Welcome to the FY 2009-2010 Cost Report Training

Housekeeping

- We will be putting all attendee phones on mute
- We have disengaged the chat box function to remove any distractions
- If you have a question during the presentation, please send an e-mail to: cfrs_help@dmh.ca.gov
- DMH staff will research and prepare a response to all questions received. The questions and responses will be posted to our Local Program Financial Support webpage: http://www.dmh.ca.gov/Provider_Info/Local_Program_Financial_Support.asp

Agenda Topics

1. OVERVIEW AND UPDATES
2. INFORMATION TECHNOLOGY WEB SERVICE (ITWS) ENROLLMENT
3. DOWNLOADING
4. DETAIL COUNTY COST REPORT
5. SUMMARY COST REPORT
6. ITWS SUBMISSION & EDIT PROCESSING
7. EDITS / ERRORS

Overview and Updates

- Review statutory authority
- Describe objectives to be met with the Cost Report
- Summarize the data elements captured in the cost report, and
- Describe the updates for FY 2009-2010

Authority

The authority for DMH requirements may be found under the following laws:

Welfare and Institutions (W&I) Code:

- Section 5651 – references Cost Report requirements included in the DMH County Performance Contract.
- Section 5718(c) – delineates the December 31st Cost Report submission deadline.

Cost Report Objectives

- **Compute the cost per unit for each service function**
- **Apportion costs to Medi-Cal and non-Medi-Cal units of service**
- **Determine the Federal Financial Participation, commonly abbreviated as the FFP. The FFP is the Federal government's share of an approved State Mental Health costs.**
- **Identify the sources of local matching funds expended to draw down FFP**
- **Serve as the source for County Mental Health fiscal year-end cost information**
- **Serve as the basis for the local mental health agency's year-end cost settlement and subsequent SD/Medi-Cal fiscal audits**

Cost Report Data Requirements

Total County Costs – Summary and Detail Cost Report Information

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

Total Legal Entity Costs – Detail Cost Report Information

- Direct Services Costs

Modes of Service and Service Functions

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

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

Method of Allocation

- Rate for Allocation
- Statewide Maximum Allowances (SMA)
- Published Charges
- Directly Allocated

Funding Sources

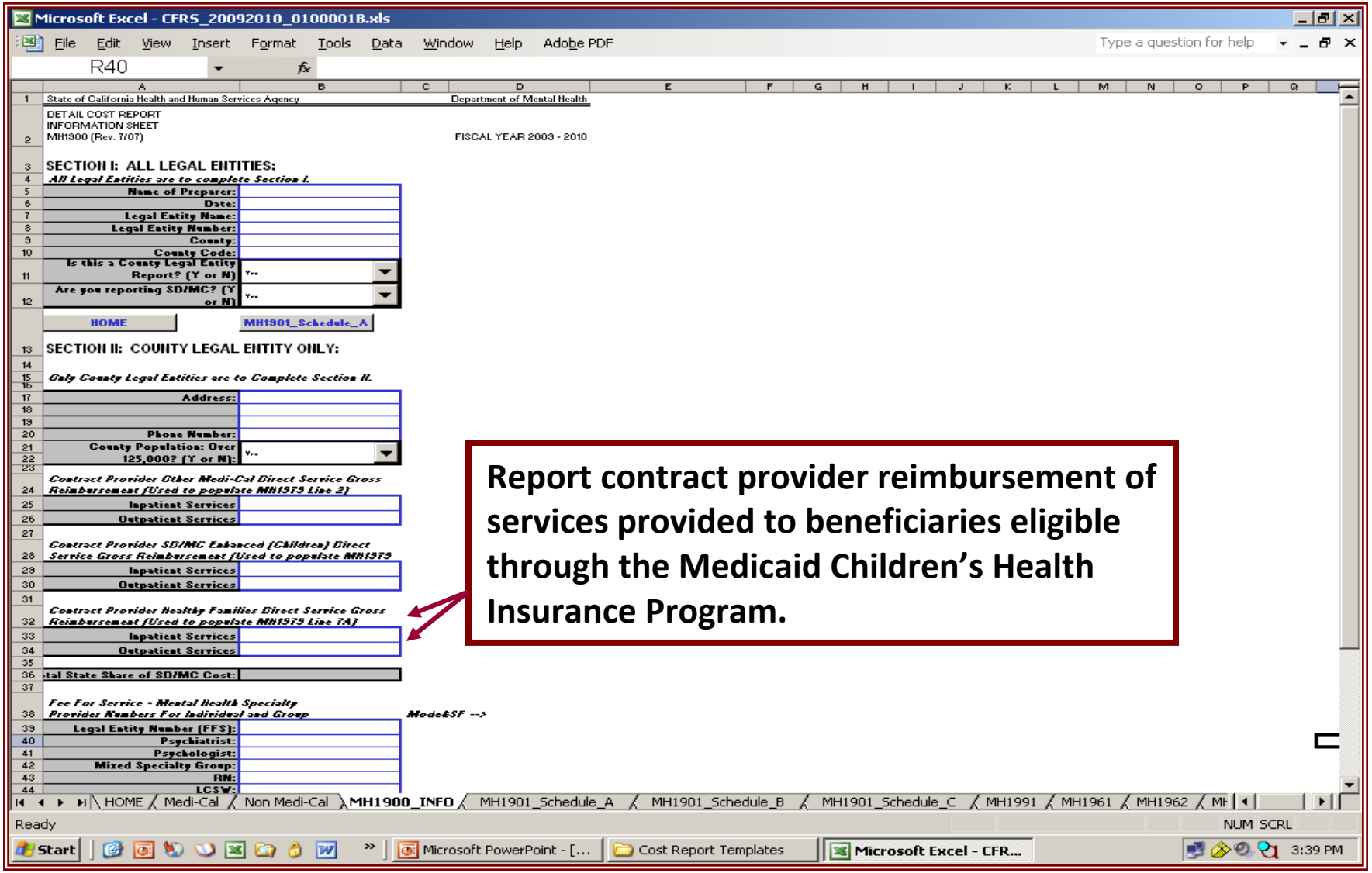
Funding Information

- MHSA
- Mental Health Block Grant (SAMHSA)
- PATH
- State General Fund
- EPSDT
- AB 3632
- Realignment
- Other Funding

Cost Report Updates

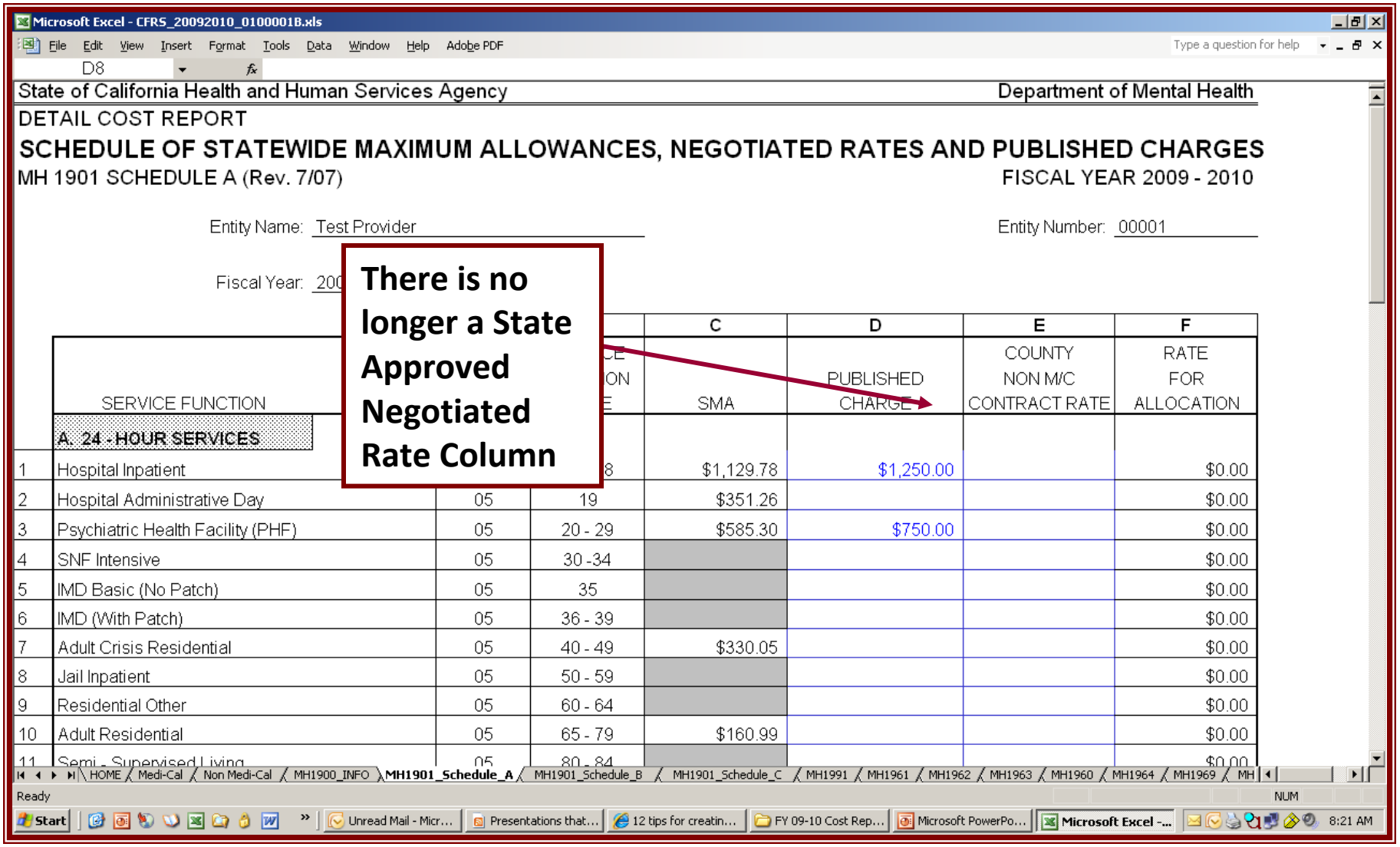
- MH 1900_Info
- MH 1901_Schedule A
- MH 1901_Schedule B
- MH 1901_Schedule B-Supplement
- MH 1901_Schedule C
- MH 1960
- MH 1966
- MH 1968 (on the detail cost report)
- MH 1979 (on the detail cost report)

MH 1900 _ Info Sheet



Report contract provider reimbursement of services provided to beneficiaries eligible through the Medicaid Children's Health Insurance Program.

MH 1901_Schedule A



Microsoft Excel - CFRS_20092010_0100001B.xls

File Edit View Insert Format Tools Data Window Help Adobe PDF

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

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A (Rev. 7/07) — FISCAL YEAR 2009 - 2010

Entity Name: Test Provider — Entity Number: 00001

Fiscal Year: 200

There is no longer a State Approved Negotiated Rate Column

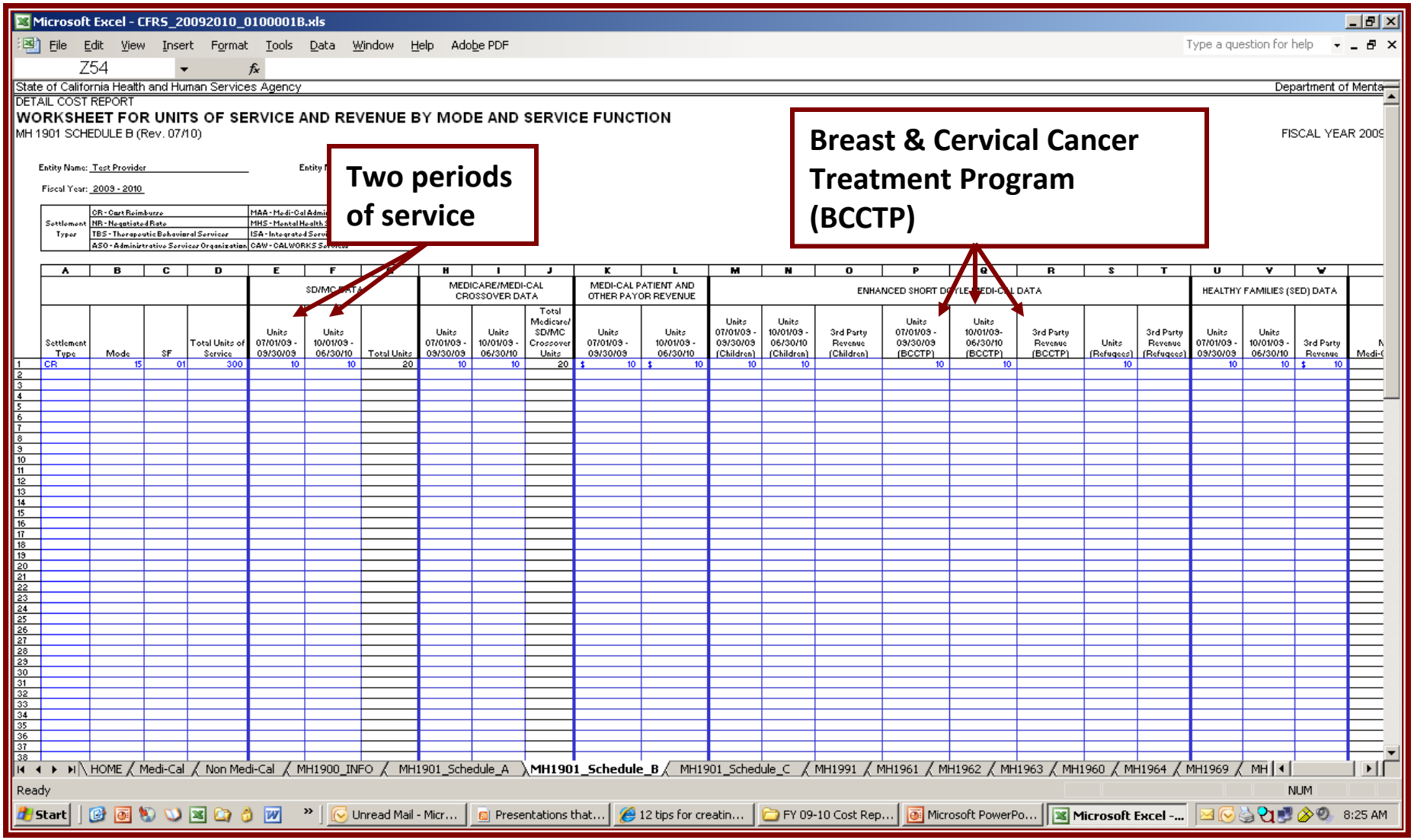
	SERVICE FUNCTION			C SMA	D PUBLISHED CHARGE	E COUNTY NON M/C CONTRACT RATE	F RATE FOR ALLOCATION
	A. 24 - HOUR SERVICES						
1	Hospital Inpatient		8	$1,129.78	$1,250.00		$0.00
2	Hospital Administrative Day	05	19	$351.26			$0.00
3	Psychiatric Health Facility (PHF)	05	20 - 29	$585.30	$750.00		$0.00
4	SNF Intensive	05	30 -34				$0.00
5	IMD Basic (No Patch)	05	35				$0.00
6	IMD (With Patch)	05	36 - 39				$0.00
7	Adult Crisis Residential	05	40 - 49	$330.05			$0.00
8	Jail Inpatient	05	50 - 59				$0.00
9	Residential Other	05	60 - 64				$0.00
10	Adult Residential	05	65 - 79	$160.99			$0.00
11	Semi - Supervised Living	05	80 - 84				$0.00

HOME / Medi-Cal / Non Medi-Cal / MH1900_INFO / MH1901_Schedule_A / MH1901_Schedule_B / MH1901_Schedule_C / MH1991 / MH1961 / MH1962 / MH1963 / MH1960 / MH1964 / MH1969 / MH

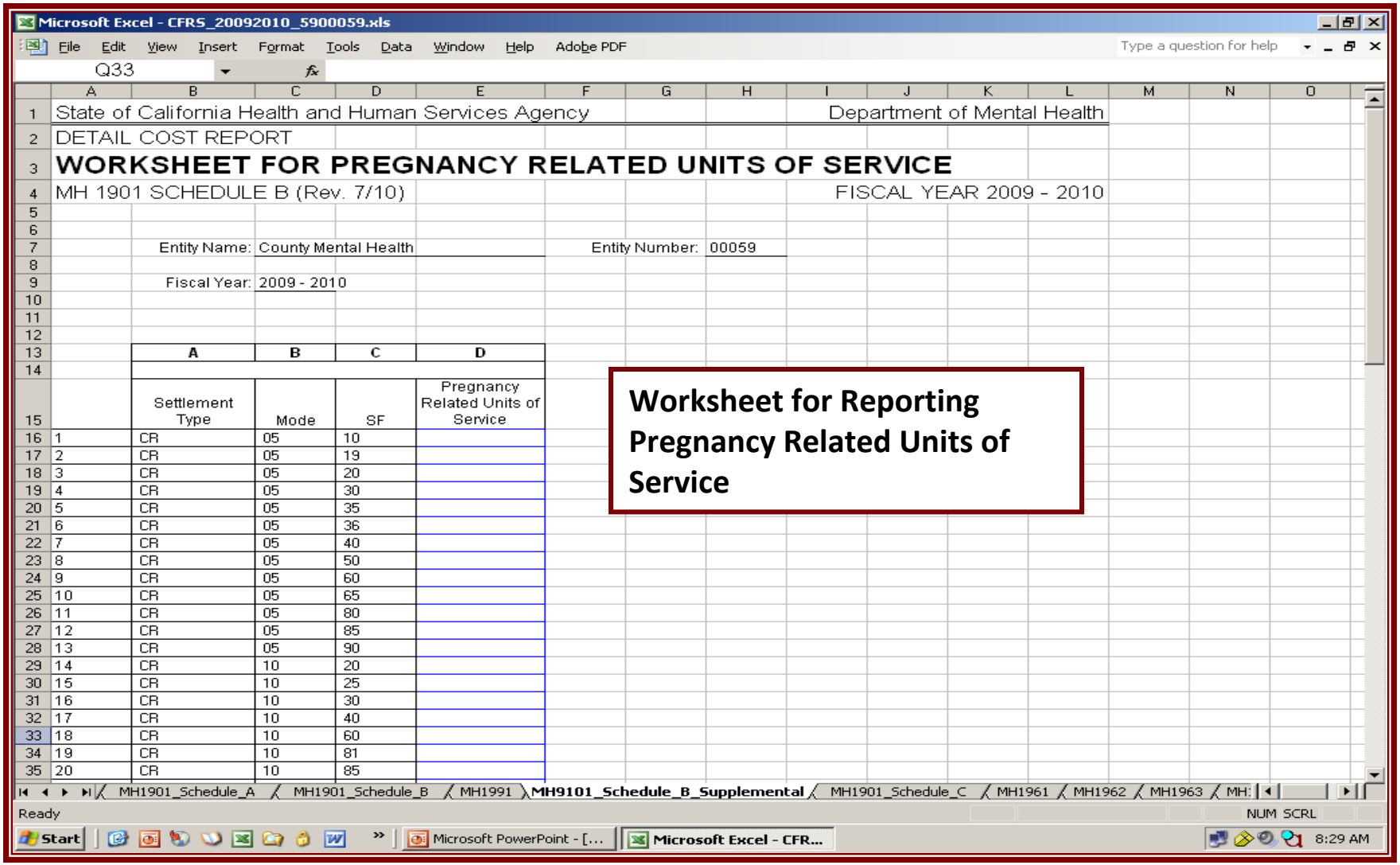
Ready — NUM

Start | Unread Mail - Micr... | Presentations that... | 12 tips for creatin... | FY 09-10 Cost Rep... | Microsoft PowerPo... | Microsoft Excel -... | 8:21 AM

