Cost Report Automated Edits and Errors

Fiscal Year 2008 – 2009

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_20072008_66_B_131702_Report.txt

File Edit Format View Help

```
'-------------------------------------------------------------------------------
County Code              = 66
County Name              = Bellawood
Name                     = Cost Reporter
Email                    = Cosrep@dmh.ca.gov
Phone                    = (916) 555-4444
UploadID                 = 131702
File Name Uploaded       = CFRS 2008-2009 _66_B_SUBMITTAL.ZIP
Internally Renamed as    = CFRS 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            = 8/30/2006 10:40:20 AM
Date Processed           = 8/30/2006 10:45:41 AM
DeskEdit Version         = 2008-2009 v28


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
```

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

3 Sections of Edits

Submittal Passed!!!!

CFRS 2007-2008 66_B_131702_REPORT.wordpad.txt - Notepad

File Edit Format View Help

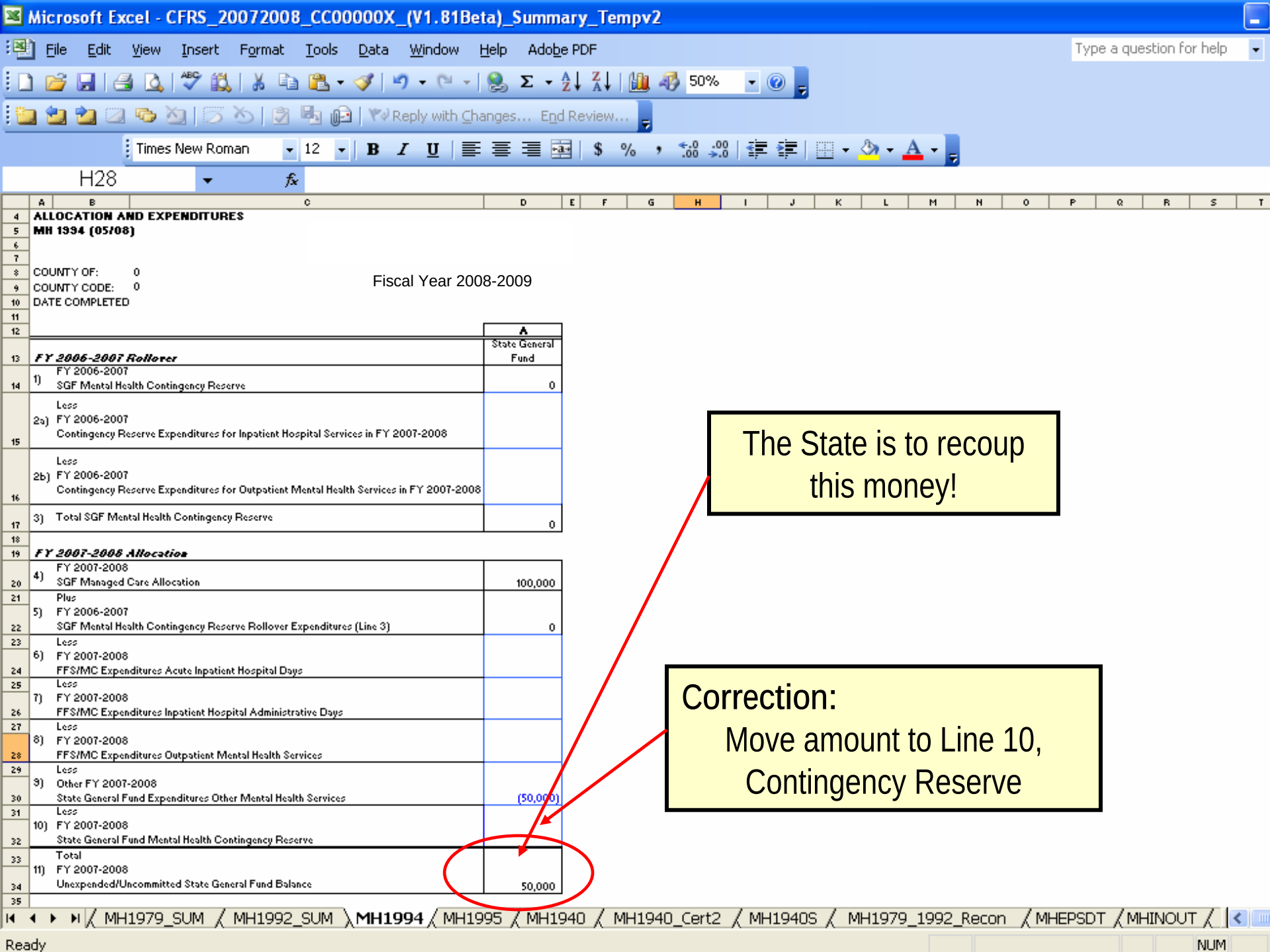
```
' ------------------------------------------------------------------------------------------
' SECTION 2: Summary Cost Report Results
' ------------------------------------------------------------------------------------------
                                        Excel    Excel
Sheet Name                 Error Code   Column   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).
                           SO12         4        34    Line 11 > 0
                           SO57         4        34    Warning! amount here will be recouped by state
MH1940                     has Error(s).
                           SO49         11       32    MH1940 Line 78 <> MH1940 Line 148
MH1979_SUM                 Passed OK!
MH1992_SUM                 Passed OK!
' ------------------------------------------------------------------------------------------
' SECTION 3: Detail Cost Report Results
' ------------------------------------------------------------------------------------------
                                                                          Excel    Excel
LE File Name                 Sheet Name                  Error Code       Column   Row   Description
CFR2008-2009600066B.xls      has Error(s). v5.01.01 was used.
                             MH1901_Schedule_B           DO25             N/A      20    Not a valid m/c mode for the Legal Entity.
                             MH1992                      DO15             5        43    Error; check values.
                             MH1992                      DO15             9        43    Error; check values.
                             MH1992                      DO15             14       43    Error; check values.
                             MH1979                      DO41             7        14    Line 2 col C <> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
                             MH1979                      DO42             7        14    Check MH1900_INFO row 26.
CFR2008-2009600697B.xls      has Error(s). v5.01.01 was used.
                             MH1901_Schedule_B           DO06             N/A      N/A   MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR2008-2009600838B.xls      Passed OK!    v5.01.01 was used.
CFR2008-2009600917B.xls      Passed OK!    v5.01.01 was used.

'------------------------------------------------------------------------------------------

  End of Results File for CFRS_2008-2009_B_131702_SUBMITTAL.zip

'------------------------------------------------------------------------------------------
```

Error # 1


Microsoft Excel - CFRS_20072008_CC00000X_(V1.81Beta)_Summary_Tempv2
File Edit View Insert Format Tools Data Window Help Adobe PDF
Type a question for help
Reply with Changes... End Review...
Times New Roman 12
H28
ALLOCATION AND EXPENDITURES
MH 1994 (05/08)
COUNTY OF: 0
COUNTY CODE: 0
DATE COMPLETED
Fiscal Year 2008-2009
A
State General Fund
FY 2006-2007 Rollover
1) FY 2006-2007 SGF Mental Health Contingency Reserve 0
Less
2a) FY 2006-2007 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2007-2008
Less
2b) FY 2006-2007 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2007-2008
3) Total SGF Mental Health Contingency Reserve 0
FY 2007-2008 Allocation
4) FY 2007-2008 SGF Managed Care Allocation 100,000
Plus
5) FY 2006-2007 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3) 0
Less
6) FY 2007-2008 FFS/MC Expenditures Acute Inpatient Hospital Days
Less
7) FY 2007-2008 FFS/MC Expenditures Inpatient Hospital Administrative Days
Less
8) FY 2007-2008 FFS/MC Expenditures Outpatient Mental Health Services
Less
9) Other FY 2007-2008 State General Fund Expenditures Other Mental Health Services (50,000)
Less
10) FY 2007-2008 State General Fund Mental Health Contingency Reserve
Total
11) FY 2007-2008 Unexpended/Uncommitted State General Fund Balance 50,000
The State is to recoup this money!
Correction:
Move amount to Line 10, Contingency Reserve
MH1979_SUM MH1992_SUM MH1994 MH1995 MH1940 MH1940_Cert2 MH1940S MH1979_1992_Recon MHEPSDT MHINOUT
Ready
NUM

