate / Cost per Unit												
Medi-Cal Units												
Medicare/Medi-Cal Crossover Units												
Enhanced SD/MC (Children) Units												
Enhanced SD/MC (Refugees) Units												
13	1	Allocation Percentage										
14	2	Total Units										
15	3	Gross Cost										
17	4	Cost per Unit										
18	5	SMA per Unit										
19	6	Published Charge per Unit										
20	7	Negotiated Rate / Cost per Unit										
22	8_1		07/01/08 - 09/30/08									
23	8_2	Medi-Cal Units	10/01/08 - 12/31/08									
24	8_3		01/01/09 - 06/30/09									
25	9_1		07/01/08 - 09/30/08									
26	9_2	Medicare/Medi-Cal Crossover Units	10/01/08 - 12/31/08									
27	9_3		01/01/09 - 06/30/09									
28	10_		07/01/08 - 09/30/08									
29	10_	Enhanced SD/MC (Children) Units	10/01/08 - 12/31/08									
30	10_		01/01/09 - 06/30/09									
31	10_	Enhanced SD/MC (Refugees) Units	07/01/08 - 06/30/09									
32	11_		07/01/08 - 09/30/08									

PAGE 1 OF 1
FISCAL YEAR 2008 - 2009

MH1964 / MH1968 / MH1969 / MH1969_INST / MH1966_HOSPINPT / MH1966_MODES(OTHR) / MH1966_MODE10 / MH1966_MODE15 (1) / MH1966_MO

Draw AutoShapes

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Summary of Changes

MH1968

Added a third line (1_3, 2_3, 3_3, etc.) to reflect the data for the third time period of 01/01/09 through 06/30/09.

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Reply with Changes... End Review...

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State of California Health and Human Services Agency							
DETAIL COST REPORT							
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT							
MH 1968 (Rev. 5/08)							
County: 0							
County Code:							
Legal Entity: 0							
Legal Entity Number:							
		REIMBURSEMENT TYPE			PC		
		A	B	C	D	E	F
		Mode 55			Total MAA	Total Inpatient	
		S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29		Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services
13	1.1	07/01/08 - 09/30/08					
14	1.2	10/01/08 - 12/31/08					
15	1.3	01/01/09 - 06/30/09					
16	2.1	07/01/08 - 09/30/08					
17	2.2	10/01/08 - 12/31/08					
18	2.3	01/01/09 - 06/30/09					
19	3.1	07/01/08 - 09/30/08					
20	3.2	10/01/08 - 12/31/08					
21	3.3	01/01/09 - 06/30/09					
22	4.1	07/01/08 - 09/30/08					
23	4.2	10/01/08 - 12/31/08					
24	4.3	01/01/09 - 06/30/09					
26	5.1	07/01/08 - 09/30/08					
27	5.2	10/01/08 - 12/31/08					
28	5.3	01/01/09 - 06/30/09					
30	6.1	07/01/08 - 09/30/08					

MH1964 MH1968 MH1969 MH1969_INST MH1966_HOSPINPT MH1966_MODES(OTHR) MH1966_MODE10 MH1966_MODE15_(1) MH1966_MODE

Draw AutoShapes

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ITWS Enrollment Process

Only the Mental Health Plan has the authority to approve and submit applications for ITWS access. Detailed Instructions for the ITWS Enrollment Process can be downloaded from our website and ITWS.



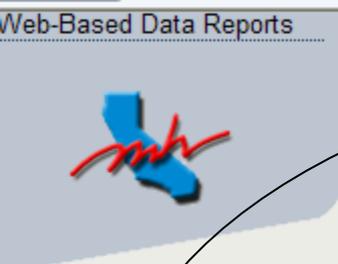
Submission and Edit Processing

For Mental Health Plan Information Only

Detailed Instructions for the Submission and Edit Process can be downloaded from ITWS. The instructions include:

- Downloading Cost Report Templates
- Renaming and Completing the Cost Report
- Creating a Submittal Zip File
- Uploading the Cost Report





County Cost Report training:

→ Webinar Cost Report training on November 30, 2009.

LPFS will conduct Cost Report training via Web Meeting and teleconferencing beginning at 9:00 a.m., November 30th. Announcement notices have been sent out to County Directors and county cost report contacts for pre-registration.

→ Webinar training materials:

- 2008-2009 Cost & Financial Reporting System Instruction Manual **{Coming Soon}**
- 2008-2009 Cost Report templates
 - [Summary](#) - 11/24/09
 - [Detail](#) - 11/24/09
- [Cost Report Training 08/09](#) (filesize 4.1 mb) - 11/24/09
- [ITWS enrollment 08/09](#) (filesize 4.6 mb) - 11/24/09
- [Submission and Edit Processing 08/09](#) (filesize 1.8 mb) - 11/24/09

Contact Information

Fax: (916) 653-9269

cfrs_help@dmh.ca.gov

Department of Mental Health
Local Program Financial Support
1600 9th Street, Room 120
Sacramento, CA 95814

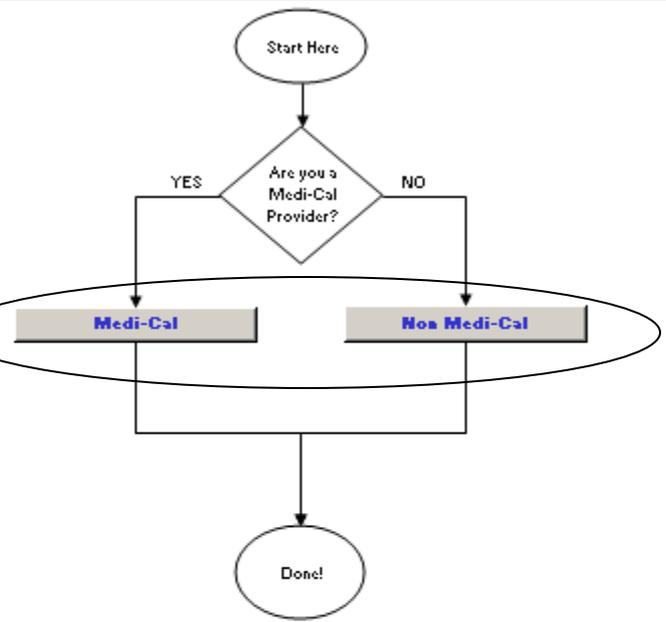
DETAILED COST AND FINANCIAL REPORT

**Completed by all Legal Entities
For Medi-Cal and Non Medi-Cal
(Including the County Mental Health Plan)**

Legal Entity means each county mental health department or agency and each of the corporations, partnerships, agencies, or individual practitioners providing public mental health services under contract with the county mental health department or agency.



DETAIL COST AND FINANCIAL REPORT (FY 2008 - 2009)

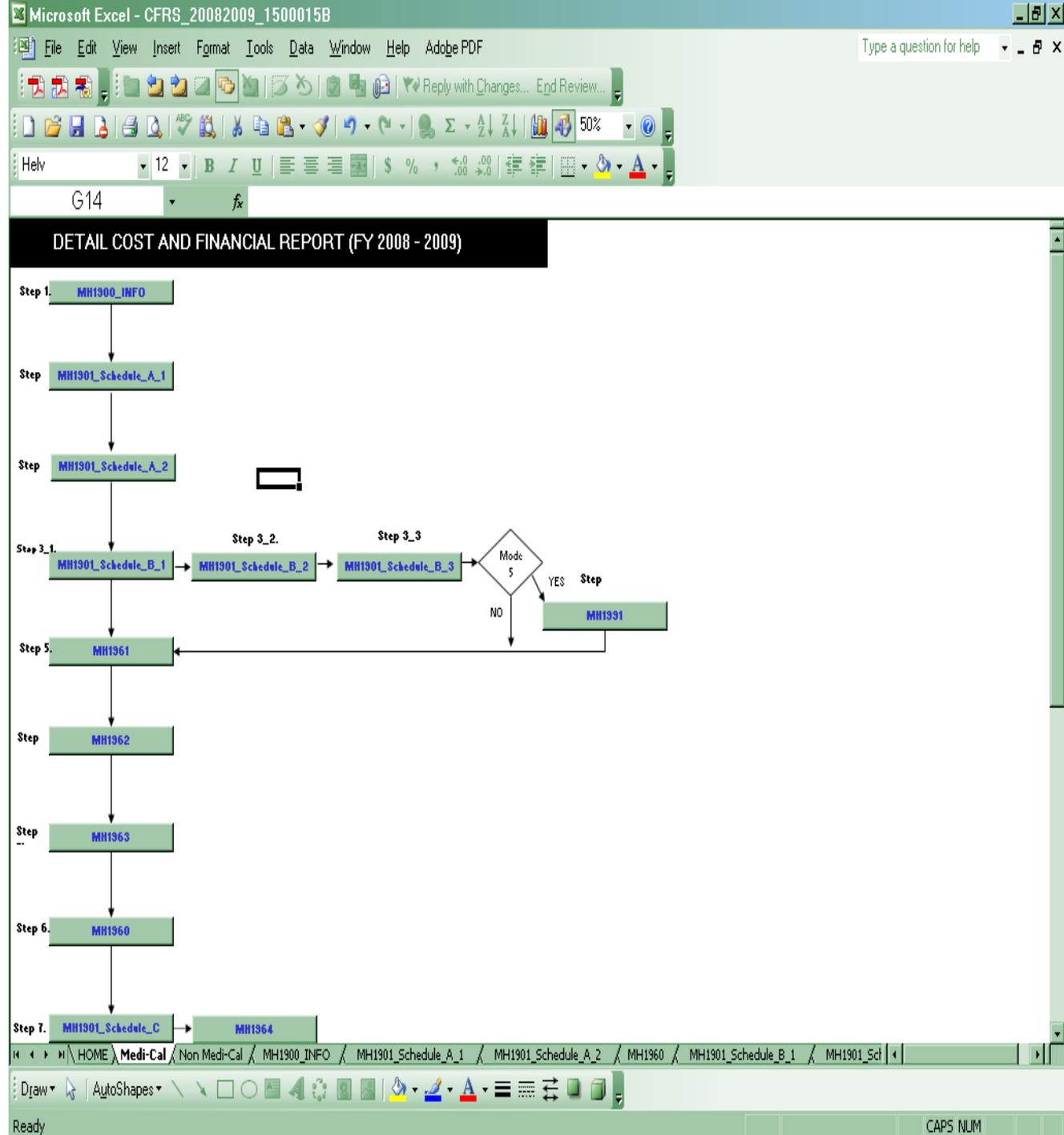


Other Options

Hide All Forms	Tera On/Off Heading	Import From Cost Report
Show MH Forms	Tera On/Off Grid	Import From Text
Hide MH Forms	DMH Only	Export to Text
Disclosures	MH1960 Support	

PrintForm(s)

Medi-Cal Detailed Cost & Financial Report Flow Chart



MH 1900 Information Worksheet

The information worksheet is the starting point for the completion of the automated SD/Medi-Cal Cost Report. The information provided here is automatically linked to forms and schedules in the cost report. This worksheet identifies the county name, code and legal entity name and number. The information provided here applies to county and contract legal entities for Medi-Cal and non-Medi-Cal cost reports.

Microsoft Excel - 20082009_Detailed_Mary

File Edit View Insert Format Tools Data Window Help

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State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT
INFORMATION SHEET
MH1900 (Rev. 5/08) FISCAL YEAR 2008 - 2009

SECTION I: ALL LEGAL ENTITIES:
All Legal Entities are to complete Section I.

Name of Preparer: Tester
Date: 12/31/2009
Legal Entity Name: Provider One
Legal Entity Number: 00001
County: County 88
County Code: 83

Is this a County Legal Entity Report? (Y or N) **
Are you reporting SD/MC? (Y or N) **

HOME MH1901_Schedule_A

SECTION II: COUNTY LEGAL ENTITY ONLY:
Only County Legal Entities are to Complete Section II.

Address: 900 9th St
Sacramento CA 95814
Phone Number:
County Population: Over 125,000? (Y or N): **

Contract Provider Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)
Inpatient Services:
Outpatient Services:

Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7)
Inpatient Services:
Outpatient Services:

Real State Share of SD/MC Cost: %NAME?

Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group Mode:SF -->

Legal Entity Number (FFS):
Psychiatrist:
Psychologist:
Mixed Specialty Group:
RN:
LCSW:

HOME / Medi-Cal / Non Medi-Cal / MH1900_INFO

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MH 1901 Schedule A_1

Statewide Maximum Allowances, Negotiated Rates and Published Charges

Schedule A requires information on state-approved Negotiated Rates (NR) and Published Charges (PC) for all authorized services. The form layout is by Mode and Service Function (SF) and includes the current SD/Medi-Cal Statewide Maximum Allowances (SMA).

Microsoft Excel - 20082009_Detailed_Mary

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Type a question for help

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DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

FISCAL YEAR 2008 - 2009

Entity Name: Provider One Entity Number: 00001

Fiscal Year: 2008 - 2009 07/01/08 - 12/31/08

	A	B	C	D	E	F	G
	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON MIC CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1	05	10 - 18	\$1,084.24	\$1,000.00	\$1,100.00		\$1,000.00
2	05	19	\$348.45				\$0.00
3	05	20 - 29	\$570.91				\$0.00
4	05	30 - 34					\$0.00
5	05	35					\$0.00
6	05	36 - 39					\$0.00
7	05	40 - 49	\$321.94				\$0.00
8	05	50 - 59					\$0.00
9	05	60 - 64					\$0.00
10	05	65 - 79	\$157.03				\$0.00
11	05	80 - 84					\$0.00
12	05	85 - 89					\$0.00
13	05	90 - 94					\$0.00
B. DAY SERVICES							
14	10	20 - 24	\$94.54				\$0.00
15	10	25 - 29	\$94.54				\$0.00
16	10	30 - 39					\$0.00
17	10	40 - 49					\$0.00
18	10	60 - 69					\$0.00
19	10	81 - 84	\$144.13				\$0.00
20	10	85 - 89	\$202.43				\$0.00
21	10	91 - 94	\$84.08				\$0.00
22	10	95 - 99	\$131.24				\$0.00
C. OUTPATIENT SERVICES							
23	15	01 - 09	\$2.02				\$0.00
24	15	10 - 19	\$2.61				\$0.00
25	15	30 - 59	\$2.61				\$0.00

MH1901_Schedule_A_1 | MH1901_Schedule_A_2

Ready NUM

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MH 1901 Schedule A_2

Statewide Maximum Allowances and Published Charges

Schedule A requires information on Published Charges (PC) for all authorized services. The form layout is by Mode and Service Function (SF) and includes the current SD/Medi-Cal Statewide Maximum Allowances (SMA).

Note: The NR Column has been blocked.