MH 1901_Schedule B



MH1901_ Schedule B Supplemental



Microsoft Excel - CFRS_20092010_5900059.xls

File Edit View Insert Format Tools Data Window Help Adobe PDF

Type a question for help

Q33

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

DETAIL COST REPORT

WORKSHEET FOR PREGNANCY RELATED UNITS OF SERVICE

MH 1901 SCHEDULE B (Rev. 7/10) — FISCAL YEAR 2009 - 2010

Entity Name: County Mental Health Entity Number: 00059

Fiscal Year: 2009 - 2010

	A	B	C	D
		Settlement Type	Mode	SF	Pregnancy Related Units of Service
1		CR	05	10	
2		CR	05	19	
3		CR	05	20	
4		CR	05	30	
5		CR	05	35	
6		CR	05	36	
7		CR	05	40	
8		CR	05	50	
9		CR	05	60	
10		CR	05	65	
11		CR	05	80	
12		CR	05	85	
13		CR	05	90	
14		CR	10	20	
15		CR	10	25	
16		CR	10	30	
17		CR	10	40	
18		CR	10	60	
19		CR	10	81	
20		CR	10	85	

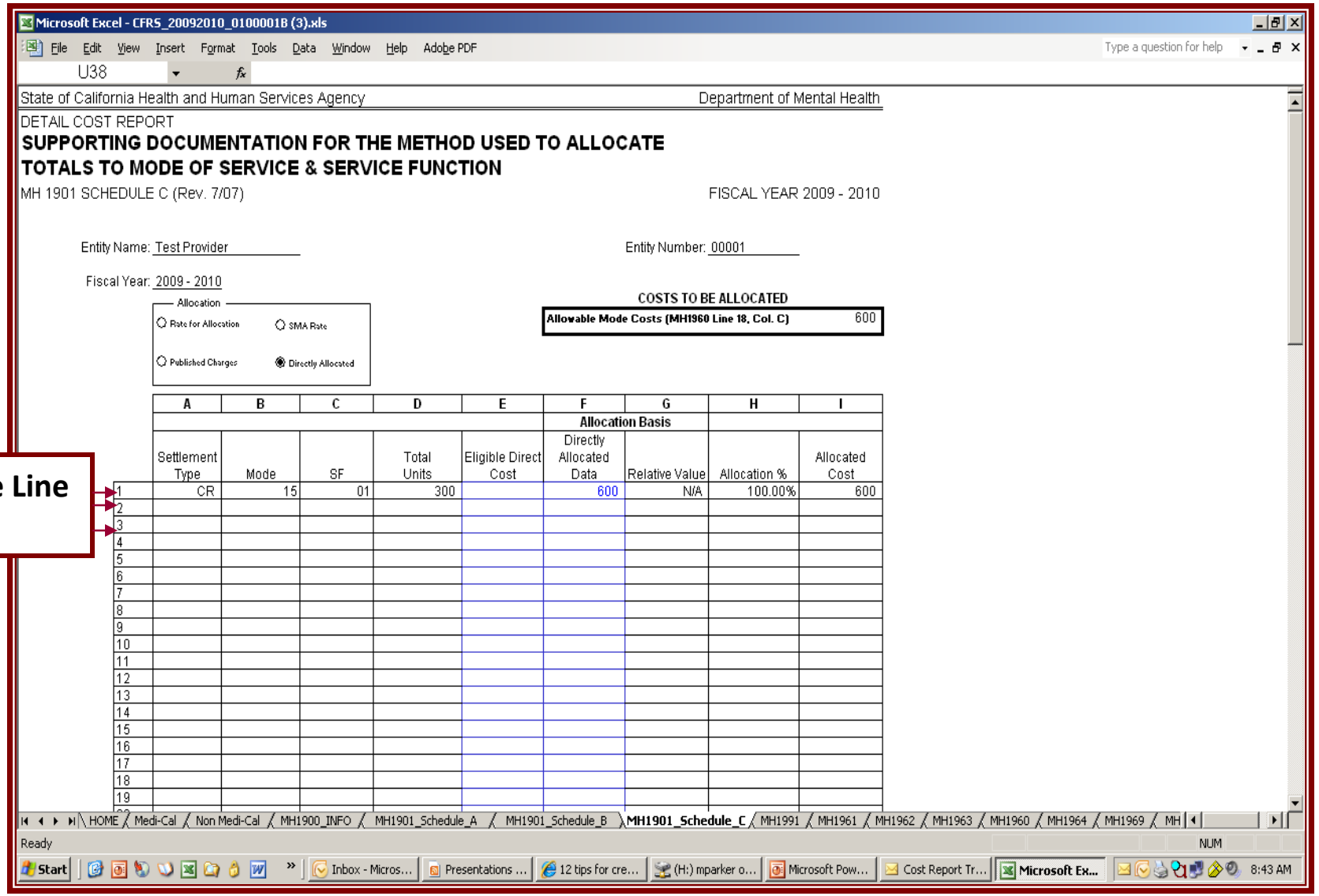
Worksheet for Reporting Pregnancy Related Units of Service

MH1901_Schedule_A | MH1901_Schedule_B | MH1991 | MH9101_Schedule_B_Supplemental | MH1901_Schedule_C | MH1961 | MH1962 | MH1963 | MH:

Ready NUM SCRL

Start | Microsoft PowerPoint - [... | Microsoft Excel - CFR... | 8:29 AM

MH 1901_Schedule C



Microsoft Excel - CFRS_20092010_0100001B (3).xls

File Edit View Insert Format Tools Data Window Help Adobe PDF

U38

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

DETAIL COST REPORT

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

MH 1901 SCHEDULE C (Rev. 7/07) — FISCAL YEAR 2009 - 2010

Entity Name: Test Provider

Entity Number: 00001

Fiscal Year: 2009 - 2010

Allocation

- ○ Rate for Allocation
- ○ SMA Rate
- ○ Published Charges
- ◉ Directly Allocated

COSTS TO BE ALLOCATED

Allowable Mode Costs (MH1960 Line 18, Col. C)	600

	A	B	C	D	E	F	G	H	I
						Allocation Basis			
	Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Directly Allocated Data	Relative Value	Allocation %	Allocated Cost
1	CR	15	01	300		600	N/A	100.00%	600
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									

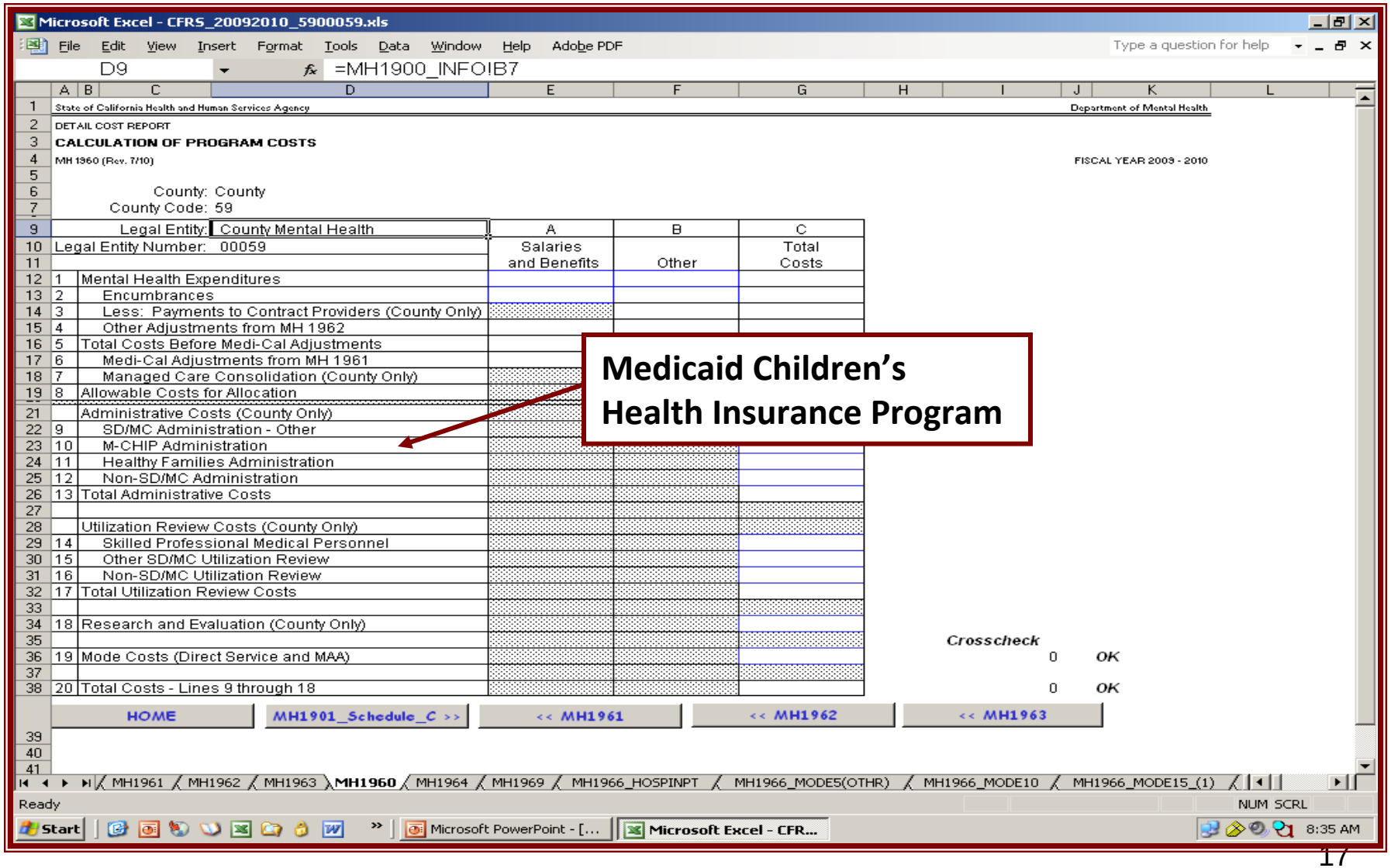
HOME | Medi-Cal | Non Medi-Cal | MH1900_INFO | MH1901_Schedule_A | MH1901_Schedule_B | **MH1901_Schedule_C** | MH1991 | MH1961 | MH1962 | MH1963 | MH1960 | MH1964 | MH1969 | MH

Ready — NUM

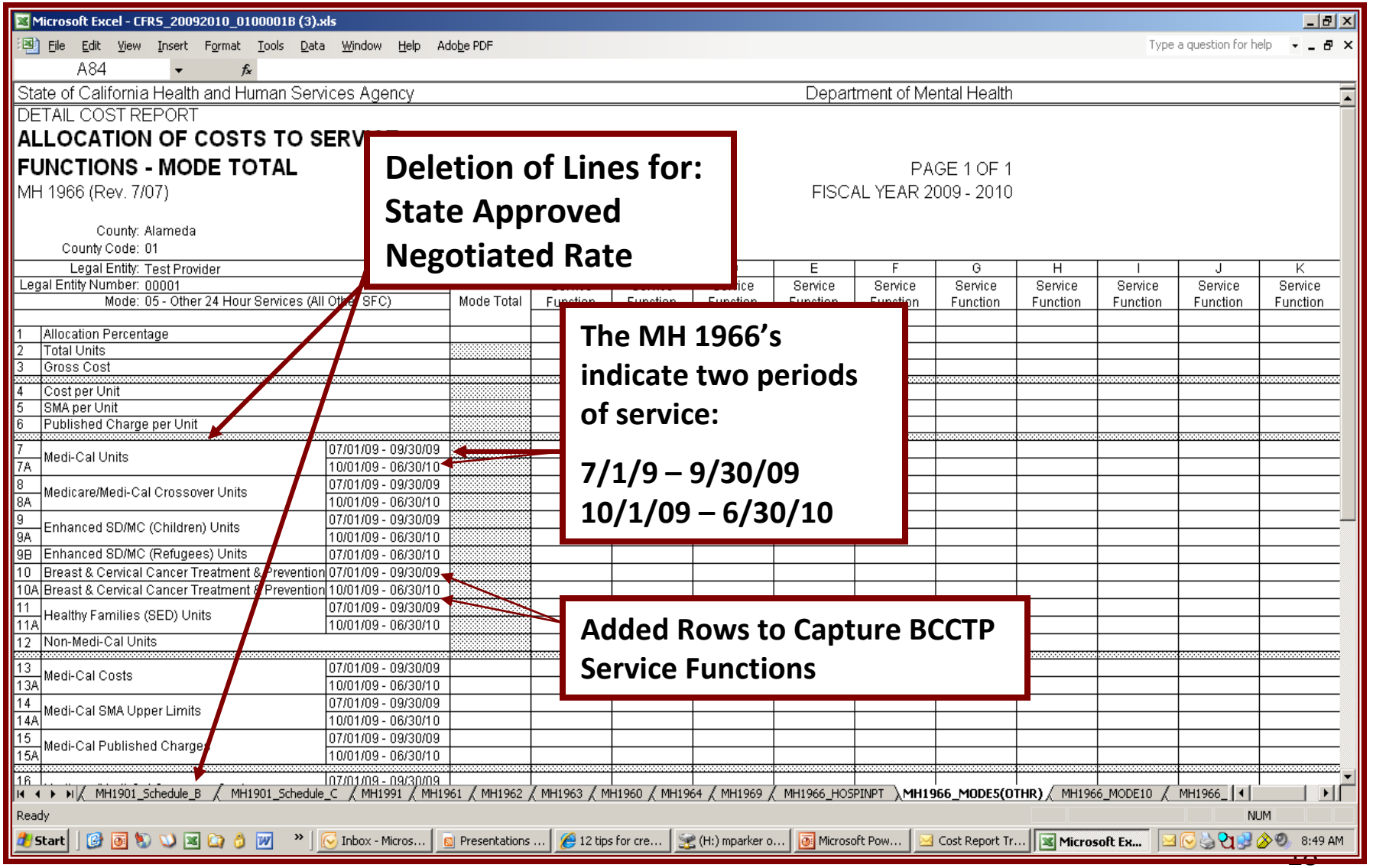
Start | Inbox - Micros... | Presentations ... | 12 tips for cre... | (H:) mparker o... | Microsoft Pow... | Cost Report Tr... | Microsoft Ex... | 8:43 AM

Single Line Item

MH 1960


Microsoft Excel - CFRS_20092010_5900059.xls
File Edit View Insert Format Tools Data Window Help Adobe PDF
Type a question for help
D9
=MH1900_INFO!B7
State of California Health and Human Services Agency
Department of Mental Health
DETAIL COST REPORT
CALCULATION OF PROGRAM COSTS
MH 1960 (Rev. 7/10)
FISCAL YEAR 2009 - 2010
County: County
County Code: 59
Legal Entity: County Mental Health
Legal Entity Number: 00059
A Salaries and Benefits
B Other
C Total Costs
1 Mental Health Expenditures
2 Encumbrances
3 Less: Payments to Contract Providers (County Only)
4 Other Adjustments from MH 1962
5 Total Costs Before Medi-Cal Adjustments
6 Medi-Cal Adjustments from MH 1961
7 Managed Care Consolidation (County Only)
8 Allowable Costs for Allocation
Administrative Costs (County Only)
9 SD/MC Administration - Other
10 M-CHIP Administration
11 Healthy Families Administration
12 Non-SD/MC Administration
13 Total Administrative Costs
Utilization Review Costs (County Only)
14 Skilled Professional Medical Personnel
15 Other SD/MC Utilization Review
16 Non-SD/MC Utilization Review
17 Total Utilization Review Costs
18 Research and Evaluation (County Only)
19 Mode Costs (Direct Service and MAA)
20 Total Costs - Lines 9 through 18
Crosscheck
0 OK
0 OK
HOME
MH1901_Schedule_C >>
<< MH1961
<< MH1962
<< MH1963
Medicaid Children's Health Insurance Program
MH1961 MH1962 MH1963 MH1960 MH1964 MH1969 MH1966_HOSPINPT MH1966_MODE5(OTHR) MH1966_MODE10 MH1966_MODE15_(1)
Ready
NUM SCRL
Start
Microsoft PowerPoint - [...
Microsoft Excel - CFR...
8:35 AM

MH 1966



Microsoft Excel - CFR5_20092010_0100001B (3).xls

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

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERV

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/07)

PAGE 1 OF 1

FISCAL YEAR 2009 - 2010

County: Alameda

County Code: 01

Legal Entity: Test Provider

Legal Entity Number: 00001

Mode: 05 - Other 24 Hour Services (All Other SFC)

