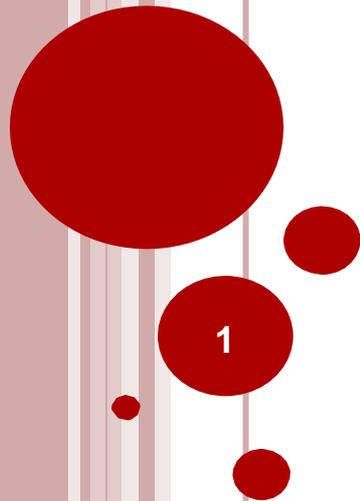


COST REPORT TRAINING FISCAL YEAR 2014-2015



1

WELCOME!

Thank you for attending training on the Substance Use Disorder (SUD) Cost Report for Fiscal Year 2014-2015

Presenters:

Mandeep Kaur Jan Shores

Questions:

Please type your questions into the webinar box. We will try to answer questions during this session or will email answers to you later.

WEBINAR AGENDA

- Cost report requirement
- Basics of new system (enrollment, access, process flow)
- Navigating the cost report system
- General overview of 2014-2015 cost report
- DMC-specific requirements

ANNUAL SUD COST REPORT SUBMISSION REQUIREMENTS

- **Who** – All counties
- **What** – Report annual costs/expenditures for SUD services: Drug Medi-Cal (DMC) and non-DMC
- **When** – Due date will be announced soon
- **How** – New web-based SUD Cost Report System (SUDCRS)

SUBSTANCE USE DISORDER COST REPORT SYSTEM (SUDCRS)

- Replaces Paradox with a web-based application
- Allows multi-user access, ease of modification and timely data submission
- Phase 1 (county interface) goes live April 20, 2016

SUDCRS ENROLLMENT

- County administrator must submit *County Approver Certification & Vendor Appointment Form* from their email address
- User access will be controlled by county approver(s) designated by county administrator on *County Approver* form
- DHCS will directly enroll county approvers
- Approver(s) will enroll additional county users

