Automated Edit Report

- Purpose of the Automated Edit Report
- Structure of the Edit Report
- Correcting Commonly Made Errors
- Manual Desk Edits

Purpose of The Automated Edits

- Edits the Submittal file and identifies errors
- Edits the Summary cost report, identifies errors and warns the user of issues that may need to be corrected
- Edits the Detail cost reports, identifies errors and warns the user of issues that may need to be corrected

File Edit Format View Help

```
'-------------------------------------------------------------------------------------------
'Department of Mental Health
'Medi-Cal Liaison, Cost Reporting and Data Collection
'1600 9th St., Room 120
'Sacramento, CA 95814
'-------------------------------------------------------------

'-------------------------------------------------------------------------------------------
 County/CFRS_File Information
'-------------------------------------------------------------
County Code            = 99
County Name            = Test County
Name                   = Harvey Smith
Email                  = Harvey.Smith@woodstock.ca.
Phone                  = (951) 642-1849
UploadID               = 468144
File Name Uploaded     = CFRS_20092010_99_B_SUBMITTAL.ZIP
Internally Renamed as  = CFRS_20092010_99_B_468144_SUBMITTAL.zip
File Size              = 9,759,697 bytes
Browser                = Mozilla/4.0 (compatible; MSIE 8.0; Windows NT 5.1; Trident/4.0; .NET CLR 1.1.4322; .NET CLR 2.0.50727
Date Received          = 3/4/2010 1:03:42 PM
Date Processed         = 3/29/2010 3:29:37 PM
DeskEdit Version       = 20092010v01


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 1.86Beta was used.
MH1900_INFO_SUM            Passed OK!
```

This is what the first page of the automated Edit report looks like.

County information includes Name, E-mail Address, File name, Upload ID #, and Dates.

Three sections of edits.

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 1.83Beta 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                      has Error(s).
                            S012            4       34   Line 11>0
                            S057            4       34   Warning, amount here will be recouped by state
MH1995                      Passed OK!
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
' ------------------------------------------------------------------------------------------
                                                                          Excel    Excel
LE File Name                Sheet Name                  Error Code    Column   Row   Description
CFRS_20092010_9900099B.xls  has Error(s).    V2.34 was used.
                            MH1901_Schedule_B           D025          N/A      20    Not a valid M/C mode for LE.
                            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 LE's.
                            MH1979                      D042          7        14    Check MH-1900_Info row 26.
CFRS_20092010_9900108B.xls  Has Error(s).    V2.34 was used.
                            MH1901_Schedule_B           D006          N/A      N/A   MH-1900_Info specified SD/MC
                                                                                     but no M/C units on Sch.B
CFRS_20092010_9900114B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900128B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900137B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900162B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900150B.xls  Passed OK!    V2.34 was used.