			Mode Total	E Service Function	F Service Function	G Service Function	H Service Function	I Service Function	J Service Function	K Service Function
1	Allocation Percentage									
2	Total Units									
3	Gross Cost									
4	Cost per Unit									
5	SMA per Unit									
6	Published Charge per Unit									
7	Medi-Cal Units	07/01/09 - 09/30/09								
7A		10/01/09 - 06/30/10								
8	Medicare/Medi-Cal Crossover Units	07/01/09 - 09/30/09								
8A		10/01/09 - 06/30/10								
9	Enhanced SD/MC (Children) Units	07/01/09 - 09/30/09								
9A		10/01/09 - 06/30/10								
9B	Enhanced SD/MC (Refugees) Units	07/01/09 - 06/30/10								
10	Breast & Cervical Cancer Treatment & Prevention	07/01/09 - 09/30/09								
10A	Breast & Cervical Cancer Treatment & Prevention	10/01/09 - 06/30/10								
11	Healthy Families (SED) Units	07/01/09 - 09/30/09								
11A		10/01/09 - 06/30/10								
12	Non-Medi-Cal Units									
13	Medi-Cal Costs	07/01/09 - 09/30/09								
13A		10/01/09 - 06/30/10								
14	Medi-Cal SMA Upper Limits	07/01/09 - 09/30/09								
14A		10/01/09 - 06/30/10								
15	Medi-Cal Published Charge	07/01/09 - 09/30/09								
15A		10/01/09 - 06/30/10								
16		07/01/09 - 09/30/09								

Deletion of Lines for: State Approved Negotiated Rate

The MH 1966's indicate two periods of service:

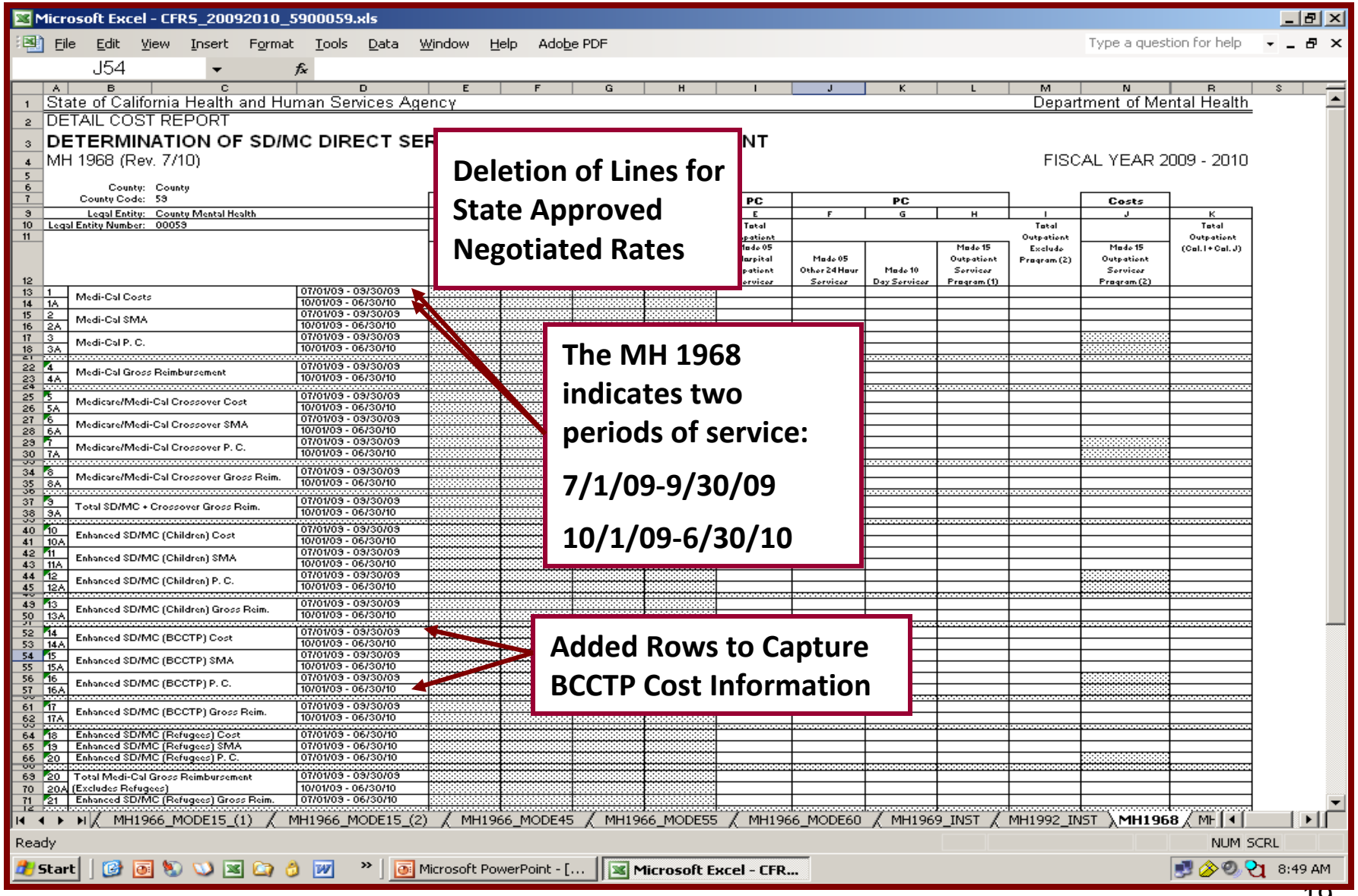
7/1/9 – 9/30/09
10/1/09 – 6/30/10

Added Rows to Capture BCCTP Service Functions

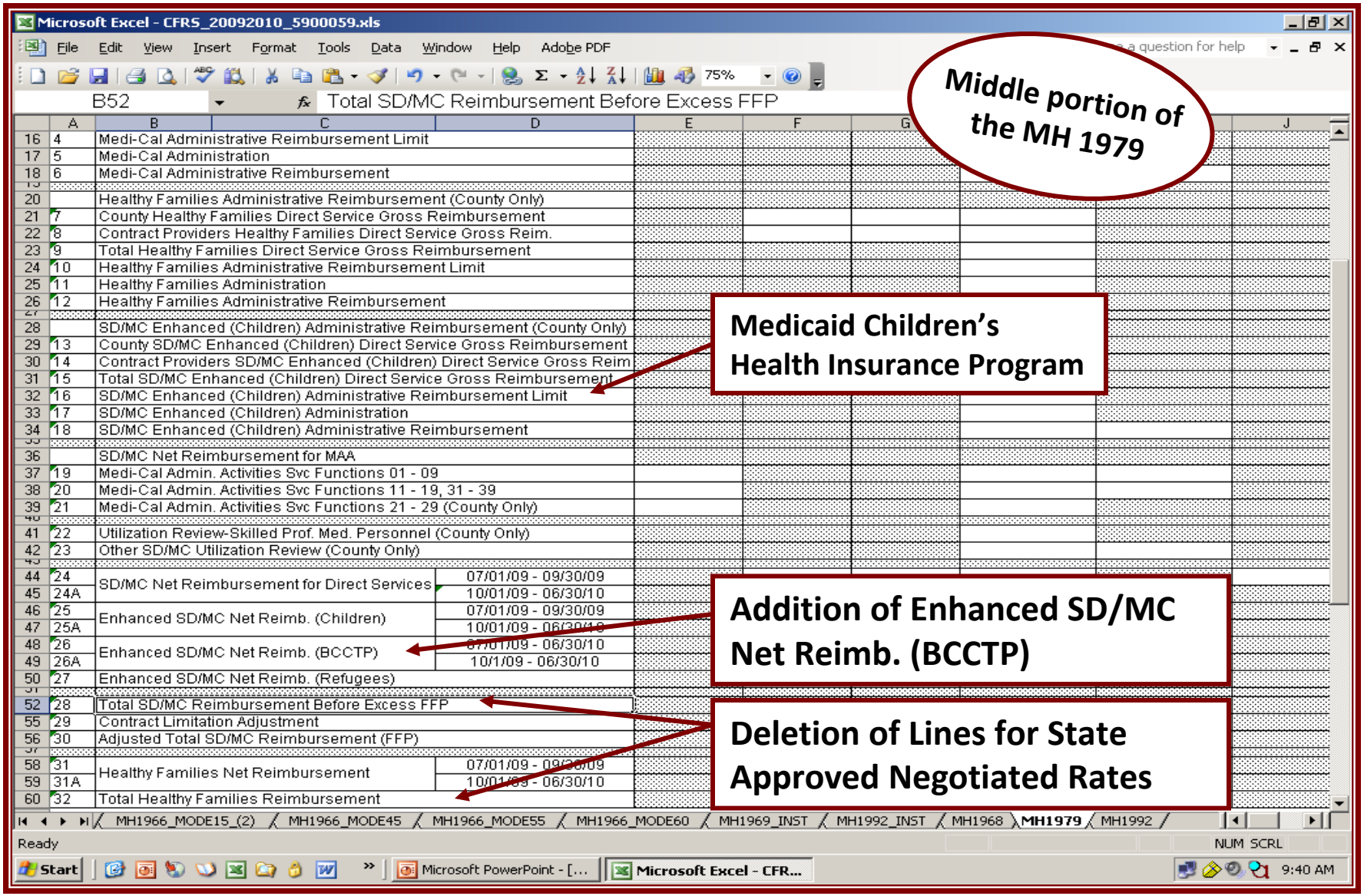
MH1901_Schedule_B | MH1901_Schedule_C | MH1991 | MH1961 | MH1962 | MH1963 | MH1960 | MH1964 | MH1969 | MH1966_HOSPINPT | MH1966_MODE5(OTHR) | MH1966_MODE10 | MH1966_

Ready

MH 1968


Microsoft Excel - CFRS_20092010_5900059.xls
State of California Health and Human Services Agency
Department of Mental Health
DETAIL COST REPORT
DETERMINATION OF SD/MC DIRECT SER
NT
MH 1968 (Rev. 7/10)
FISCAL YEAR 2009 - 2010
County: County
County Code: 59
Legal Entity: County Mental Health
Legal Entity Number: 00059
Deletion of Lines for State Approved Negotiated Rates
The MH 1968 indicates two periods of service:
7/1/09-9/30/09
10/1/09-6/30/10
Added Rows to Capture BCCTP Cost Information
MH1966_MODE15_(1)
MH1966_MODE15_(2)
MH1966_MODE45
MH1966_MODE55
MH1966_MODE60
MH1969_INST
MH1992_INST
MH1968
Ready
Start
Microsoft PowerPoint - [...
Microsoft Excel - CFR...
8:49 AM

MH 1979



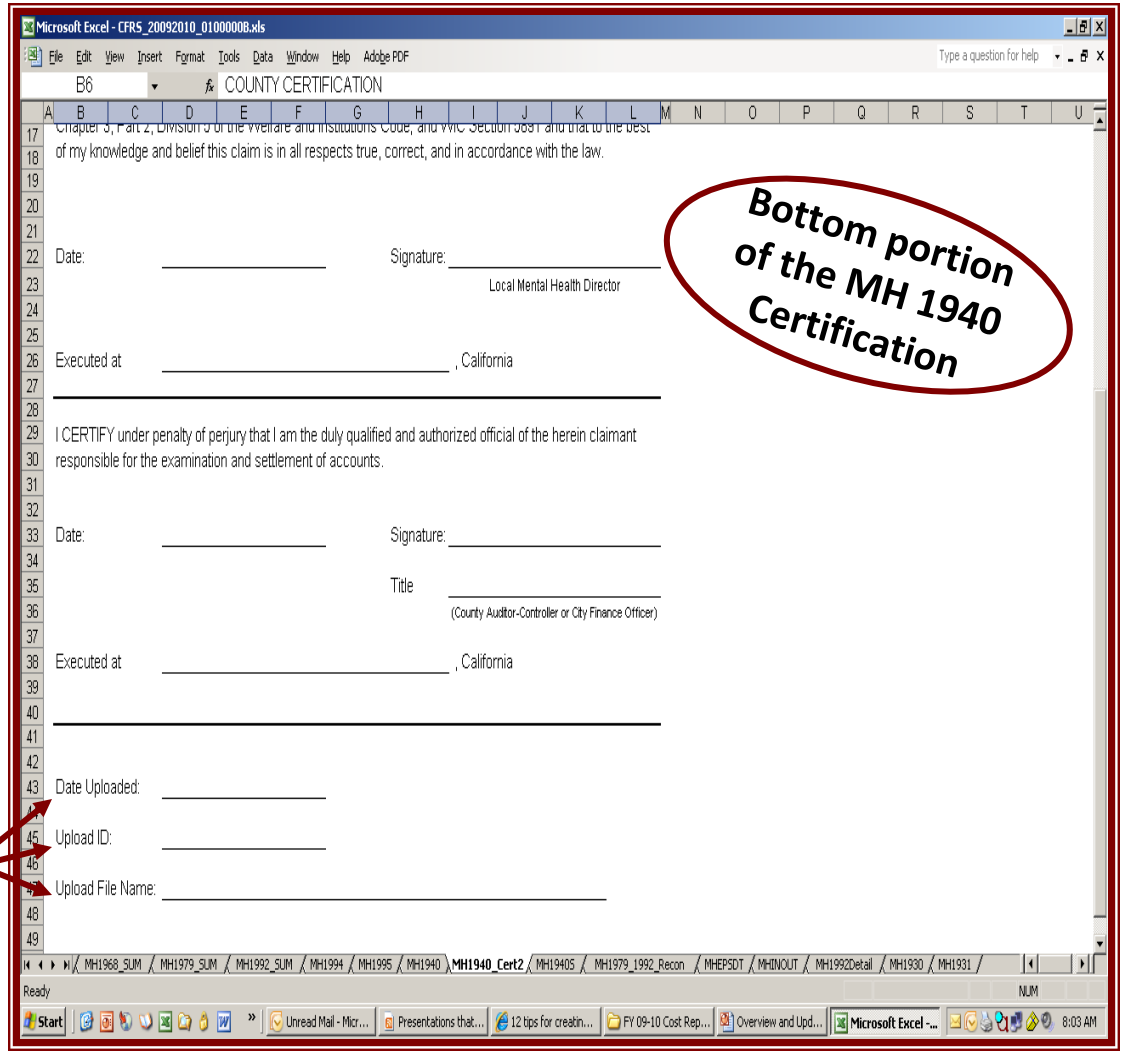
	A	B	C	D	E	F	G	J
16	4	Medi-Cal Administrative Reimbursement Limit						
17	5	Medi-Cal Administration						
18	6	Medi-Cal Administrative Reimbursement						
20		Healthy Families Administrative Reimbursement (County Only)						
21	7	County Healthy Families Direct Service Gross Reimbursement						
22	8	Contract Providers Healthy Families Direct Service Gross Reim.						
23	9	Total Healthy Families Direct Service Gross Reimbursement						
24	10	Healthy Families Administrative Reimbursement Limit						
25	11	Healthy Families Administration						
26	12	Healthy Families Administrative Reimbursement						
28		SD/MC Enhanced (Children) Administrative Reimbursement (County Only)						
29	13	County SD/MC Enhanced (Children) Direct Service Gross Reimbursement						
30	14	Contract Providers SD/MC Enhanced (Children) Direct Service Gross Reim						
31	15	Total SD/MC Enhanced (Children) Direct Service Gross Reimbursement						
32	16	SD/MC Enhanced (Children) Administrative Reimbursement Limit						
33	17	SD/MC Enhanced (Children) Administration						
34	18	SD/MC Enhanced (Children) Administrative Reimbursement						
36		SD/MC Net Reimbursement for MAA						
37	19	Medi-Cal Admin. Activities Svc Functions 01 - 09						
38	20	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39						
39	21	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)						
41	22	Utilization Review-Skilled Prof. Med. Personnel (County Only)						
42	23	Other SD/MC Utilization Review (County Only)						
44	24	SD/MC Net Reimbursement for Direct Services		07/01/09 - 09/30/09				
45	24A			10/01/09 - 06/30/10				
46	25	Enhanced SD/MC Net Reimb. (Children)		07/01/09 - 09/30/09				
47	25A			10/01/09 - 06/30/10				
48	26	Enhanced SD/MC Net Reimb. (BCCTP)		07/01/09 - 06/30/10				
49	26A			10/1/09 - 06/30/10				
50	27	Enhanced SD/MC Net Reimb. (Refugees)						
52	28	Total SD/MC Reimbursement Before Excess FFP						
55	29	Contract Limitation Adjustment						
56	30	Adjusted Total SD/MC Reimbursement (FFP)						
58	31	Healthy Families Net Reimbursement		07/01/09 - 09/30/09				
59	31A			10/01/09 - 06/30/10				
60	32	Total Healthy Families Reimbursement						

MH 1940 Certification

Electronic submission is due by December 31, 2010

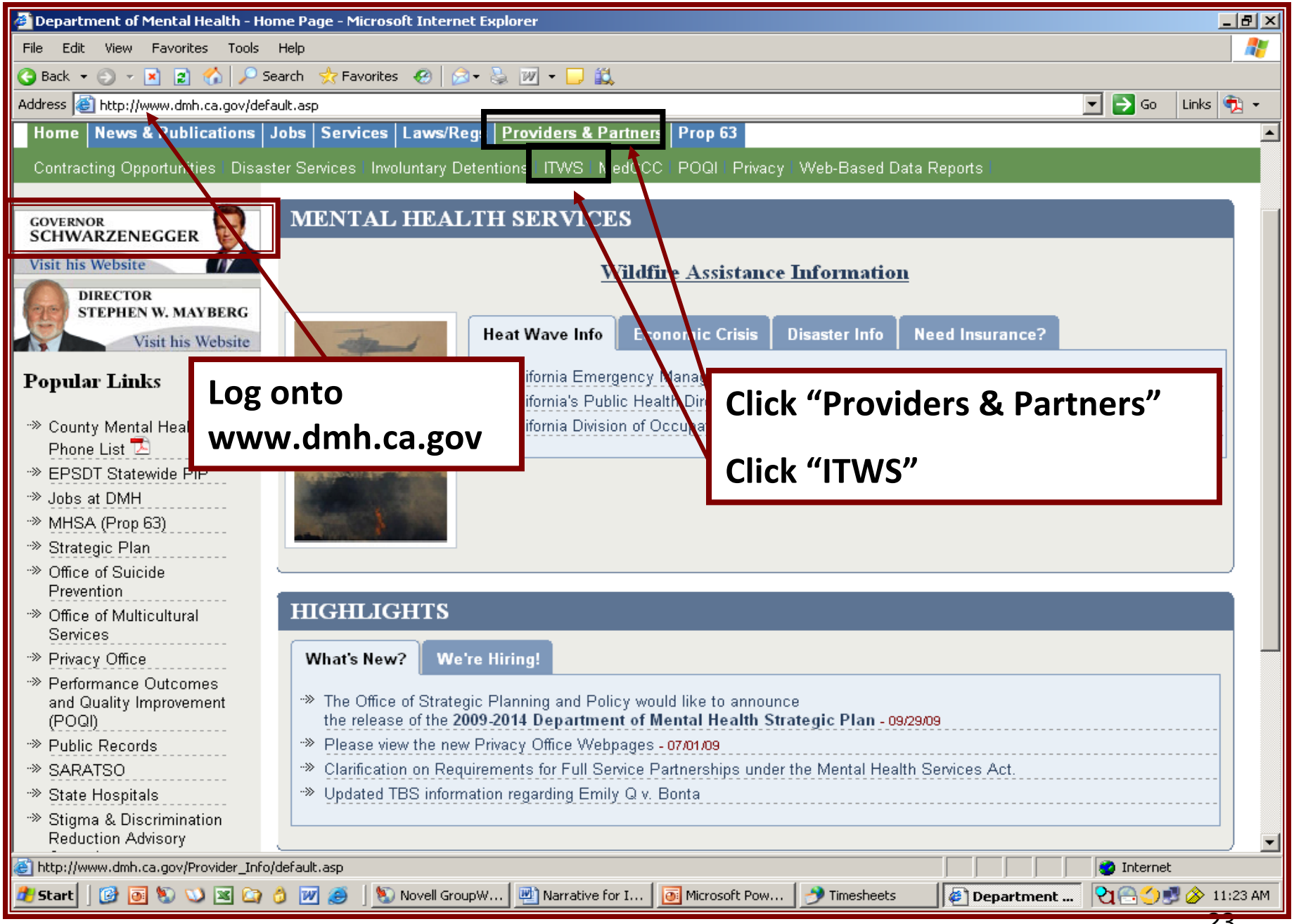
Cost report submission involves both electronic and hard copies. The hard copy submission requires a copy of the county's summary and detail cost report and an original signed MH 1940 Certification to be mailed to DMH <u>within 10 days</u> of the electronic submission to <u>validate</u> the electronic submission.