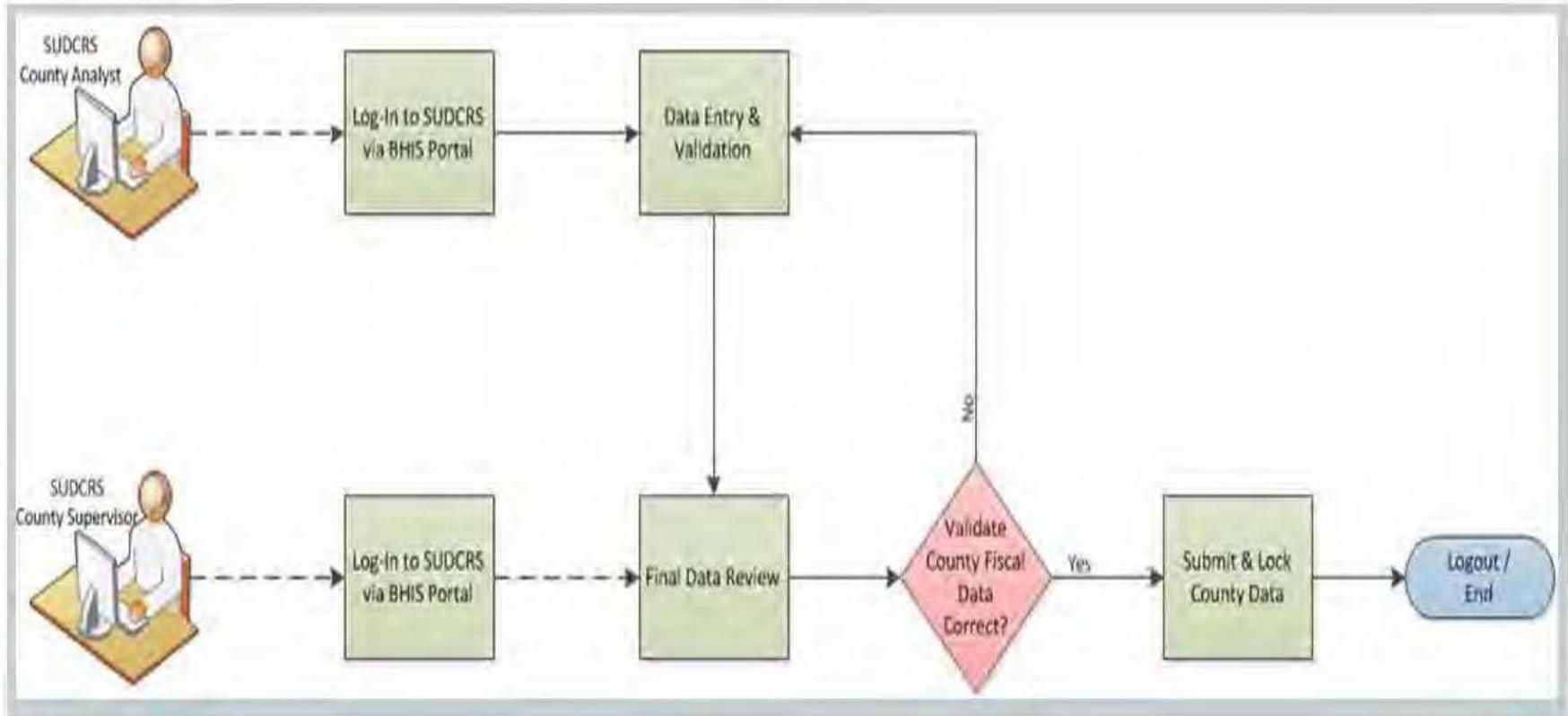
SUDCRS USER ROLES

- **Approver:** Designated by county administrator and enrolled by DHCS. Has independent authority to approve county user access requests (including vendors).
- **Analyst:** Can perform data entry and run reports. Once data entry is complete and no error messages exist, informs Supervisor.
- **Supervisor:** Responsible for reviewing and submitting data to DHCS. Can perform same functions as Analyst but is the only user who can submit data to DHCS.

SUDCR SYSTEM ACCESS

- Access through Behavioral Health Information System (BHIS) Portal (not ITWS)
- BHIS web address will be announced soon
- Home page for log-in, portal messages and links/resources
- Under the Applications drop down menu, choose the CRS Web Application

SUDCRS Process Flow



NAVIGATING THE SYSTEM - OVERVIEW

- Log into BHIS with user name and password
- Select CRS Web Application under Applications tab
- CRS Main Page – Dashboard
 - Main tabs for Data Entry and Reports
 - Informational and tracking data
- Select County Fiscal Data under Quick Links or County Fiscal Data from Data Entry menu
- Perform data entry

NAVIGATING THE SYSTEM - OVERVIEW

- Run reports to ensure data is transferred correctly onto reports
- Same reports available as in Paradox:
 - Fiscal Data Elements Report
 - Fiscal Data Report (by modality, provider, service, program)
 - Prevention/Treatment Summary Reports
 - Year-End Claim for Reimbursement Reports
 - Error Messages Report
 - Data Validation Report
- New Excel Export Available

NAVIGATING THE SYSTEM - OVERVIEW

- Once data entry is complete and no error messages exist, supervisor reviews.
- After verifying data, supervisor selects the Submit Data button on data entry screen. This notifies DHCS that the data was submitted.
- County Data Status on Dashboard will show “Submitted” and the date of submission.
- Submission locks the data. If changes are needed, county must contact DHCS to unlock.