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

  End of Results File for CFRS_20092010_99_B_421321_SUBMITTAL.zip
```

Error # 1

Microsoft Excel - CFRS_20092010_0100000B.xls

File Edit View Insert Format Tools Data Window Help

Type a question for help

75%

Reply with Changes... End Review...

Times New Roman 12

J14

	A	B	C	D
23		Less		
	6)	FY 2009-2010		
24		FFS/MC Expenditures Acute Inpatient Hospital Days		
25		Less		
	7)	FY 2009-2010		
26		FFS/MC Expenditures Inpatient Hospital Administrative Days		
27		Less		
	8)	FY 2009-2010		
28		FFS/MC Expenditures Outpatient Mental Health Services		
29		Less		(50,000)
	9)	Other FY 2009-2010		
30		State General Fund Expenditures Other Mental Health Services		
31		Less		
	10)	FY 2009-2010		
32		State General Fund Mental Health Contingency Reserve		
33		Total		
	11)	FY 2009-2010		50,000
34		Unexpended/Uncommitted State General Fund Balance		0

Summary_Flow

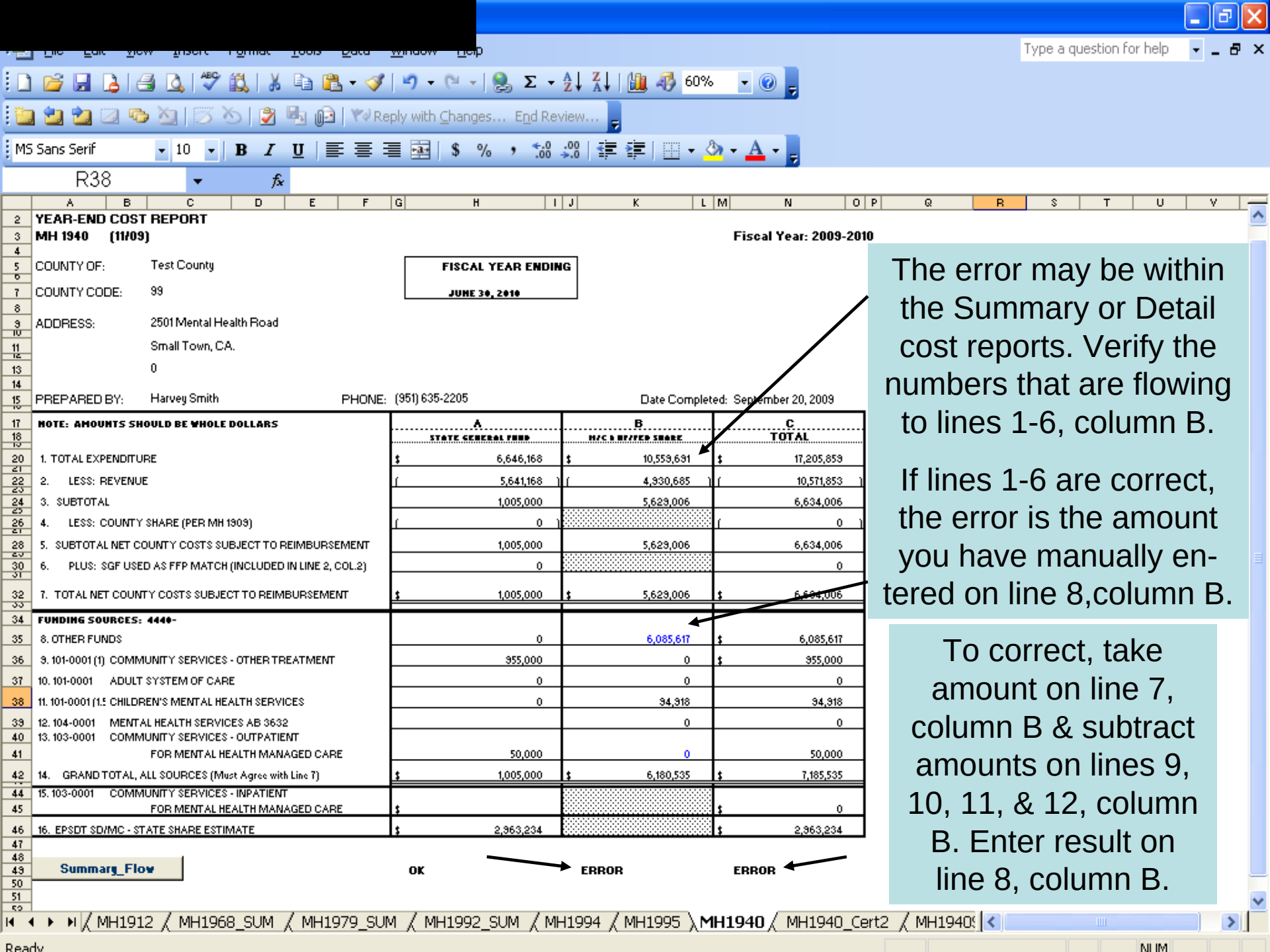
The amount on line 11 is the amount the County has identified as unexpended during the FY 2009-2010 AND does not intend to rollover into FY 2010-2011. This amount will be returned to the State.

How do we correct this? Easy, move the amount to line 10, Contingency Reserve.

MH1968_SUM | MH1979_SUM | MH1992_SUM | MH1994 | MH1995 | MH1940 | MH1940_Cert2 | MH1940S | MH1979_1992_Recon | MHEPSD