Must be completed with the upload information.

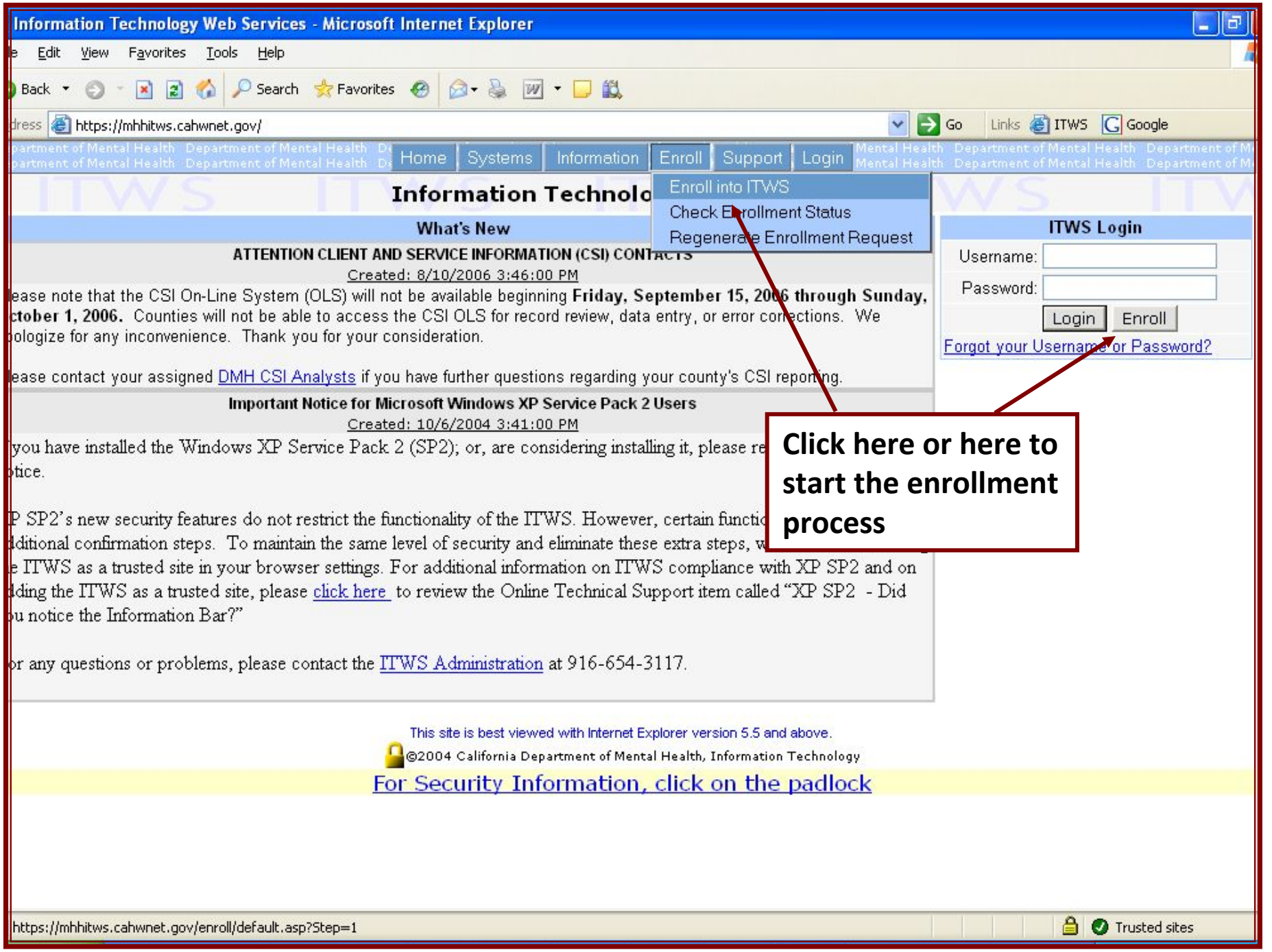


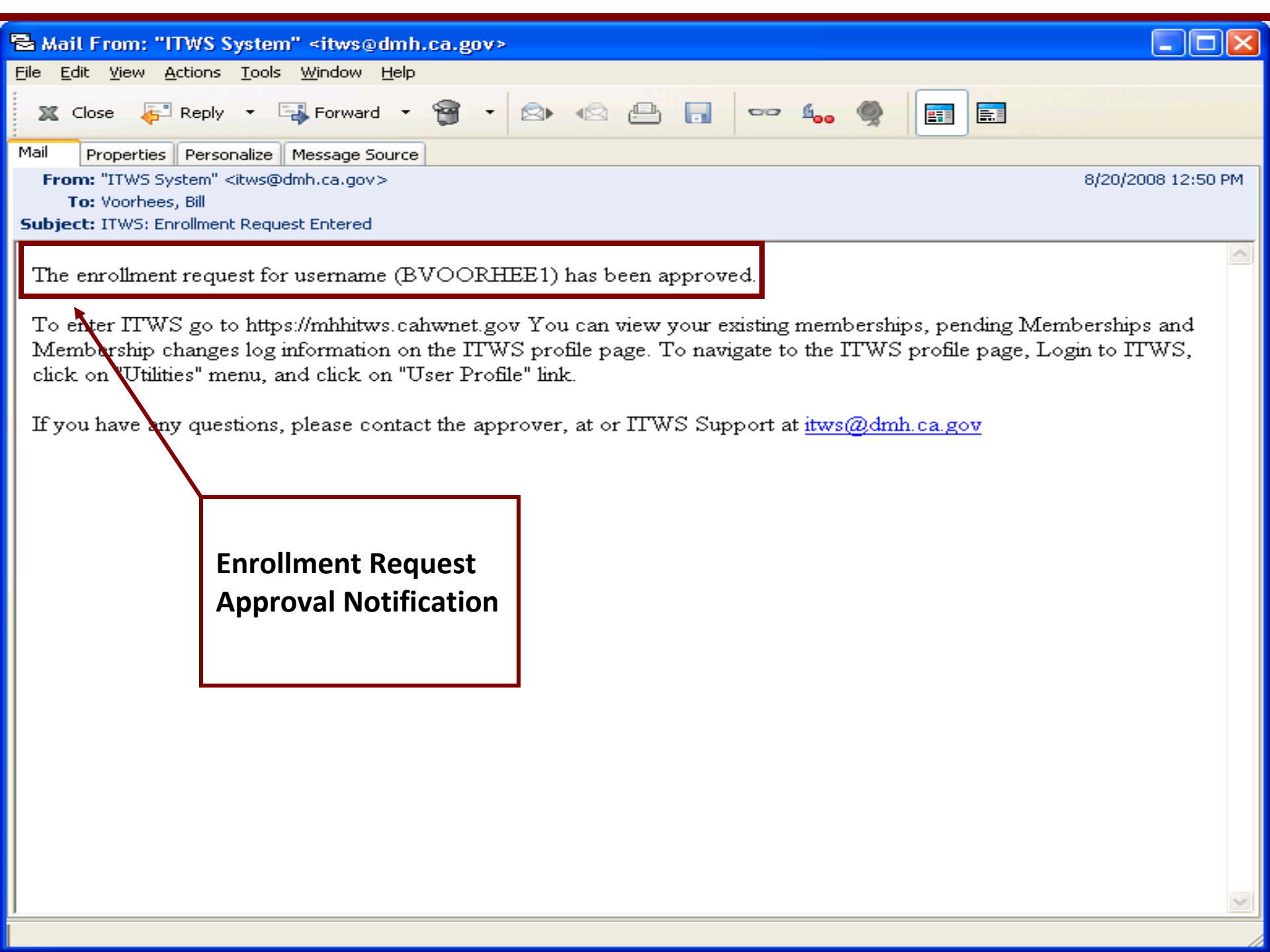
ITWS Enrollment Process

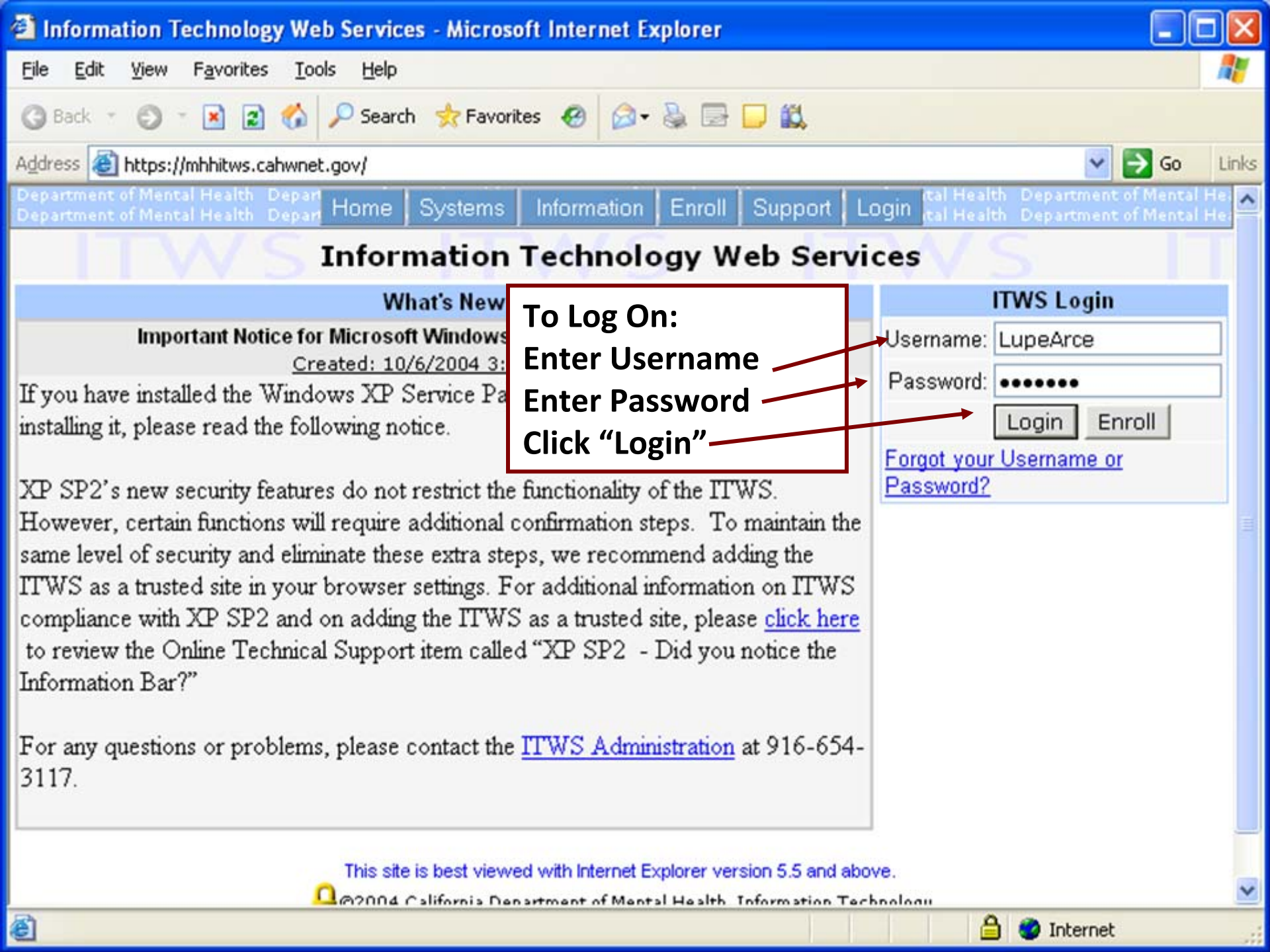
- ITWS Enrollment
- Selecting Additional Systems
- Cost and Financial Reporting System
- Provider/Legal Entity System
- Changing Password and/or User Profile
- ITWS Support

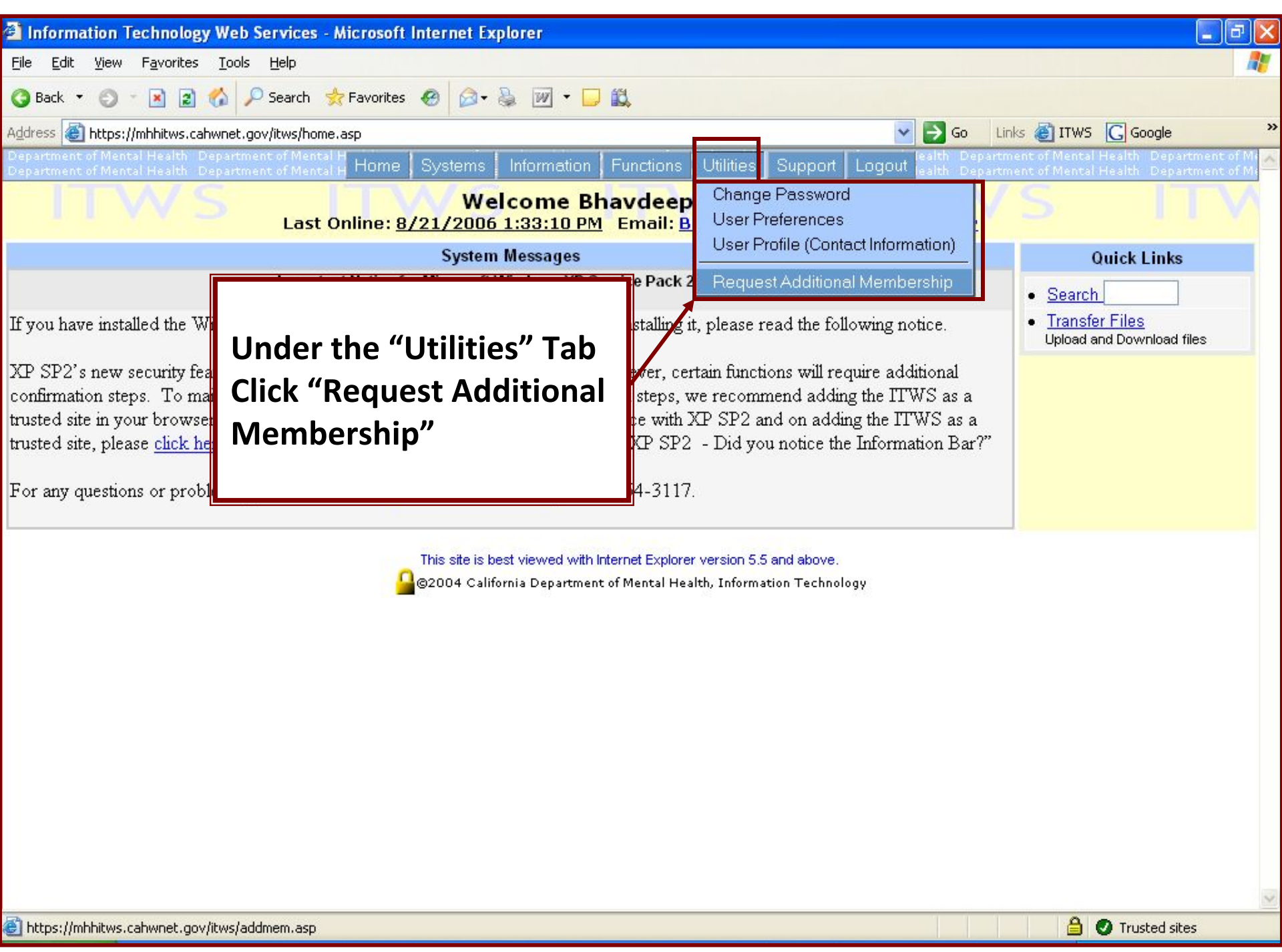

Department of Mental Health - Home Page - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://www.dmh.ca.gov/default.asp
Go Links
Home | News & Publications | Jobs | Services | Laws/Reg | Providers & Partners | Prop 63
Contracting Opportunities | Disaster Services | Involuntary Detentions | ITWS | MedCCC | POQI | Privacy | Web-Based Data Reports
GOVERNOR SCHWARZENEGGER
Visit his Website
DIRECTOR STEPHEN W. MAYBERG
Visit his Website
Popular Links
County Mental Health Phone List
EPSDT Statewide PIP
Jobs at DMH
MHSA (Prop 63)
Strategic Plan
Office of Suicide Prevention
Office of Multicultural Services
Privacy Office
Performance Outcomes and Quality Improvement (POQI)
Public Records
SARATSO
State Hospitals
Stigma & Discrimination Reduction Advisory
MENTAL HEALTH SERVICES
Wildfire Assistance Information
Heat Wave Info
Economic Crisis
Disaster Info
Need Insurance?
HIGHLIGHTS
What's New?
We're Hiring!
The Office of Strategic Planning and Policy would like to announce the release of the 2009-2014 Department of Mental Health Strategic Plan - 09/29/09
Please view the new Privacy Office Webpages - 07/01/09
Clarification on Requirements for Full Service Partnerships under the Mental Health Services Act.
Updated TBS information regarding Emily Q v. Bonta
Log onto www.dmh.ca.gov
Click "Providers & Partners"
Click "ITWS"
http://www.dmh.ca.gov/Provider_Info/default.asp
Internet
Start
Novell GroupW...
Narrative for I...
Microsoft Pow...
Timesheets
Department ...
11:23 AM