ENTERING COUNTY FISCAL DATA

- Select provider, service type/code, and program code from drop down boxes
- Click "Add Data"
- Select funding lines from drop down box (service and program codes selected will determine access to appropriate funding lines)
- Manually enter Amounts, Unit Counts, Individual Units of Service, and NTP Dosing and NTP Group (if applicable)
- Visit Days, Total Individual Sessions, and total of the Individual Units of Service must match

ENTERING COUNTY FISCAL DATA

- Click “Check It” before exiting the provider record
- If you receive an error message, it must be cleared before moving on
- If the line needs to be deleted, select “Delete” under the Action column on the far right side
- To continue data entry, go to Provider, Service, and Program from the drop down menus at the top and select “Add Data”
- If the record already exists, a prompt will display to “Edit” the existing record and the “Add Data” will not display
- Select “Clear Filters” to go back to the main data screen

SUDCRS SUMMARY

- User manual available with more detail; will be posted on DHCS website
- Ensure that county administrator submits County Approver form or county will not have access
- For system issues/problems with enrollment, email SUDCRSSupport@dhcs.ca.gov
- For cost report questions, email AODCOSTREPORT@DHCS.CA.GOV

OVERVIEW OF 2014-2015 COST REPORT

- Required forms and reference documents were emailed to counties in late February
- County-contracted DMC providers should be completing the DMC forms
- Once SUDCRS goes live, DHCS will issue letter with due date (official extension to the November 1 due date in law)
- Due date expected to be end of July 2016

FUNDING SOURCES FOR SUD SERVICES

- Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Behavioral Health Subaccount (BHS)
- Federal Financial Participation (FFP)
- County Funds
- State General Funds (DMC IOT only)
- Client share of cost
- Third party payor

SAPT BLOCK GRANT

- Federal award has a 21-month cycle that allows funds to be used over two fiscal years:
 - 2015 Award – October 2014 thru June 2016
 - 2016 Award – October 2015 thru June 2017
- SAPT funding lines are the 50 series
- Award year indicated in title (for example: 50-15 Discretionary)

SAPT PRIMARY PREVENTION

- SAPT Primary Prevention Set-Aside (funding lines 50d-14 and 50d-15) must be used specifically for primary prevention services and activities
- At least 33% of the total SB 920 and/or SB 921 funds (funding line 86) must be used for primary prevention.
- Federally-defined primary prevention strategies (service codes 12 through 17) should encompass all primary prevention services and activities. Prior approval from Prevention staff required to enter costs in service code 11 (Prevention - Other)
- Primary prevention costs reported should correspond to the prevention strategies that the services and activities were linked to when reporting data into CalOMS Prevention
- County fiscal and prevention program staff should communicate to ensure CalOMS Prevention data aligns with prevention costs as this has historically been a problem area

BEHAVIORAL HEALTH SUBACCOUNT (BHS)

- BHS is funding line 101
- Local revenue funds from state tax dollars
- Discretionary, can be used for all SUD services
- Backfill for over-the-(DMC)-rate-cap costs

AB 109

PUBLIC SAFETY REALIGNMENT

- Funding lines: 77 series
 - 77 Criminal Justice Realignment
 - 77a Client Fees
 - 77b County Other
 - 77c Provider Other Funds
 - 77d Perinatal DMC Backfill
 - 77e Non-Perinatal DMC Backfill
- AB 109 funds spent on any SUD service provided to the AB 109 population in SUD treatment are allowable and should be reported under service code 88, funding line 77.
- AB 109 funds can be used as the local share (in place of BHS funds) to match FFP for AB 109 clients who are also DMC eligible.

STATE GENERAL FUNDS (SGF)

- Prior to 2014, DMC intensive outpatient treatment (IOT) services were available only for pregnant, postpartum, and EPSDT populations
- In 2014, State Plan Amendment 13-038 authorized reimbursement for IOT services under DMC to all beneficiaries who meet the requirement for medical necessity
- SGF dollars were made available exclusively to support the state share of IOT services to the expanded population

DRIVING UNDER THE INFLUENCE (DUI) PROGRAM

- DUI is a non-DMC program
- DUI information is recorded under service code 90
- Funding line 89: County can spend up to 5% of DUI fees for administration and monitoring (unless a waiver is approved from DHCS' DUI Program for the fiscal year).
- No more than 10% of DUI fees can be retained from one FY to the next as DUI Profit/Surplus
- Funding line 88: Excess DUI Profit/Surplus spent (carryover from previous year)

SERVICE CODES

Identifies the type of service, in eight broad categories:

- Support
- Primary Prevention
- Secondary Prevention
- Nonresidential
- Narcotic Treatment
- Residential
- Ancillary
- Driving Under the Influence

(Reference Exhibit D)

PROGRAM CODES

Identifies who is being served:

- Non-DMC or DMC
- Perinatal or Non-perinatal
- CalWorks
- Adolescent
- Minor Consent
- EPSDT
- Private Pay
- Women with Dependent Children

(Reference Exhibit B)

UNIT DEFINITIONS

Units of service vary by modality and program type:

- Staff hours
- Visit Days
- Slot Days
- Per Persons
- Bed Days
- Licensed Capacity

(Reference Exhibit G)

FISCAL DATA ELEMENT REPORT

Document that shows all available combinations:

- Service Code
- Program Code
- Funding Lines allowed

(Reference Exhibit M; also available on SUDCRS)

CHANGES IN FY 2014-2015

Some minor changes from FY 2013-14 to FY 2014-15:

- Funding Line Changes
- DMC Administrative Expenses

FUNDING LINE CHANGES

○ Funding Lines Deleted:

- 45-14: SAPT Female Offender Treatment Project
- 46: Parolee Services Network
- 78a, 78b, 78c: SACPA-related (Prop 36 Funds)
- 91a-1112: HHS Subaccount Carryover FY 11-12
- 101-1213: BHS Carryover – SUD Services FY 12-13

○ Funding Lines Added:

- 2015 SAPT Award (various lines)
- 92: BHS Carryover from prior year/years

(Reference Exhibit E)

COUNTY DMC ADMINISTRATIVE EXPENSES

- No longer reported on individual provider DMC forms
- Voluntary quarterly claim form (see Information Notice #14-033)
- Mandatory year-end claim form with cost report (MC 5312, Exhibit Z)
- DHCS will compute reimbursement amount based on approved DMC services. Maximum 15% admin (10% max admin for SGF-expanded IOT)

(Reference Exhibit Y)

COST REPORT SUBMISSION

- County Certification form: submit via regular mail or overnight services. DHCS needs original signature.
- Non-DMC data: submit via SUDCRS
- DMC data: submit via SUDCRS and Excel files sent via email, regular mail, or overnight services

COST REPORT SUBMISSION EMAIL/MAILING ADDRESSES

- Email: AODCOSTREPORT@dhcs.ca.gov

- Regular US Mail:

Irma Nieves
Department of Health Care Services
SUD-PPF-FMAB
Mail Station 2629
P.O. Box 997413
Sacramento, CA 95899-7413

- Overnight Services:

Irma Nieves
Department of Health Care Services
SUD-PPF-FMAB
Mail Station 2629
1500 Capitol Avenue
Sacramento, CA 95814

DHCS' SETTLEMENT PROCESS

Why does it take so long?

- DHCS conducts a multiple review and settlement process (non-DMC and DMC)
- Some counties have hundreds of DMC “sets” to review
- Substantive county changes and/or corrections are often required
- Many processes are not automated

PART I SETTLEMENT

Non-DMC funds settled during this review

- For Non-DMC Counties
 - Cost report review is complete; interim settlement documents issued to county administrator
 - Recoupment or payment processed (if applicable)
 - Settlement is final three years from date of letter (or upon completion of a fiscal audit)

- For DMC Counties
 - Non-DMC cost report review complete; preliminary settlement documents issued to county administrator
 - Recoupment or payment processed (if applicable)

PART II SETTLEMENT

Part II focus is on DMC services

- Review and compare DMC expenditures and billing units entered by county via SUDCRS with the county's DMC forms (Excel files)
- Ensure all DMC programs that billed for services are reflected in county data and all DMC-related information reported on cost report is supported by/consistent with supporting information on the DMC forms
- Via county authorization, correct discrepancies between DMC forms and SUDCRS

PARTS III AND IV SETTLEMENT

- Detailed review of SMART for what was billed, approved, paid, and denied
- Corrections and adjustments are made to county's data.
- Identified changes/corrections are entered into SUDCRS
- Prepare settlement forms and letter
- Process any recoupment or payments