CFR 2008-2009 66_B_131702_REPORT.wordpad.txt - Notepad

File Edit Format View Help

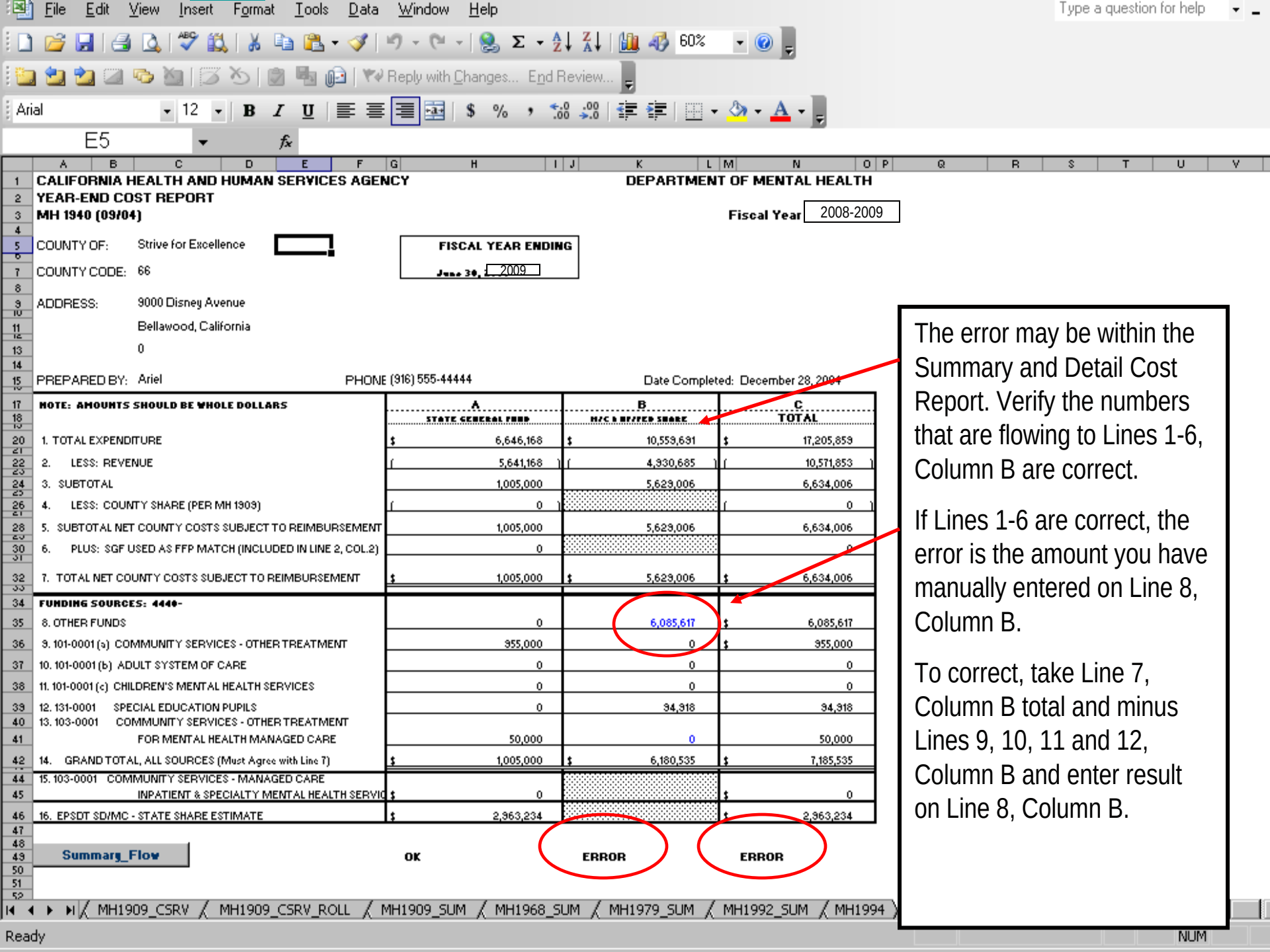
```
' ------------------------------------------------------------------------------------------
' SECTION 2: Summary Cost Report Results
' ------------------------------------------------------------------------------------------
                                        Excel    Excel
Sheet Name                 Error Code   Column   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).
                           SO12         4        34    Line 11 > 0
                           SO57         4        34    Warning! amount here will be recouped by state
MH1940                     has Error(s).
                           SO49         11       32    MH1940 Line 78 <> MH1940 Line 148
MH1979_SUM                 Passed OK!
MH1992_SUM                 Passed OK!
' ------------------------------------------------------------------------------------------
' SECTION 3: Detail Cost Report Results
' ------------------------------------------------------------------------------------------
                                                                          Excel    Excel
LE File Name                Sheet Name                  Error Code        Column   Row   Description
CFR2008-2009_66000668.xls   has Error(s). v5.01.01 was used.
                            MH1901_Schedule_B           DO25              N/A      20    Not a valid m/c mode for the Legal Entity.
                            MH1992                      DO15              5        43    Error; check values.
                            MH1992                      DO15              9        43    Error; check values.
                            MH1992                      DO15              14       43    Error; check values.
                            MH1979                      DO41              7        14    Line 2 col C <> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
                            MH1979                      DO42              7        14    Check MH1900_INFO row 26.
CFR2008-2009_66006978.xls   has Error(s). v5.01.01 was used.
                            MH1901_Schedule_B           DO06              N/A      N/A   MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR2008-2009_66008388.xls   Passed OK!    v5.01.01 was used.
CFR2008-2009_66009178.xls   Passed OK!    v5.01.01 was used.

'------------------------------------------------------------------------------------------

  End of Results File for CFRS_2008-2009_B_131702_SUBMITTAL.zip

'------------------------------------------------------------------------------------------
```

Error # 2



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF MENTAL HEALTH
YEAR-END COST REPORT
MH 1940 (09/04)

Fiscal Year 2008-2009

COUNTY OF: Strive for Excellence

FISCAL YEAR ENDING
June 30, 2009

COUNTY CODE: 66

ADDRESS: 9000 Disney Avenue
Bellawood, California
0

PREPARED BY: Ariel PHONE (916) 555-44444 Date Completed: December 28, 2004

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A STATE GENERAL FUND	B M/C & MFPEP SHARE	C TOTAL
1. TOTAL EXPENDITURE	$ 6,646,168	$ 10,559,691	$ 17,205,859
2. LESS: REVENUE	(5,641,168)	(4,330,685)	(10,571,853)
3. SUBTOTAL	1,005,000	5,629,006	6,634,006
4. LESS: COUNTY SHARE (PER MH 1909)	(0)		(0)
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	1,005,000	5,629,006	6,634,006
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	0		0
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	$ 1,005,000	$ 5,629,006	$ 6,634,006
FUNDING SOURCES: 4440-			
8. OTHER FUNDS	0	6,085,617	$ 6,085,617
9. 101-0001 (a) COMMUNITY SERVICES - OTHER TREATMENT	955,000	0	$ 955,000
10. 101-0001 (b) ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (c) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 131-0001 SPECIAL EDUCATION PUPILS	0	94,318	94,318
13. 103-0001 COMMUNITY SERVICES - OTHER TREATMENT FOR MENTAL HEALTH MANAGED CARE	50,000	0	50,000
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	$ 1,005,000	$ 6,180,535	$ 7,185,535
15. 103-0001 COMMUNITY SERVICES - MANAGED CARE INPATIENT & SPECIALTY MENTAL HEALTH SERVIC	$ 0		$ 0
16. EPSDT SD/MC - STATE SHARE ESTIMATE	$ 2,363,234		$ 2,363,234

Summary_Flow

OK 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 are correct, the error is the amount you have manually entered on Line 8, Column B.

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

MH1909_CSRV | MH1909_CSRV_ROLL | MH1909_SUM | MH1968_SUM | MH1979_SUM | MH1992_SUM | MH1994

Ready

File Edit View Insert Format Tools Data Window Help

Type a question for help

Reply with Changes... End Review...

Arial 12

A3 MH 1940

MH 1940 (09/04)

Fiscal Year 2008-2009

COUNTY OF: Strive for Excellence

COUNTY CODE: 66

ADDRESS: 9000 Disney Avenue

Bellawood, California

0

FISCAL YEAR ENDING

JUNE 30 2009

PREPARED BY: Ariel PHONE: (916) 555-4444 Date Completed: December, 2009

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	**A** STATE GENERAL FUND	**B** M/C & HF/FED SHARE	**C** TOTAL	
1. TOTAL EXPENDITURE	$ 5,602,606	$ 11,603,253	$ 17,205,859	OK
2. LESS: REVENUE	(4,597,606)	(5,422,717)	(10,020,322)	
3. SUBTOTAL	1,005,000	6,180,537	7,185,537	
4. LESS: COUNTY SHARE (PER MH 1909)	(0)		(0)	
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	1,005,000	6,180,537	7,185,537	OK
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	0		0	
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	$ 1,005,000	$ 6,180,537	$ 7,185,537	
FUNDING SOURCES: 4440-				
8. OTHER FUNDS	0	6,085,619	$ 6,085,619	
9. 101-0001 (a) COMMUNITY SERVICES - OTHER TREATMENT	955,000	0	$ 955,000	
10. 101-0001 (b) ADULT SYSTEM OF CARE	0	0	0	
11. 101-0001 (c) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0	
12. 131-0001 SPECIAL EDUCATION PUPILS	0	94,918	94,918	
13. 103-0001 COMMUNITY SERVICES - OTHER TREATMENT 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 - MANAGED CARE INPATIENT & SPECIALTY MENTAL HEALTH SER	$ 0		$ 0	
16. EPSDT SD/MC - STATE SHARE ESTIMATE	$ 3,011,694		$ 3,011,694	