```
' SECTION 2: Summary Cost Report Results
' ------------------------------------------------------------------------------------
                                        Excel    Excel
Sheet Name                  Error Code  Column   Row   Description
DMH-HQ Sac Int.             Passed OK!  Version 1.83Beta 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                      has Error(s).
                            S012          4       34   Line 11>0
                            S057          4       34   Warning, amount here will be recouped by state
MH1995                      Passed OK!
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
' ------------------------------------------------------------------------------------
                                                                    Excel    Excel
LE File Name                Sheet Name                  Error Code  Column   Row   Description
CFRS_20092010_9900099B.xls  has Error(s).    V2.34 was used.
                            MH1901_Schedule_B           D025        N/A      20    Not a valid M/C mode for LE.
                            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 LE's.
                            MH1979                      D042        7        14    Check MH-1900_Info row 26.
CFRS_20092010_9900108B.xls  Has Error(s).    V2.34 was used.
                            MH1901_Schedule_B           D006        N/A      N/A   MH-1900_Info specified SD/MC
                                                                                   but no M/C units on Sch.B
CFRS_20092010_9900114B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900128B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900137B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900162B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900150B.xls  Passed OK!    V2.34 was used.


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

  End of Results File for CFRS_20092010_99_B_421321_SUBMITTAL.zip
```

Error # 2



YEAR-END COST REPORT
MH 1940 (11/09)

Fiscal Year: 2009-2010

COUNTY OF: Test County
COUNTY CODE: 99
ADDRESS: 2501 Mental Health Road
Small Town, CA.
0

FISCAL YEAR ENDING
JUNE 30, 2010

PREPARED BY: Harvey Smith PHONE: (951) 635-2205 Date Completed: September 20, 2009

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A STATE GENERAL FUND	B M/C & MEDICAID SHARE	C TOTAL
1. TOTAL EXPENDITURE	$ 6,646,168	$ 10,559,691	$ 17,205,859
2. LESS: REVENUE	(5,641,168)	(4,930,685)	(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 (1) COMMUNITY SERVICES - OTHER TREATMENT	355,000	0	$ 355,000