HOW TO CONTACT YOUR ANALYST

- County-Analyst Listing – Exhibit U

- DHCS e-mail address

- Firstname.lastname@dhcs.ca.gov
(dot between first and last name)

- AODCOSTREPORT@dhcs.ca.gov

END OF NON-DMC SECTION

- The remainder of the webinar is related to DMC forms
- Non-DMC county staff are free to disconnect from webinar
- Recorded webinar, copy of PowerPoint presentation, FAQs, and SUDCRS User Manual will be posted on DHCS website soon

DMC COST REPORT FORMS

What are they?

- Excel files required by each DMC provider as part of the county's cost report
- Required for each DMC service where DMC reimbursement was claimed
- Separate form for each DMC modality and service
- Each form has 4-6 worksheet tabs
- Each form and its worksheets are a "DMC set"
- Providers enter data onto Data Entry and Comparison worksheets/tabs—the forms do the rest of the work.

DMC COST REPORT FORMS

What do they do?

- Support documentation for reimbursement
- Answer important questions required by DMC regulations
- Control DMC reimbursement amount to the lower of actual cost, Statewide Maximum Allowance (SMA) or usual and customary charges
- Determine if the service offered provided “like service for like costs” and completes cost shifting if necessary
- Account for share of cost or insurance in the reimbursement rate
- Shift associated costs of denied claims to non-DMC records

MANDATORY DMC FORMS

9 DMC forms (mandatory if that type of service was provided)

- ODF Individual Perinatal
- ODF Individual Non-Perinatal
- ODF Group Perinatal
- ODF Group Non-Perinatal
- IOT Perinatal
- IOT Non-Perinatal
- NTP Perinatal
- NTP Non-Perinatal
- RES Perinatal

NON-MANDATORY DMC FORMS

2 additional DMC forms available (non-mandatory)

- Average and Hours forms: Can be used to determine the appropriate cost per unit (CPU) for DMC ODF services by the annual average or by cumulative hours of all services provided. (ODF providers are allowed to pro-rate their CPU from the DMC rate if the full time DMC requirement is not met. These forms use the by-provider aggregated hours or aggregated time of all services to determine the CPU.)

INFORMATION NEEDED TO COMPLETE DMC FORMS

Before we get into the forms and show you how to complete them, we want to go over some of the basics you will need to know

FFP REIMBURSEMENT BY AID CODE

- Units of services must be broken down by specific eligibility aid code and authorizing regulation (Title 19 or Title 21)
- FFP reimbursement can be 0%, 50%, 65%, or 100%
- Payment reflects percentage split between FFP and local/state shares

FUNDING LINE COMBINATIONS

- 200 Series – FFP Aid Code Groups
 - Tied to 101 BHS series fund lines
 - Can be Title 19 or Title 21 (50%, 65%, or 100% FFP)
- 101 Series – BHS Aid Code Groups
 - Tied to 200 FFP series fund lines
 - Can be Title 19 or Title 21 (35%, 50% or 100% BHS)
- 201 Series – FFP Service Code IOT
 - Tied to 70p series fund lines
 - Can be Title 19 or Title 21 (50% or 65% FFP)
- 70p Series – SGF Service Code IOT
 - Tied to 201 series fund lines
 - Can be Title 19 or Title 21 (35%, 50% or 100% SGF)

(Reference Exhibit J)

Intensive Outpatient Treatment (IOT)

State General Fund (SGF) pays for non-federal share of IOT services for the eligibility population **expanded** in 2014

IOT Service Population	Fund Source
IOT population: pregnant, postpartum, EPSDT	FFP and Behavioral Health Subaccount (BHS)
Expanded IOT population: non-pregnant, non-postpartum, non-EPSDT	FFP and State General Fund (SGF)
Minor Consent (non-pregnant, non-postpartum, non-EPSDT)	100% SGF
Minor Consent (pregnant, postpartum, EPSDT)	100% BHS
CalWorks Trafficking Victim (non-pregnant, non-postpartum, non-EPSDT)	100% SGF
CalWorks Trafficking (pregnant, postpartum, EPSDT)	100% BHS