OK OK OK

After making corrections, Edit Checks now indicates "OK"

Summary_Flow

MH1979_SUM | MH1992_SUM | MH1994 | **MH1940** | MH1940_Cert | MH1979_1992_Recon | MHEPSDT | MHINOUT | MH1992Detail | MH1930 | MH1931

Ready NUM

CFRS_20072008_66_B_131702_REPORT.wordpad.txt - Notepad

File Edit Format View Help

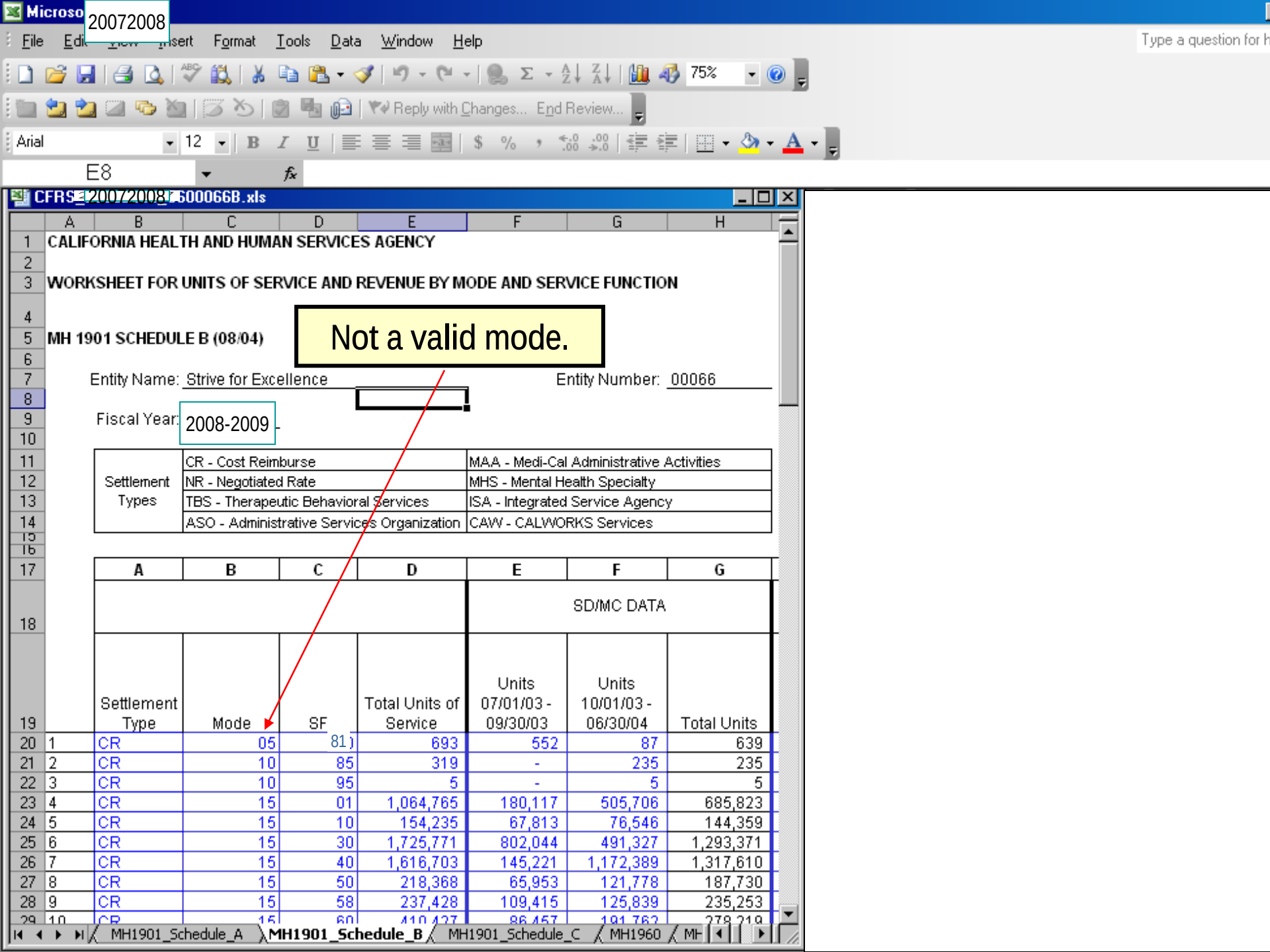
```
' ------------------------------------------------------------------------------------------
' SECTION 2: Summary Cost Report Results
' ------------------------------------------------------------------------------------------
                                        Excel    Excel
Sheet Name                 Error Code   Column   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).
                           SO12         4        34    Line 11 > 0
                           SO57         4        34    Warning! amount here will be recouped by state
MH1940                     has Error(s).
                           SO49         11       32    MH1940 Line 78 <> MH1940 Line 148
MH1979_SUM                 Passed OK!
MH1992_SUM                 Passed OK!
' ------------------------------------------------------------------------------------------
' SECTION 3: Detail Cost Report Results
' ------------------------------------------------------------------------------------------
                                                                          Excel    Excel
LE File Name                 Sheet Name                  Error Code       Column   Row   Description
CFRS_2008-2009_56000668.xls  has Error(s). v5.01.01 was used.
                             MH1901_Schedule_B           DO25             N/A      20    Not a valid m/c mode for the Legal Entity.
                             MH1992                      DO15             5        43    Error; check values.
                             MH1992                      DO15             9        43    Error; check values.
                             MH1992                      DO15             14       43    Error; check values.
                             MH1979                      DO41             7        14    Line 2 col C <> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
                             MH1979                      DO42             7        14    Check MH1900_INFO row 26.
CFRS_2008-2009_56006978.xls  has Error(s). v5.01.01 was used.
                             MH1901_Schedule_B           DO06             N/A      N/A   MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFRS_2008-2009_56008388.xls  Passed OK!    v5.01.01 was used.
CFRS_2008-2009_56009178.xls  Passed OK!    v5.01.01 was used.

'------------------------------------------------------------------------------------------

  End of Results File for CFRS_2008-2009_B_131702_SUBMITTAL.zip

'------------------------------------------------------------------------------------------
```

Error # 3


20072008
File Edit View Insert Format Tools Data Window Help
Type a question for h
75%
Reply with Changes... End Review...
Arial
12
E8
CFRS_20072008_00066B.xls
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION
MH 1901 SCHEDULE B (08/04)
Not a valid mode.
Entity Name: Strive for Excellence
Entity Number: 00066
Fiscal Year: 2008-2009
Settlement Types
CR - Cost Reimburse
NR - Negotiated Rate
TBS - Therapeutic Behavioral Services
ASO - Administrative Services Organization
MAA - Medi-Cal Administrative Activities
MHS - Mental Health Specialty
ISA - Integrated Service Agency
CAW - CALWORKS Services
SD/MC DATA
Settlement Type
Mode
SF
Total Units of Service
Units 07/01/03 - 09/30/03
Units 10/01/03 - 06/30/04
Total Units
1 CR 05 81 693 552 87 639
2 CR 10 85 319 - 235 235
3 CR 10 95 5 - 5 5
4 CR 15 01 1,064,765 180,117 505,706 685,823
5 CR 15 10 154,235 67,813 76,546 144,359
6 CR 15 30 1,725,771 802,044 491,327 1,293,371
7 CR 15 40 1,616,703 145,221 1,172,389 1,317,610
8 CR 15 50 218,368 65,953 121,778 187,730
9 CR 15 58 237,428 109,415 125,839 235,253
MH1901_Schedule_A
MH1901_Schedule_B
MH1901_Schedule_C
MH1960