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (1.5 CHILDREN'S MENTAL HEALTH SERVICES	0	34,318	34,318
12. 104-0001 MENTAL HEALTH SERVICES AB 3632		0	0
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	$ 6,180,535	$ 7,185,535
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	$		$ 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 or Detail cost reports. Verify the numbers that are flowing to lines 1-6, column B.

If lines 1-6 are correct, the error is the amount you have manually entered on line 8,column B.

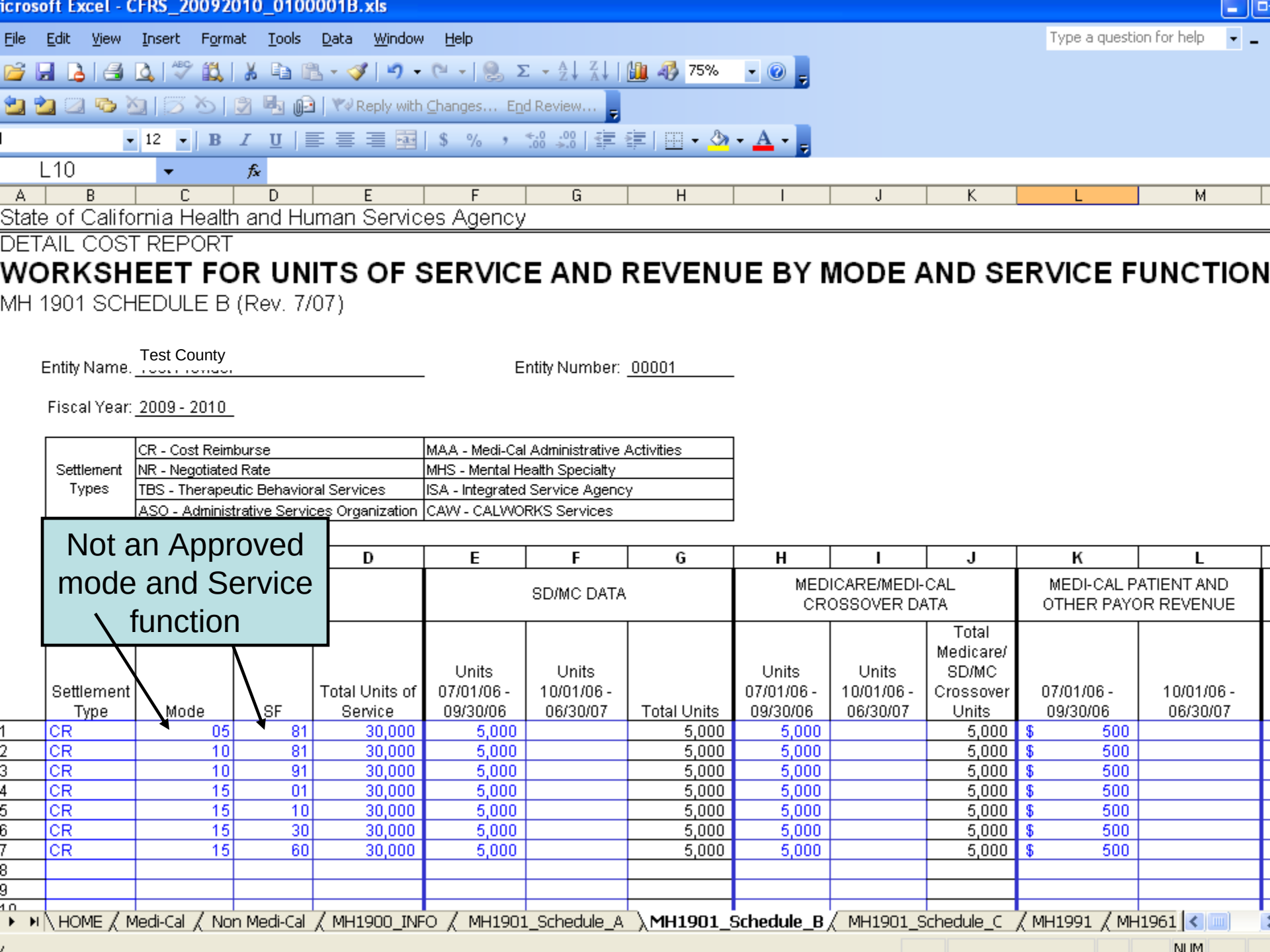
To correct, take amount on line 7, column B & subtract amounts on lines 9, 10, 11, & 12, column B. Enter result on line 8, column B.

MH1912 | MH1968_SUM | MH1979_SUM | MH1992_SUM | MH1994 | MH1995 | MH1940 | MH1940_Cert2 | MH1940

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 1.83Beta 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                      has Error(s).
                            S012          4       34   Line 11>0
                            S057          4       34   Warning, amount here will be recouped by state
MH1995                      Passed OK!
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
' ------------------------------------------------------------------------------------------
                                                                    Excel    Excel
LE File Name                Sheet Name                Error Code    Column   Row   Description
CFRS_20092010_9900099B.xls  has Error(s).    V2.34 was used.
                            MH1901_Schedule_B         D025          N/A      20    Not a valid M/C mode for LE.
                            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 LE's.
                            MH1979                    D042          7        14    Check MH-1900_Info row 26.
CFRS_20092010_9900108B.xls  Has Error(s).    V2.34 was used.
                            MH1901_Schedule_B         D006          N/A      N/A   MH-1900_Info specified SD/MC
                                                                                   but no M/C units on Sch.B
CFRS_20092010_9900114B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900128B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900137B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900162B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900150B.xls  Passed OK!    V2.34 was used.


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

  End of Results File for CFRS_20092010_99_B_421321_SUBMITTAL.zip
```