RECONCILIATION REPORT

- DHCS' record of county's overall approved and denied DMC units from SMART
- Report tabs: Overall units, non-perinatal units, perinatal units
- Units are broken out by provider, service modality and aid code group
- Indicates what funding lines to use
- If county has IOT units allowable for SGF and federal payment, report displays column titled "Expanded IOT"

LIKE SERVICE FOR LIKE COSTS

- DMC requirement
- Ensures conformity of cost
- Forms perform the test, will identify any changes needed
- Expenses are shifted from DMC to Non-DMC or vice-versa

COST SHIFTING

- Cost-shifting required when
 - DMC claim was denied but services were provided and costs incurred
- Costs shift to non-DMC program
 - Associated cost with denied UOS as well
 - Funding is non-DMC

POST SERVICE POST PAYMENT (PSPP) INFORMATION

- Disallowed units based upon a DMC monitoring review
- Are not included on DMC forms submitted by county
- If PSPP disallowances were identified prior to cost settlement for that fiscal year, DHCS will incorporate disallowances into settlement
- DHCS will recover the FFP payment for disallowed units

DATA ENTRY WORKSHEET

- Provider enters cost information consistent with their general ledger
- On the *Drug Medi-Cal Reconciliation of Claims, Units of Service* section, transfer total units for each aid code group from the *Reconciliation Report* into the corresponding unit description line
- Denied units do not need to be broken out by aid code
- The unit descriptions and amounts from the Data Entry sheet will automatically populate/calculate funding line numbers and combinations on the FL Info tab
- Data from the FL Info tab is then used by the county to enter data into the County Fiscal Data entry screen in SUDCRS

Data Entry Worksheet

DRUG MEDICAL RECONCILIATION OF CLAIMS (UNITS OF SERVICE)

Unit Description	Approved Units from Reconciliation	Aid Code Group Abbreviations
DMC Fed 50% T19 - Regular	66	REG
DMC BHS 100% - Minor Consent Clients	0	MC
DMC Fed 100% - Refugee	0	RRP
DMC Fed 65% T21 - MCHIP	0	MCHIP
DMC Fed 65% T21 - Healthy Families Program Transition	31	HF
DMC Fed 65% T19 - BCCTP	0	BCCTP
DMC Fed 65% T21 - Pregnancy Only	0	AWPO
DMC BHS 100% - CalWorks Trafficking Victim	0	CWTCVAPT
DMC Fed 65% T21 - Targeted Low Income Children	0	TLIC
DMC Fed 100% T19 - Low Income Health Program	5	LIHP
DMC Fed 50% T19 - Hospital Presumptive Eligibility	0	HPE
DMC Fed 65% T21 - Hospital Presumptive Eligibility	0	HPEMCHIP
DMC Fed 50% T19 - ACA Infants/Children < age 19	0	ICUA19
DMC Fed 65% T21 - ACA Infants/Children < age 19	0	MCHIPICUA19
DMC Fed 65% T21 - ACA Parents/Other Caretaker	0	PAOCRT21
DMC Fed 50% T19 - ACA Parents/Other Caretaker	0	PAOCRT19
DMC Fed 50% T19 - ACA Pregnant Women	0	PWT19
DMC Fed 65% T21 - ACA Pregnant Women	0	PWT21
DMC Fed 65% T21 - ACA CHIP	0	CHIPSITA19
DMC Fed 100% T19 - Adults Newly Eligible Aged 19-64	0	NEPNA1964
Total Approved Units	102	
Total units denied:	26	

Total Approved Units	-	102
-	-	<u>Denied Units</u>
Total units (UOS) denied for DMC reimbursement		26