Microsoft Excel - 20082009_Detailed_Mary

File Edit View Insert Format Tools Data Window Help

Type a question for help

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State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

FISCAL YEAR 2008 - 2009

Entity Name: Provider One Entity Number: 00001

Fiscal Year: 2008 - 2009 01/01/08 - 06/30/09

	A	B	C	D	E	F	G
	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A: 24 - HOUR SERVICES							
1	05	10 - 18	\$1,084.24		\$1,100.00		
2	05	19	\$348.45				\$0.00
3	05	20 - 29	\$570.3				\$0.00
4	05	30 - 34					\$0.00
5	05	35					\$0.00
6	05	36 - 39					\$0.00
7	05	40 - 49	\$321.34				\$0.00
8	05	50 - 59					\$0.00
9	05	60 - 64					\$0.00
10	05	65 - 79	\$157.03				\$0.00
11	05	80 - 84					\$0.00
12	05	85 - 89					\$0.00
13	05	90 - 94					\$0.00
B: DAY SERVICES							
14	10	20 - 24	\$34.5				\$0.00
15	10	25 - 29	\$34.5				\$0.00
16	10	30 - 39					\$0.00
17	10	40 - 49					\$0.00
18	10	60 - 69					\$0.00
19	10	81 - 84	\$144.13				\$0.00
20	10	85 - 89	\$202.43				\$0.00
21	10	31 - 34	\$84.08				\$0.00
22	10	35 - 39	\$131.24				\$0.00
C: OUTPATIENT SERVICES							
23	15	01 - 09	\$2.02				\$0.00
24	15	10 - 19	\$2.61				\$0.00

MH1901_Schedule_A_2 / MH1960 / MH1901_Scl

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H7 Entity Number:

State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT
WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION
 MH 1901 SCHEDULE B_1 (Rev. 5/08)

FISCAL YEAR 2008 - 2009

Entity Name: Provider One Entity Number: 00015

Fiscal Year: 2008 - 2009 **07/01/08 - 09/30/08** **Time Period**

MH 1901 Schedule B_1

Settlement Type	CR - Contract Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CALWORKS Services

				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	15	01	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
2	CR	15	02	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
3	CR	15	03	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
4	CR	15	04	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
5	NR	05	10	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
6	CR	05	19	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
7	CR	10	20	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
8	MHS	15	30	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
9	TBS	15	58	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
10	NR	15	70	30,000	5,000	5,000	5,000	5,000	500	500	5,000	500	5,000	500	5,000
11	MAA	55	01	30,000											30,000

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A	B	C	D	E	G	H	J	K	M	O	P	Q	R	T	U	V	W	X	Y
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1 State of California Health and Human Services Agency Department of Mental Health
 2 DETAIL COST REPORT
 3 **WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION**
 4 MH 1901 SCHEDULE B_2 (Rev. 5/08) FISCAL YEAR 2008 - 2009

Entity Name: Provider One Entity Number: 00015

Fiscal Year: 2008 - 2009 **10/01/08 - 12/31/08**

Time Period

MH 1901 Schedule B_2

Settlement	CR - Cost Reimburse	MAA - Medi-Cal Adminstr
	NR - Negotiated Rate	MHS - Mental Health Specialt
Type	TBS - Therapeutic Behavioral Service	ISA - Integrated Service Agency
	ASO - Administrative Service Organization	CAW - CALWORKS Service

	A	B	C	D	E		F		G		H		I		J		K		L		M		N		O		P
					SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA		ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA												
	Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units											
20	1	CR	15	01	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
21	2	CR	15	02	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
22	3	CR	15	03	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
23	4	CR	15	04	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
24	5	NR	05	10	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
25	6	CR	05	19	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
26	7	CR	10	20	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
27	8	MHS	15	30	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
28	9	TBS	15	58	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
29	10	NR	15	70	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000										
30	11	MAA	55	01	30,000												30,000										

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 State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT
WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION
 MH 1901 SCHEDULE B_3 (Rev. 5/08) FISCAL YEAR 2008 - 2009

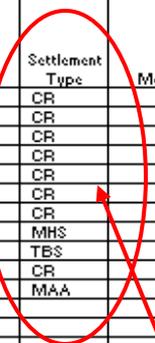
Entity Name: Provider One Entity Num
 Fiscal Year: 2008 - 2009 **01/01/09 - 06/30/09**

Time Period

MH 1901 Schedule B_3

Settlement Type	CR - Contract Reimburse	MAA - Medi-Cal Administrative Activator
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

Settlement Type	Mode	SF	Total Units of Service	SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		Non Medi-Cal Units	
				Units	Total Units	Units	Total Medicare/SD/MC Crossover Units		REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units		3rd Party Revenue
1	CR	15	01	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
2	CR	15	02	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
3	CR	15	03	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
4	CR	15	04	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
5	CR	05	10	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
6	CR	05	19	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
7	CR	10	20	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
8	MHS	15	30	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
9	TBS	15	58	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
10	CR	15	70	30,000	5,000	5,000	5,000	5,000	5,000	500	5,000	500	5,000	500	5,000	5,000
11	MAA	55	01	30,000												30,000



“NR” Settlement Types will automatically be changed to “CR” for this time period.

MH 1991

Calculation of SD/Medi-Cal (Hospital Administrative Days)

CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2008 - 2009 HOSPITAL ADMINISTRATIVE DAYS									FISCAL YEAR 2008 - 2009
#NAME?									
COUNTY NAME: County 89			LEGAL ENTITY			NAME: Provider One			
COUNTY CODE: 89						NUMBER: 00001			
A	B	C	D	E	F	G	H	I	
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT	
SD/MC		\$318.19	07/01/08 - 07/31/08						
		\$351.26	08/01/08 - 09/30/08						
		\$351.26	10/01/08 - 12/31/08						
		\$351.26	01/01/09 - 06/30/09						
							Sub Total:		
Childrens EMC		\$318.19	07/01/08 - 07/31/08						
		\$351.26	08/01/08 - 09/30/08						
		\$351.26	10/01/08 - 12/31/08						
		\$351.26	01/01/09 - 06/30/09						
							Sub Total:		
Refugees EMC		\$318.19	07/01/08 - 07/31/08						
		\$351.26	08/01/08 - 09/30/08						
		\$351.26	10/01/08 - 12/31/08						
		\$351.26	01/01/09 - 06/30/09						
							Sub Total:		
Healthy Families		\$318.19	07/01/08 - 07/31/08						
		\$351.26	08/01/08 - 09/30/08						
		\$351.26	10/01/08 - 12/31/08						
		\$351.26	01/01/09 - 06/30/09						
							Sub Total:		
GRAND TOTAL									

Identifies the amount of Physician and Ancillary costs associated with SD/Medi-Cal and Healthy Families Hospital Administrative Days. The SMA rate for this service function does not include Physician and Ancillary service costs. The intent of this procedure is to ensure that Physician and Ancillary costs related to these Hospital Administrative Days are included in the comparison of the costs, SMA, published charges and negotiated rates (if applicable). Legal entities with hospital administrative days should complete MH 1991 for the purpose of grossing up the SMA to include Physician and Ancillary costs. The SMA cost is automatically populated to MH 1966 for Mode 05 (Hospital Inpatient Services)

MH 1961

Medi-Cal Adjustments to Cost

DETAIL COST REPORT

MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 5/05)

FISCAL YEAR 2005 - 2006

County: MHSA
County Code: 85

Legal Entity: PROP 63		A	B	C
Legal Entity Number: 00085		Salaries and Benefits	Other	Total Adjustments
1	Non SD/MC Reimburable		(10,000)	(10,000)
2	Bad Debt		(150,000)	(150,000)
3	FY 2004-05 Depreciation adjustment		(90,000)	(90,000)
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(250,000)	(250,000)

Adjustments to costs for Medi-Cal and Medicare principles of allowable costs (per CMS Provider Reimbursement Manual 15-1 and 15-2) are reported on this worksheet and automatically populate MH 1960 - Calculation of Program Costs, Line 6.

Crosscheck
-250,000 OK

MH 1962 - Other Adjustments

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: Provider One
County Code: 89

Legal Entity: Provider One		A	B	C
Legal Entity Number: 89		Salaries and Benefits	Other	Total Adjustments
1	ADAS Program Costs	(12,707,225)	(3,314,354)	(16,021,579)
2	ADAS Contract Costs	1,157	(16,292,078)	(16,290,921)
3	Admin Costs	(10,664,547)	(20,308,501)	(30,973,048)
4	Other MH Contracts		(17,001,767)	(17,001,767)
5	Other Non Applicable Costs (BioTerrorism/TSR)	(6,781,089)	(13,626,324)	(20,407,413)
6	Other - MHSA (Prop 63)	(3,904,890)	(3,856,339)	(7,761,229)
7	Admin Allocation	11,017,049	17,064,685	28,081,734
8	ETS Contract		1,118,802	1,118,802
9	FFS - PacifiCare Behavioral Health		4,874,471	4,874,471
10	Group Homes		4,668,229	4,668,229
11	Homeless Beds		127,680	127,680
12	PA/PG		5,513,992	5,513,992
13	Residential Rehab		1,032,120	1,032,120
14	SSA		284,471	284,471
15	TRC Contract		7,132,844	7,132,844
16	PacifiCare - ASO		550,593	550,593
17	MHSA (Prop 63)	3,904,890	3,856,339	7,761,229
18	Variance	(1)	1	
19				
20	Total Adjustments	(19,134,656)	(28,175,136)	(47,309,792)

The purpose of the MH 1962 is to provide detail information of other adjustments for each activity period. Information entered here will automatically populate the MH 1960, Line 4, Column A & B.

Crosscheck
-47,309,792 **OK**

HOME

<< MH1901_Schedule_B

<< MH1961

MH1963 >>

MH1960 >>

MH 1963

Payments To Contract Providers

Microsoft Excel - 20082009_Detailed_Mary

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M70

State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT

PAYMENTS TO CONTRACT PROVIDERS

***** FISCAL YEAR 2008 - 2009

County: County 89
County Code: 89

Item	Legal Entity Name	Legal Entity Number	Amount Paid
1	Children Rescue Network	00895	569,000
2	Mental Health Foundation	00899	225,000
3			
4			
5			
6			
7			
48			
49			
50			
Total Payments to Contract Providers			794,000

HOME MH1960 >> Add Line Items

HOME / Medi-Cal / Non Medi-Cal / MH1900_INFO / MH1901_Schedule_A_1 / MH1901_Schedule_A_2 / MH1960 / MH1901_Sc

Ready NUM

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Payments to contract providers are captured on this worksheet. The Legal Entity Name and Legal Entity Number will automatically populate MH 1960, Line 3. The preparer enters the amount paid.

MH 1960

Calculation of Program Costs

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 5/05)

FISCAL YEAR 2005 - 2006

County: MHSA
County Code: 85

Legal Entity: PROP 63		A	B	C
Legal Entity Number: 00085		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	10,000,000	7,767,835	17,767,835
2	Encumbrances	100,000	(5,537,000)	(5,437,000)
3	Less: Payments to Contract Providers (County Only)		(663,000)	(663,000)
4	Other Adjustments from MH 1962	1,500,000	500,000	2,000,000
5	Total Costs Before Medi-Cal Adjustments	11,600,000	2,067,835	13,667,835
6	Medi-Cal Adjustments from MH 1961		(250,000)	(250,000)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			13,417,835
Administrative Costs (County Only)				
9	SD/MC Administration			800,000
10	Healthy Families Administration			50,000
11	Non-SD/MC Administration			350,000
12	Total Administrative Costs			1,200,000
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			100,000
14	Other SD/MC Utilization Review			80,000
15	Non-SD/MC Utilization Review			70,000
16	Total Utilization Review Costs			250,000
Research and Evaluation (County Only)				
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			11,967,835
19	Total Costs - Lines 9 through 18			13,417,835

Adjusts legal entity costs for Medi-Cal principles of reimbursement. Identify the adjusted costs applicable to Administration, Utilization Review (UR), Research and Evaluation, MAA and direct service modes of service.

Crosscheck		
	11,967,835	OK
	13,417,835	OK

[HOME](#)

[MH1901_Schedule_C >>](#)

[<< MH1961](#)

[<< MH1962](#)

[<< MH1963](#)

MH 1901 - Schedule C

Supporting Documentation for the Method Used to Allocate Total Cost to Mode of Service and Service Function

The direct service costs for allocation are automatically pulled from MH 1960, Line 18. The Settlement Type, Mode, Service Functions and Total Units are automatically populated from MH 1901 Schedule B's. This worksheet is designed to automatically distribute direct service costs to modes and service functions through the application of any of the three approved allocation methods.

1. Costs determined at the service function level
2. Time Study
3. Relative Value Method

Calculations performed here automatically populate to the MH 1966's, Allocation of Costs to Service Functions.

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Q17

State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT

SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE TOTALS TO MODE OF SERVICE & SERVICE FUNCTION

MH 1901 SCHEDULE C (Rev. 5/08) FISCAL YEAR 2008 - 2009

Entity Name: Provider One Entity Number: 00015

Fiscal Year: 2008 - 2009

Allocation

Rate for Allocation SMA Rate

Published Charges Directly Allocated

COSTS TO BE ALLOCATED

Allowable Mode Costs (MH1960 Line 18, Col. C) 1,350,000

Allocation Basis								
Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Directly Allocated Data	Relative Value	Allocation %	Allocated Cost
1.1	CR	15	01	30,000	60,000			60,000
1.2	CR	15	01	30,000	60,000			60,000
1.3	CR	15	01	30,000	60,000			60,000
2.1	CR	15	02	30,000	60,000			60,000
2.2	CR	15	02	30,000	60,000			60,000
2.3	CR	15	02	30,000	60,000			60,000
3.1	CR	15	03	30,000	60,000			60,000
3.2	CR	15	03	30,000	60,000			60,000
3.3	CR	15	03	30,000	60,000			60,000
4.1	CR	15	04	30,000	60,000			60,000
4.2	CR	15	04	30,000	60,000			60,000
4.3	CR	15	04	30,000	60,000			60,000

MH1960 MH1901_Schedule_B_1 MH1901_Schedule_B_2 MH1901_Schedule_B_3 MH1901_Schedule_C MH1966_MODE60 MH1968 MH1979

Draw AutoShapes

Ready NUM

MH 1964

Allocation of Costs to Modes of Service

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 5/05)

FISCAL YEAR **2008-2009**

County: MHSA
County Code: 85

Legal Entity: PROP 63		A
Legal Entity Number: 00085		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	11,967,835
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	440,425
3	Other 24 Hour Services (Mode 05-All Other SFC)	76,650
4	Day Services (Mode 10)	3,898,510
5	Outpatient Services (Mode 15 Program 1 + Program 2)	6,897,250
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	105,000
8	Support Services (Mode 60)	550,000
9	Total - Lines 2 through 8	11,967,835

Costs on Lines 2-8 flow from the MH 1901 Schedule C

Crosscheck
OK

[HOME](#)

Distributes mode costs to various modes of service including MAA.

Upon completion of the MH 1964, the program will prompt the preparer to inquire if this legal entity is a Nominal Fee Provider. If yes, they will need to complete MH 1969 - Lower of Costs or Charges Determination. If no, the preparer will continue to the MH 1966's.

MH 1969

Lower Costs or Charges - (Optional)

Nominal Fee Provider determination

Please answer the following questions.

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Does your legal entity have a published schedule of its full (non-discounted) charges?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Are your legal entity's revenue for patient care based on application of published charge schedule?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Does your legal entity maintain written policies for its process of making patient indigence determinations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

[HOME](#)

[<< MH1960](#)

[MH1969 >>](#)

Determines whether legal entities are exempt from having to apply the Lower of Costs or Charges (LCC) principle. The legal entity must have a published schedule of its full (non-discounted) charges. This is an optional form and should be completed by legal entities whose charges are lower than the SMA upper limits; and costs for non-negotiated rate legal entities or negotiated rates for negotiated rate legal entities. If a legal entity's Medi-Cal adjusted customary charges are equal to or less than 60 percent of Medi-Cal costs, and the legal entity meets four additional criteria, the legal entity is exempt from having to include charges in the comparison on MH 1968.

MH1969 (Optional)

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State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT

LOWER OF COSTS OR CHARGES EXEMPTION DETERMINATION (Optional)

MH 1963 (Rev. 5/08) FISCAL YEAR 2008 - 2009

County: Test County
County Code: 15

Legal Entity: Provider One
Legal Entity Number: 00015

	A	B	C	D	E	
	Total Inpatient	Mode 05 Hospital Inpatient	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services	Total Outpatient
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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31						
32						
33						
34						
35						
36						

DMH use only

Inpatient Exempt Outpatient

Line 9 greater than line 7.

Line 7 greater than line 9.

MH1969

NUM

MH 1968

Determination of SD/Medi-Cal Direct Services and MAA Reimbursement

- ❖ Determines the net SD/Medi-Cal and Health Families direct services reimbursement (FFP) for inpatient and outpatient services as well as MAA reimbursement.

- ❖ Cost settlement process is based on the application of the Lower of Costs or Charges (LCC) cost reimbursement principles. Pursuant to cost reimbursement rules, the application of LCC will be based on the aggregate cost of all outpatient services. Healthy Families follows SD/Medi-Cal settlement technique and process.

- ❖ This worksheet also automatically calculates if the legal entity has an approved negotiated rate, the amount negotiated rates exceed costs for SD/Medi-Cal, Enhanced SD/Medi-Cal and Healthy Families.