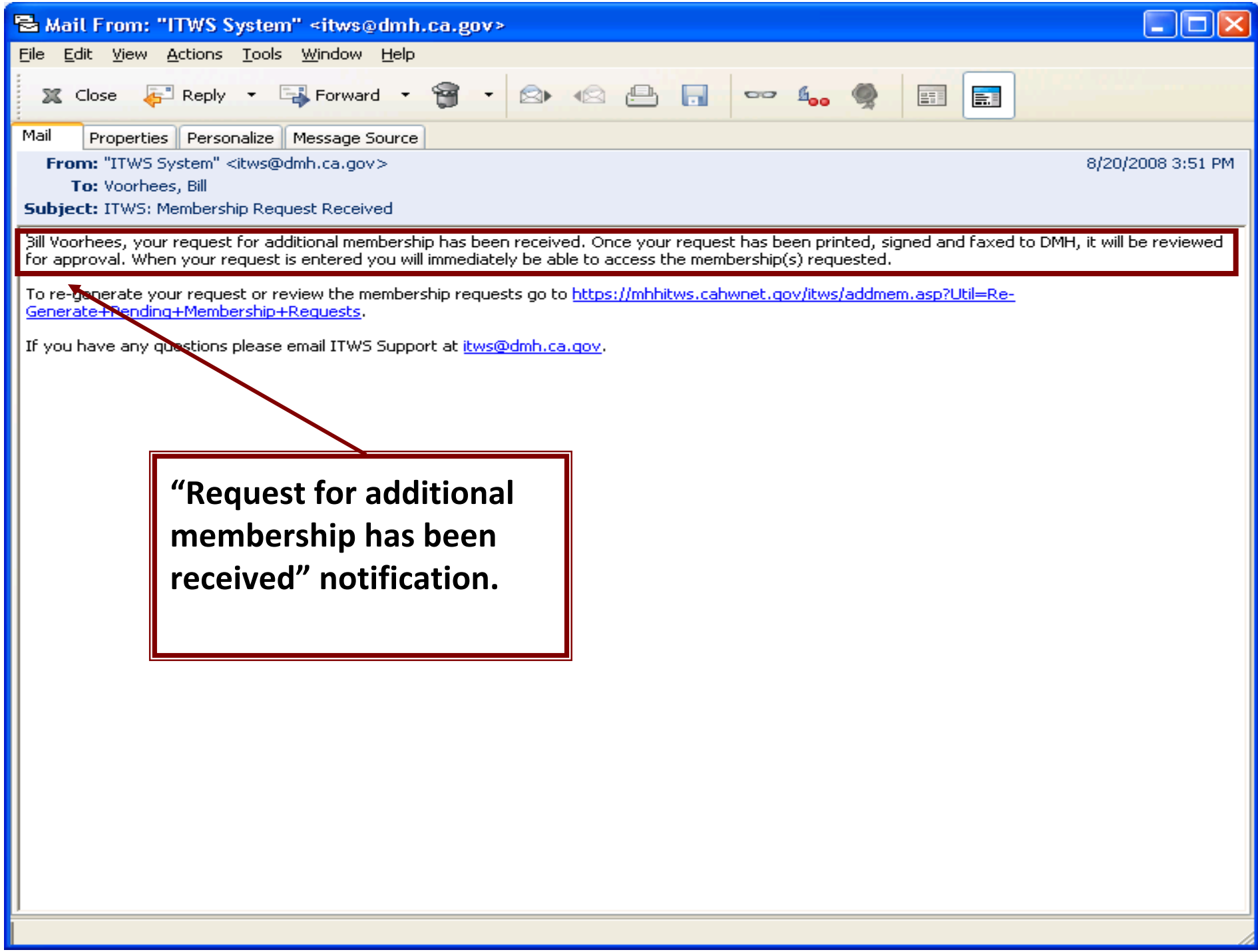

Search
Favorites
https://mhhitws.cahwnet.gov/default.asp
Go
Home
Systems
Information
Enroll
Support
Login
Home Page Tabs
California Department of Mental Health
Information Technology Web Services (ITWS)
What's New
tant Notice for Microsoft Windows XP Service Pack 2 Users
Created: 10/6/2004 3:41:00 PM
installed the Windows XP Service Pack 2 (SP2); or, are considering installing it, please read the following
new security features do not restrict the functionality of the ITWS. However, certain functions will require
confirmation steps. To maintain the same level of security and eliminate these extra steps, we recommend adding
as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on
ITWS as a trusted site, please click here to review the Online Technical Support item called "XP SP2 - Did
the Information Bar?"
estions or problems, please contact the ITWS Administration at 916-654-3117.
ITWS Login
Username:
Password:
Login
Enroll
Forgot your Username or Passwor
We encourage everyone to rea
Pre-Enrollment Guide and get fa
with the ITWS enrollment proce
users and approvers.
Quick Links
Pre-Enrollment guide
DMH Approver certification forms
ADP Approver certification forms
System enrollment guides
Contact ITWS (DMH & ADP)
ITWS QA web site
Check enrollment status
Related links
User computer requirements
DMH-IT mission
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health, Information Technology
For Security Information, click on the padlock

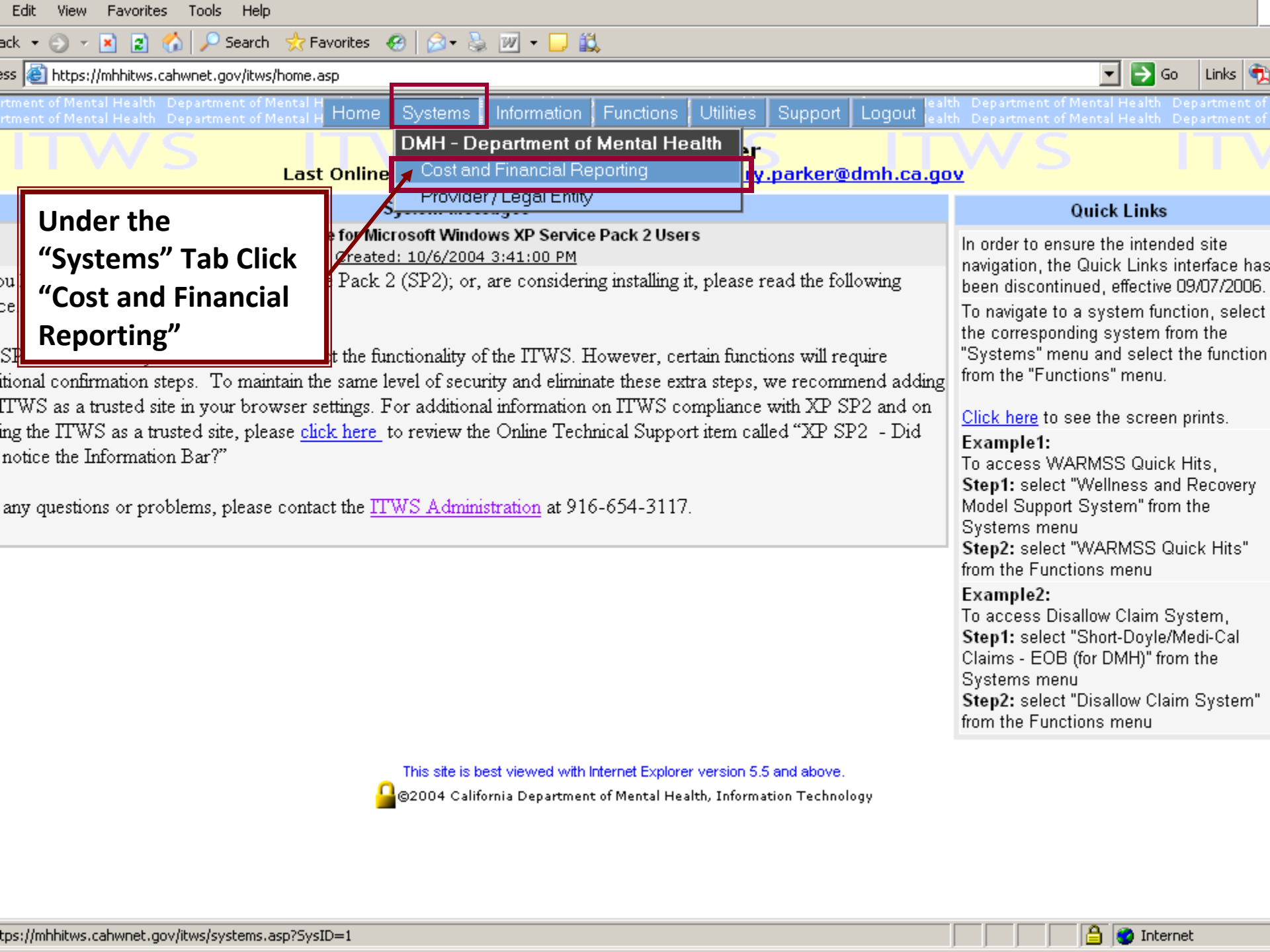

Information Technology Web Services - Microsoft Internet Explorer
Edit View Favorites Tools Help
Back Search Favorites
https://mhhitws.cahwnet.gov/
Go Links ITWS Google
Home Systems Information Enroll Support Login
Enroll into ITWS
Check Enrollment Status
Regenerate Enrollment Request
Information Technolo
What's New
ATTENTION CLIENT AND SERVICE INFORMATION (CSI) CONTACTS
Created: 8/10/2006 3:46:00 PM
lease note that the CSI On-Line System (OLS) will not be available beginning Friday, September 15, 2006 through Sunday, ctober 1, 2006. Counties will not be able to access the CSI OLS for record review, data entry, or error corrections. We ologize for any inconvenience. Thank you for your consideration.
lease contact your assigned DMH CSI Analysts if you have further questions regarding your county's CSI reporting.
Important Notice for Microsoft Windows XP Service Pack 2 Users
Created: 10/6/2004 3:41:00 PM
you have installed the Windows XP Service Pack 2 (SP2); or, are considering installing it, please re
otice.
P SP2's new security features do not restrict the functionality of the ITWS. However, certain functi
dditional confirmation steps. To maintain the same level of security and eliminate these extra steps, w
e ITWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on
dding the ITWS as a trusted site, please click here to review the Online Technical Support item called "XP SP2 - Did
ou notice the Information Bar?"
or any questions or problems, please contact the ITWS Administration at 916-654-3117.
ITWS Login
Username:
Password:
Login Enroll
Forgot your Username or Password?
Click here or here to start the enrollment process
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health, Information Technology
For Security Information, click on the padlock
https://mhhitws.cahwnet.gov/enroll/default.asp?Step=1
Trusted sites

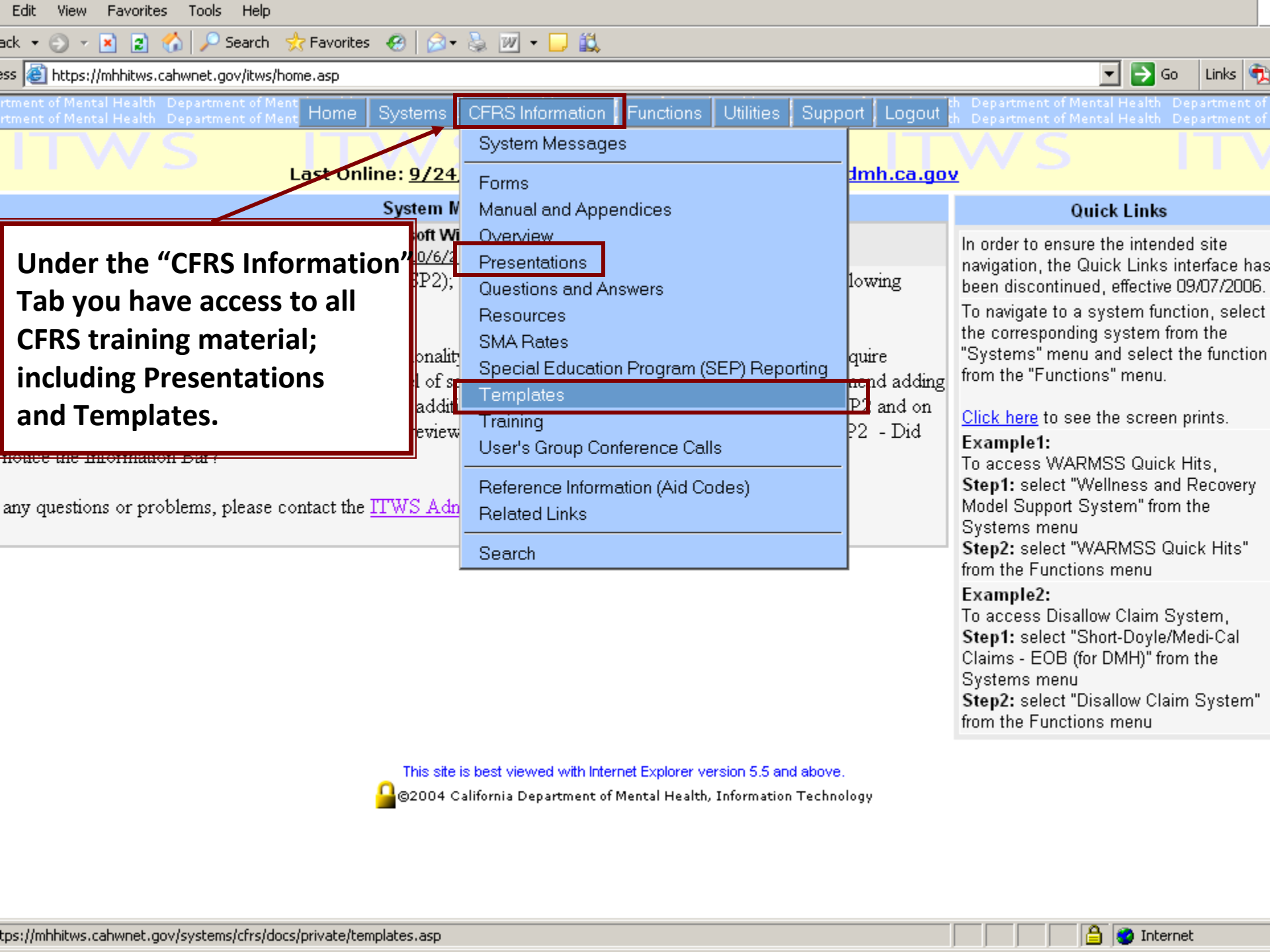

Mail From: "ITWS System" <itws@dmh.ca.gov>
File Edit View Actions Tools Window Help
Close Reply Forward
Mail Properties Personalize Message Source
From: "ITWS System" <itws@dmh.ca.gov>
8/20/2008 12:50 PM
To: Voorhees, Bill
Subject: ITWS: Enrollment Request Entered
The enrollment request for username (BVOORHEE1) has been approved.
To enter ITWS go to https://mhhitws.cahwnet.gov You can view your existing memberships, pending Memberships and Membership changes log information on the ITWS profile page. To navigate to the ITWS profile page, Login to ITWS, click on "Utilities" menu, and click on "User Profile" link.
If you have any questions, please contact the approver, at or ITWS Support at itws@dmh.ca.gov
Enrollment Request Approval Notification


Information Technology Web Services - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mhhitws.cahwnet.gov/
Go Links
Home Systems Information Enroll Support Login
Information Technology Web Services
What's New
Important Notice for Microsoft Windows
Created: 10/6/2004 3:
If you have installed the Windows XP Service Pa
installing it, please read the following notice.
XP SP2's new security features do not restrict the functionality of the ITWS. However, certain functions will require additional confirmation steps. To maintain the same level of security and eliminate these extra steps, we recommend adding the ITWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on adding the ITWS as a trusted site, please click here to review the Online Technical Support item called "XP SP2 - Did you notice the Information Bar?"
For any questions or problems, please contact the ITWS Administration at 916-654-3117.
To Log On:
Enter Username
Enter Password
Click "Login"
ITWS Login
Username: LupeArce
Password: •••••••
Login Enroll
Forgot your Username or Password?
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health Information Technology
Internet