			ODFI	
DMC #	Aid Code Group	Service Yr/Mo	Sum of Approved Units	Sum of Denied Units
9020	HF	201308	5	0
	-	201310	0	5
	-	201311	9	0
	-	201312	5	0
	-	201401	7	0
	-	201402	5	5
	HF Total	-	31	10
	LIHP	201405	4	0
		201406	1	2
	LIHP Total		5	2
	REG	201307	4	0
	-	201308	11	0
	-	201309	10	0
	-	201310	4	0
	-	201402	14	14
	-	201403	19	0
	-	201404	3	0
	-	201406	1	0
	REG Total		66	14
	9020 Total			102
Grand Total			102	26

Sample Data Entry Sheet: Non-Perinatal DCR/IOT

Unit Description	Original Eligibility Approved Units from Reconciliation Report	Expanded Eligibility Approved Units from Reconciliation Report →	Aid Code Group Abbreviation
DMC Fed 50% T19 - Regular	-	105	REG
TOTAL APPROVED UNITS	-	105	NA
Total Denied Units	-	0	

Sample Reconciliation Report: DCR/IOT Non-Perinatal with Expanded IOT Units

			DCR			
DMC #	Aid Code Group	Service Yr/Mo	EXPANDED_IOT	Sum of Approved Units	Sum of Denied Units	
9020	REG	201405	Y	62	0	
	-	201406	Y	43	0	
	REG Total		-	105	0	
9020 Total	-	-	-	105	0	
Grand Total	-	-	-	105	0	

Cost Report Application Funding Worksheet for FL Info tab

County:	-	DMC #	-
Provider:	-	PROV #	-
-	Non DMC Program Amounts	Amount	Units
NA	-	-	-
Various	Various (per service and program code combinations) over rate cap	0.00	2
-	-	-	-
-	DMC Program Amounts	-	-
Fund Line No.	Funding Source per aid code	DMC Amount	Units
200-b	DMC Fed 50% T19 - Regular	2,386.00	66
101a-b	DMC BHS 50% - Regular	2,386.00	-
-	-	-	-
200-c	DMC Fed 100% - Refugee	0.00	0
-	-	-	-
200-d	DMC Fed 65% T21 - MCHIP	0.00	0
101a-d	DMC BHS 35% - MCHIP	0.00	-
-	-	-	-
200-e	DMC Fed 65% T21 - Healthy Families Program Transition	1,457.00	31
101a-e	DMC BHS 35% - Healthy Families Program Transition	784.00	-
-	-	-	-
200-f	DMC Fed 65% T19 - BCCTP	0.00	0
101a-f	DMC BHS 35% - BCCTP	0.00	-
-	-	-	-
200-h	DMC Fed 65% T21 - Targeted Low Income Children	0.00	0
101a-h	DMC BHS 35% - Targeted Low Income Children	0.00	-
-	-	-	-
200-i	DMC Fed 100% T19 - Low Income Health Program	362.00	5
-	-	-	-
200-s	DMC Fed 65% T21 - ACA Parents/Other Caretaker	0.00	0
101a-s	DMC BHS 35% - ACA Parents/Other Caretaker	0.00	-
-	-	-	-
200-t	DMC Fed 50% T19 - ACA Parents/Other Caretaker	0.00	0
101a-t	DMC BHS 50% - ACA Parent/Other Caretaker	0.00	-

EDITS ON THE OK FUND SHEET

- All OK edits complete
- Errors in Shifting or omissions

EDITS		
Non DMC Staff Hours	OKAY	No correction needed
Total Units	OKAY	No correction needed
Denied/Adjusted Total	OKAY	No correction needed
Denied vs. Submitted	OKAY	No correction needed
SMA/Prorated Rate	OKAY	No correction needed
DMC Units	OKAY	No correction needed
Cost Shifting	OKAY	No correction needed

EDITS		
Non DMC Staff Hours	OKAY	No correction needed
Total Units	OKAY	No correction needed
Denied/Adjusted Total	OKAY	No correction needed
Denied vs. Submitted	OKAY	No correction needed
SMA/Prorated Rate	OKAY	No correction needed
DMC Units	OKAY	No correction needed
Cost Shifting	ERROR	Shift \$21282.87 to Non DMC

Don't turn this in, it's wrong

DATA ENTRY WORKSHEET

(YELLOW = ENTRY GREEN = FORMULA)