Microsoft Excel - CFRS_20082009_1500015B

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State of California Health and Human Services Agency			Department of Mental Health										
DETAIL COST REPORT													
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT													
MH 1968 (Rev. 5/08)													
FISCAL YEAR 2008 - 2009													
County:			REIMBURSEMENT TYPE				NR		NR		Costs		
County Code:			A	B	C	D	E	F	G	H	I	K	
Legal Entity:			Medi 55			Total MAA	Total Inpatient	Medi 05		Total Outpatient		Total Outpatient	
Legal Entity Number:			S.F. 01-09	S.F. 11-19	S.F. 21-29		Medi 05 Hospital Inpatient Services	Medi 05 Other 24 Hour Services	Medi 10 Day Services	Medi 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Medi 15 Outpatient Services Program (2)	Total Outpatient (Cal. + Cal.)
12							10,000		5,000	45,000	50,000	10,000	60,000
13	1.1	Medi-Cal Costs	07/01/08 - 09/30/08				10,000		5,000	45,000	50,000	10,000	60,000
14	1.2		10/01/08 - 12/31/08				10,000		5,000	45,000	50,000	10,000	60,000
15	1.3		01/01/09 - 06/30/09				10,000		5,000	45,000	50,000	10,000	60,000
16	2.1	Medi-Cal SMA	07/01/08 - 09/30/08				7,100,825	472,700	59,800	532,500	26,100	558,600	
17	2.2		10/01/08 - 12/31/08				6,305,350	472,700	59,800	532,500	26,100	558,600	
18	2.3		01/01/09 - 06/30/09				6,301,350	472,700	59,800	532,500	26,100	558,600	
19	3.1	Medi-Cal P. C.	07/01/08 - 09/30/08				5,501,250	475,000	61,000	536,000		536,000	
20	3.2		10/01/08 - 12/31/08				5,501,250	475,000	61,000	536,000		536,000	
21	3.3		01/01/09 - 06/30/09				5,501,250	475,000	61,000	536,000		536,000	
22	4.1	Medi-Cal N. R.	07/01/08 - 09/30/08				5,001,250	5,000	55,000	60,000		60,000	
23	4.2		10/01/08 - 12/31/08				5,001,250	5,000	55,000	60,000		60,000	
24	4.3		01/01/09 - 06/30/09				6,250	5,000	45,000	50,000		50,000	
25													
26	5.1	Medi-Cal Gross Reimbursement	07/01/08 - 09/30/08				5,001,250	5,000	55,000	60,000	10,000	70,000	
27	5.2		10/01/08 - 12/31/08				5,001,250	5,000	55,000	60,000	10,000	70,000	
28	5.3		01/01/09 - 06/30/09				6,250	5,000	45,000	50,000	10,000	60,000	
29													
30	6.1	Medicare/Medi-Cal Crossover Cost	07/01/08 - 09/30/08				10,000	5,000	45,000	50,000	10,000	60,000	
31	6.2		10/01/08 - 12/31/08				10,000	5,000	45,000	50,000	10,000	60,000	
32	6.3		01/01/09 - 06/30/09				10,000	5,000	45,000	50,000	10,000	60,000	
33	7.1	Medicare/Medi-Cal Crossover SMA	07/01/08 - 09/30/08				7,163,457	472,700	59,800	532,500	26,100	558,600	
34	7.2		10/01/08 - 12/31/08				7,163,457	472,700	59,800	532,500	26,100	558,600	
35	7.3		01/01/09 - 06/30/09				7,163,457	472,700	59,800	532,500	26,100	558,600	
36	8.1	Medicare/Medi-Cal Crossover P. C.	07/01/08 - 09/30/08				5,501,250	475,000	61,000	536,000		536,000	
37	8.2		10/01/08 - 12/31/08				5,501,250	475,000	61,000	536,000		536,000	
38	8.3		01/01/09 - 06/30/09				5,501,250	475,000	61,000	536,000		536,000	
39	9.1	Medicare/Medi-Cal Crossover N. R.	07/01/08 - 09/30/08				5,001,250	5,000	55,000	60,000		60,000	
40	9.2		10/01/08 - 12/31/08				5,001,250	5,000	55,000	60,000		60,000	
41	9.3		01/01/09 - 06/30/09				6,250	5,000	45,000	50,000		50,000	
42													
43	10.1	Medicare/Medi-Cal Crossover Gross Reim.	07/01/08 - 09/30/08				5,001,250	5,000	55,000	60,000	10,000	70,000	
44	10.2		10/01/08 - 12/31/08				5,001,250	5,000	55,000	60,000	10,000	70,000	
45	10.3		01/01/09 - 06/30/09				6,250	5,000	45,000	50,000	10,000	60,000	
46													
47	11.1	Total SD/MC + Crossover Gross Reim.	07/01/08 - 09/30/08				10,002,500	10,000	110,000	120,000	20,000	140,000	
48	11.2		10/01/08 - 12/31/08				10,002,500	10,000	110,000	120,000	20,000	140,000	
49	11.3		01/01/09 - 06/30/09				12,500	10,000	30,000	100,000	20,000	120,000	

MH1901_Schedule_B_3 / MH1901_Schedule_C / MH1966_MODE60 / MH1968 / MH1979 / MH1992 / MH1966_MODE15_(2) / MH1966_MODE15_(1)

Draw AutoShapes

Ready NUM

MH 1968

**Determination of SD/Medi-Cal Direct Services and MAA
Reimbursement (Cont'd)**

LCC Comparison Chart

Cost Based Reimbursement

- 1. Nominal Fee Provider**
- 2. Not a Nominal Fee Provider**

**Cost or SMA
Cost or SMA or Published Charges**

Negotiated Rate Reimbursement

- 1. Nominal Fee Provider**
- 2. Not a Nominal Fee Provider
Rates**

**SMA or Negotiated Rates
SMA or Published Charges or Negotiated**

Outpatient (Program 2 Only)

- 1. All Mode 15 Program 2**

Cost or SMA

MH 1979 SD/Medi-Cal Preliminary Desk Settlement

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State of California Health and Human Services Agency
 DETAIL COST REPORT
SD/MC PRELIMINARY DESK SETTLEMENT
 MH 1979 (Rev. 5/08)
 County: Kern County
 County Code: 15

Legs	Legal Entity	A	B	C	D	E	F	G	H	I	J
		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	61.59% FFP	%Variable % FFP	75.00% FFP	Total FFP
12	SD/MC Reimbursement (County Only)										
13	County SD/MC Direct Service Gross Reimbursement		35,035,000	800,000	35,835,000						
14	Contract Provider Medi-Cal Direct Service Gross Reimbursement		5,000	5,000	10,000						
15	Total Medi-Cal Direct Service Gross Reimbursement				35,845,000						
16	Medi-Cal Administrative Reimbursement Limit				5,376,750						
17	Medi-Cal Administration										
18	Medi-Cal Administrative Reimbursement										
20	Healthy Families Administrative Reimbursement (County Only)										
21	County Healthy Families Direct Service Gross Reimbursement		10,008,750	200,000	10,208,750						
22	Contract Provider Healthy Families Direct Service Gross Reim.		5,000	5,000	10,000						
23	Total Healthy Families Direct Service Gross Reimbursement				10,218,750						
24	Healthy Families Administrative Reimbursement Limit				1,021,875						
25	Healthy Families Administration										
26	Healthy Families Administrative Reimbursement										
28	SD/MC Net Reimbursement for MAA										
29	Medi-Cal Admin. Activities Svc Functions 01 - 09	30,000				45,000					45,000
30	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 33										
31	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
34	Utilization Review-Skilled Prof. Med. Personnel (County Only)										
35	Other SD/MC Utilization Review (County Only)										
36	SD/MC Net Reimbursement for Direct Services		10,001,500	136,000	10,137,500		5,068,750				5,068,750
37	16A		10,015,000	252,000	10,267,000			6,322,214			6,322,214
38	17		4,383,250	35,500	5,024,750			3,266,088			3,266,088
39	17A		5,007,500	130,000	5,137,500			3,333,375			3,333,375
40	18		5,005,750	188,000	5,193,750			3,133,750			3,133,750
41	Total SD/MC Net Reimbursement										23,231,176
42	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC		34,326,250	80,000	35,006,250						5,751,563
43	Total SD/MC Reimbursement (FFP)										14,483,614
44	Contract Limitation Adjustment										
45	Adjusted Total SD/MC Reimbursement (FFP)										14,483,614
46	24A		4,536,250	58,000	5,056,250			3,286,563			3,286,563
47	24B		5,007,500	130,000	5,137,500			3,333,375			3,333,375
50	Total Healthy Families Reimbursement Before Excess FFP										6,625,938
51	Amount Negotiated Rates Exceed Costs - Healthy Families		9,582,500	20,000	10,008,500						2,500,625
52	Total Healthy Families Reimbursement										4,125,313
53											
54											

STATE SHARE OF SD/MC COST

MH1979 MH1966_MODE15 (2) MH1966_MODE15 (1) MH1966_MODE10 MH1966_HOSPINPT MH1966_MODES(OTHR) MH1969

Ready Calculate

Determines the preliminary net Federal Financial Participation (FFP) due to the legal entity for all SD/Medi-Cal and Healthy Families services. No entry is required. Information is automatically populated from MH 1900, MH 1960, MH 1968.

Line 16A: Column D minus Column G	1,748,456
Line 17: Column D minus Column H	
Line 17A: Column D minus Column H	10,496
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	67
Line 24A: Column D minus Column H	9,660
TOTAL STATE SHARE SD/MC COST	4,733,642

The amount negotiated rate exceeds costs for SD/Medi-Cal and Enhanced SD/Medi-Cal The federal/state sharing ratio calculates the amount of FFP as follows:

	Federal	State
Regular SD/MC (7/1/08 - 9/30/08)	50%	50%
Regular SD/MC (10/1/08 - 6/30/09)	61.59%	38.41%
Enhanced SD/MC (Child) and Healthy Families	65%	35%
Enhanced SD/MC (Refugees)	100%	
SPMP - Quality Assurance	75%	25%
Other - Quality Assurance, Admin & MAA	50%	50%
Healthy Families Administration	65%	35%

MH 1992

Funding Source

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT
FUNDING SOURCES
 MH 1992 (Rev. 5/05)

County: MHSA
 County Code: 85

Identifies the types of resources used to finance specific mental health program activities for each legal entity. Funding source identifies who is paying for programs authorized by the county mental health agency.

Legal Entity: PROP 63		A	B	C	D	E	F	G	H	I	J
Legal Entity No.: 00085		Admin / Research & Evaluation	Utilization Review	Direct Services/MAA						Total Legal Entity	
				Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA		Mode 60 - Support Services
1	Gross Cost	1,200,000	250,000	440,425	76,650	3,898,510	6,897,250		105,000	550,000	13,417,835
2	Adjustments										
3	Adjusted Gross Cost	1,200,000	250,000	440,425	76,650	3,898,510	6,897,250		105,000	550,000	13,417,835
Funding Sources											
Grants											
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										
9	Patient Fees										
10	Patient Insurance										
11	Regular/Enhanced SD/MC (FFP only)	400,000	115,000	170,192	19,163	1,452,777	2,598,500		23,500		4,779,132
12	Healthy Family - Fed share	1,806				17,940	124				19,870
13	Medicare - Fed Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share			16,000		150,000	150,000				316,000
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient					500,000	500,000				1,000,000
18	04-05 Rollover - Managed Care-Other						75,000				75,000
19	EPSDT SD/MC - State Share Est.					500,000	500,000				1,000,000
20A	04-05 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE	798,194	135,000	204,233	57,487	527,793	2,323,627		81,500		4,127,834
22	Prior Years MHSA										
23	MHSA			50,000		750,000	750,000			550,000	2,100,000
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources	1,200,000	250,000	440,425	76,650	3,898,510	6,897,251		105,000	550,000	13,417,836

CROSSCHECKS

OK

OK

OK MH1979 SDMC MATCH
 OK MH1979 HF MATCH

OK

EDIT CHECKS

Line 3 = Line 24? OK OK OK OK OK OK OK OK OK OK
 Amt. to Balance to Line 3: 0 0 0 1 0 1 0 0 0 1

Summary Cost and Financial Report

Completed by the
Mental Health Plan
Only

Microsoft Excel - 20082009_Summary_Mary

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A1 = "Summary Flow Chart Instruction ("&SetupG2&")"

Summary Flow Chart Instruction (2008-2009)

Step 1. MH1900_INFO_SUM

Step 2. MH1908

SOURCE: Input Final FY 2008-2009 Allocation Worksheet data into

Step Complete MH1909s

Complete MH1909_ASOC

Complete

Complete MH1909_CSOC

Complete

Complete MH1909_AB_3432

Complete

Complete MH1909_CSB7

Complete

Other Options

Hide All Forms Turn On/Off Heading

Show MH Forms Turn On/Off Grid

Clear All Forms DMH Only

Import

PrintForm

Complete MH1912

Complete Summary

Complete Summary

Complete Summary

Complete Summary

Summary Flow / MH1900_INFO_SUM / MH1908 / MH1909_ASOC / MH1909_ASOC_ROLL / MH1909_CSOC / MH1909_CSOC_ROLL

Draw AutoShapes

Ready NUM

start Templates 1126 Microsoft PowerPoint ... Norton AntiVirus Microsoft Excel - 200... 8:58 AM

MH 1900_INFO_SUM

Information Sheet

Microsoft Excel - 20082009_Summary_Mary

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O32

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
INFORMATION SHEET
MH 1900 (09/09)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2008-2009

Name of Preparer: Tester
Date Completed: 12/30/2009
County: Tester County
County Code: 89
Address: 1600 9th Street
Sacramento CA 95816

County Population: Over 125,000? (Y or N): Yes

Phone Number: 916-444-8888

Summary_Flow Compute_Summary MH1908>>

List of Legal Entities

Legal Entity Name	Legal Entity Number	File Found?	Data Extracted?

Summary_Flow MH1900_INFO_SUM MH1908 MH1909_ASOC MH1909_ASOC_ROLL MH1909_CSOC MH1909...

Ready NUM

start Templates 1126 Microsoft PowerPoint ... Norton AntiVirus Microsoft Excel - 200... 9:05 AM

Identifies the preparer's name, date completed, county name, county code, county address and phone number. Upon Computing the Summary the List of Legal Entities will automatically populate.

MH 1900_INFO_SUM

Information Sheet

Microsoft Excel - 20082009_Summary_Mary

File Edit View Insert Format Tools Data Window Help

O33

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2008-2009

#NAME?

Name of Preparer: Tester
 Date Completed: 12/30/2009
 County: Tester County
 County Code: 89
 Address: 1600 9th Street
 Sacramento CA 95816
 Phone Number: 916-444-8888

County Population: Over 125,000? (Y or N): Yes

Summary_Flow Compute_Summary MH1908 >>

List of Legal Entities

Legal Entity Name	Legal Entity Number	File Found?	Data Extracted?
Children Rescue Network	00085	YES	YES
Mental Health Foundation, Inc.	00099	YES	YES

Once computed the Legal Entities are now listed.

Summary_Flow MH1900_INFO_SUM MH1908 MH1909_ASOC MH1909_ASOC_ROLL MH1909_CSOC MH1909...

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MH 1908

Supplemental State Resource Data – Preliminary Worksheet to the MH 1909s

Microsoft Excel - 20082009_Summary_Mary

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AJ28 fx

1 CALIFORNIA HEALTH AND HUMAN SERVICES DEPARTMENT OF MENTAL HEALTH

2 NAME? Fiscal Year 2008-2009

3 County: Teller County

4 County Code: 88

PROGRAM	FINAL ALLOCATION
Community Services - Other Treatment	\$15,000
Adult System of Care	
Children's Mental Health Services	
Community Services: Other Treatment for Mental Health Managed Care	\$0
Managed Care Subcat	
Mental Health Services AB 3632	\$25,000
TOTAL COMMUNITY SERVICES	\$40,000

PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION
4440-101-0001 (1) Community Services - Other Treatment	\$15,000	\$10,000
4440-101-0001 Adult System of Care		
4440-101-0001 (15) Children's Mental Health Services		
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care		
Managed Care Subcat		
4440-104-0001 Mental Health Services AB 3632	\$25,000	\$5,000
TOTAL FUND SOURCES	\$40,000	\$15,000

Please complete
MH1909_CSRY
MH1909_CSRY_ROLL

Please complete
MH1909_AB_3632
MH1909_AB_3632_ROLL

Summary_Flow

Summary_Flow | MH1900_INFO_SUM | MH1908 | MH1909_ASOC | MH1909_ASOC_ROLL | MH1909_CSOC | MH1909_CSOC_ROLL

Draw AutoShapes

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Segregates funding sources according to fund classification. The data collected and analyzed here will be used to populate each categorical funding on the MH 1909s. Amounts reported on this worksheet should be taken from the counties Final Allocation Letter.