Error # 3



State of California Health and Human Services Agency

DETAIL COST REPORT

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

MH 1901 SCHEDULE B (Rev. 7/07)

Entity Name: Test County

Entity Number: 00001

Fiscal Year: 2009 - 2010

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	CAW - CALWORKS Services

Not an Approved mode and Service function

	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 07/01/06 - 09/30/06	Units 10/01/06 - 06/30/07	Total Units	Units 07/01/06 - 09/30/06	Units 10/01/06 - 06/30/07	Total Medicare/ SD/MC Crossover Units	07/01/06 - 09/30/06	10/01/06 - 06/30/07
1	CR	05	81	30,000	5,000		5,000	5,000		5,000	$ 500	
2	CR	10	81	30,000	5,000		5,000	5,000		5,000	$ 500	
3	CR	10	91	30,000	5,000		5,000	5,000		5,000	$ 500	
4	CR	15	01	30,000	5,000		5,000	5,000		5,000	$ 500	
5	CR	15	10	30,000	5,000		5,000	5,000		5,000	$ 500	
6	CR	15	30	30,000	5,000		5,000	5,000		5,000	$ 500	
7	CR	15	60	30,000	5,000		5,000	5,000		5,000	$ 500	
8												
9												
10												

California Department of Mental Health

Online Provider System

Quick Entry

Provider [ ] Go

LE [ ] Go

NPI [ ] Go

Search

List Providers

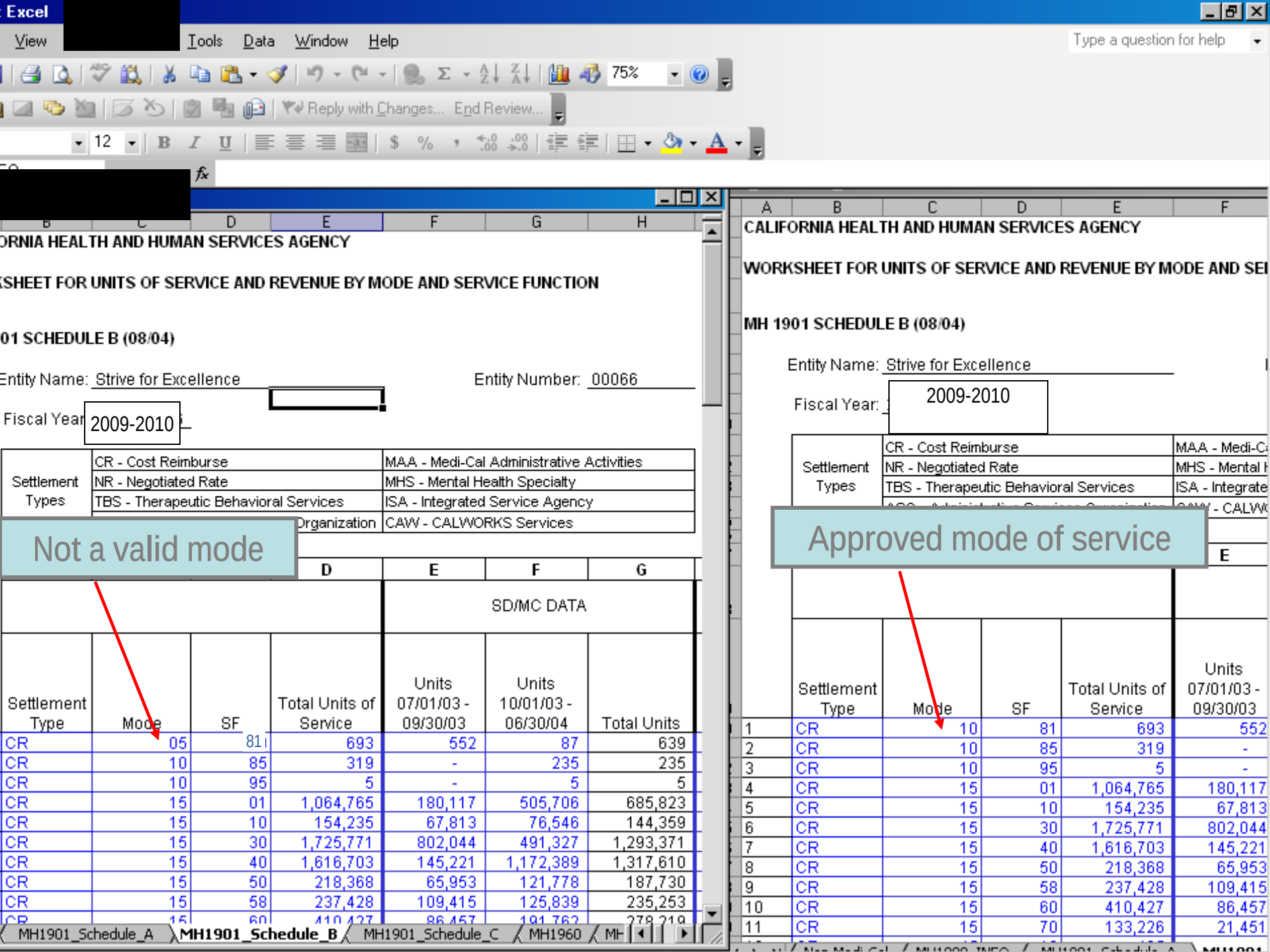
List Legal Entities

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
[redacted]
View
Tools
Data
Window
Help
Type a question for help
75%
Reply with Changes...
End Review...
12
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 2009-2010
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: 2009-2010
Settlement Types
CR - Cost Reimburse
NR - Negotiated Rate
TBS - Therapeutic Behavioral Services
Approved mode of service
Settlement Type
Mode
SF
Total Units of Service
Units 07/01/03 - 09/30/03
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