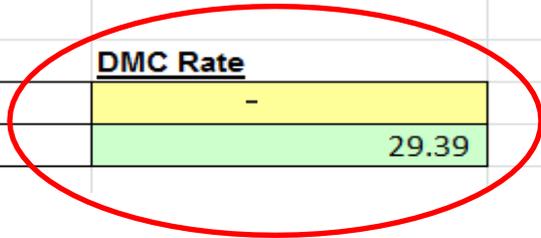
	<u>FEES, INSURANCE, UNIT INFORMATION</u>		
	<u>Private Pay</u>	<u>Drug Medi-Cal</u>	<u>Non DMC / Public Funded</u>
64 Participant Fees - Funding Line 84	-	187.55	260.00
65 Insurance, Medicare and Other Third Party - Funding Line 85	-	320.61	-
	<u>Private Pay</u>	<u>Drug Medi-Cal</u>	<u>Non DMC / Public Funded</u>
67 Group visits Non Title XIX / XXI	-	46	6
68 Non-Title XIX XXI DMC Units (Group Visits)	-	3	-
69 Adjustment for DMC Denied/Adjusted Units	-	(14)	11
70 Group Sessions	-	3	4
71 Staff Hours	-	-	8
72			

DATA ENTRY WORKSHEET

(FEES CORRECTION / PRORATING RATE)

FEES, INSURANCE, UNIT INFORMATION

	<u>Private Pay</u>	<u>Drug Medi-Cal</u>	<u>Non DMC / Public Funded</u>
Participant Fees - Funding Line 84	-	187.55	260.00
Insurance, Medicare and Other Third Party - Funding Line 85	-	320.61	-
	<u>Revenue from Drug Medi-Cal Units of Service</u>	<u>CalWorks</u>	<u>Title XIX / Title XXI</u>
Revenue/Fees/Share of Cost	187.55	10.00	177.55
Insurance	320.61	120.00	200.61
		<u>DMC Rate</u>	
Prorated or Usual and Customary Rate		-	
Statewide Maximum Allowable (SMA) Rate		29.39	



COMPARISON WORKSHEET

Program codes identified and FL Info matching entries

Non DMC Funding Information

Non DMC Program Codes				
	1			
Type of Information	Form 7895	Form 7990	OK Worksheet	Fiscal Detail
Non DMC Staff Hours	2,303	NA	2,303	2,303.00
Non DMC Total Costs	133,621.33	NA	133,621.33	133,621.33
Non DMC Individuals	1,172	1,172	1,172	1,172.00
Non DMC Direct Costs	0.00	0.00	0.00	0.00

DMC Funding Information

DMC Program Codes				
	92 / 97			
Type of Information	Form 7895	Form 7990	OK Worksheet	Fiscal Detail
DMC Total Costs	27,362.73	27,362.40	27,362.73	11,664.19 / 15,698.54
DMC Per Person (Individuals)	240	240	240	113 / 127
DMC Direct Costs	0.00	0.00	0.00	0.00

NARCOTIC TREATMENT PROGRAMS

- Form behaves differently than other modalities
- Single multi-purpose form for all NTP services
 - Number of Methadone doses
 - Individual Counseling
 - Group Counseling
- The collective form
 - Program associated costs
 - Number of units of service
 - Number of doses

WHAT COMPLETED DMC FORMS WILL TELL YOU

- Number of units in non-DMC and DMC programs
- Allowed DMC reimbursement
- Staff Hours – Available hours
- Prorated Costs – if time requirement not met
- Funding Lines to use/enter into SUDCRS
 - DMC / BHS or SGF share
 - Share of Cost (SOC) and Insurance
 - Various

WHAT DO YOU DO WITH THE FORM INFORMATION?

- Manually transfer the below information from forms to SUDCRS
 - Units
 - Individuals
 - Costs
 - Groups
 - NTP
 - Non-DMC
 - DMC
 - Minor Consent
- Tandem entries to cover all service's costs – PC 1, 4, 20, 44, 87, 92, 97 and 99

QUESTIONS?