MH1909_SUM

Supplemental Cost Report Data by Program Category

Microsoft Excel - 20082009_Summary_Mary

File Edit View Insert Format Tools Data Window Help

N34

#NAME? DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2008-2009

	Column F Total	Column G Total	Column H Total	Column I Total	Column J Total	Column K Total
	State Share of Net Cost	Medi-Cal/ State Share	State General Fund Total	County Matching Funds	Medi-Cal FFP Share	Other Fund Sources
MH1909_ASOC	\$	\$	\$	\$	\$	\$
MH1909_ASOC_ROLL	\$	\$	\$	\$	\$	\$
MH1909_CSOC	\$	\$	\$	\$	\$	\$
MH1909_CSOC_ROLL	\$	\$	\$	\$	\$	\$
MH1909_AB_3632	\$ 11,000	\$ 100	\$ 11,100	\$	\$	\$
MH1909_AB_3632_ROLL	\$ 2,500	\$ 2,500	\$ 5,000	\$	\$	\$
MH1909_CSRV	\$	\$	\$	\$	\$	\$
MH1909_CSRV_ROLL	\$	\$	\$	\$	\$	\$
Total No Rolls	\$ 11,000	\$ 100	\$ 11,100	\$	\$	\$
Total Rolls	\$ 2,500	\$ 2,500	\$ 5,000	\$	\$	\$
Grand Total	\$ 13,500	\$ 2,600	\$ 16,100	\$	\$	\$

NUM

Ready

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MH 1912

Supplemental Cost Report Data for Special Education Program (SEP)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 SUPPLEMENTAL COST REPORT DATA FOR SPECIAL EDUCATION PROGRAM
 MH1912 (05/05)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year **08-09**

Add Line

1) COUNTY NAME		2) FISCAL YEAR			3) DATE COMPLETED														
MHSА		2005-2006			7/27/2006														
4) BUDGET PROGRAM CATEGORY		5) BUDGET ITEM NUMBER			6) ALLOCATION AMOUNT														
A	B	C	D	E			H	I	J	K		L	M	N	O		P	Q	R
7) LEGAL ENTITY NAME:	Legal Entity Number	Mode of Service	Service Function	Units of Service			Reimburse Rate / Cost per Unit	Total	FFP	Medi-Cal Costs			EPSDT State General Funds	Total	Non-Medi-Cal Costs			Total SEP Program Costs	
				Medi-Cal	Non-Medi-Cal	Total				County EPSDT Baseline	EPSDT County Match for Growth	County Matching Funds			State General Funds	Other Fund Sources			
PROP 63	00085	15	01	15,000		15,000	\$ 1.89	\$ 28,350	\$ 14,175	\$ 5,000	\$ 1,200	\$ 7,975	\$				\$	\$ 28,350	
PROP 63	00085	15	01		10,000	10,000	\$ 1.90	\$				\$	\$ 19,000		\$ 10,000		\$ 9,000	\$ 19,000	
								\$				\$	\$				\$	\$	
								\$				\$	\$				\$	\$	
8) TOTAL				15,000	10,000	25,000		\$ 28,350	\$ 14,175	\$ 5,000	\$ 1,200	\$ 7,975	\$ 19,000	\$	\$ 10,000	\$ 9,000	\$ 47,350		
9) TOTAL STATE GENERAL FUNDS												\$ 7,975			\$ 10,000		\$ 17,975		

Footnotes:

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

MH 1968_Sum

Determination of SD/Medi-Cal Direct Services and MAA Reimbursement

Compiles data from all of a counties LE's to determine the net SD/Medi-Cal and Healthy Families direct service reimbursement (FFP & State Match) for Inpatient and Outpatient services as well as MAA reimbursement.

Microsoft Excel - CFRS_20082009_1500000B

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A7 County Code:

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY				SUMMARY COST REPORT				DEPARTMENT OF MENTAL HEALTH						
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT														
MH 1968_SUM (03/09)								Fiscal Year 2008-2009						
County:		Kern												
County Code:		15												
Legal Entity:		All Reporting Legal Entities												
Legal Entity Number:														
				Medi 55		Total MAA		Total Inpatient		Total Outpatient		Total Outpatient (Cal. + Cal. J)		
				S.F.'s 01-09	S.F.'s 11-19, 21-29	S.F.'s 21-29		Medi 05 Hospital Inpatient Services	Medi 05 Other 24 Hour Services	Medi 10 Day Services	Medi 15 Outpatient Services Program (1)	Medi 15 Outpatient Services Program (2)	Medi 15 Outpatient Services Program (2)	Medi 15 Outpatient Services Program (2)
12	1.1	07/01/08 - 12/31/08						10,000		5,000	45,000	50,000	10,000	60,000
14	1.2	01/01/03 - 06/30/03						10,000		5,000	45,000	50,000	10,000	60,000
16	2.1	07/01/08 - 12/31/08						7,100,825		472,700	59,800	532,500	26,100	558,600
17	2.2	01/01/03 - 06/30/03						6,305,350		472,700	59,800	532,500	26,100	558,600
19	3.1	07/01/08 - 12/31/08						5,201,250		475,000	61,000	536,000		536,000
20	3.2	01/01/03 - 06/30/03						5,201,250		475,000	61,000	536,000		536,000
22	4.1	07/01/08 - 12/31/08						5,001,250		5,000	55,000	60,000		60,000
23	4.2	01/01/03 - 06/30/03						5,001,250		5,000	55,000	60,000		60,000
24	4.3	01/01/03 - 06/30/03						6,250		5,000	45,000	50,000		50,000
26	5.1	07/01/08 - 12/31/08						5,001,250		5,000	55,000	60,000	10,000	70,000
27	5.2	01/01/03 - 06/30/03						5,001,250		5,000	55,000	60,000	10,000	70,000
28	5.3	01/01/03 - 06/30/03						6,250		5,000	45,000	50,000	10,000	60,000
30	6.1	07/01/08 - 12/31/08						10,000		5,000	45,000	50,000	10,000	60,000
31	6.2	01/01/03 - 06/30/03						10,000		5,000	45,000	50,000	10,000	60,000
32	6.3	01/01/03 - 06/30/03						10,000		5,000	45,000	50,000	10,000	60,000
34	7.1	07/01/08 - 12/31/08						7,163,457		472,700	59,800	532,500	26,100	558,600
35	7.2	01/01/03 - 06/30/03						7,163,457		472,700	59,800	532,500	26,100	558,600
36	7.3	01/01/03 - 06/30/03						7,163,457		472,700	59,800	532,500	26,100	558,600
37	8.1	07/01/08 - 12/31/08						5,201,250		475,000	61,000	536,000		536,000
38	8.2	01/01/03 - 06/30/03						5,201,250		475,000	61,000	536,000		536,000
39	8.3	01/01/03 - 06/30/03						5,201,250		475,000	61,000	536,000		536,000
40	9.1	07/01/08 - 12/31/08						5,001,250		5,000	55,000	60,000		60,000
41	9.2	01/01/03 - 06/30/03						5,001,250		5,000	55,000	60,000		60,000
42	9.3	01/01/03 - 06/30/03						6,250		5,000	45,000	50,000		50,000
43	10.1	07/01/08 - 12/31/08						5,001,250		5,000	55,000	60,000	10,000	70,000
44	10.2	01/01/03 - 06/30/03						5,001,250		5,000	55,000	60,000	10,000	70,000
45	10.3	01/01/03 - 06/30/03						6,250		5,000	45,000	50,000	10,000	60,000
47	11.1	07/01/08 - 12/31/08						10,002,500		10,000	110,000	120,000	20,000	140,000
48	11.2	01/01/03 - 06/30/03						10,002,500		10,000	110,000	120,000	20,000	140,000
49	11.3	01/01/03 - 06/30/03						12,500		10,000	30,000	100,000	20,000	120,000
51	12.1	07/01/08 - 12/31/08						10,000		5,000	45,000	50,000	10,000	60,000
52	12.2	01/01/03 - 06/30/03						10,000		5,000	45,000	50,000	10,000	60,000
53	12.3	01/01/03 - 06/30/03						10,000		5,000	45,000	50,000	10,000	60,000

Taskbar: MH1909_AB_3632 / MH1909_AB_3632_ROLL / MH1909_CSRV / MH1909_CSRV_ROLL / MH1909_SUM / MH1912 / MH1968_SUM / MH1919

Status: Ready NUM

MH 1979_Sum

Summary SD/Medi-Cal Preliminary Desk Settlement

Microsoft Excel - CFRS_20082009_1500000B

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH

SUMMARY COST REPORT

IARY SD/MC PRELIMINARY DESK SETTLEMENT
79_SUM (09/09)

Fiscal Year 2008-2009

County: Kern County
 County Code: 15

Legal Entity: All Reporting Legal Entities

Legal Entity Number	A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50% FFP	F 50% FFP	G 50% FFP	H Variable % FFP	I 75% FFP	J Total FFP
SD/MC Administrative Reimbursement (County Only)										
1 County SD/MC Direct Service Gross Reimbursement		35,035,000	800,000	35,835,000						
2 Contract Provider Medi-Cal Direct Service Gross Reimbursement		5,000	5,000	10,000						
3 Total Medi-Cal Direct Service Gross Reimbursement				35,845,000						
4 Medi-Cal Administrative Reimbursement Limit				5,376,150						
5 Medi-Cal Administration										
6 Medi-Cal Administrative Reimbursement										
7 Healthy Families Administrative Reimbursement (County Only)										
8 County Healthy Families Direct Service Gross Reimbursement		10,008,150	200,000	10,208,150						
9A Contract Provider Healthy Families Direct Service Gross Reim.		5,000	5,000	10,000						
9B Total Healthy Families Direct Service Gross Reimbursement				10,218,150						
10 Healthy Families Administrative Reimbursement Limit				1,021,875						
11 Healthy Families Administration										
12 Healthy Families Administrative Reimbursement										
13 SD/MC Net Reimbursement for MAA										
14 Medi-Cal Admin. Activities Svc Functions 01 - 03	30,000			30,000	45,000					45,000
15 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
16 Medi-Cal Admin. Activities Svc Functions 21 - 23 (County Only)										
17 Utilization Review-Skilled Prof. Med. Personal (County Only)										
18 Other SD/MC Utilization Review (County Only)										
19 SD/MC Net Reimbursement for Direct Services		10,001,500	156,000	10,157,500	5,068,750					5,068,750
20 Enhanced SD/MC Net Reimb. (Children)		10,015,000	252,000	10,267,000		6,322,214				6,322,214
21 Enhanced SD/MC Net Reimb. (Refugees)		4,389,250	35,500	5,024,750			3,266,088			3,266,088
22 Total SD/MC Reimbursement Before Excess FFP		5,007,500	150,000	5,157,500			3,339,315			3,339,315
23 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC		5,005,750	168,000	5,173,750			5,153,750			5,153,750
24 Contract Limitation Adjustment			60,000	35,006,250						23,235,176
25 Adjusted Total SD/MC Reimbursement (FFP)										8,151,563
26 Healthy Families Net Reimbursement		4,398,250	58,000	5,056,250			3,286,563			3,286,563
27 Total Healthy Families Reimbursement Before Excess FFP		5,007,500	150,000	5,157,500			3,339,315			3,339,315
28 Amount Negotiated Rates Exceed Costs - Healthy Families		3,382,500	20,000	10,002,500						6,624,838
29 Total Healthy Families Reimbursement										2,500,625
30										4,125,313

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E 400,000

Line 10: Column D minus Column H 973

Line 11: Column D minus Column E 23,500

Line 12: Column D minus Column E

Line 13: Column D minus Column I

Line 14: Column D minus Column I 25,000

Line 15: Column D minus Column E 40,000

Line 16: Column D minus Column F 2,521,166

Line 16A: Column D minus Column G 1,793,561

Line 17: Column D minus Column H

Line 17A: Column D minus Column H 10,509

Line 18: Column D minus Column H

Line 24: Column D minus Column H 202

Line 24A: Column D minus Column H 9,660

TOTAL STATE SHARE SD/MC COST 4,824,572

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Ready NUM

Compiles data from all LE's to determine the net Federal Financial Participation (FFP) due the County for all SD/Medi-Cal, Healthy Families Services and Administrative costs.

MH 1992_Sum Summary Funding Sources

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

SUMMARY COST REPORT

DEPARTMENT OF MENTAL HEALTH

SUMMARY FUNDING SOURCES
MH 1992_SUM (05/05)

Fiscal Year 2008-2009

County: MHSA

County Code: 85

Legal Entity No.:	All Reporting Legal Entities	A	B	C	D	E	F	G	H	I	J
		Admin./ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity
1	Gross Cost	1,200,000	250,000	440,425	76,650	3,898,510	7,400,250	120,000	105,000	590,000	14,080,835
2	Adjustments										
3	Adjusted Gross Cost	1,200,000	250,000	440,425	76,650	3,898,510	7,400,250	120,000	105,000	590,000	14,080,835
Funding Sources											
Grants											
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										
9	Patient Fees										
10	Patient Insurance										
11	Regular SD/MC (FFP only)	400,000	115,000	170,192	19,163	1,452,777	2,689,305		23,500		4,869,937
12	Healthy Family - Fed share	1,806				17,940	376				20,122
13	Medicare - Fed. Share										
14	Conservatorship Admn. Fees										
15	State General Fund-State Share			16,000		150,000	150,000				316,000
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient					500,000	500,000				1,000,000
18	04-05 Rollover - Managed Care - Outpatient						75,000				75,000
19	EPSDT SD/MC - State Share Est.					500,000	500,000				1,000,000
20A	04-05 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE*	798,194	135,000	204,233	57,487	527,793	2,735,570	120,000	81,500		4,659,777
22	Prior Years - MHSA										
23	MHSA			50,000		750,000	750,000			590,000	2,140,000
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources	1,200,000	250,000	440,425	76,650	3,898,510	7,400,251	120,000	105,000	590,000	14,080,836

CROSSCHECKS

OK

Identifies the resources used to finance specific mental health program activities. Identifies who is paying for programs authorized by the County Mental Health Plan.

* Realignment Funds include match for Short-Doyle/Medi-Cal FFP.

Line 3 = Line 24? OK
Amt. to Balance to Line 3: 0 0 0 0 0 0 1 0 0 0 0 1

Show / Hide SGF Managed Care (DMH Only)

MH_1994

Report of Mental Health Managed Care Allocation and Expenditures

Microsoft Excel - 20082009_Summary_Mary.xls

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AF34

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH

REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES

MH 1994 (09/09) Fiscal Year 2008-2009

COUNTY OF: Tester County
COUNTY CODE: 0
DATE COMPLETED

	A
FY 2007-2008 Rollover	State General Fund
FY 2007-2008	
1) SGF Mental Health Contingency Reserve	25,000
Less	
2a) FY 2007-2007 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2008-2009	
Less	
2b) FY 2007-2007 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2008-2009	
3) Total SGF Mental Health Contingency Reserve	25,000
FY 2008-2009 Allocation	
4) FY 2008-2009 SGF Managed Care Allocation	40,000
Plus	
5) FY 2007-2007 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	25,000
Less	
6) FY 2008-2009 FFS/IMC Expenditures Acute Inpatient Hospital Days	(2,500)
Less	
7) FY 2008-2009 FFS/IMC Expenditures Inpatient Hospital Administrative Days	(4,000)
Less	
8) FY 2008-2009 FFS/IMC Expenditures Outpatient Mental Health Services	(2,000)
Less	
9) Other FY 2008-2009 State General Fund Expenditures Other Mental Health Services	(1,000)
Less	
10) FY 2008-2009 State General Fund Mental Health Contingency Reserve	
Total	
11) FY 2008-2009 Unexpended/Uncommitted State General Fund Balance	55,500

Summary_Flow

MH1979_SUM MH1992_SUM MH1994 MH1995 MH1940 MH1940_Cert2 MH19405 MH1979_1992_Recon MHEPSTDT M

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Allows each county legal entity to report prior and current year expenditures as well as SGF mental Health Contingency Reserve and Unexpended/Uncommitted SGF balance for Managed Care State General Fund (SGF) allocation (440-103-001: Community Services – Outpatient Mental Health Services for Mental Health Managed Care).

Note:
Money reported on Line 11, Column A, will be recouped by the State.

MH_1995

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

Microsoft Excel - CFRS_20082009_15000008

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D23 =ROUND(D19+D20+D21-D22, 0)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH

REPORT OF MENTAL HEALTH SERVICES ACT (MHSA)

DISTRIBUTION AND EXPENDITURES

MH 1995 (09/09) Fiscal Year 2008-2009

COUNTY OF:
 COUNTY CODE:
 DATE COMPLETED:

Prior Years Balance		A
1) Prior Years Mental Health Services Act Balance		\$ 1,000
Less		
2) Prior Years Mental Health Services Act Expenditures		
Total Prior Years Unexpended Mental Health Services Act Balance		\$ 1,000

FY 2008-2009 Distribution		
4) FY 2008-2009 Mental Health Services Act Distribution		\$ 5,000
Plus:		
5) Interest Earned on Mental Health Services Act FY 2008-2009		\$ 250
Plus:		
6) Prior Years Unexpended Mental Health Services Act Balance (Line 3)		\$ 1,000
Less		
7) FY 2008-2009 Mental Health Services Act Expenditures		\$ 2,500
Total FY 2008-2009 Unexpended Mental Health Services Act Funding		\$ 3,750

4) Enter current year Mental Health Services Act Distribution.
 5) Enter Interest Earned on Mental Health Services Act Distribution.
 6) No entry, this line is picked up from line 3 above.
 7) Enter the amount of Mental Health Services Act expenditures for the current year.
 8) Unexpended Mental Health Services Act to be used for future periods.

MH1909_SUM / MH1912 / MH1968_SUM / MH1979_SUM / MH1992_SUM / MH1994 / **MH1995** / MH1940 / MH1940_Cert2 / MH1940S

Ready NUM

Allows each county legal entity to report prior and current year expenditures, interest earned and unexpended total for MHSA.