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 1.83Beta 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                      has Error(s).
                            S012          4       34   Line 11>0
                            S057          4       34   Warning, amount here will be recouped by state
MH1995                      Passed OK!
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
' ------------------------------------------------------------------------------------------
                                                                  Excel    Excel
LE File Name                Sheet Name                Error Code  Column   Row   Description
CFRS_20092010_9900099B.xls  has Error(s).    V2.34 was used.
                            MH1901_Schedule_B         D025        N/A      20    Not a valid M/C mode for LE.
                            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 LE's.
                            MH1979                    D042        7        14    Check MH-1900_Info row 26.
CFRS_20092010_9900108B.xls  Has Error(s).    V2.34 was used.
                            MH1901_Schedule_B         D006        N/A      N/A   MH-1900_Info specified SD/MC
                                                                                 but no M/C units on Sch.B
CFRS_20092010_9900114B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900128B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900137B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900162B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900150B.xls  Passed OK!    V2.34 was used.


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

  End of Results File for CFRS_20092010_99_B_421321_SUBMITTAL.zip
```

Error # 4

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

DETAIL COST REPORT

FUNDING SOURCES

MH 1992 (Rev. 5/08) — FISCAL YEAR: 2009-2010

County: Test County
County Code: 99

		Legal Entity: MH Services	A	B	C	D	E	F	G	H	I	J
		Legal Entity No.: 12345	Admin./ Research & Evaluation	Utilization Review	Direct Services/MAA: 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	575,671	89,840			48,897	6,638,440	139,051			7,491,899
2		Adjustments										
3		Adjusted Gross Cost	575,671	89,840			48,897	6,638,440	139,051			7,491,899
		Funding Sources										
		Grants										
4		SAMHSA Grants						169,392				169,392
5		PATH Grants						33,612				33,612
6		RWJ Grants										
7		Other Grants										
8		Total Grants Accrued						203,004				203,004
9		Patient Fees						62,526				62,526
10		Patient Insurance						5,405				5,405
11		Regular/Enhanced SD/MC (FFP only)	186,262	57,172			24,449	2,121,403				2,389,284
12		Healthy Family - Fed share	8,177					93,388				101,565
13		Medicare - Fed. Share										
14		Conservatorship Admin. Fees										
15		State General Fund-State Share						108,646				108,646
16		State General Fund-County Match										
17		SGF-Managed Care - Outpatient					24,449	557,285				581,734
18		06-07 Rollover - Managed Care-Other										
19		EPSDT SD/MC - State Share Est.						670,008				670,008
20A		06-07 SGF Rollover										
20B		Other Revenue						41,205	1,650			42,855
21		Realignment Funds/MOE	380,000	30,000				2,824,467	137,401			3,371,868
22		Prior Years MHSA										
23		MHSA										
24		County Overmatch										
25		CALWORKS										
26		Total Funding Sources	574,439	87,172			48,897	6,687,337	139,051			7,536,895

CROSSCHECKS

OK

OK

OK MH1970 SDMC MATCH
OK MH1975 HF MATCH

OK

EDIT CHECKS

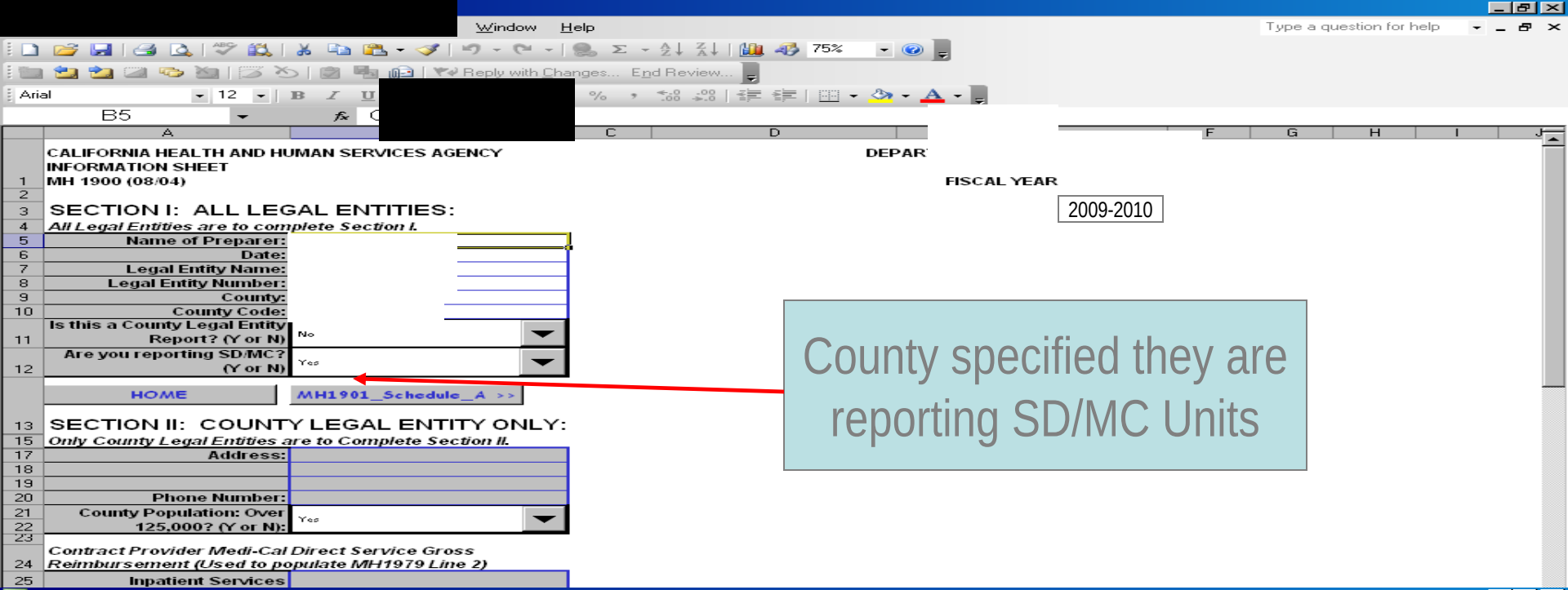
	A	B	C	D	E	F	G	H	I	J
Line 3 - Line 26:	ERROR	ERROR	OK	OK	OK	ERROR	OK	OK	OK	ERROR
Amt. to Balance to Line 3:	233	2,669	0	0	0	44,997	0	0	0	44,996

HOME | << MH1992_INST | DONE!

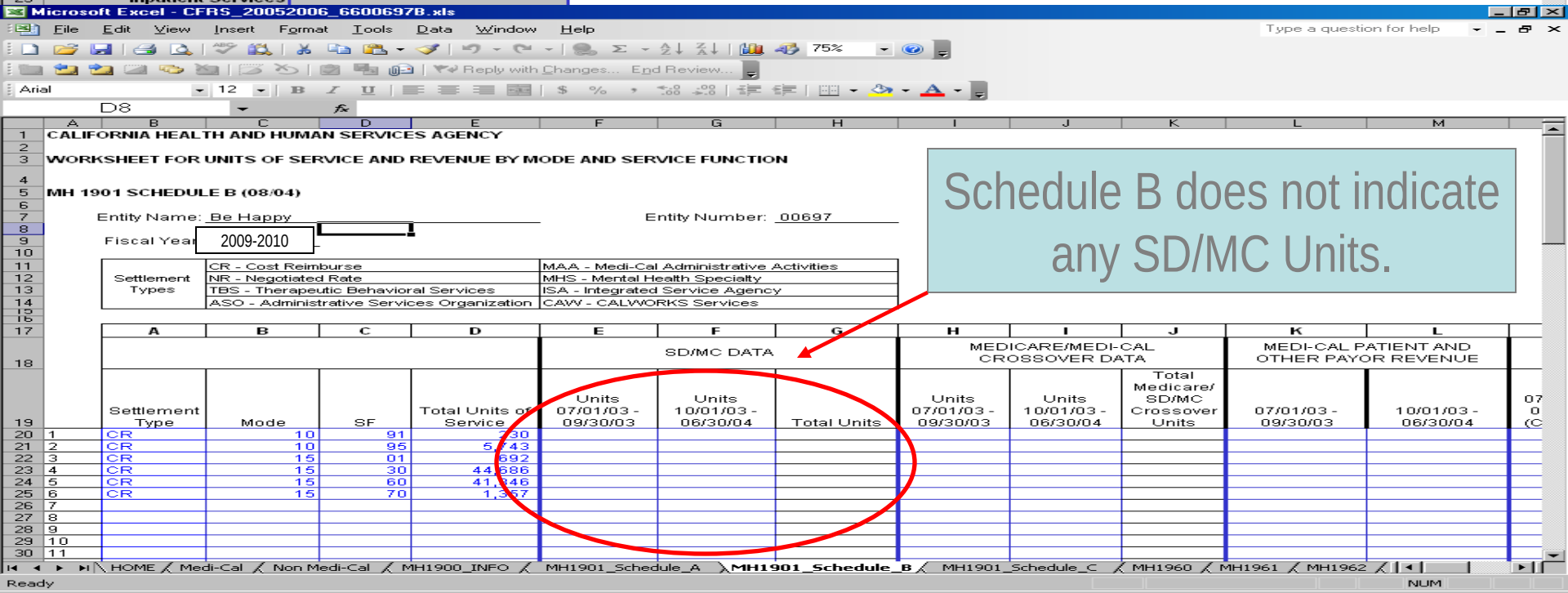
Line 3, columns A-J must be equal to line 26, columns A-J. If not, verify entries are correct.