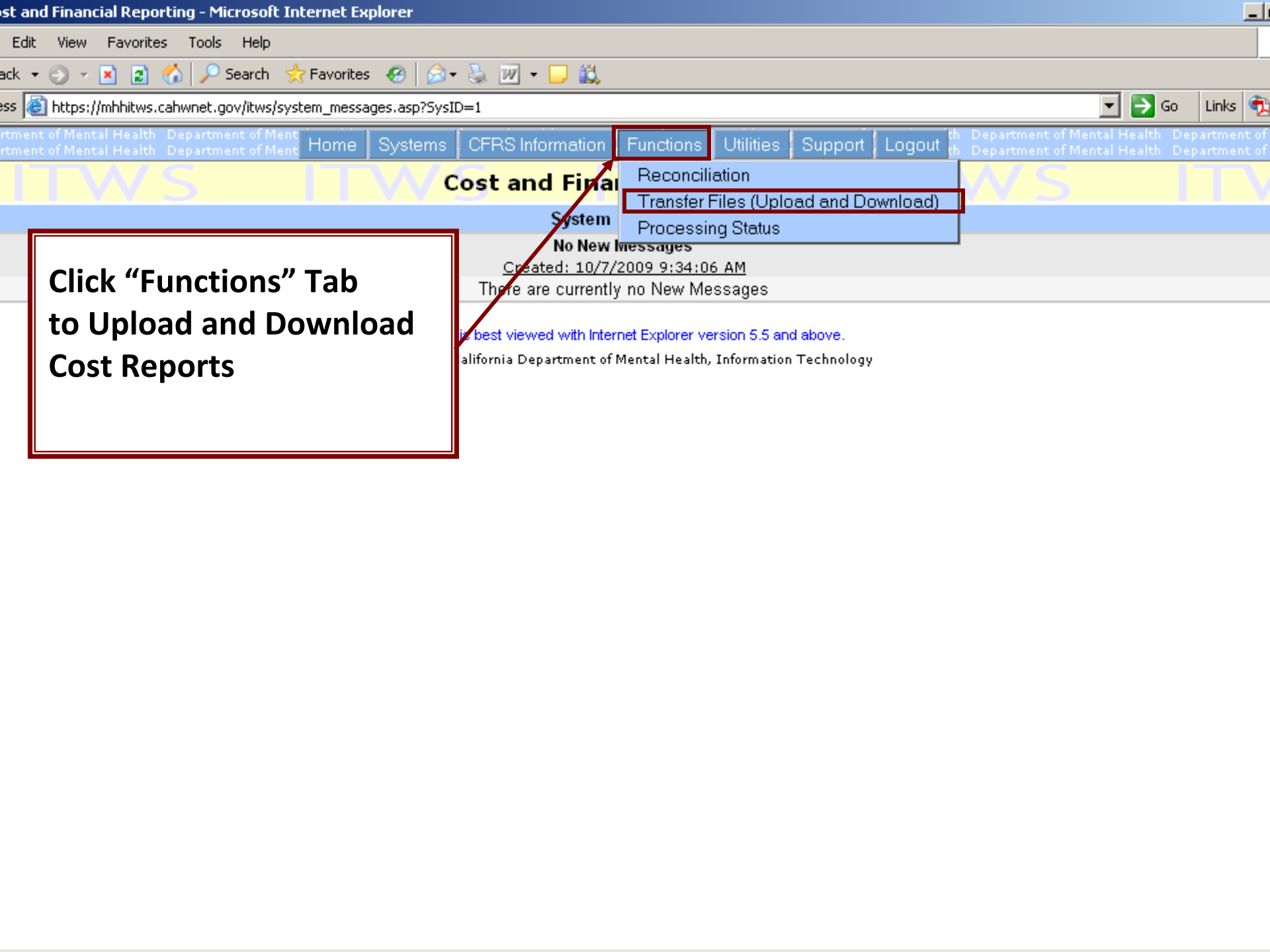

Information Technology Web Services - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mhhitws.cahwnet.gov/itws/home.asp
Go Links ITWS Google
Home Systems Information Functions Utilities Support Logout
Change Password
User Preferences
User Profile (Contact Information)
Request Additional Membership
Welcome Bhavdeep
Last Online: 8/21/2006 1:33:10 PM Email:
System Messages
Quick Links
Search
Transfer Files
Upload and Download files
Under the "Utilities" Tab
Click "Request Additional Membership"
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health, Information Technology
https://mhhitws.cahwnet.gov/itws/addmem.asp
Trusted sites

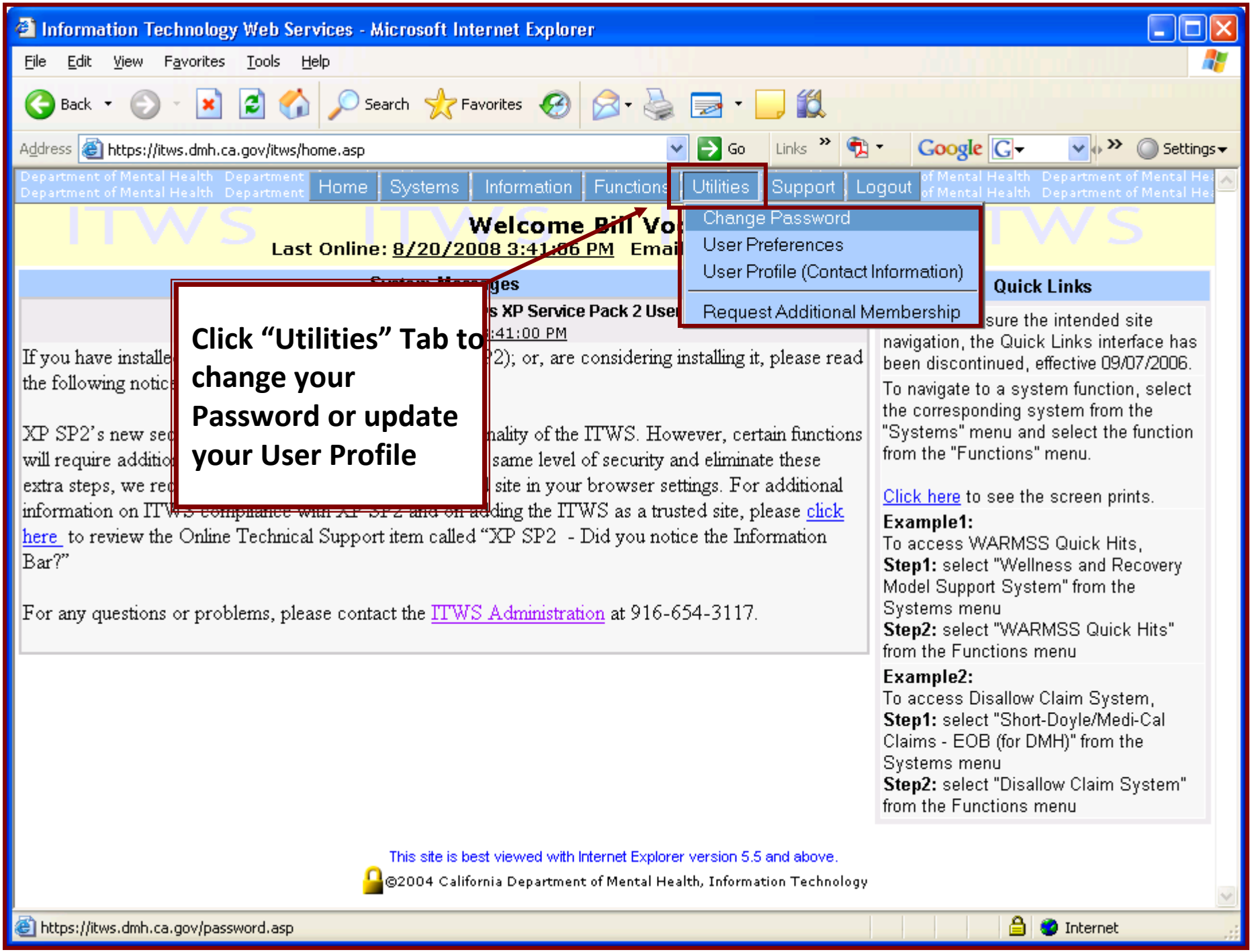

Mail From: "ITWS System" <itws@dmh.ca.gov>
File Edit View Actions Tools Window Help
Close Reply Forward
Mail Properties Personalize Message Source
From: "ITWS System" <itws@dmh.ca.gov>
8/20/2008 3:51 PM
To: Voorhees, Bill
Subject: ITWS: Membership Request Received
Bill Voorhees, your request for additional membership has been received. Once your request has been printed, signed and faxed to DMH, it will be reviewed for approval. When your request is entered you will immediately be able to access the membership(s) requested.
To re-generate your request or review the membership requests go to https://mhhitws.cahwnet.gov/itws/addmem.asp?Util=Re-Generate+Pending+Membership+Requests.
If you have any questions please email ITWS Support at itws@dmh.ca.gov.
"Request for additional membership has been received" notification.

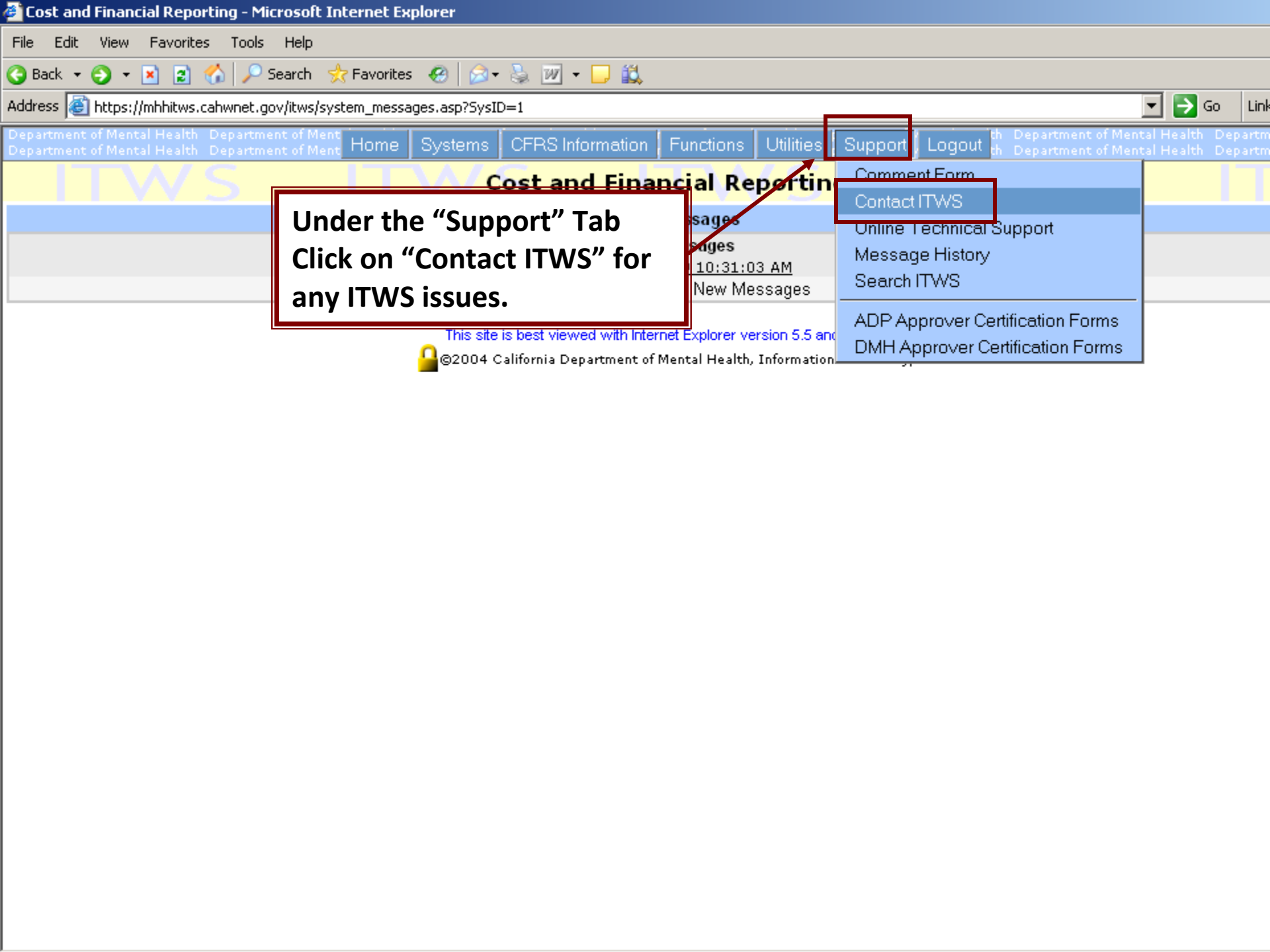

Edit View Favorites Tools Help
Search Favorites
https://mhhitws.cahwnet.gov/itws/home.asp
Go Links
Home
Systems
Information
Functions
Utilities
Support
Logout
DMH - Department of Mental Health
Cost and Financial Reporting
Provider / Legal Entity
Last Online
ry.parker@dmh.ca.gov
Under the "Systems" Tab Click "Cost and Financial Reporting"
for Microsoft Windows XP Service Pack 2 Users
Created: 10/6/2004 3:41:00 PM
Pack 2 (SP2); or, are considering installing it, please read the following
t the functionality of the ITWS. However, certain functions will require
itional confirmation steps. To maintain the same level of security and eliminate these extra steps, we recommend adding
TWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on
ing the ITWS as a trusted site, please click here to review the Online Technical Support item called "XP SP2 - Did
notice the Information Bar?"
any questions or problems, please contact the ITWS Administration at 916-654-3117.
Quick Links
In order to ensure the intended site navigation, the Quick Links interface has been discontinued, effective 09/07/2006.
To navigate to a system function, select the corresponding system from the "Systems" menu and select the function from the "Functions" menu.
Click here to see the screen prints.
Example1:
To access WARMSS Quick Hits,
Step1: select "Wellness and Recovery Model Support System" from the Systems menu
Step2: select "WARMSS Quick Hits" from the Functions menu
Example2:
To access Disallow Claim System,
Step1: select "Short-Doyle/Medi-Cal Claims - EOB (for DMH)" from the Systems menu
Step2: select "Disallow Claim System" from the Functions menu
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health, Information Technology
tps://mhhitws.cahwnet.gov/itws/systems.asp?SysID=1
Internet