MH 1940

Year End Cost Report

Microsoft Excel - 20082009_Summary_Mary

File Edit View Insert Format Tools Data Window Help

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH
 YEAR-END COST REPORT MH 1940 Fiscal Year 2008-2009

COUNTY OF: Tester County
 COUNTY CODE: 89
 ADDRESS: 1600 3th Street
 Sacramento CA 95816
 0

PREPARED BY: Tester PHONE: 916-444-8888 Date Completed: December 30, 2009

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS

	A	B	C
	STATE GENERAL FUND	M/C & RFFP SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 4,236,204	\$ 9,744,631	\$ 14,080,835
2. LESS: REVENUE	(3,220,204)	(4,854,572)	(8,074,776)
3. SUBTOTAL	1,116,000	4,890,059	6,006,059
4. LESS: COUNTY SHARE (PER MH 1909)	(0)	(0)	(0)
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	1,116,000	4,890,059	6,006,059
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL. 2)	200,000		200,000
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 1,316,000	\$ 4,890,059	\$ 6,206,059
FUNDING SOURCES: 4000-			
8. OTHER FUNDS	0	4,690,059	\$ 4,690,059
9. 101-0001(1) COMMUNITY SERVICES - OTHER TREATMENT	316,000	0	\$ 316,000
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001(1) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 104-0001 MENTAL HEALTH SERVICES AB 3432	0	0	0
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	1,000,000	0	1,000,000
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 1,316,000	\$ 4,690,059	\$ 6,006,059
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 150,000		\$ 150,000
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 100,000		\$ 100,000

Summary_Flow OK OK OK

MH1909_SUM / MH1912 / MH1968_SUM / MH1979_SUM / MH1992_SUM / MH1994 / MH1995 / MH1940 / MH1940_Cert2

Draw AutoShapes

Ready NUM

start Templates1126 Microsoft PowerPoint ... Norton AntiVirus Microsoft Excel - 200... 11:09 AM

Allows each county's local mental health agency to report countywide mental health expenditures and revenues. This worksheet is a summary of cost reports from all legal entities with 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 Mental Health.

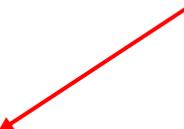
MH 1940

County Certification

X30 fx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY											DEPARTMENT OF MENTAL HEALTH										
2	YEAR-END COST REPORT																					
3	MH 1940 #NAME?											Fiscal Year 2008-2009										
4																						
5																						
6	COUNTY CERTIFICATION																					
7	<hr/>																					
8																						
9																						
10	I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health																					
11	Services and the Mental Health Services Act (MHSA) in and for said claimant; that I have not violated any of the provisions of Section																					
12	1090 et. seq. of the Government Code and that all information submitted to the Department of Mental Health (DMH) is accurate and																					
13	complete. With respect to MHSA funding, I certify that the County is in compliance with California Code of Regulations, Title 9,																					
14	Division 1, Chapter 14, Article 4, Section 3410, Non-Supplant and Article 5, Section 3500, Non-Supplant Certification and Reports; that																					
15	the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5, Section 5891 of the Welfare																					
16	and Institutions Code (W&I Code). The County understands that any payment to the County resulting from this report will be paid with																					
17	state and federal funds and that any falsification or concealment of material fact may be prosecuted under federal and/or state laws. I																					
18	further certify that, to the best of my knowledge and belief, the information in this report is in all respects true, correct, and in accordance																					
19																						
20																						
21																						
22	Date: _____											Signature: _____										
23												Local Mental Health Director										
24																						
25																						
26	Executed at: _____											, California										
27	<hr/>																					
28																						
29	I CERTIFY under penalty of perjury that I am the duly qualified and authorized official of the herein claimant responsible for the																					
	examination and settlement of accounts. I understand that misrepresentation of any information provided herein constitutes a																					
	violation of state and federal law. I further certify that this report is based on actual, total expenditures as necessary for claiming																					
	Federal Financial Participation pursuant to all applicable requirements of state and federal law including but not limited to Sections																					
	430.30 and 433.51 of Title 42 Code of Federal Regulations (CFR). I understand that DMH may deny any payment if it determines that																					
	the certification is not adequately supported for purposes of claiming federal financial participation. I understand that all records of																					
	funds included in this report are subject to review and audit pursuant to Section 433.32, Title 42, CFR, by DMH, the Department of																					
	Health Care Services and/or the federal government and must be kept for a minimum of three years after the final payment is made																					
	and retained beyond the three-year period if audit findings have not been resolved.																					

The top portion of the County Certification must be signed by the Local Mental Health Director



Ready

NUM

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MH 1940

County Certification (Cont'd)

examination and settlement of accounts. I understand that misrepresentation of any information provided herein constitutes a violation of state and federal law. I further certify that this report is based on actual, total expenditures as necessary for claiming Federal Financial Participation pursuant to all applicable requirements of state and federal law including but not limited to Sections 430.30 and 433.51 of Title 42 Code of Federal Regulations (CFR). I understand that DMH may deny any payment if it determines that the certification is not adequately supported for purposes of claiming federal financial participation. I understand that all records of funds included in this report are subject to review and audit pursuant to Section 433.32, Title 42, CFR, by DMH, the Department of Health Care Services and/or the federal government and must be kept for a minimum of three years after the final payment is made and retained beyond the three-year period if audit findings have not been resolved.

The bottom portion of the County Certification must be signed by the Auditor-Controller OR Finance Officer

30
31
32
33 Date: _____ Signature: _____
34
35 Title: _____
36 (County Auditor-Controller or City Finance Officer)
37
38 Executed at: _____, California
39
40
41

42
43 Date Uploaded: _____
44 Upload ID: _____
45 Upload File Name: _____
46
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The Date Uploaded, Upload ID and Upload File Name **must** be entered. Note: The Upload File Name must be from the **INITIAL** upload.

MH_1930

COST REPORT FINAL SETTLEMENT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY					DEPARTMENT OF MENTAL HEALTH			
FINAL SETTLEMENT								
SHORT-DOYLE CLAIM FOR REIMBURSEMENT							PAGE 1 OF 1	
MH 1930 20							Fiscal Year	
COUNTY NAME: 0			PREPARED BY:			DATE PREPARED:		
COUNTY CODE: 0								
COST SOURCE	A	B	C	D	E	F	G	H
	FINAL ALLOCATION	CARE ADJ. FOR INPT. & CONT. RES.	ADJUSTED ALLOCATION	REPORT BEFORE RECONCILIATI	**SGF ADJUST.	ESTIMATED APPROVED COSTS	ED SD/MC FFP	APPROV ED NET COUNTY
1. ADJUSTED GROSS COST	\$0	\$0	\$0	\$0	\$0	\$0		
2. COUNTY SHARE	\$0		\$0			\$0		
3. COUNTY ADJUSTED GROSS COST	\$0	\$0	\$0	\$0	\$0	\$0		
4. LESS SD/MC - FEDERAL (FFP)	\$0		\$0	\$0		\$0	\$0	
5. LESS HEALTHY FAMILY (FFP)	\$0		\$0	\$0		\$0	\$0	
6. LESS OTHER REVENUE	\$0		\$0	\$0		\$0		
7. TOTAL REVENUE	\$0		\$0	\$0		\$0		
8. NET COST	\$0	\$0	\$0	\$0	\$0	\$0		
9. LESS COUNTY SHARE	\$0		\$0	\$0	\$0	\$0		
10. TOTAL GENERAL FUND	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
GENERAL FUND SOURCES								
11. 4440-101-0001(a) Com Serv-Other	\$0		\$0	\$0	\$0	\$0		
12. 4440-101-0001(b) Adult Sys./Care	\$0		\$0	\$0	\$0	\$0		
13. 4440-101-0001(c) Children's MHS	\$0		\$0	\$0	\$0	\$0		
14. 4440-131-0001 SEP	\$0		\$0	\$0	\$0	\$0		
15. 4440-103-0001 Man. Care-Other	\$0	\$0	\$0	\$0		\$0		
16. TOTAL GENERAL FUND	\$0	\$0	\$0	\$0	\$0	\$0		

Identifies allocations for all program categories, adjustments for managed care FFS Inpatient & contingency reserve, roll over amounts, estimated approved costs and SD/Medi-Cal FFP.

MH 1931

COST REPORT FINAL SETTLEMENT

Microsoft Excel - 20082009_Summary_Mary

File Edit View Insert Format Tools Data Window Help

Q31 fx

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH

COST REPORT / CLAIMS PAID COMPARISON FINAL SETTLEMENT

MH 1931 (08/02) PAGE 1 OF 1
Fiscal Year 2008-2009

COUNTY NAME: Tester County
COUNTY CODE: 89 PREPARED BY: DATE PREPARED:

COST SOURCES	A Final Approved Costs (MH 1930)	B *Managed Care Adjustment	C Final Approv. Reimbursement	D Claims Paid Summary as of 01/00/1900	E Amount Due	F Adjustments	G Estimated Net Due
1 Adj. Gross Cost	\$0	\$0	\$0	\$0			
2 County Share	\$0		\$0				
3 COUNTY ADJUSTED GROSS COST	\$0	\$0	\$0	\$0			
4 Less SD/MC - FFP	\$0		\$0	\$0	\$0		\$0
5 Less Healthy Family - FFP	\$0		\$0	\$0	\$0		\$0
6 Less Other Revenue	\$0		\$0				
7 Total Revenue	\$0		\$0	\$0			
8 Net Cost	\$0	\$0	\$0	\$0			
9 Less County Share	\$0		\$0				
10 State Share of Net Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11 Total Due County							\$0
12 Total Due State							\$0
FUNDING SOURCES							
13 4440-101-0001(1) Com Serv-Other	\$0		\$0	\$0	\$0		\$0
14 4440-101-0001(2) Comm Serv-EPST	\$0		\$0	\$0	\$0		\$0
15 4440-101-0001(3) Children's MHS	\$0		\$0	\$0	\$0		\$0
16 4440-104-0001 SEP	\$0		\$0	\$0	\$0		\$0
17 4440-103-0001 Man. Care-Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0
18 SD/MC - FFP	\$0		\$0	\$0	\$0		\$0
19 Healthy Family - FFP	\$0		\$0	\$0	\$0		\$0
TOTAL FUND SOURCES	\$0	\$0	\$0	\$0	\$0	\$0	\$0

* Hospital Inpatient/Administrative Day/Contingency Reserve expenditures of the Managed Care allocation

NUM

The State compares the reimbursement identified on the county's certified spreadsheets with prior payments made to the county based on claims submitted through out the year.

Process For Final Settlement: Overall MC/FFP Cost Settlement

- Local service providers submit spreadsheets to the county which details: Actual costs incurred for services provided, the quantity of services provided by the type of service, and whether the service was covered by Medi-Cal or not.
- Prior to compiling the summary spreadsheet, the county is required to reconcile the quantity of services that have been submitted and approved through out the year for each service provider with what has been submitted by the provider on their individual cost report.
- The county reviews and compiles all service provider cost reports into a summary cost report and submits to the state.
- State reviews all cost reports to ensure internal consistency in county submission (i.e. providers are approved for Medi-Cal, services are covered by Medi-Cal, check mathematical calculations for accuracy).
- The state notifies the county of any errors in the cost reports, and works with county analyst to make corrections.
- The county submits an amended cost report.
- The state advised when cost report is free of error and informs the county analyst of the final date to revise the quantity of services or total costs reported.
- The state requires that the county certify that all information submitted are accurate. County submits MH_1940 form with appropriate county signatures.
- The state compares the reimbursement identified on the county's certified cost reports with prior payments made to the county based on claims submitted throughout the year.
- Medi-Cal FFP is paid or recouped at cost settlement.

Cost Report Automated Edits and Errors Fiscal Year 2008 – 2009



Steps to Receive Your Automated Edit Report

Upload your completed Cost Report to ITWS

- CFRS_20082009_66_B_Submittal.zip

ITWS completes the system check and e-mails a notification that the edit report is available.

- Automated CFRS 66 Process Notification 2008-2009 "B"

ITWS renames your cost report adding the Upload ID #

- CFRS_20082009_66_B_131702_Report.txt

```

-----
County Code           = 66
County Name          = Bellawood|
Name                 = Cost Reporter
Email                = Cosrep@dmh.ca.gov
Phone                = (916) 555-4444
UploadID             = 131702
File Name Uploaded   = CFI_2008-2009_66_B_SUBMITTAL.ZIP
Internally Renamed as = CFKs_2008-2009_66_B_131702_SUBMITTAL.zip
File Size            = 1,897,718 bytes
Browser              = Mozilla/4.0 (compatible; MSIE 6.0; windows NT 5.0; .NET CLR 1.1.4322
Date Received        = 2008-2009 10:40:20 AM
Date Processed       = 8/30/2006 10:45:41 AM
DeskEdit Version     = 20052006v28

```

County Info, Submitter's Name, E-mail, File Name, Upload ID# and Dates

If you have any questions about this confirmation, please call your CFRS analyst or County Financial Program Support at 916-654-2314.