California Department of Mental Health

Online Provider System

Quick Entry

Provider [ ] Go

LE [ ] Go

NPI [ ] Go

Search

List Providers

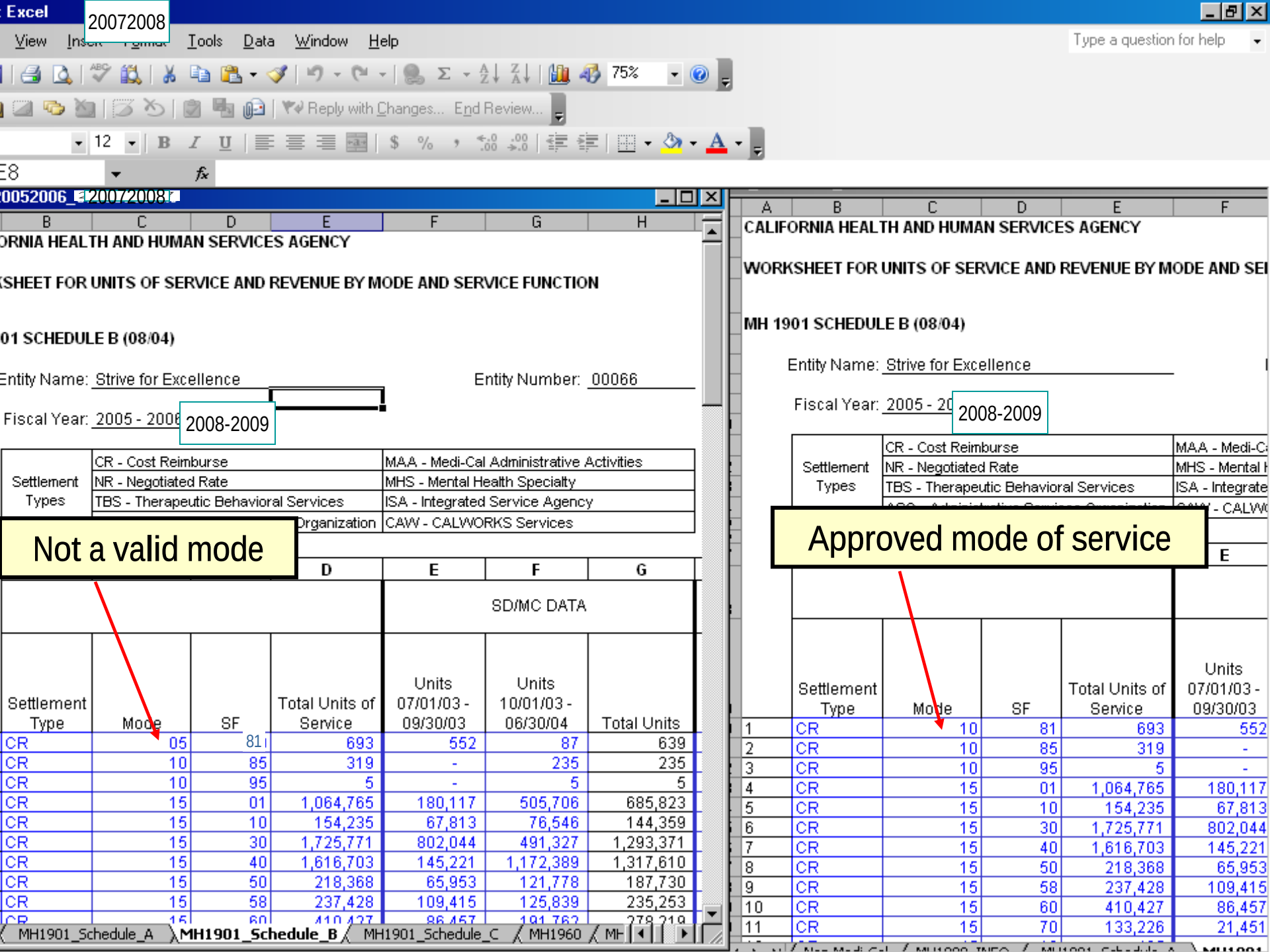
List Legal Entities

Back (to Filter) | Print View

Not approved for mode 05

Provider Report
Sorted by Provider County

County Code	Provider Num	PS	Provider Name and Address	Start Date	End Date	MC	FT	CT	MS	SF	SD\MC 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


Excel
20072008
View
Tools
Data
Window
Help
Type a question for help
75%
Reply with Changes...
End Review...
12
E8
B
C
D
E
F
G
H
ORNIA HEALTH AND HUMAN SERVICES AGENCY
KSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION
01 SCHEDULE B (08/04)
Entity Name: Strive for Excellence
Entity Number: 00066
Fiscal Year: 2005 - 2006
2008-2009
Settlement Types
CR - Cost Reimburse
NR - Negotiated Rate
TBS - Therapeutic Behavioral Services
MAA - Medi-Cal Administrative Activities
MHS - Mental Health Specialty
ISA - Integrated Service Agency
CAW - CALWORKS Services
Not a valid mode
SD/MC DATA
Settlement Type
Mode
SF
Total Units of Service
Units 07/01/03 - 09/30/03
Units 10/01/03 - 06/30/04
Total Units
CR 05 81 693 552 87 639
CR 10 85 319 - 235 235
CR 10 95 5 - 5 5
CR 15 01 1,064,765 180,117 505,706 685,823
CR 15 10 154,235 67,813 76,546 144,359
CR 15 30 1,725,771 802,044 491,327 1,293,371
CR 15 40 1,616,703 145,221 1,172,389 1,317,610
CR 15 50 218,368 65,953 121,778 187,730
CR 15 58 237,428 109,415 125,839 235,253
MH1901_Schedule_A
MH1901_Schedule_B
MH1901_Schedule_C
MH1960
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SE
MH 1901 SCHEDULE B (08/04)
Entity Name: Strive for Excellence
Fiscal Year: 2005 - 20
2008-2009
Approved mode of service
1 CR 10 81 693 552
2 CR 10 85 319 -
3 CR 10 95 5 -
4 CR 15 01 1,064,765 180,117
5 CR 15 10 154,235 67,813
6 CR 15 30 1,725,771 802,044
7 CR 15 40 1,616,703 145,221
8 CR 15 50 218,368 65,953
9 CR 15 58 237,428 109,415
10 CR 15 60 410,427 86,457
11 CR 15 70 133,226 21,451

CFR 20072008 _66_B_131702_REPORT.wordpad.txt - Notepad

File Edit Format View Help

```
' ------------------------------------------------------------------------------------------
' SECTION 2: Summary Cost Report Results
' ------------------------------------------------------------------------------------------
                                        Excel    Excel
Sheet Name                 Error Code   Column   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).
                           SO12          4        34    Line 11 > 0
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MH1979_SUM                 Passed OK!
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' ------------------------------------------------------------------------------------------
' SECTION 3: Detail Cost Report Results
' ------------------------------------------------------------------------------------------
                                                                          Excel    Excel
LE File Name                 Sheet Name                  Error Code       Column   Row   Description
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                             MH1992                      DO15             5        43    Error; check values.
                             MH1992                      DO15             9        43    Error; check values.
                             MH1992                      DO15             14       43    Error; check values.
                             MH1979                      DO41             7        14    Line 2 col C <> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
                             MH1979                      DO42             7        14    Check MH1900_INFO row 26.
CFR2008-2009600697B.xls      has Error(s). v5.01.01 was used.
                             MH1901_Schedule_B           DO06             N/A      N/A   MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR2008-2009600838B.xls      Passed OK!    v5.01.01 was used.
CFR2008-2009600917B.xls      Passed OK!    v5.01.01 was used.

'------------------------------------------------------------------------------------------

  End of Results File for CFR2008-2009 _B_131702_SUBMITTAL.zip

'------------------------------------------------------------------------------------------
```
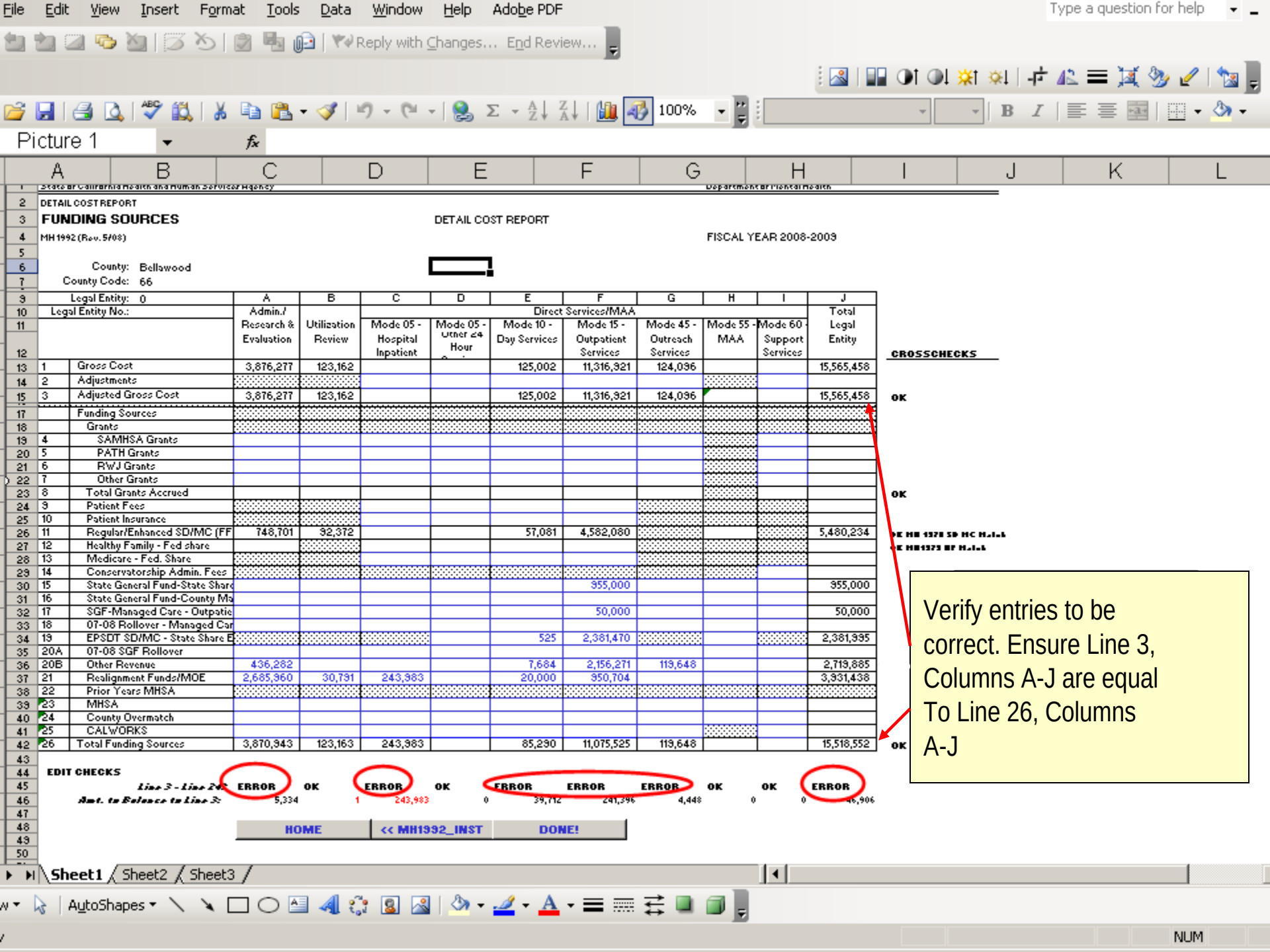