```
' SECTION 2: Summary Cost Report Results
' ------------------------------------------------------------------------------------------
                                        Excel    Excel
Sheet Name                  Error Code  Column   Row   Description
DMH-HQ Sac Int.             Passed OK!  Version 1.83Beta 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                      has Error(s).
                            S012            4       34   Line 11>0
                            S057            4       34   Warning, amount here will be recouped by state
MH1995                      Passed OK!
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
' ------------------------------------------------------------------------------------------
                                                                    Excel    Excel
LE File Name                Sheet Name                  Error Code  Column   Row   Description
CFRS_20092010_9900099B.xls  has Error(s).    V2.34 was used.
                            MH1901_Schedule_B           D025        N/A      20    Not a valid M/C mode for LE.
                            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 LE's.
                            MH1979                      D042        7        14    Check MH-1900_Info row 26.
CFRS_20092010_9900108B.xls  Has Error(s).    V2.34 was used.
                            MH1901_Schedule_B           D006        N/A      N/A   MH-1900_Info specified SD/MC
                                                                                   but no M/C units on Sch.B
CFRS_20092010_9900114B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900128B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900137B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900162B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_9900150B.xls  Passed OK!    V2.34 was used.


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

  End of Results File for CFRS_20092010_99_B_421321_SUBMITTAL.zip
```

Error # 5



County specified they are reporting SD/MC Units



Schedule B does not indicate any SD/MC Units.

File Edit Format View Help

```
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

' ------------------------------------------------------------------------------------------
' SECTION 2: Summary Cost Report Results
' ------------------------------------------------------------------------------------------
                                          Excel    Excel
Sheet Name                  Error Code    Column   Row   Description
DMH-HQ Sac Int.             Passed OK!    Version 1.83Beta 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                  Passed OK!
' ------------------------------------------------------------------------------------------
' SECTION 3: Detail Cost Report Results
' ------------------------------------------------------------------------------------------
                                                                  Excel    Excel
LE File Name                Sheet Name                 Error Code Column   Row   Description
CFRS_20092010_3500035B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_3500129B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_3500157B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_3500232B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_3501319B.xls  Passed OK!    V2.34 was used.
CFRS_20092010_3501401B.xls  Passed OK!    V2.34 was used.

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

  End of Results File for CFRS_20092010_35_B_416444_SUBMITTAL.zip

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

Congratulations, You have passed the Automated Edits .

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 Reports. We also have a Manual Desk Edit for the Legal Entity's Detail Cost Reports.

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


Congratulations!
You have completed the fiscal 2009-2010 mental health cost report training. Email your questions to: cfrs_help@dmh.ca.gov