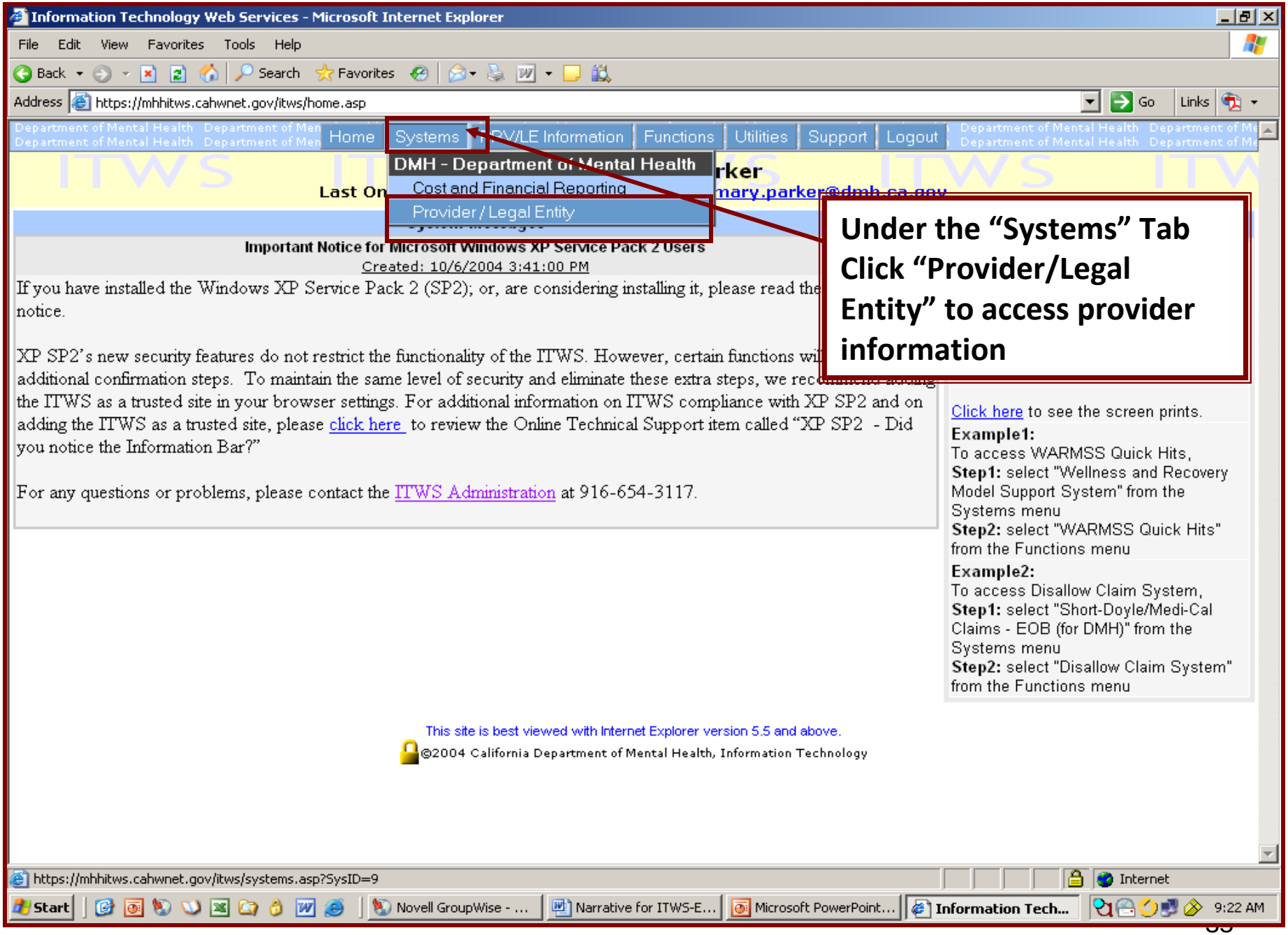


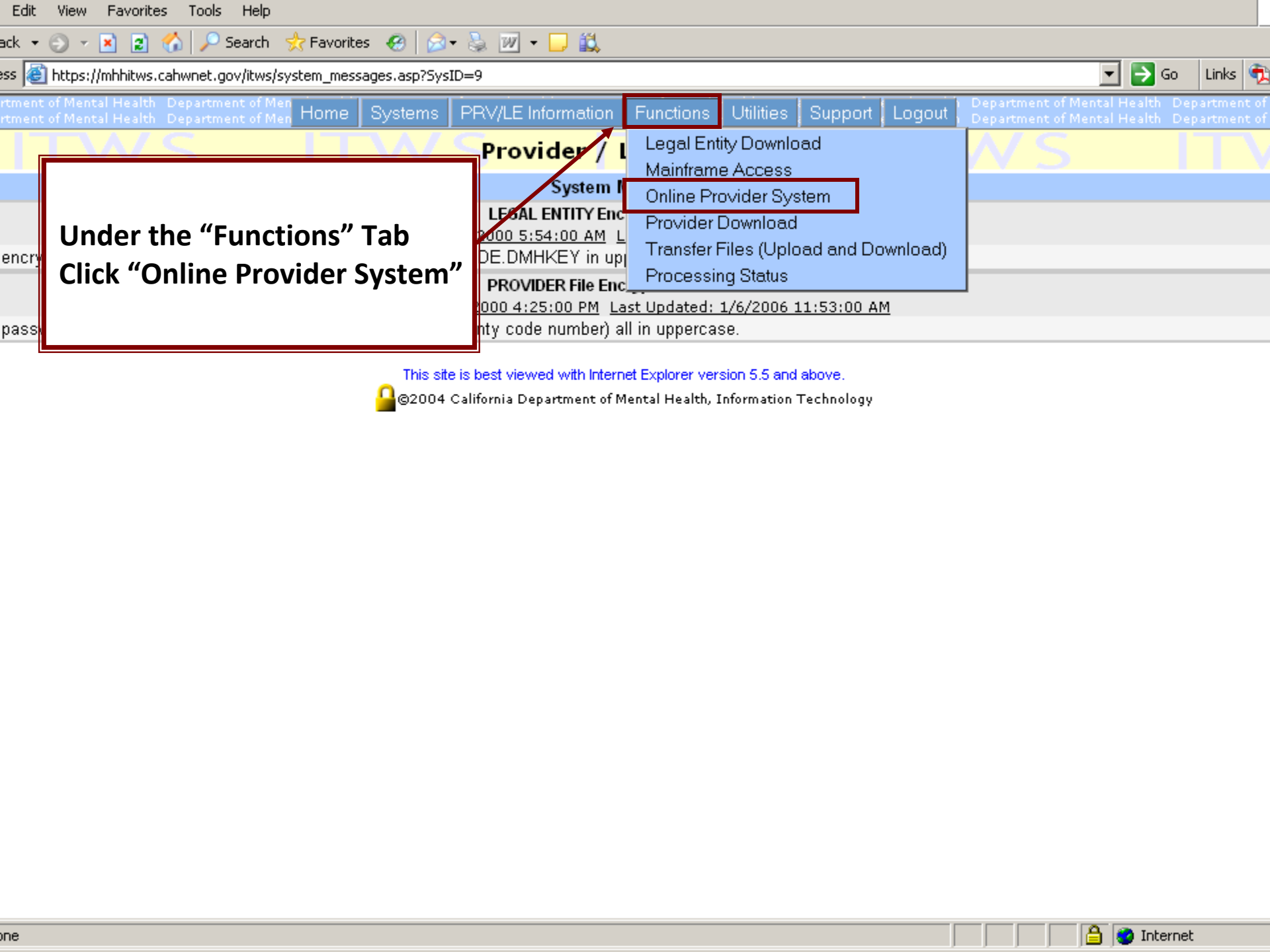
Under the "CFRS Information" Tab you have access to all CFRS training material; including Presentations and Templates.


st and Financial Reporting - Microsoft Internet Explorer
Edit View Favorites Tools Help
Search Favorites
https://mhhitws.cahwnet.gov/itws/system_messages.asp?SysID=1
Go
Links
Home
Systems
CFRS Information
Functions
Utilities
Support
Logout
Reconciliation
Transfer Files (Upload and Download)
Processing Status
Cost and Fina
System
No New Messages
Created: 10/7/2009 9:34:06 AM
There are currently no New Messages
is best viewed with Internet Explorer version 5.5 and above.
alifornia Department of Mental Health, Information Technology
Click "Functions" Tab to Upload and Download Cost Reports


Information Technology Web Services - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://itws.dmh.ca.gov/itws/home.asp
Go Links Google Settings
Home Systems Information Functions Utilities Support Logout
Change Password
User Preferences
User Profile (Contact Information)
Request Additional Membership
Welcome Bill Vo
Last Online: 8/20/2008 3:41:06 PM
Quick Links
Click "Utilities" Tab to change your Password or update your User Profile
Example1:
To access WARMSS Quick Hits,
Step1: select "Wellness and Recovery Model Support System" from the Systems menu
Step2: select "WARMSS Quick Hits" from the Functions menu
Example2:
To access Disallow Claim System,
Step1: select "Short-Doyle/Medi-Cal Claims - EOB (for DMH)" from the Systems menu
Step2: select "Disallow Claim System" from the Functions menu
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health, Information Technology
https://itws.dmh.ca.gov/password.asp
Internet

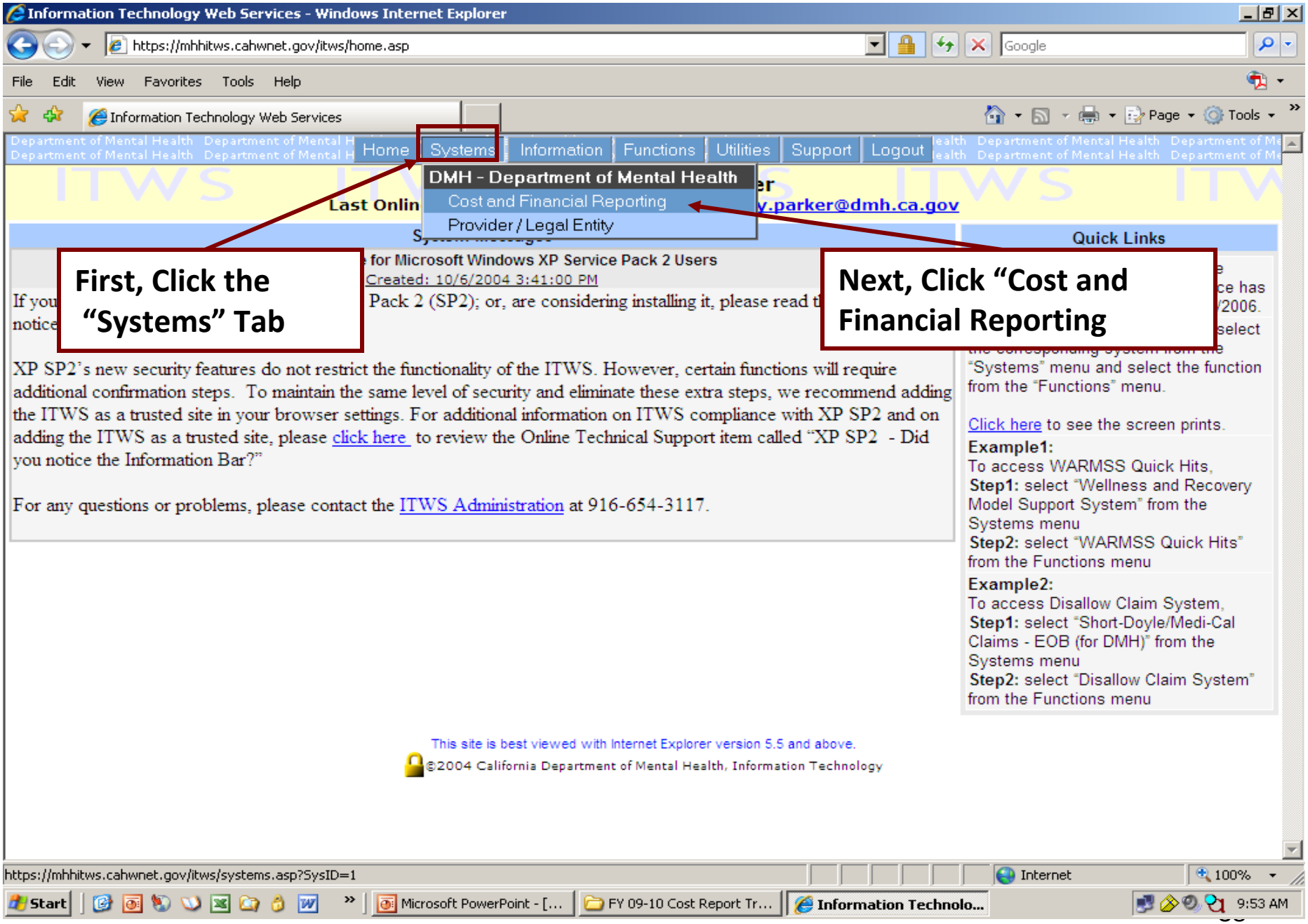

Cost and Financial Reporting - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mhhitws.cahwnet.gov/itws/system_messages.asp?SysID=1
Go
Home
Systems
CFRS Information
Functions
Utilities
Support
Logout
Cost and Financial Reportin
Comment Form
Contact ITWS
Online Technical Support
Message History
Search ITWS
ADP Approver Certification Forms
DMH Approver Certification Forms
10:31:03 AM
New Messages
This site is best viewed with Internet Explorer version 5.5 and
©2004 California Department of Mental Health, Information
Under the "Support" Tab
Click on "Contact ITWS" for
any ITWS issues.

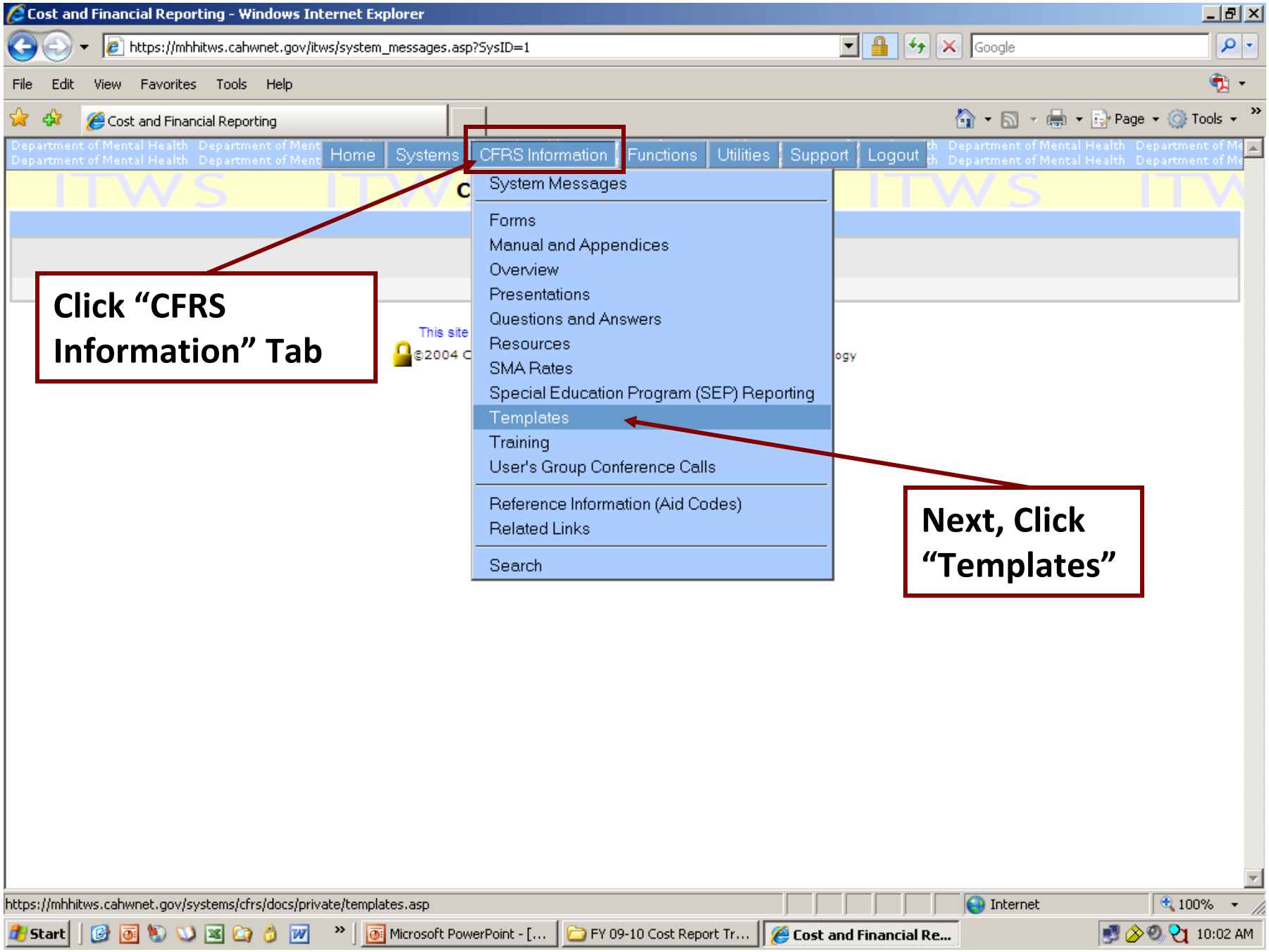

Information Technology Web Services - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mhhitws.cahwnet.gov/itws/home.asp
Go Links
Home
Systems
LE Information
Functions
Utilities
Support
Logout
DMH - Department of Mental Health
Cost and Financial Reporting
Provider / Legal Entity
Under the "Systems" Tab Click "Provider/Legal Entity" to access provider information
Important Notice for Microsoft Windows XP Service Pack 2 Users
Created: 10/6/2004 3:41:00 PM
If you have installed the Windows XP Service Pack 2 (SP2); or, are considering installing it, please read the notice.
XP SP2's new security features do not restrict the functionality of the ITWS. However, certain functions wil additional confirmation steps. To maintain the same level of security and eliminate these extra steps, we rec the ITWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on adding the ITWS as a trusted site, please click here to review the Online Technical Support item called "XP SP2 - Did you notice the Information Bar?"
For any questions or problems, please contact the ITWS Administration at 916-654-3117.
Click here to see the screen prints.
Example1:
To access WARMSS Quick Hits,
Step1: select "Wellness and Recovery Model Support System" from the Systems menu
Step2: select "WARMSS Quick Hits" from the Functions menu
Example2:
To access Disallow Claim System,
Step1: select "Short-Doyle/Medi-Cal Claims - EOB (for DMH)" from the Systems menu
Step2: select "Disallow Claim System" from the Functions menu
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health, Information Technology
https://mhhitws.cahwnet.gov/itws/systems.asp?SysID=9
Internet
Start
Novell GroupWise - ...
Narrative for ITWS-E...
Microsoft PowerPoint...
Information Tech...
9:22 AM

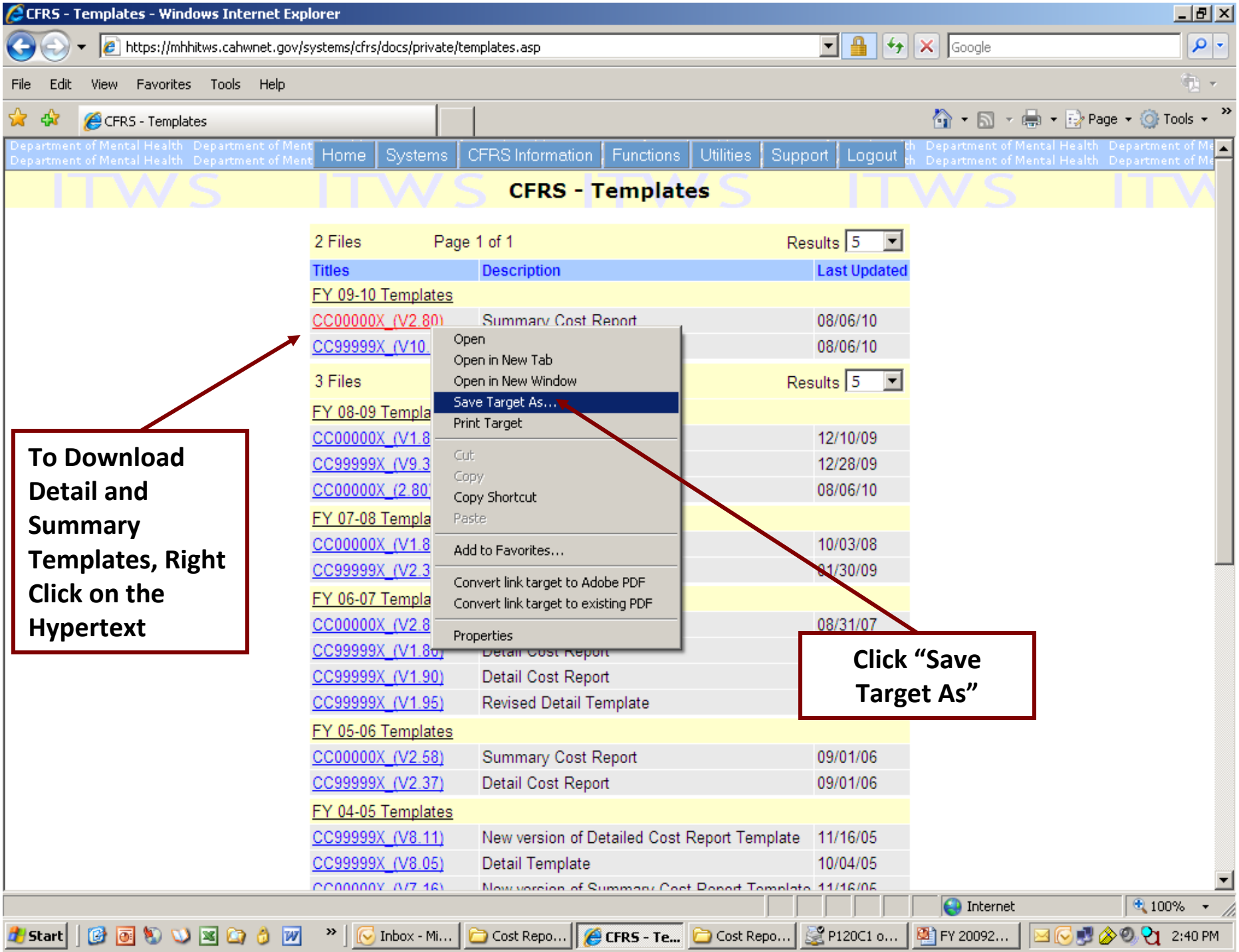

Edit View Favorites Tools Help
Search Favorites
https://mhhitws.cahwnet.gov/itws/system_messages.asp?SysID=9
Go Links
Home Systems PRV/LE Information Functions Utilities Support Logout
Legal Entity Download
Mainframe Access
Online Provider System
Provider Download
Transfer Files (Upload and Download)
Processing Status
Under the "Functions" Tab
Click "Online Provider System"
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health, Information Technology
Internet

Download the Cost Report Templates For FY 2009-2010

- Select “Cost and Financial Reporting” from the System menu
- Select “Templates” from the CFRS Information menu.
- Save the FY 2009-10 cost report templates to your personal computer.