Error # 4



DETAIL COST REPORT

FUNDING SOURCES

DETAIL COST REPORT

MH 1992 (Rev. 5/08)

FISCAL YEAR 2008-2009

County: Bellawood

County Code: 66

		Legal Entity: 0	A	B	C	D	E	F	G	H	I	J
		Legal Entity No.:	Admin./ Research & Evaluation	Utilization Review	Direct Services/MAA: Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity
13	1	Gross Cost	3,876,277	123,162			125,002	11,316,321	124,096			15,565,458
14	2	Adjustments										
15	3	Adjusted Gross Cost	3,876,277	123,162			125,002	11,316,321	124,096			15,565,458
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 (FF	748,701	92,372			57,081	4,582,080				5,480,234
27	12	Healthy Family - Fed share										
28	13	Medicare - Fed. Share										
29	14	Conservatorship Admin. Fees										
30	15	State General Fund-State Share						955,000				955,000
31	16	State General Fund-County Ma										
32	17	SGF-Managed Care - Outpatie						50,000				50,000
33	18	07-08 Rollover - Managed Car										
34	19	EPSDT SD/MC - State Share E					525	2,381,470				2,381,995
35	20A	07-08 SGF Rollover										
36	20B	Other Revenue	436,282				7,684	2,156,271	119,648			2,719,885
37	21	Realignment Funds/MOE	2,685,360	30,791	243,983		20,000	350,704				3,331,438
38	22	Prior Years MHSA										
39	23	MHSA										
40	24	County Overmatch										
41	25	CALWORKS										
42	26	Total Funding Sources	3,870,343	123,163	243,983		85,290	11,075,525	119,648			15,518,552

CROSSCHECKS

OK

OK

OK HB 1378 SD MC M.I.L

OK MH1378 RF M.I.L

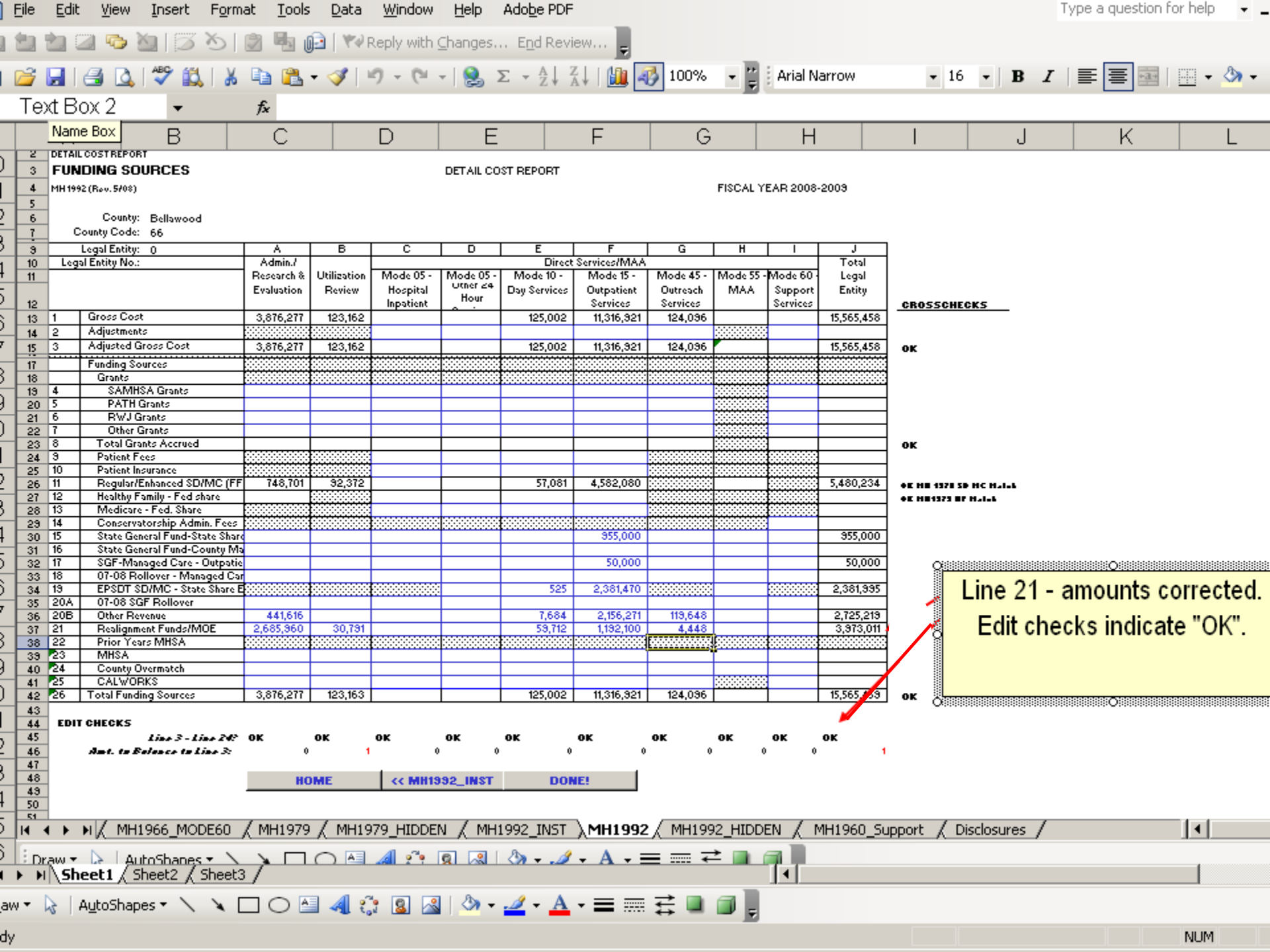
OK

EDIT CHECKS

Line 3 - Line 26	ERROR	OK	ERROR	OK	ERROR	ERROR	ERROR	OK	OK	ERROR	
Amt. to Balance to Line 3:	5,334		1	243,983	0	39,712	241,396	4,448	0	0	46,906

HOME | << MH1992_INST | DONE!