see the following pages for results

```

Section 1: Desk Edits Results for Submittal File
Section 2: Desk Edits Results for Summary Cost Report
Section 3: Desk Edits Results for Detail Cost Report(s)

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3 Sections of Edits

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SECTION 1: submittal results
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Submittal Passed!!!!

PreDeskEdit	Error Code	Description
ZIP Naming Convention	Passed OK	
Zip integrity	Passed OK	
Summary Cost Report	Passed OK	
Open Zip	Passed OK	
# of LE's match	Passed OK	

SECTION 2: Summary Cost Report Results

Sheet Name	Error Code	Excel Column	Excel Row	Description
DMH-HQ Sac Int.	Passed OK!	Version	3.01	was used.
MH1900_INFO_SUM	Passed OK!			
MH1909_Inst	Passed OK!			
MH1909_CSRV	Passed OK!			
MH1909_CSRV_ROLL	Passed OK!			
MH1909_ASOC	Passed OK!			
MH1909_ASOC_ROLL	Passed OK!			
MH1909_CSOC	Passed OK!			
MH1909_CSOC_ROLL	Passed OK!			
MH1909_SEP	Passed OK!			
MH1909_SEP_ROLL	Passed OK!			
MH1909_SUM	Passed OK!			
MH1994	has Error(s).			
	SQL2	4	34	Line 11 > 0
	S057	4	34	Warning! amount here will be recouped by state
MH1940	has Error(s).			
	S049	11	32	MH1940 Line 78 <> MH1940 Line 148
MH1979_SUM	Passed OK!			
MH1992_SUM	Passed OK!			

 Error # 1

SECTION 3: Detail Cost Report Results

LE File Name	Sheet Name	Error Code	Excel Column	Excel Row	Description
CFR 2008-2009 5600066B.xls	has Error(s). v5.01.01 was used.				
	MH1901_Schedule_B	D025	N/A	20	Not a valid m/c mode for the Legal Entity.
	MH1992	D015	5	43	Error; check values.
	MH1992	D015	9	43	Error; check values.
	MH1992	D015	14	43	Error; check values.
	MH1979	D041	7	14	Line 2 col C <> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
	MH1979	D042	7	14	Check MH1900_INFO row 26.
CFR 2008-2009 5600697B.xls	has Error(s). v5.01.01 was used.				
	MH1901_Schedule_B	D006	N/A	N/A	MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR 2008-2009 5600838B.xls	Passed OK!	v5.01.01 was used.			
CFR 2008-2009 5600917B.xls	Passed OK!	v5.01.01 was used.			

End of Results File for CFRS 2008-2009_B_131702_SUBMITTAL.zip

REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES MH 1994 (03/03) Fiscal Year 2008-2009

COUNTY OF: Test Count
 COUNTY CODE: 83
 DATE COMPLETED 11/18/2009

	A
FY 2007-2008 Rollover	State General Fund
1) FY 2007-2008 SGF Mental Health Contingency Reserve	15,000
Less	
2a) FY 2007-2007 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2008-2009	
Less	
2b) FY 2007-2007 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2008-2009	
3) Total SGF Mental Health Contingency Reserve	15,000
FY 2008-2009 Allocation	
4) FY 2008-2009 SGF Managed Care Allocation	20,000
Plus	
5) FY 2007-2007 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	15,000
Less	
6) FY 2008-2009 FFS/MC Expenditures Acute Inpatient Hospital Days	(2,500)
Less	
7) FY 2008-2009 FFS/MC Expenditures Inpatient Hospital Administrative Days	(2,500)
Less	
8) FY 2008-2009 FFS/MC Expenditures Outpatient Mental Health Services	(2,500)
Less	
9) Other FY 2008-2009 State General Fund Expenditures Other Mental Health Services	(2,500)
Less	
10) FY 2008-2009 State General Fund Mental Health Contingency Reserve	
Total	
11) FY 2008-2009 Unexpended/Uncommitted State General Fund Balance	25,000

Correction:
Move amount to Line 10, Contingency Reserve

The State will recoup this money!

SECTION 2: Summary Cost Report Results

Sheet Name	Error Code	Excel Column	Excel Row	Description
DMH-HQ Sac Int.	Passed OK!	Version	3.01	was used.
MH1900_INFO_SUM	Passed OK!			
MH1909_Inst	Passed OK!			
MH1909_CSRV	Passed OK!			
MH1909_CSRV_ROLL	Passed OK!			
MH1909_ASOC	Passed OK!			
MH1909_ASOC_ROLL	Passed OK!			
MH1909_CSOC	Passed OK!			
MH1909_CSOC_ROLL	Passed OK!			
MH1909_SEP	Passed OK!			
MH1909_SEP_ROLL	Passed OK!			
MH1909_SUM	Passed OK!			
MH1994	has Error(s).			
	S012	4	34	Line 11 > 0
	S057	4	34	Warning! amount here will be recouped by state
MH1940	has Error(s).			
	S049	11	32	MH1940 Line 7B <> MH1940 Line 14B
MH1979_SUM	Passed OK!			
MH1992_SUM	Passed OK!			

Error # 2

SECTION 3: Detail Cost Report Results

LE File Name	Sheet Name	Error Code	Excel Column	Excel Row	Description
CFR 2008-2009 5600066B.xls	has Error(s). v5.01.01 was used.				
	MH1901_Schedule_B	D025	N/A	20	Not a valid m/c mode for the Legal Entity.
	MH1992	D015	5	43	Error; check values.
	MH1992	D015	9	43	Error; check values.
	MH1992	D015	14	43	Error; check values.
	MH1979	D041	7	14	Line 2 col C <> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
	MH1979	D042	7	14	Check MH1900_INFO row 26.
CFR 2008-2009 5600697B.xls	has Error(s). v5.01.01 was used.				
	MH1901_Schedule_B	D006	N/A	N/A	MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR 2008-2009 5600838B.xls	Passed OK! v5.01.01 was used.				
CFR 2008-2009 5600917B.xls	Passed OK! v5.01.01 was used.				

End of Results File for CFRS 2008-2009_B_131702_SUBMITTAL.zip

ALABAMA HEALTH AND HUMAN SERVICES AGENCY
 EAR-END COST REPORT
 MH 1940 (09/09)
 DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2008-2009

COUNTY OF: Test County
 COUNTY CODE: 83
 ADDRESS: 1600 9th Street
 Sacramento, CA 95814
 0

FISCAL YEAR ENDING
 JUNE 30, 2009

PREPARED BY: Tester PHONE: 316-339-3339 Date Completed: November 18, 2009

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS

	A	B	C
	STATE GENERAL FUND	H/C MATCHED SHARE	TOTAL
TOTAL EXPENDITURE	\$ 6,646,168	\$ 10,559,691	\$ 17,205,859
LESS: REVENUE	(5,641,168)	(4,930,685)	(10,571,853)
SUBTOTAL	1,005,000	5,629,006	6,634,006
LESS: COUNTY SHARE (PER MH 1909)	(0)		(0)
SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	1,005,000	5,629,006	6,634,006
PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	200		200
TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 1,005,200	\$ 5,629,006	\$ 6,634,206
FUNDING SOURCES: 444-			
OTHER FUNDS	0	6,085,617	\$ 6,085,617
101-0001(1) COMMUNITY SERVICES - OTHER TREATMENT	355,000		\$ 355,000
.101-0001 ADULT SYSTEM OF CARE	0	0	0
101-0001(1. CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
.104-0001 MENTAL HEALTH SERVICES AB 3632	0	34,918	34,918
.103-0001 COMMUNITY SERVICES - OUTPATIENT			
FOR MENTAL HEALTH MANAGED CARE	50,000	0	50,000
GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 405,000	\$ 6,120,535	\$ 6,525,535
.103-0001 COMMUNITY SERVICES - INPATIENT			
FOR MENTAL HEALTH MANAGED CARE	\$ 0		\$ 0
EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 2,363,234		\$ 2,363,234

Error
 Error

The error may be within the Summary and Detail Cost Report. Verify the numbers that are flowing to Lines 1-6, Column B are correct.

If Lines 1-6, Column B are correct, the error is with the manual entry on Line 8, Column B.

To correct, take Line 7, Column B and minus Lines 9, 10, 11 and 12, Column B, and enter results on Line 8, Column B.

Summary_Flow OK ERROR ERROR

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY **DEPARTMENT OF MENTAL HEALTH**
YEAR-END COST REPORT
MH 1940 **Fiscal Year 2008-2009**

COUNTY OF: Test County **FISCAL YEAR ENDING**
 COUNTY CODE: 83 **JUNE 30, 2009**

ADDRESS: 1600 9th Street
 Sacramento, CA 95814
 0

PREPARED BY: Tester PHONE: 916-399-3939 Date Completed: November 18, 2009

	A	B	C
	STATE GENERAL FUND	MHC B RIFTER SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 5,602,606	\$ 11,603,253	\$ 17,205,859
2. LESS: REVENUE	(4,597,606)	(5,422,717)	(10,020,323)
3. SUBTOTAL	1,005,000	6,180,537	7,185,537
4. LESS: COUNTY SHARE (PER MH 1909)	(0)	(0)	(0)
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	1,005,000	6,180,537	7,185,537
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL 2.)	200		200
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 1,005,200	\$ 6,180,537	\$ 7,185,737
FUNDING SOURCES: 4000-			
8. OTHER FUNDS	0	6,085,619	\$ 6,085,619
9. 101-0001(1) COMMUNITY SERVICES - OTHER TREATMENT	955,000	0	\$ 955,000
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001(C) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 104-0001 MENTAL HEALTH SERVICES AB 3632	0	94,918	94,918
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	50,000	0	50,000
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 1,005,000	\$ 6,180,537	\$ 7,185,537
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	0		0
16. EPSDT SD/MC - STATE SHARE ESTIMATE	2,000,534		2,362,234

OK

OK

After all corrections are made all Automated Edit Checks indicate "OK".

Summary_Flow	OK	OK	OK
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SECTION 2: Summary Cost Report Results

Sheet Name	Error Code	Excel Column	Excel Row	Description
DMH-HQ Sac Int.	Passed OK!	Version	3.01	was used.
MH1900_INFO_SUM	Passed OK!			
MH1909_Inst	Passed OK!			
MH1909_CSRV	Passed OK!			
MH1909_CSRV_ROLL	Passed OK!			
MH1909_ASOC	Passed OK!			
MH1909_ASOC_ROLL	Passed OK!			
MH1909_CSOC	Passed OK!			
MH1909_CSOC_ROLL	Passed OK!			
MH1909_SEP	Passed OK!			
MH1909_SEP_ROLL	Passed OK!			
MH1909_SUM	Passed OK!			
MH1994	has Error(s).			
	S012	4	34	Line 11 > 0
	S057	4	34	Warning! amount here will be recouped by state
MH1940	has Error(s).			
	S049	11	32	MH1940 Line 7B <> MH1940 Line 14B
MH1979_SUM	Passed OK!			
MH1992_SUM	Passed OK!			

SECTION 3: Detail Cost Report Results

LE File Name	Sheet Name	Error Code	Excel Column	Excel Row	Description
CFR 2008-2009 5600066B.xls	has Error(s). v5.01.01 was used.				
	MH1901_Schedule_B	D025	N/A	20	Not a valid m/c mode for the Legal Entity.
	MH1992	D015	5	43	Error; check values.
	MH1992	D015	9	43	Error; check values.
	MH1992	D015	14	43	Error; check values.
	MH1979	D041	7	14	Line 2 col C <> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
	MH1979	D042	7	14	Check MH1900_INFO row 26.
CFR 2008-2009 5600697B.xls	has Error(s). v5.01.01 was used.				
	MH1901_Schedule_B	D006	N/A	N/A	MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR 2008-2009 5600838B.xls	Passed OK!	v5.01.01			was used.
CFR 2008-2009 5600917B.xls	Passed OK!	v5.01.01			was used.

Error # 3



End of Results File for CFRS 2008-2009_B_131702_SUBMITTAL.zip

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_1 FISCAL YEAR 2008 - 2009

Entity Name: Test County Entity Number: 89
 Fiscal Year: 2008 - 2009 07/01/08 - 09/30/08

Settlement Type	CR - Contract Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

Not a valid Mode or SF

Settlement Type	Mode	SF	Total Units of Service	SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		Non Medi-Cal Units	
				Units	Total Units	Units	Total Medicare/SD/MC Crossover Units		Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units		3rd Party Revenue
1	CR	05	81	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
2	CR	10	31	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
3	CR	10	31	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
4	CR	15	01	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
5	CR	15	10	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
6	CR	15	30	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
7	CR	15	60	30,000	5,000	5,000	5,000	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000	\$ 500	5,000
8																
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29																



Online Provider System

Quick Entry

Provider Go

LE Go

NPI Go

- [Search](#)
- [List Providers](#)
- [List Legal Entities](#)

Back (to Filter) Print View

Provider Report
Sorted by Provider County

County Code	Provider Num	Provider PS Name and Address	Start Date	End Date	MC	FT	CT	MS	SF	MS	SD\MC Start	SD\MC End	Legal Entity
66	6600	0 Tri-city Mental Health Authority 2008 No. Garey Avenue, Ste 2a Pomona, CA 91767	01/01/1982	12/31/2002	Yes	07	1	10	81	18	10/09/1991	12/31/2002	00066
66	6600	0 Tri-city Mental Health Authority 2008 No. Garey Avenue, Ste 2a Pomona, CA 91767	01/01/1982	12/31/2002	Yes	07	1	10	85	18	10/09/1991	12/31/2002	00066
66	6600	0 Tri-city Mental Health Authority 2008 No. Garey Avenue, Ste 2a Pomona, CA 91767	01/01/1982	12/31/2002	Yes	07	1	10	91	18	10/09/1991	12/31/2002	00066
66	6600	0 Tri-city Mental Health Authority 2008 No. Garey Avenue, Ste 2a Pomona, CA 91767	01/01/1982	12/31/2002	Yes	07	1	10	95	18	10/09/1991	12/31/2002	00066
66	6600	0 Tri-city Mental Health Authority 2008 No. Garey Avenue, Ste 2a Pomona, CA 91767	01/01/1982		Yes	07	1	15	01	18	10/09/1991		00066
66	6600	0 Tri-city Mental Health Authority 2008 No. Garey Avenue, Ste 2a Pomona, CA 91767	01/01/1982		Yes	07	1	15	10	18	10/09/1991		00066
66	6600	0 Tri-city Mental Health Authority 2008 No. Garey Avenue, Ste 2a Pomona, CA 91767	01/01/1982		Yes	07	1	15	30	18	10/09/1991		00066
66	6600	0 Tri-city Mental Health Authority	01/01/1982		Yes	07	1	15	60	18	10/09/1991		00066

Not approved for Mode 05



DETAIL COST REPORT
WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY
 MH 1901 SCHEDULE B_1

Entity Name: Test County Entity Number: 89

Fiscal Year: 2008 - 2009 **07/01/08 - 09/30/08**

Settlement	CR - Cart Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
Service	ISA - Integrated Service Agency	
Organization	CAW - CALWORKS Servicer	

Not an Approved Mode

18	Settlement Type	Mode	SF	SD/MC DATA				MEDI-CAL/MEDI-CAL CROSSOVER DATA	
				Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Units
19	CR	10	05	81	30,000	5,000	5,000	5,000	5,000
20	CR	10	05	85	30,000	5,000	5,000	5,000	5,000
21	CR	10	05	91	30,000	5,000	5,000	5,000	5,000
22	CR	15	01	01	30,000	5,000	5,000	5,000	5,000
23	CR	15	10	10	30,000	5,000	5,000	5,000	5,000
24	CR	15	30	30	30,000	5,000	5,000	5,000	5,000
25	CR	15	60	60	30,000	5,000	5,000	5,000	5,000

DETAIL COST REPORT
WORKSHEET FOR UNITS OF SERVICE AND REVE
 MH 1901 SCHEDULE B_1

Entity Name: Test County Entity Number: 89

Fiscal Year: 0

Settlement	CR - Cart Reimburse	MAA - Medi-Cal Administrative Activities
Settlement Type	NR - Negotiated Rate	MHS - Mental Health Specialty
Service	ISA - Integrated Service Agency	
Organization	CAW - CALWORKS Servicer	

Approved Mode

18	Settlement Type	Mode	SF	SD/MC DATA			
				Total Units of Service	Units	Total Units	Units
19	CR	10	05	81	30,000	5,000	5,000
20	CR	10	05	85	30,000	5,000	5,000
21	CR	10	05	91	30,000	5,000	5,000
22	CR	15	01	01	30,000	5,000	5,000
23	CR	15	10	10	30,000	5,000	5,000
24	CR	15	30	30	30,000	5,000	5,000
25	CR	15	60	60	30,000	5,000	5,000

Navigation buttons: HOME, <<, <<, MH1901_Schedule_B_2, PAYMENT TO CONTRACT PROVIDERS, ADJUSTMENT OF CLAIM COSTS

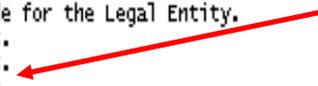
SECTION 2: Summary Cost Report Results

Sheet Name	Error Code	Excel Column	Excel Row	Description
DMH-HQ Sac Int.	Passed OK!	Version	3.01	was used.
MH1900_INFO_SUM	Passed OK!			
MH1909_Inst	Passed OK!			
MH1909_CSRV	Passed OK!			
MH1909_CSRV_ROLL	Passed OK!			
MH1909_ASOC	Passed OK!			
MH1909_ASOC_ROLL	Passed OK!			
MH1909_CSOC	Passed OK!			
MH1909_CSOC_ROLL	Passed OK!			
MH1909_SEP	Passed OK!			
MH1909_SEP_ROLL	Passed OK!			
MH1909_SUM	Passed OK!			
MH1994	has Error(s).			
	S012	4	34	Line 11 > 0
	S057	4	34	Warning! amount here will be recouped by state
MH1940	has Error(s).			
	S049	11	32	MH1940 Line 78 <-> MH1940 Line 148
MH1979_SUM	Passed OK!			
MH1992_SUM	Passed OK!			

SECTION 3: Detail Cost Report Results

LE File Name	Sheet Name	Error Code	Excel Column	Excel Row	Description
CFR 2008-2009 5600666B.xls	has Error(s). v5.01.01 was used.				
	MH1901_Schedule_B	D025	N/A	20	Not a valid m/c mode for the Legal Entity.
	MH1992	D015	5	43	Error; check values.
	MH1992	D015	9	43	Error; check values.
	MH1992	D015	14	43	Error; check values.
	MH1979	D041	7	14	Line 2 col C <-> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
	MH1979	D042	7	14	Check MH1900_INFO row 26.
CFR 2008-2009 5600697B.xls	has Error(s). v5.01.01 was used.				
	MH1901_Schedule_B	D006	N/A	N/A	MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR 2008-2009 5600838B.xls	Passed OK!	v5.01.01			was used.
CFR 2008-2009 5600917B.xls	Passed OK!	v5.01.01			was used.

Error # 4



End of Results File for CFR 2008-2009 7_B_131702_SUBMITTAL.zip

DETAIL COST REPORT
FUNDING SOURCES
 MH1992 (Rev. 5/08)

FISCAL YEAR 2008 - 2009

County: Test County
 County Code: 83

Legal Entity: Provider One Legal Entity No.: 00015	A Admin./ Research & Evaluation	B Utilization Review	Direct Services/MAA							J Total Legal Entity
			C Mode 05 - Hospital Inpatient	D Mode 05 - Other 24 Hour Services	E Mode 10 - Day Services	F Mode 15 - Outpatient Services	G Mode 45 - Outreach Services	H Mode 55 - MAA	I Mode 60 - Support Services	
Gross Cost	500		180,000		90,000	990,000		90,000		1,350,500
Adjustments										
Adjusted Gross Cost	500		180,000		90,000	990,000		90,000		1,350,500
Funding Sources										
Grants										
SAMHSA Grants										
PATH Grants										
RWJ Grants										
Other Grants										
Total Grants Accrued										
Patient Fees										
Patient Insurance										
Regular/Enhanced SD/IC (FFP only)										
Healthy Family - Fed share										
Medicare - Fed. Share										
Conservatorship Admin. Fees										
State General Fund-State Share			180,000							180,000
State General Fund-County Match										