Verify entries to be correct. Ensure Line 3, Columns A-J are equal To Line 26, Columns A-J


File Edit View Insert Format Tools Data Window Help Adobe PDF
Type a question for help
Reply with Changes... End Review...
100%
Arial Narrow
16
Text Box 2
Name Box
DETAIL COST REPORT
FUNDING SOURCES
DETAIL COST REPORT
MH1992 (Rev. 5/08)
FISCAL YEAR 2008-2009
County: Bellawood
County Code: 66
Legal Entity: 0
Legal Entity No.:
Admin./ Research & Evaluation
Utilization Review
Direct Services/MAA
Mode 05 - Hospital Inpatient
Mode 05 - Other 24 Hour
Mode 10 - Day Services
Mode 15 - Outpatient Services
Mode 45 - Outreach Services
Mode 55 - MAA
Mode 60 - Support Services
Total Legal Entity
CROSSCHECKS
1 Gross Cost 3,876,277 123,162 125,002 11,316,321 124,096 15,565,458
2 Adjustments
3 Adjusted Gross Cost 3,876,277 123,162 125,002 11,316,321 124,096 15,565,458 OK
Funding Sources
Grants
4 SAMHSA Grants
5 PATH Grants
6 RWJ Grants
7 Other Grants
8 Total Grants Accrued OK
9 Patient Fees
10 Patient Insurance
11 Regular/Enhanced SD/MC (FF 748,701 32,372 57,081 4,582,080 5,480,234 OK
12 Healthy Family - Fed share
13 Medicare - Fed. Share
14 Conservatorship Admin. Fees
15 State General Fund-State Share 355,000 355,000
16 State General Fund-County Ma
17 SGF-Managed Care - Outpatie 50,000 50,000
18 07-08 Rollover - Managed Car
19 EPSDT SD/MC - State Share E 525 2,381,470 2,381,995
20A 07-08 SGF Rollover
20B Other Revenue 441,616 7,684 2,156,271 119,648 2,725,219
21 Realignment Funds/MOE 2,685,360 30,791 59,712 1,192,100 4,448 3,973,011
22 Prior Years MHSA
23 MHSA
24 County Overmatch
25 CALWORKS
26 Total Funding Sources 3,876,277 123,163 125,002 11,316,321 124,096 15,565,459 OK
EDIT CHECKS
Line 3 - Line 24? OK OK OK OK OK OK OK OK OK OK
Amt. to Balance to Line 3: 0 1 0 0 0 0 0 0 0 1
Line 21 - amounts corrected.
Edit checks indicate "OK".
HOME
<< MH1992_INST
DONE!
MH1966_MODE60
MH1979
MH1979_HIDDEN
MH1992_INST
MH1992
MH1992_HIDDEN
MH1960_Support
Disclosures
Sheet1
Sheet2
Sheet3
Draw
AutoShapes
NUM

CFRS 2008-2009 66_B_131702_REPORT.wordpad.txt - Notepad

File Edit Format View Help

```
' ------------------------------------------------------------------------------------------
' SECTION 2: Summary Cost Report Results
' ------------------------------------------------------------------------------------------
                                        Excel    Excel
Sheet Name                 Error Code   Column   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).
                           SO12         4        34    Line 11 > 0
                           SO57         4        34    Warning! amount here will be recouped by state
MH1940                     has Error(s).
                           SO49         11       32    MH1940 Line 78 <> MH1940 Line 148
MH1979_SUM                 Passed OK!
MH1992_SUM                 Passed OK!
' ------------------------------------------------------------------------------------------
' SECTION 3: Detail Cost Report Results
' ------------------------------------------------------------------------------------------
                                                                          Excel    Excel
LE File Name                 Sheet Name                  Error Code       Column   Row   Description
CFR2008-2009600066B.xls      has Error(s). v5.01.01 was used.
                             MH1901_Schedule_B           DO25             N/A      20    Not a valid m/c mode for the Legal Entity.
                             MH1992                      DO15             5        43    Error; check values.
                             MH1992                      DO15             9        43    Error; check values.
                             MH1992                      DO15             14       43    Error; check values.
                             MH1979                      DO41             7        14    Line 2 col C <> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
                             MH1979                      DO42             7        14    Check MH1900_INFO row 26.
CFR2008-2009600697B.xls      has Error(s). v5.01.01 was used.
                             MH1901_Schedule_B           DO06             N/A      N/A   MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFR2008-2009600838B.xls      Passed OK!    v5.01.01 was used.
CFR2008-2009600917B.xls      Passed OK!    v5.01.01 was used.

'------------------------------------------------------------------------------------------

  End of Results File for CFRS_2008-2009_B_131702_SUBMITTAL.zip

'------------------------------------------------------------------------------------------
```

Error # 5

A	B	C	D
Are you reporting SD/MC? (Y or N)	Yes		

HOME | MH1901_Schedule_A >>

SECTION II: COUNTY LEGAL ENTITY ONLY:

Only County Legal Entities are to Complete Section II.

Address:	9000 Disney Avenue
	Bellawood, 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, Sum of MH1968, Lines 21, 21a & 22, Column K.
1. Go to County Cost Report, Sum of MH1968, Lines 21, 21a, & 22 Column K.
1. Subtract Sum of Step 1 from Sum of Step 2.
2. Key result into County Cost Report MH1900_Info Sheet row 26.
5. Amount on Row 26 flows to Line 2, Column C, of MH1979.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

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

County: Bellawood
County Code: 66

Legal Entity: Strive for Excellence
Legal Entity Number: 00066

		A	B	C	D	E	F
		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	

CFRS 20072008 66_B_131702_REPORT.wordpad.txt - Notepad

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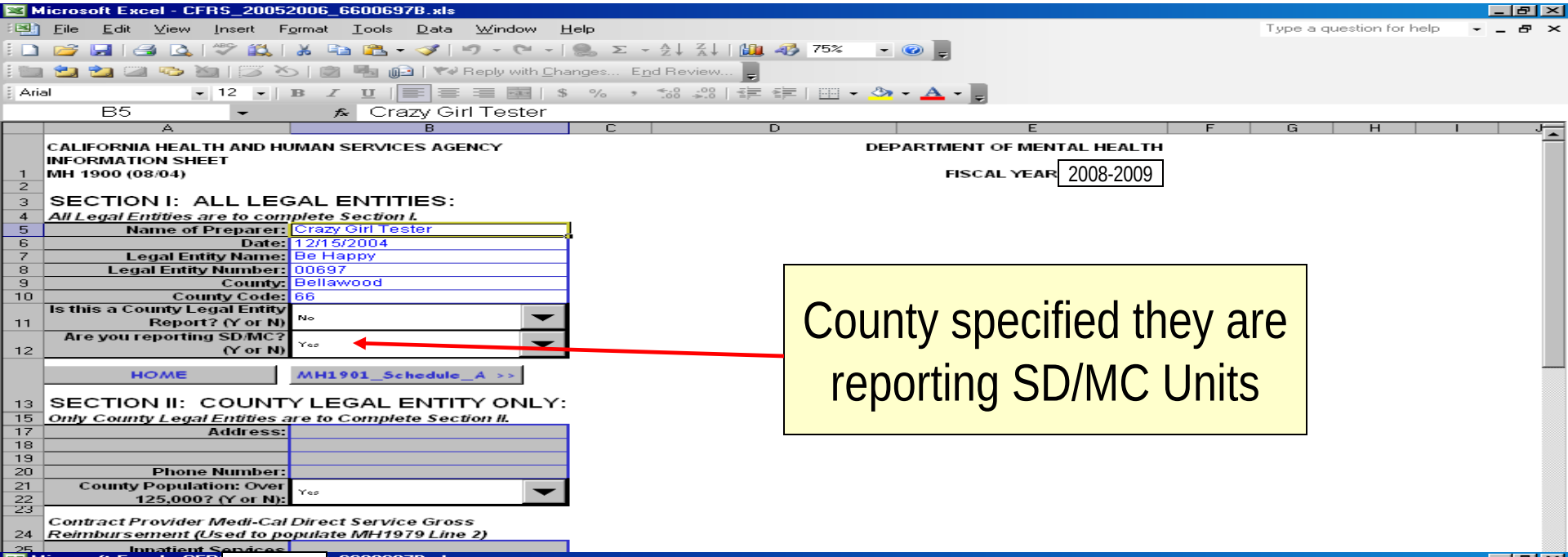
```
' ------------------------------------------------------------------------------------------
' SECTION 2: Summary Cost Report Results
' ------------------------------------------------------------------------------------------
                                        Excel    Excel
Sheet Name                 Error Code   Column   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).
                           SO12         4        34    Line 11 > 0
                           SO57         4        34    Warning! amount here will be recouped by state
MH1940                     has Error(s).
                           SO49         11       32    MH1940 Line 78 <> MH1940 Line 148
MH1979_SUM                 Passed OK!
MH1992_SUM                 Passed OK!
' ------------------------------------------------------------------------------------------
' SECTION 3: Detail Cost Report Results
' ------------------------------------------------------------------------------------------
                                                                          Excel    Excel
LE File Name                 Sheet Name                  Error Code       Column   Row   Description
CFRS_2008-2009_56000668.xls  has Error(s). v5.01.01 was used.
                             MH1901_Schedule_B           DO25             N/A      20    Not a valid m/c mode for the Legal Entity.
                             MH1992                      DO15             5        43    Error; check values.
                             MH1992                      DO15             9        43    Error; check values.
                             MH1992                      DO15             14       43    Error; check values.
                             MH1979                      DO41             7        14    Line 2 col C <> MH1968 col K, lines 21/21A & 22 for all contract provider legal entities
                             MH1979                      DO42             7        14    Check MH1900_INFO row 26.
CFRS_2008-2009_56006978.xls  has Error(s). v5.01.01 was used.
                             MH1901_Schedule_B           DO06             N/A      N/A   MH1900_Info specified SD/MC but no M/C units on Schedule B.
CFRS_2008-2009_56008388.xls  Passed OK!    v5.01.01 was used.
CFRS_2008-2009_56009178.xls  Passed OK!    v5.01.01 was used.

'------------------------------------------------------------------------------------------

  End of Results File for CFRS_2008-2009_B_131702_SUBMITTAL.zip

'------------------------------------------------------------------------------------------
```

Error # 6



Microsoft Excel - CFRS_20052006_6600697B.xls

B5: Crazy Girl Tester

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
INFORMATION SHEET
MH 1900 (08/04)

DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2008-2009

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

Name of Preparer:	Crazy Girl Tester
Date:	12/15/2004
Legal Entity Name:	Be Happy
Legal Entity Number:	00697
County:	Bellawood
County Code:	66
Is this a County Legal Entity Report? (Y or N)	No
Are you reporting SD/MC? (Y or N)	Yes

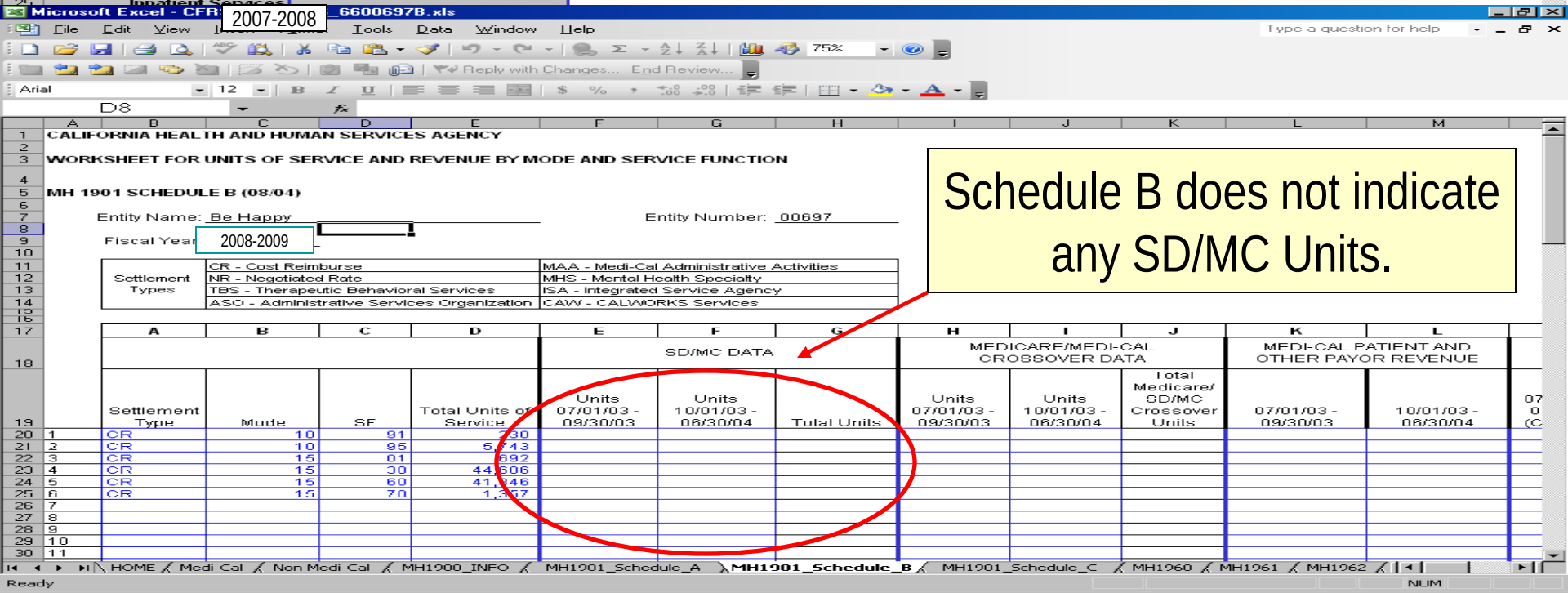
HOME | MH1901_Schedule_A >>

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

Address:	
Phone Number:	
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

County specified they are reporting SD/MC Units



Microsoft Excel - CFR[illegible]_6600697B.xls

2007-2008

D8

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

MH 1901 SCHEDULE B (08/04)

Entity Name: Be Happy Entity Number: 00697

Fiscal Year: 2008-2009

Settlement Types		
	CR - Cost 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	CAVW - CALWORKS Services

	A	B	C	D	E	F	G	H	I	J	K	L
					SD/MC DATA			MEDICARE/MEDI-CAL CROSSOVER DATA			MEDI-CAL PATIENT AND OTHER PAYOR REVENUE	
	Settlement Type	Mode	SF	Total Units of Service	Units 07/01/03 - 09/30/03	Units 10/01/03 - 06/30/04	Total Units	Units 07/01/03 - 09/30/03	Units 10/01/03 - 06/30/04	Total Medicare/ SD/MC Crossover Units	07/01/03 - 09/30/03	10/01/03 - 06/30/04
1	CR	10	91	230								
2	CR	10	95	5,243								
3	CR	15	01	692								
4	CR	15	30	44,686								
5	CR	15	60	41,246								
6	CR	15	70	1,357								
7												
8												
9												
10												
11												

HOME / Medi-Cal / Non Medi-Cal / MH1900_INFO / MH1901_Schedule_A / MH1901_Schedule_B / MH1901_Schedule_C / MH1960 / MH1961 / MH1962

Ready

Schedule B does not indicate any SD/MC Units.