SGF-Managed Care - Outpatient										
07-08 Rollover - Managed Care-Other										
EP/DT SD/IC - State Share Est.										
07-08 SGF Rollover										
Other Revenue										
Realignment Funds/MOE						43,046				43,046
Prior Years MHSA										
MHSA										
County Overmatch										
CALWORKS										
Total Funding Sources			180,000			43,046				223,046

CROSSCHECKS

Correction:
 Verify amounts entered on Line 3, Columns A-J are equal to Line 26, Columns A-J.

EDIT CHECKS

Line 3 - Line 26:	ERROR	OK	OK	OK	ERROR	ERROR	OK	ERROR	OK	ERROR
Am. to Balance to Line 3:	500	0	0	0	90,000	946,954	0	90,000	0	1,127,454

HOME << MH1992_INST DONE!

M33 fx

Once corrections have been made all Automated Edit Checks indicate "OK".

1 State of California Health and Human Services Agency Department of Mental Health

2 DETAIL COST REPORT

3 FUNDING SOURCES

4 **** FISCAL YEAR 2008 - 2009

5 County: Test County
6 County Code: 89

9 Legal Entity: Provider One
10 Legal Entity No.: 89

		A	B	C	D	E	F	G	H	I	J
		Admin./ Research & Evaluation	Utilization Review	Direct Services/MAA							Total Legal Entity
				Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	
13	1	Gross Cost		180,000		30,000	390,000		450,000		1,710,000
14	2	Adjustments									
15	3	Adjusted Gross Cost		180,000		30,000	390,000		450,000		1,710,000
17		Funding Sources									
18		Grants									
19	4	SAMHSA Grants									
20	5	PATH Grants									
21	6	RwJ Grants									
22	7	Other Grants									
23	8	Total Grants Accrued									
24	9	Patient Fees									
25	10	Patient Insurance									
26	11	Regular/Enhanced SD/MC (FFP only)		30,000							30,000
27	12	Healthy Family - Fed share		30,000		30,000					180,000
28	13	Medicare - Fed. Share									
29	14	Conservatorship Admin. Fees									
30	15	State General Fund-State Share					540,000				540,000
31	16	State General Fund-County Match									
32	17	SGF-Managed Care - Outpatient									
33	18	07-08 Rollover - Managed Care-Other									
34	19	EPSDT SD/MC - State Share Est.									
35	20A	07-08 SGF Rollover									
36	20B	Other Revenue									
37	21	Resignment Funds/MOE					450,000		450,000		900,000
38	22	Prior Years MHSA									
39	23	MHSA									
40	24	County Overmatch									
41	25	CALWORKS									
42	26	Total Funding Sources		180,000		30,000	390,000		450,000		1,710,000

CROSSCHECKS
OK
OK
OK
OK

EDIT CHECKS											
Line - Line 26 OK											
Amt. to Balance to Line 26 0 0 0 0 0 0 0 0 0 0 0											

HOME << MH1992_INST DONE!

SECTION 2: Summary Cost Report Results

Sheet Name	Error Code	Excel Column	Excel Row	Description
DMH-HQ Sac Int.	Passed OK!	Version	3.01	was used.
MH1900_INFO_SUM	Passed OK!			
MH1909_Inst	Passed OK!			
MH1909_CSRV	Passed OK!			
MH1909_CSRV_ROLL	Passed OK!			
MH1909_ASOC	Passed OK!			
MH1909_ASOC_ROLL	Passed OK!			
MH1909_CSOC	Passed OK!			
MH1909_CSOC_ROLL	Passed OK!			
MH1909_SEP	Passed OK!			
MH1909_SEP_ROLL	Passed OK!			
MH1909_SUM	Passed OK!			
MH1994	has Error(s).			
	S012	4	34	Line 11 > 0
	S057	4	34	Warning! amount here will be recouped by state
MH1940	has Error(s).			
	S049	11	32	MH1940 Line 78 <-> MH1940 Line 148
MH1979_SUM	Passed OK!			
MH1992_SUM	Passed OK!			

SECTION 3: Detail Cost Report Results

LE File Name	Sheet Name	Error Code	Excel Column	Excel Row	Description
CFR_2008-2009_5600066B.xls	has Error(s).				v5.01.01 was used.
	MH1901_Schedule_B	D025	N/A	20	Not a valid m/c mode for the Legal Entity.
	MH1992	D015	5	43	Error; check values.
	MH1992	D015	9	43	Error; check values.
	MH1992	D015	14	43	Error; check values.
	MH1979	D041	7	14	Line 2 col C <-> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
	MH1979	D042	7	14	Check MH1900_INFO row 26.
CFR_2008-2009_5600697B.xls	has Error(s).				v5.01.01 was used.
	MH1901_Schedule_B	D006	N/A	N/A	MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR_2008-2009_5600838B.xls	Passed OK!				v5.01.01 was used.
CFR_2008-2009_5600917B.xls	Passed OK!				v5.01.01 was used.

Error # 5



End of Results File for CFRS_2008-2009_B_131702_SUBMITTAL.zip

Are you reporting SD/MC? (Y or N)		Yes
HOME MH1901_Schedule_A >>		
SECTION II: COUNTY LEGAL ENTITY ONLY:		
<i>Only County Legal Entities are to Complete Section II.</i>		
Address:	9000 Disney Avenue	
	Bellwood, California	
Phone Number:	(916) 555-4444	
County Population: Over 125,000? (Y or N):	Yes	

Contract Provider Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)	
Inpatient Services	\$ -
Outpatient Services	
Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7)	
Inpatient Services	
Outpatient Services	
Total State Share of FFP:	\$ 4,758,759

- Correction Steps:**
1. Go to Summary Cost Report, MH 1968_Sum, total Lines 21_1, 21_2, 21_3 & 22, Column K.
 2. Go to County Cost Report, MH 1968, total Lines 21_1, 21_2, 21_3, & 22, Column K.
 3. Subtract sum of Step 1 from sum of Step 2.
 4. Key result into County Cost Report, MH 1900_Info Sheet, Excel Row 26.
 5. Amount on Excel Row 26, flows to Line 2, Column C, MH 1979.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

County: Bellwood
County Code: 66

Legal Entity: Strive for Excellence		A	B	C	D	E	F
Legal Entity Number: 00066		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP
	SD/MC Administrative Reimbursement (County Only)						
1	County SD/MC Direct Service Gross Reimbursement			8,680,394	8,680,394		
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement			1,302,290	1,302,290		
3	Total Medi-Cal Direct Service Gross Reimbursement				9,982,684		
4	Medi-Cal Administrative Reimbursement Limit				1,497,403		
5	Medi-Cal Administration				2,907,208		
6	Medi-Cal Administrative Reimbursement				1,497,403	748,701	

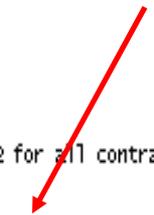
SECTION 2: Summary Cost Report Results

Sheet Name	Error Code	Excel Column	Excel Row	Description
DMH-HQ Sac Int.	Passed OK!	Version	3.01	was used.
MH1900_INFO_SUM	Passed OK!			
MH1909_Inst	Passed OK!			
MH1909_CSRV	Passed OK!			
MH1909_CSRV_ROLL	Passed OK!			
MH1909_ASOC	Passed OK!			
MH1909_ASOC_ROLL	Passed OK!			
MH1909_CSOC	Passed OK!			
MH1909_CSOC_ROLL	Passed OK!			
MH1909_SEP	Passed OK!			
MH1909_SEP_ROLL	Passed OK!			
MH1909_SUM	Passed OK!			
MH1994	has Error(s).			
	S012	4	34	Line 11 > 0
	S057	4	34	Warning! amount here will be recouped by state
MH1940	has Error(s).			
	S049	11	32	MH1940 Line 78 <-> MH1940 Line 148
MH1979_SUM	Passed OK!			
MH1992_SUM	Passed OK!			

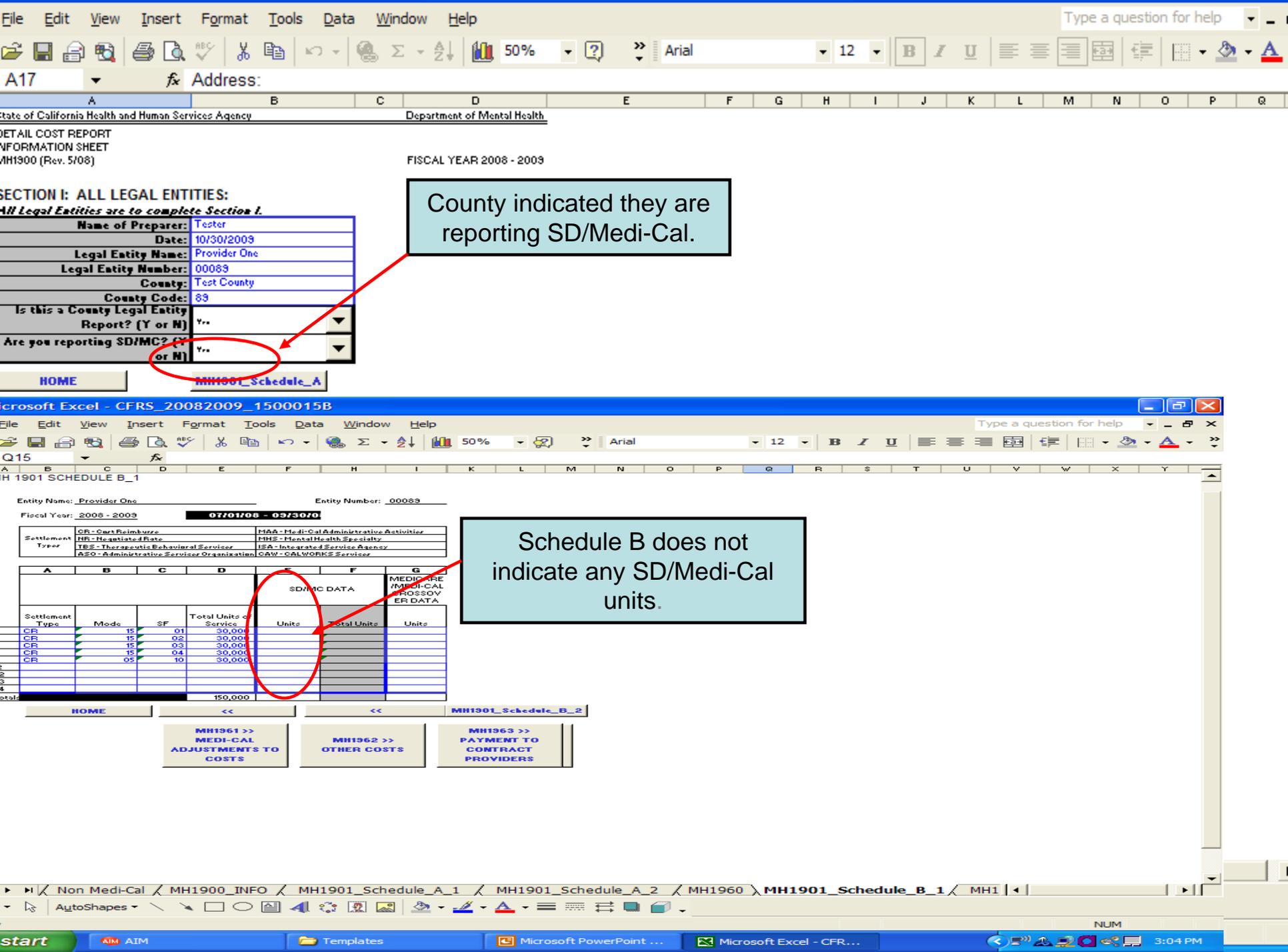
SECTION 3: Detail Cost Report Results

LE File Name	Sheet Name	Error Code	Excel Column	Excel Row	Description
CFR_2008-2009_5600066B.xls	has Error(s).				v5.01.01 was used.
	MH1901_Schedule_B	D025	N/A	20	Not a valid m/c mode for the Legal Entity.
	MH1992	D015	5	43	Error; check values.
	MH1992	D015	9	43	Error; check values.
	MH1992	D015	14	43	Error; check values.
	MH1979	D041	7	14	Line 2 col C <-> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
	MH1979	D042	7	14	Check MH1900_INFO row 26.
CFR_2008-2009_5600697B.xls	has Error(s).				v5.01.01 was used.
	MH1901_Schedule_B	D006	N/A	N/A	MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR_2008-2009_5600838B.xls	Passed OK!				v5.01.01 was used.
CFR_2008-2009_5600917B.xls	Passed OK!				v5.01.01 was used.

Error # 6



End of Results File for CFRS_2008-2009_B_131702_SUBMITTAL.zip



File Edit View Insert Format Tools Data Window Help

Type a question for help

A17 Address:

State of California Health and Human Services Agency Department of Mental Health

DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 5/08)

FISCAL YEAR 2008 - 2009

SECTION I: ALL LEGAL ENTITIES:
All Legal Entities are to complete Section I.

Name of Preparer:	Tester
Date:	10/30/2009
Legal Entity Name:	Provider One
Legal Entity Number:	00089
County:	Test County
County Code:	89
Is this a County Legal Entity Report? (Y or N)	Yes
Are you reporting SD/MC? (Y or N)	Yes

HOME MH1900_Schedule_A_1

Microsoft Excel - CFRS_20082009_1500015B

File Edit View Insert Format Tools Data Window Help

Type a question for help

Q15

MH 1901 SCHEDULE B_1

Entity Name: Provider One Entity Number: 00089

Fiscal Year: 2008 - 2009 07/01/08 - 09/30/09

Settlement Type	CR - Contract Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Non-eligible Rate	MHE - Mental Health Specialty
	TBE - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

Settlement Type	Mode	SF	SD/MC DATA		MEDICARE / MEDICAL PROFESSIONAL DATA
			Units	Total Units	
CR	15	01	30,000		
CR	15	02	30,000		
CR	15	03	30,000		
CR	15	04	30,000		
CR	05	10	30,000		
Total:			150,000		

HOME << << MH1901_Schedule_B_2

MH1961 >> MEDI-CAL ADJUSTMENTS TO COSTS

MH1962 >> OTHER COSTS

MH1963 >> PAYMENT TO CONTRACT PROVIDERS

Non Medi-Cal MH1900_INFO MH1901_Schedule_A_1 MH1901_Schedule_A_2 MH1960 MH1901_Schedule_B_1 MH1

start AIM AIM Templates Microsoft PowerPoint ... Microsoft Excel - CFR... NUM

3:04 PM

County indicated they are reporting SD/Medi-Cal.

Schedule B does not indicate any SD/Medi-Cal units.

SECTION 1: Submittal Results

PreDeskEdit	Error Code	Description
ZIP Naming Convention	Passed OK	
Zip integrity	Passed OK	
Summary Cost Report	Passed OK	
Open Zip	Passed OK	
# of LE's match	Passed OK	

SECTION 2: Summary Cost Report Results

Sheet Name	Error Code	Excel Column	Excel Row	Description
DMH-HQ Sac Int.	Passed OK!	Version 2.80	Beta	was used.
MH1900_INFO_SUM	Passed OK!			
MH1908	Passed OK!			
MH1909_CSRV	Passed OK!			
MH1909_CSRV_ROLL	Passed OK!			
MH1909_ASOC	Passed OK!			
MH1909_ASOC_ROLL	Passed OK!			
MH1909_CSOC	Passed OK!			
MH1909_CSOC_ROLL	Passed OK!			
MH1909_SUM	Passed OK!			
MH1912	Passed OK!			
MH1994	Passed OK!			
MH1995	Passed OK!			
MH1940	Passed OK!			
MH1979_SUM	Passed OK!			
MH1992_SUM	has Error(s).	14	39	Line 23J does not match MH1995 Line 7

Error #7-----
SECTION 3: Detail Cost Report Results

LE File Name	Sheet Name	Error Code	Excel Column	Excel Row	Description
CFRS_2008-2009_2700001B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700027B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700113B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700118B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700127B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700128B.xls	Passed OK!	v1.80Beta was used.			
CFRS_2008-2009_2700129B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700230B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700235B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700248B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700255B.xls	Passed OK!	v1.95 was used.			
CFRS_2008-2009_2700273B.xls	Passed OK!	v1.95 was used.			

HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA)
IN AND EXPENDITURES
Fiscal Year 2008-2009

Test County
 83
 ED 11/18/2009

	A
Balance	
Mental Health Services Act Balance	\$ 1,000
Mental Health Services Act Expenditures	
Unexpended Mental Health Services Act Balance	\$ 1,000

2009 Distribution	
2009 Mental Health Services Act Distribution	\$ 5,000
Amount Earned on Mental Health Services Act FY 2008-2009	\$ 250
Unexpended Mental Health Services Act Balance (Line 3)	\$ 1,000
2009 Mental Health Services Act Expenditures	\$ 2,500
2009 Unexpended Mental Health Services Act Funding	\$ 3,750

Verify Expenditure Amounts
 Amount entered on Line 7, Column A must equal the total of Line 23, Column J on the MH 1992_Sum.

Year Mental Health Services Act Distribution.
 Amount Earned on Mental Health Services Act Distribution.
 This line is picked up from line 3 above.
 Amount of Mental Health Services Act expenditures for the current year.
 Amount of Mental Health Services Act to be used for future periods.

Summary Flow

 Detail Cost Report Results

	Sheet Name	Error Code	Excel Column	Excel Row	Description
_3400034B.xls	has Error(s). v1.80Beta was used. MH1901_schedule_B	D028 D011	N/A 6	26 81	only non m/c units allowed but m/c units report Line 1 not equal to line 9 or rounding error gr
_3400115B.xls	Passed OK!	v1.80Beta was used.			
_3400118B.xls	Passed OK!	v1.95 was used.			
_3400120B.xls	Passed OK!	v1.80Beta was used.			
_3400156B.xls	Passed OK!	v1.80Beta was used.			
_3400222B.xls	Passed OK!	v1.80Beta was used.			
_3400223B.xls	Passed OK!	v1.80Beta was used.			
_3400224B.xls	Passed OK!	v1.95 was used.			
_3400225B.xls	Passed OK!	v1.80Beta was used.			
_3400226B.xls	Passed OK!	v1.95 was used.			
_3400227B.xls	Passed OK!	v1.80Beta was used.			
_3400267B.xls	Passed OK!	v1.95 was used.			
_3400273B.xls	Passed OK!	v1.80Beta was used.			
_3400380B.xls	Passed OK!	v1.80Beta was used.			
_3400381B.xls	Passed OK!	v1.80Beta was used.			
_3400382B.xls	Passed OK!	v1.95 was used.			
_3400383B.xls	Passed OK!	v1.95 was used.			
_3400384B.xls	Passed OK!	v1.95 was used.			
_3400385B.xls	Passed OK!	v1.95 was used.			
_3400386B.xls	Passed OK!	v1.80Beta was used.			
_3400461B.xls	Passed OK!	v1.80Beta was used.			
_3400512B.xls	Passed OK!	v1.80Beta was used.			
_3400521B.xls	Passed OK!	v1.95 was used.			
_3400522B.xls	Passed OK!	v1.80Beta was used.			
_3400523B.xls	Passed OK!	v1.80Beta was used.			
_3400541B.xls	Passed OK!	v1.80Beta was used.			
_3400545B.xls	Passed OK!	v1.80Beta was used.			
_3400552B.xls	Passed OK!	v1.80Beta was used.			
_3400617B.xls	Passed OK!	v1.95 was used.			
_3400628B.xls	Passed OK!	v1.80Beta was used.			
_3400662B.xls	Passed OK!	v1.80Beta was used.			
_3400664B.xls	Passed OK!	v1.95 was used.			
_3400735B.xls	Passed OK!	v1.80Beta was used.			
_3400767B.xls	Passed OK!	v1.95 was used.			
_3400797B.xls	Passed OK!	v1.95 was used.			
_3400923B.xls	Passed OK!	v1.80Beta was used.			
_3400948B.xls	Passed OK!	v1.95 was used.			
_3400949B.xls	Passed OK!	v1.95 was used.			
_3400974B.xls	Passed OK!	v1.95 was used.			
_3401000B.xls	Passed OK!	v1.80Beta was used.			
_3401001B.xls	Passed OK!	v1.80Beta was used.			
_3401017B.xls	Passed OK!	v1.80Beta was used.			
_3401344B.xls	Passed OK!	v1.80Beta was used.			

Error #8

A D028 error means that providers under this Legal Entity may have been paid for Services under Service Function Codes before the necessary DMH approvals or provider file system changes were received or completed.

Dear _____,
As a result of our review of your Fiscal Year (FY) _____ Cost Report upload, we have identified "D 028" error messages indicating "Only non-Medi-Cal units allowed, but Medi-Cal Units reported" for <u>Legal Entity</u> _____ <u>Mode of Services/Service Function Code</u> _____. This means that providers under this Legal Entity may have been paid for services under Service Function Codes (SFCs) before the necessary DMH approvals or provider file system changes were received or completed. Please contact the DMH Program Compliance staff below to resolve this error:
<u>Name</u> _____ <u>Email</u> _____ <u>Phone</u> _____ DMH Program Compliance Division Licensing and Certification and Medi-Cal Oversight Section

DMH will e-mail this form to you identifying the LE, Mode and SF this error pertain to. Once you receive this form, follow the steps as outlined.

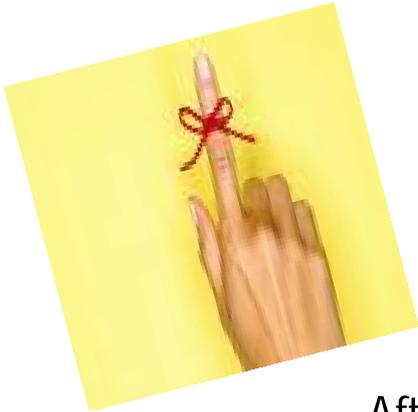
- Once our unit (CRFS) receives notification from Program Compliance that the provider certification problems have been corrected, contact the county and request that they re-upload to clear these errors. Detailed steps follow.

STEPS



- 1) Upload of county Cost Report indicates a "D 028" error;
- 2) CRFS staff sends Email to county Cost Report contact with a "cc" to Program Compliance;
- 3) County staff contacts DMH Program Compliance staff identified in the Email to resolve this error using the following process:
 - (a) In order to validate the Cost Report units of service in question as Medi-Cal eligible, the county must FAX a copy of the completed, signed and dated MHP Provider Site Certification Tool that was used by the MHP when it conducted its site certification.
 - (b) The county must send the "Medi-Cal (M/C) Certification and Transmittal" document or a facsimile in order to provide DMH with the data needed to update the provider file system. A copy of the M/C Certification and Transmittal document can be found on the DMH ITWS website by using the tab entitled "PRV/LE Information" and then clicking on the "Provider/LE Systems Manual".
 - (c) FAX the documents above to the DMH Division below using the following number:

FAX: (916) 445-0188
Medi-Cal Oversight Program
Compliance Division
Attention: D 028
 - (d) Call (916) 445-4193 if you experience any problems FAXing the documents.
 - (e) For all Out-of-County issues call _____ at _____
- 4) Program Compliance staff notifies CRFS when the claiming eligibility is documented and corrected; and
- 5) CFRS will request that the MHP re-upload its Cost Report in order to process and finalize the settlement.



Remember

After correcting the errors detected on the Automated Edit Report, review the report once again for any Cross-Check errors that may have resulted from making changes.

Once all Automated Edit errors and Cross-Check errors have been corrected you will need to "Compute" the Summary Cost Report and save the file.