2008-2009

CFRS_[illegible]B_314179_REPORT - Notepad

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```
' ------------------------------------------------------------------------------------------
' 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
' ------------------------------------------------------------------------------------------
                                          Excel    Excel
Sheet Name                      Error Code Column   Row   Description
DMH-HQ Sac Int.                 Passed OK! Version 2.80Beta 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).
                                S213       14       39    Line 23J does not match MH1995 Line 7
' ------------------------------------------------------------------------------------------
' SECTION 3: Detail Cost Report Results
' ------------------------------------------------------------------------------------------
                                                                          Excel    Excel
LE File Name                    Sheet Name                  Error Code    Column   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_[illegible]_2700128B.xls   Passed OK!    V1.80Beta was used.
CFRS_2008-2009_2700129B.xls     Passed OK!    V1.95 was used.
CFRS_[illegible]_2700230B.xls   Passed OK!    V1.95 was used.
CFRS_2008-2009_2700235B.xls     Passed OK!    V1.95 was used.
CFRS_[illegible]_2700248B.xls   Passed OK!    V1.95 was used.
CFRS_2008-2000_2700255B.xls     Passed OK!    V1.95 was used.
CFRS_[illegible]_2700273B.xls   Passed OK!    V1.95 was used.
```

Error #7

start | No... | Tr... | BE... | Mi... | CF... | D ... | CF... | 9:22 AM

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Type a question for help

G4

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY — **DEPARTMENT OF MENTAL HEALTH**

SUMMARY FUNDING SOURCES
MH 1992 SUM (07/07)

Fiscal Year: 2008-2009

County: Bellawood
County Code: 66

Legal Entity: All Reporting Legal Entities
Legal Entity No.:

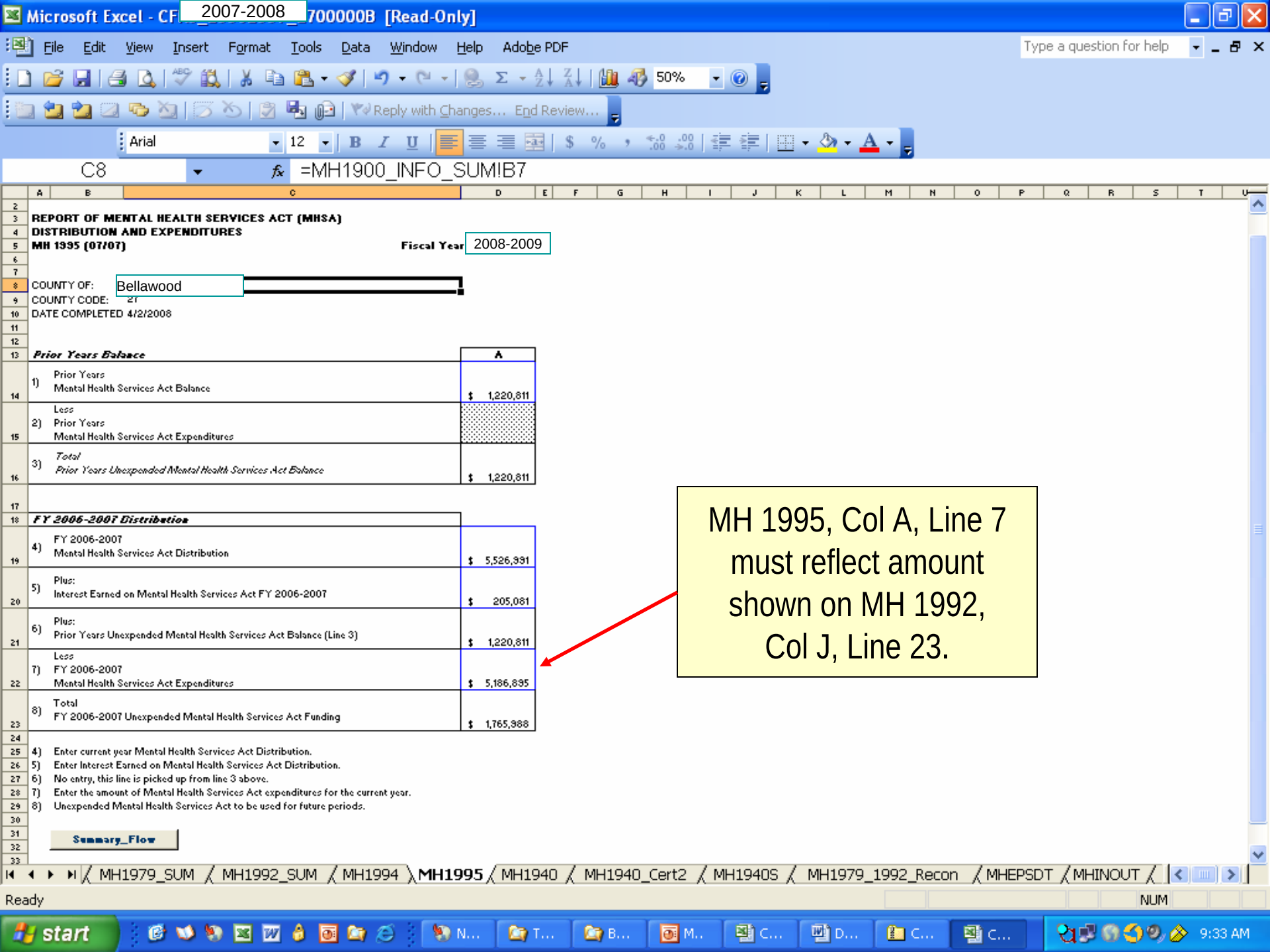
			A	B	F	G	H	I	J	
			Admin./ Research & Evaluation	Utilization Review	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity	*CROSSCHECKS*
13	1	Gross Cost	4,262,322	692,979	31,212,298			1,168,899	57,273,437	
14	2	Adjustments			(221,478)				(6,193,868)	
15	3	Adjusted Gross Cost	4,262,322	692,979	30,990,820			1,168,899	51,079,569	**OK**
17		Funding Sources								
18		Grants								
19	4	SAMHSA Grants			3,416,450				3,509,729	
20	5	PATH Grants			82,133				82,133	
21	6	RWJ Grants								
22	7	Other Grants			2,181,874				2,380,429	
23	8	Total Grants Accrued			5,680,457				5,972,291	**OK**
24	9	Patient Fees								
25	10	Patient Insurance			8,121				20,204	
26	11	Regular SD/MC (FFP only)	1,260,571	346,490	9,805,557				14,051,390	
27	12	Healthy Family - Fed share	31,719		258,879				348,904	
28	13	Medicare - Fed. Share								
29	14	Conservatorship Admin. Fees								
30	15	State General Fund-State Share			281,636				281,636	
31	16	State General Fund-County Match								
32	17	SGF-Managed Care - Outpatient			845,476				845,476	
33	18	05-06 Rollover - Managed Care - Outpatient								
34	19	EPSDT SD/MC - State Share Est.			4,433,608				4,880,130	
35	20A	05-06 SGF Rollover								
36	20B	Other Revenue			556,390			230,279	4,772,403	
37	21	Realignment Funds/MOE*	2,351,235	346,490	5,125,556			264,445	14,619,023	
38	22	Prior Years - MHSA								
39	23	MHSA	618,797		3,715,834			674,175	5,008,806	
40	24	County Overmatch								
41	25	CALWORKS			279,307				279,307	
42	26	Total Funding Sources	4,262,322	692,980	30,990,821			1,168,899	51,079,571	**OK**

Enter this amount on the MH 1995, Col A, Line 7.

MH1979_SUM | MH1992_SUM | MH1994 | MH1995 | MH1940 | MH1940_Cert2 | MH1940S | MH1979_1992_Recon | MHEPSDT | MHINOUT

Ready — Sum= 56,150,030 — NUM

start — 9:37 AM


2007-2008
Microsoft Excel - CF 700000B [Read-Only]
File Edit View Insert Format Tools Data Window Help Adobe PDF
Type a question for help
Reply with Changes... End Review...
Arial 12
C8
=MH1900_INFO_SUM!B7
REPORT OF MENTAL HEALTH SERVICES ACT (MHSA)
DISTRIBUTION AND EXPENDITURES
MH 1995 (07/07)
Fiscal Year 2008-2009
COUNTY OF: Bellawood
COUNTY CODE: 21
DATE COMPLETED 4/2/2008
Prior Years Balance
A
1) Prior Years Mental Health Services Act Balance $ 1,220,811
2) Less Prior Years Mental Health Services Act Expenditures
3) Total Prior Years Unexpended Mental Health Services Act Balance $ 1,220,811
FY 2006-2007 Distribution
4) FY 2006-2007 Mental Health Services Act Distribution $ 5,526,391
5) Plus: Interest Earned on Mental Health Services Act FY 2006-2007 $ 205,081
6) Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3) $ 1,220,811
7) Less FY 2006-2007 Mental Health Services Act Expenditures $ 5,186,895
8) Total FY 2006-2007 Unexpended Mental Health Services Act Funding $ 1,765,388
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.
Summary_Flow
MH1979_SUM MH1992_SUM MH1994 MH1995 MH1940 MH1940_Cert2 MH1940S MH1979_1992_Recon MHEPSDT MHINOUT
MH 1995, Col A, Line 7 must reflect amount shown on MH 1992, Col J, Line 23.
Ready
NUM
start
9:33 AM

2007-2008

CFI_B_337901_REPORT - Notepad

File Edit Format View Help

```
-------------------------------------------------------------------------------
Detail Cost Report Results
-------------------------------------------------------------------------------

                                                          Excel    Excel
             Sheet Name                      Error Code   Column   Row   Description
_3400034B.xls has Error(s). V1.80Beta was used.
             MH1901_Schedule_B               D028         N/A      26    Only non m/c units allowed but m/c units report
             MH1964                          D011         6        81    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 Legal Entity_____Mode of Services/Service Function Code. 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:
Name_____ _____Email_____Phone_____
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

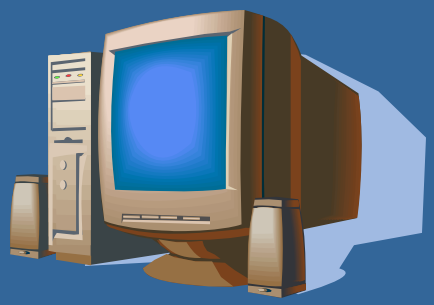
1) Upload of county Cost Report indicates a "D 028" error;
2) CRFS staff sends Email to county Cost Report contact with a "cc" to Program Compliance;
3) County staff contacts DMH Program Compliance staff identified in the Email to resolve this error using the following process:
   (a) In order to validate 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 making corrections to the Detail and Summary Cost Reports 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@dmh.ca.gov
Phone                   = (916) 555-4444
UploadID                = 131734
File Name Uploaded      = CFRS[illegible]_66_B_SUBMITTAL.ZIP
Internally Renamed as   = CFRS2008-2009[illegible]6_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           = 8/30/2006 1:48:15 PM
Date Processed          = 8/30/2006 1:50:36 PM
DeskEdit Version        = 2008-2009[illegible] v28

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
' -------------------------------------------------------------------------------------------
                                            Excel     Excel
Sheet Name                      Error Code  Column    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!
MH190[illegible]2008-2009[illegible]LL  Passed OK!
MH1909_SEP                      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!
' -------------------------------------------------------------------------------------------
' SECTION 3: Detail Cost Report Results
' -------------------------------------------------------------------------------------------
                                                                        Excel     Excel
LE File Name                    Sheet Name                Error Code    Column    Row   Description
CFRS2008-2009[illegible]_6600066B.xls   Passed OK!  v5.01.01 was used.
CFRS[illegible]_6600697B.xls    Passed OK!  v5.01.01 was used.
CFRS2008-2009[illegible]_6600838B.xls   Passed OK!  v5.01.01 was used.
CFRS[illegible]_6600917B.xls    Passed OK!  v5.01.01 was used.

'-------------------------------------------------------------------------------------------

  End of Results File for CFRS_20062007[illegible]_66_B_131734_SUBMITTAL.zip
```

Congratulations, You Passed!!