```

County/CFRS_File Information
-----
County Code           = 66
County Name          = Bellawood
Name                 = Cost Reporter
Email                = Cosrep@d...
Phone                = (916) 5
UploadID             = 131734 2008-2009
File Name Uploaded   = CFRS_20052006_66_B_SUBMITTAL.ZIP
Internally Renamed as = CFRS_20052006_66_B_131734_SUBMITTAL.zip
File Size            = 1,898,922 bytes
Browser              = Mozilla/4.0 (compatible; MSIE 6.0; Windows NT 5.0; .NET CLR 1.1.4322)
Date Received        = 2008-2009 1:48:15 PM
Date Processed       = 2008-2009 1:50:36 PM
DeskEdit Version     = 20052006v28

```

If you have any questions about this confirmation, please call your CFRS analyst or County Financial Program Support at 916-654-2314.

See the following pages for results

- Section 1: Desk Edits Results for Submittal File
- Section 2: Desk Edits Results for Summary Cost Report
- Section 3: Desk Edits Results for Detail Cost Report(s)

SECTION 1: Submittal Results

PreDeskEdit	Error Code	Description
ZIP Naming Convention	Passed OK	
Zip integrity	Passed OK	
Summary Cost Report	Passed OK	
Open Zip	Passed OK	
# of LE's match	Passed OK	

SECTION 2: Summary Cost Report Results

Sheet Name	Error Code	Excel Column	Excel Row	Description
DMH-HQ Sac Int.	Passed OK!			Version 3.01 was used.
MH1900_INFO_SUM	Passed OK!			
MH1909 Inst.	Passed OK!			
MH1909_ASOC	Passed OK!			
MH1909_ASOC_ROLL	Passed OK!			
MH1909_CSOC	Passed OK!			
MH1909_2008-2009_LL	Passed OK!			
MH1909_SRF	Passed OK!			
MH1909_SEP_ROLL	Passed OK!			
MH1909_SUM	Passed OK!			
MH1994	Passed OK!			
MH1940	Passed OK!			
MH1979_SUM	Passed OK!			
MH1992_SUM	Passed OK!			



Congratulations, You Passed!!

SECTION 3: Detail Cost Report Results

LE File Name	Sheet Name	Error Code	Excel Column	Excel Row	Description
CFRS_2008-2009_6600066B.xls		Passed OK!	v5.01.01		was used.
CFRS_2008-2009_6600697B.xls		Passed OK!	v5.01.01		was used.
CFRS_2008-2009_6600838B.xls		Passed OK!	v5.01.01		was used.
CFRS_2008-2009_6600917B.xls		Passed OK!	v5.01.01		was used.

Manual Desk Edits

In addition to the Automated Desk Edits, we complete a Manual Desk Edit on the Mental Health Plan's Summary and Detail Cost Report. We also have a Manual Desk Edit for the Legal Entity's Detail Cost Report.

The manual edit is to check for errors that the Automated Edit Check does not check for.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	Summary Cost Report																					
2	County Only - Manual Desk Edits																					
4	FY 2008-2009																					
5	<u>MH 1994 - Report of Mental Health Managed Care Allocation and Expenditures</u>																					
6	1			Column A, Line 1, SGF Mental Health Contingency Reserve and the MH 1908, Prior Year Rollover Allocation (Excel Row 24, Column E) must be equal. This amount must also match what was entered on the previous year's cost report, MH 1994, Line 10, State General Fund Mental Health Contingency Reserve.																		
8	<u>MH 1995 - MHSA Distribution & Expenditures</u>																					
9	2			Form must be filled out completely.																		
10	3			Column A, Line 1, Prior Years Mental Health Services Act Distribution, must equal previous year's cost report, MH 1995, Line 8, Unexpended Mental Health Services Act.																		
11	4			Column A, Line 5, Plus: Interest Earned on Mental Health Services Act FY 2008-2009 has an entry.																		
12	5			Column A, Line 8, Total FY 2008-2009 Unexpended Mental Health Services Act Funding, should not have a negative amount (over expended.) If there is a negative amount an explanation is required.																		
14	<u>MH 1908 - Supplemental State Resource Data</u>																					
15	6			Verify all program amounts entered on the MH 1908 agree with the internal Final Allocation Worksheet(s).																		
17	<u>MH 1909 - Categorical Funds</u>																					
18	7			A separate MH 1909 is to be prepared for each program category in which funds are expended <u>except</u> Managed Care. Verify that the Allocation Amount entered in Box 6 (for each program category) is equal to each program category listed on the MH 1940, Column A, Lines 9, 10, 11 and 12.																		
19	8			A separate MH 1909 is to be prepared for each program category in which funds are rolled over from the previous year. Review the previous year's final settlement package, MH 1930, Lines 11 through 14, Column E and the MH 1940, and verify the amounts. Rollover allocation, not fully expended, will be recouped by the state.																		

Manual Desk Edits for the County's Summary Cost Report

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
20	MH 1909 - Categorical Funds (Cont'd)																					
21	9			Verify the units of service are reflected in Column E.																		
22	10			Column K includes only expenditures <u>above</u> the program budget category allocation. If Column H, State General Fund Total, is equal to or greater than Line 6, Total Allocation Amount, then Column K, Other Fund Sources, may indicate funds/expenditures. If Column K has an entry, when the total allocation has not been expended, an explanation is required.																		
23	11			MH 1909 SUM - Make sure that the correct total amounts are reflected in each column based on the County's Detail MH 1909.																		
24																						
25	MH 1940 - Year End Cost Report																					
26	12			Line 13, Column B, Community Services - Other Treatment for Mental Health Managed Care, should be zero. If there is an amount in this cell, an explanation is required.																		
27																						
28	MH 1940 - Certification																					
29	13			Verify Certification indicates the appropriate fiscal year.																		
30	14			Verify Certification has the appropriate county signatures.																		
31	15			Verify the Date Uploaded, Upload ID and Upload File Name have been entered on the appropriate lines. The Certification must reference the upload information for the original upload <u>even</u> if the original upload had errors on the automated edit report.																		
32																						
33	MH1992 - Summary Funding Sources																					
34	16			Line 3, Adjusted Gross Cost and Line 24, Funding Sources should be equal. Please note, this form has an automated value check. The automated check will indicate "Error" by the column or line that a value error has been detected. This error message is indicated prior to uploading the cost report. All errors should be corrected prior to uploading.																		
35																						
36																						
37																						

Manual Desk Edits for the County's Summary Cost Report (Cont'd)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

County Detail Cost Report

Manual Desk Edits

FY 2008-2009

THESE DESK EDIT CHECKS ARE TO BE USED IN CONJUNCTION WITH THE FY 2008-2009 COST REPORT INSTRUCTIONS MANUAL. PLEASE FOLLOW THE INSTRUCTIONS IN THE MANUAL ALONG WITH THESE EDIT CHECKS.

MH 1901 Schedule A

1 When Mode 55 is entered on the MH 1901 Schedule As, verify the county has an approved MAA plan and that MAA Claims have been submitted.

MH 1901 Schedule B

2 When reporting Medi-Cal units, verify the published charge is reflected on the MH 1901 Schedule As, Column E. The published charge must be entered for the MH 1966 and MH 1968 to calculate accurately.

MH 1963 - Payments to Contract Providers

3 Make a copy of the MH 1963 and set aside. This form will be used when completing the Manual Edit Checklist for the Legal Entity's Cost Report.

MH 1960 - Calculations of Program Costs

4 Line 3, Column C, Total Costs, if an entry appears here, it should match the MH 1963, Column D, Total Payments to Contract Providers. If the totals do not match an explanation is required.

5 Line 4, Column C, Total Costs, if an entry appears here, it should match the MH 1962, Column C, Total Adjustments. If the totals do not match an explanation is required.

Manual Desk Edits
for the County's
Detail Cost Report

Legal Entity Detail Cost Report

Manual Desk Edit

FY 2008 2009

THESE DESK EDIT CHECKS ARE TO BE USED IN CONJUNCTION WITH THE FY 2008-2009 COST REPORT INSTRUCTIONS MANUAL. PLEASE FOLLOW THE INSTRUCTIONS IN THE MANUAL ALONG WITH THESE EDIT CHECKS.

If the Legal Entity is not reporting Medi-Cal Units you do not have to complete a manual edit check.

MH 1901 Schedule A

1 When Mode 55 is entered on the MH 1901 Schedule As, verify the county has an approved MAA plan and that MAA Claims have been submitted.

MH 1901 Schedule B

2 When reporting Medi-Cal units, verify the published charge is reflected on the MH 1901 Schedule A, Column E. The published charge must be entered for the MH 1966 and MH 1968 to calculate accurately.

MH 1966 - Allocation of Costs to Service Functions - Mode Total (Not including Modes 45 or 60)

3 Line 6, Published Charge per Unit, verify there are rates reflected for each Service Function. If no rate is indicated, refer back to the MH 1901 Schedule A, Column E, Published Charge, an amount needs to be entered for each Service Function.

4 Line 7, Negotiated Rates/Cost per Unit, if there is an amount entered on this line, verify the amount entered on the MH 1901, Schedule A_1, Column D, State Approved (NR), against the FY 2008-2009 Performance Contract Approved Negotiated Rates Letter for each Mode and Service Function.

Manual Desk Edits for the Legal Entity's Detail Cost Report

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

15

16 **MH 1968 - Determination of SD/MC Direct Services and MAA Reimbursement**

17 5 Lines 5.1, 5.2, 5.3 Column E, Total Inpatient Mode 05 Hospital Inpatient Services, are based on proper line comparison. If Lines 5.1, 5.2, 5.3, Column E, are picking Published Charge instead of SMA or Costs, go back to the MH 1966, Mode 05, SF 19, Lines 15.1, 15.2, 15.3 and review if the published charge is lower than cost or SMA, verify if Physician & Ancillary Costs are included.

18 6 Lines 10.1, 10.2, 10.3 Column E, Total Inpatient Mode 05 Hospital Inpatient Services, are based on proper line comparison. If Lines 10.1, 10.2, 10.3, Column E are picking Published Charge instead of SMA or Costs, go back to the MH 1966, Mode 05, SF 19, Lines 19.1, 19.2, 19.3 and review if the published charge is lower than cost or SMA, verify if Physician & Ancillary Costs are included.

20 **MH 1992 - Funding Sources**

21 7 Line 3, Column J, "Total Legal Entity" should balance with the amount entered on the County's MH 1963. If there is a difference an explanation is required.

22 8 Verify the sum of Lines 11 & 12, Column J, Total Legal Entity, are equal to or less than the sum of Column J, Lines 15, 16, 17, 18, 19, 20A, 20B, 21, 23 and 24. If the sum is not equal to or less than - an explanation is required.

23 9 Line 3, Adjusted Gross Cost, Column J, and Line 26, Total Funding Sources, Column J, should equal. Please note, this form has an automated value check. The automated check will indicate "Error" by the column or line that a value error has been detected. This error message is indicated prior to uploading the cost report. All errors should be corrected prior to uploading.

24

25

26

Manual Desk Edits
for the Legal
Entity's Detail Cost
Report (Cont'd)