Information Technology Web Services - Windows Internet Explorer
https://mhhitws.cahwnet.gov/itws/home.asp
Information Technology Web Services
Home
Systems
Information
Functions
Utilities
Support
Logout
DMH - Department of Mental Health
Cost and Financial Reporting
Provider / Legal Entity
First, Click the "Systems" Tab
Next, Click "Cost and Financial Reporting
Quick Links
for Microsoft Windows XP Service Pack 2 Users
Created: 10/6/2004 3:41:00 PM
XP SP2's new security features do not restrict the functionality of the ITWS. However, certain functions will require additional confirmation steps. To maintain the same level of security and eliminate these extra steps, we recommend adding the ITWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on adding the ITWS as a trusted site, please click here to review the Online Technical Support item called "XP SP2 - Did you notice the Information Bar?"
For any questions or problems, please contact the ITWS Administration at 916-654-3117.
Click here to see the screen prints.
Example1:
To access WARMSS Quick Hits,
Step1: select "Wellness and Recovery Model Support System" from the Systems menu
Step2: select "WARMSS Quick Hits" from the Functions menu
Example2:
To access Disallow Claim System,
Step1: select "Short-Doyle/Medi-Cal Claims - EOB (for DMH)" from the Systems menu
Step2: select "Disallow Claim System" from the Functions menu
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health, Information Technology


Cost and Financial Reporting - Windows Internet Explorer
https://mhhitws.cahwnet.gov/itws/system_messages.asp?SysID=1
File Edit View Favorites Tools Help
Cost and Financial Reporting
Home
Systems
CFRS Information
Functions
Utilities
Support
Logout
System Messages
Forms
Manual and Appendices
Overview
Presentations
Questions and Answers
Resources
SMA Rates
Special Education Program (SEP) Reporting
Templates
Training
User's Group Conference Calls
Reference Information (Aid Codes)
Related Links
Search
Click "CFRS Information" Tab
Next, Click "Templates"
https://mhhitws.cahwnet.gov/systems/cfrs/docs/private/templates.asp
Internet
100%
Start
Microsoft PowerPoint - [...
FY 09-10 Cost Report Tr...
Cost and Financial Re...
10:02 AM


CFRS - Templates - Windows Internet Explorer
https://mhhitws.cahwnet.gov/systems/cfrs/docs/private/templates.asp
File Edit View Favorites Tools Help
CFRS - Templates
Home Systems CFRS Information Functions Utilities Support Logout
CFRS - Templates
2 Files Page 1 of 1 Results 5
Titles Description Last Updated
FY 09-10 Templates
CC00000X_(V2.80) Summary Cost Report 08/06/10
CC99999X_(V10 08/06/10
3 Files Results 5
FY 08-09 Templa
CC00000X_(V1.8 12/10/09
CC99999X_(V9.3 12/28/09
CC00000X_(2.80 08/06/10
FY 07-08 Templa
CC00000X_(V1.8 10/03/08
CC99999X_(V2.3 01/30/09
FY 06-07 Templa
CC00000X_(V2.8 08/31/07
CC99999X_(V1.90) Detail Cost Report
CC99999X_(V1.95) Revised Detail Template
FY 05-06 Templates
CC00000X_(V2.58) Summary Cost Report 09/01/06
CC99999X_(V2.37) Detail Cost Report 09/01/06
FY 04-05 Templates
CC99999X_(V8.11) New version of Detailed Cost Report Template 11/16/05
CC99999X_(V8.05) Detail Template 10/04/05
Open
Open in New Tab
Open in New Window
Save Target As...
Print Target
Cut
Copy
Copy Shortcut
Paste
Add to Favorites...
Convert link target to Adobe PDF
Convert link target to existing PDF
Properties
To Download Detail and Summary Templates, Right Click on the Hypertext
Click "Save Target As"
Internet
100%
Start
2:40 PM

Detail Cost Report

All legal entities must complete the detail cost report (Medi-cal and non Medi-cal services).

This section will describe how to complete each of the forms contained in the detail cost report.

MH1900 Information Worksheet

MH1901 Schedule A

MH1901 Schedule B

MH1901 Schedule B Supplemental

MH1991

MH1961

MH1962

MH1963

MH1960

MH1901 Schedule C

MH1964

MH1969

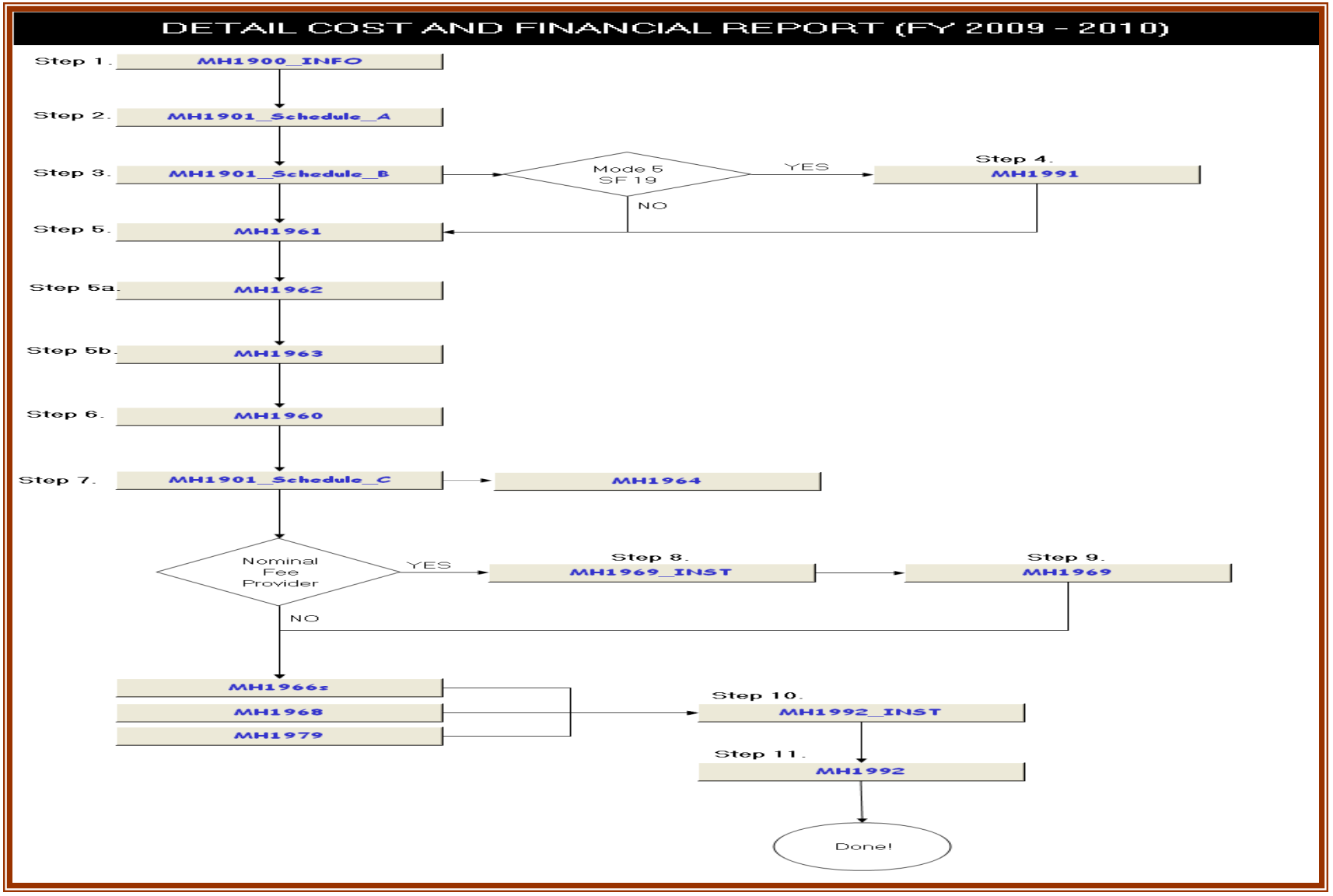
MH1966

MH1968

MH1979

MH1992

FY 2009-2010 Medi-Cal Detail Cost & Financial Report Flow Chart



Information Worksheet - MH 1900

The Information Worksheet is the starting point for the completion of the automated Mental Health Medi-Cal Cost Report.

The Information Worksheet consists of two sections:
Sections I & II

<u>Section I:</u> Each Legal entity should provide the color coded information for the following:

- **name of preparer & date**
- **legal entity name & legal entity number**
- **county name & county two digit code**

Drop down selection options- Select applicable response:
- **County legal entity cost report?**
- **Reporting Medi-Cal/Non-Medi-Cal data?**

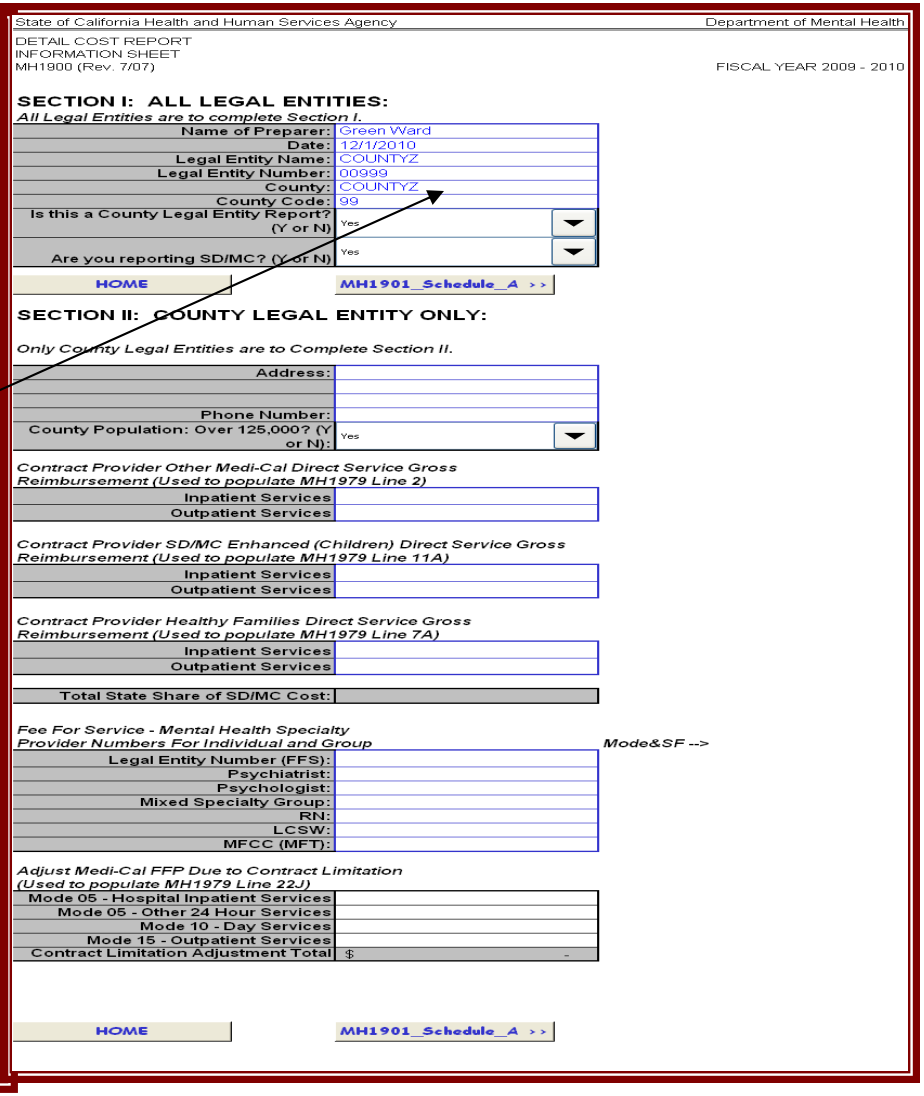
<u>Section II</u>

Enter the requested data for:
For-For-Service – Mental Health Specialty Provider Numbers For Individual and Group.

Adjust Medi-Cal FFP Due to contract Limitation

This worksheet is automatically linked to the appropriate lines and columns of schedules and forms of the cost report.

Click on the *<u>MH1901 Schedule A</u>* button below to open the sheet.



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

DETAIL COST REPORT
INFORMATION SHEET
MH1900 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

SECTION I: ALL LEGAL ENTITIES:

All Legal Entities are to complete Section I.

Name of Preparer:	Green Ward
Date:	12/1/2010
Legal Entity Name:	COUNTYZ
Legal Entity Number:	00999
County:	COUNTYZ
County Code:	99
Is this a County Legal Entity Report? (Y or N)	Yes
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 Other Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)

Inpatient Services	
Outpatient Services	

Contract Provider SD/MC Enhanced (Children) Direct Service Gross Reimbursement (Used to populate MH1979 Line 11A)

Inpatient Services	
Outpatient Services	

Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7A)

Inpatient Services	
Outpatient Services	
Total State Share of SD/MC Cost:	

Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group — *Mode&SF -->*

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

Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)

Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	$ -

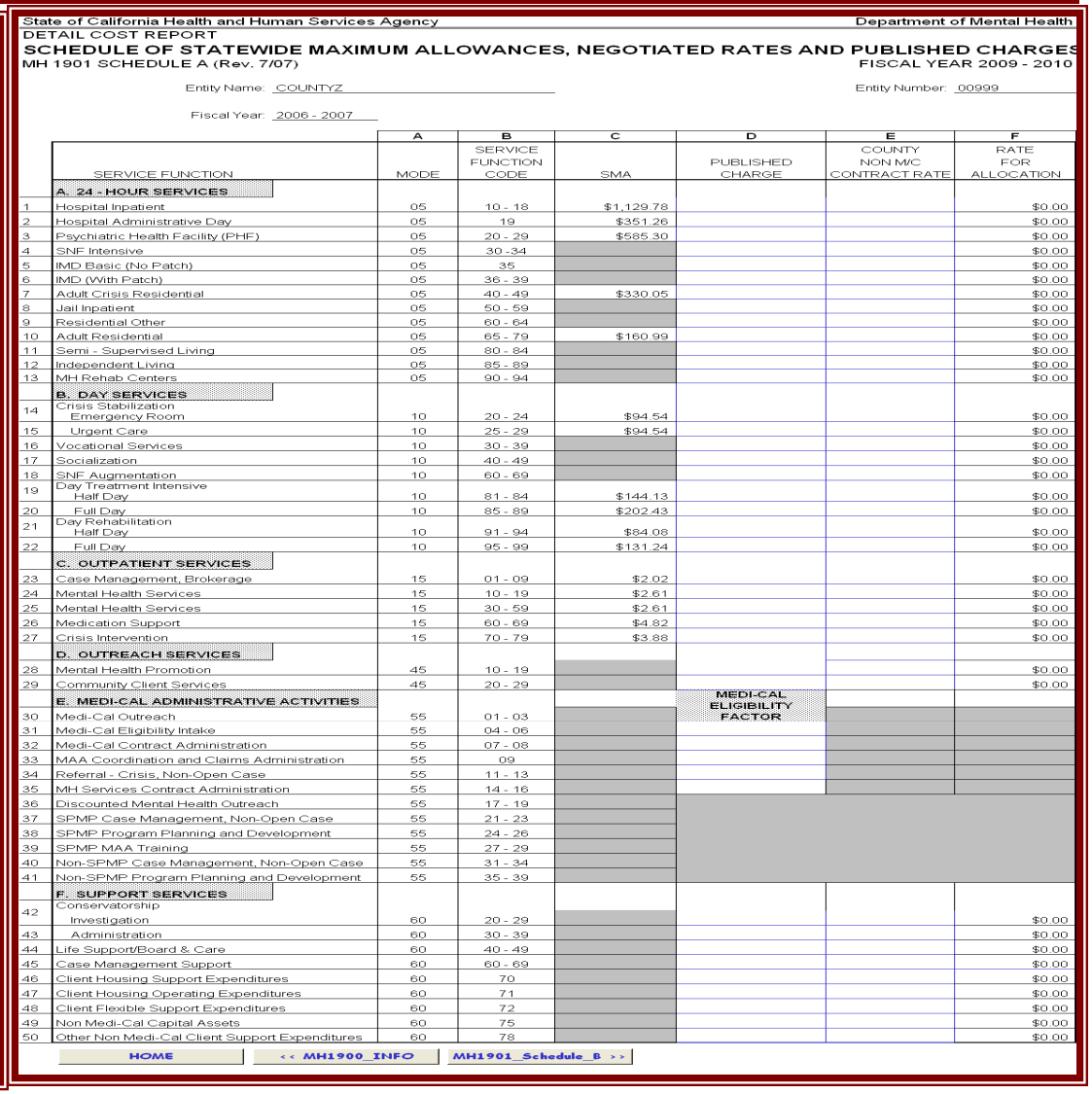
HOME — MH1901_Schedule_A >>

MH 1901 Schedule A

Schedule of Maximum Allowances (SMA) and Published Charges (PC)

MH 1901 Schedule A allows legal entities to report:

- **Published Charges by Mode and Service Function (SF).**
- **Schedule of Maximum Allowance (SMA) is reported here by the department of mental health (DMH) and should not be changed or modified.**



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

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A (Rev. 7/07) — FISCAL YEAR 2009 - 2010

Entity Name: COUNTYZ — Entity Number: 00999

Fiscal Year: 2006 - 2007

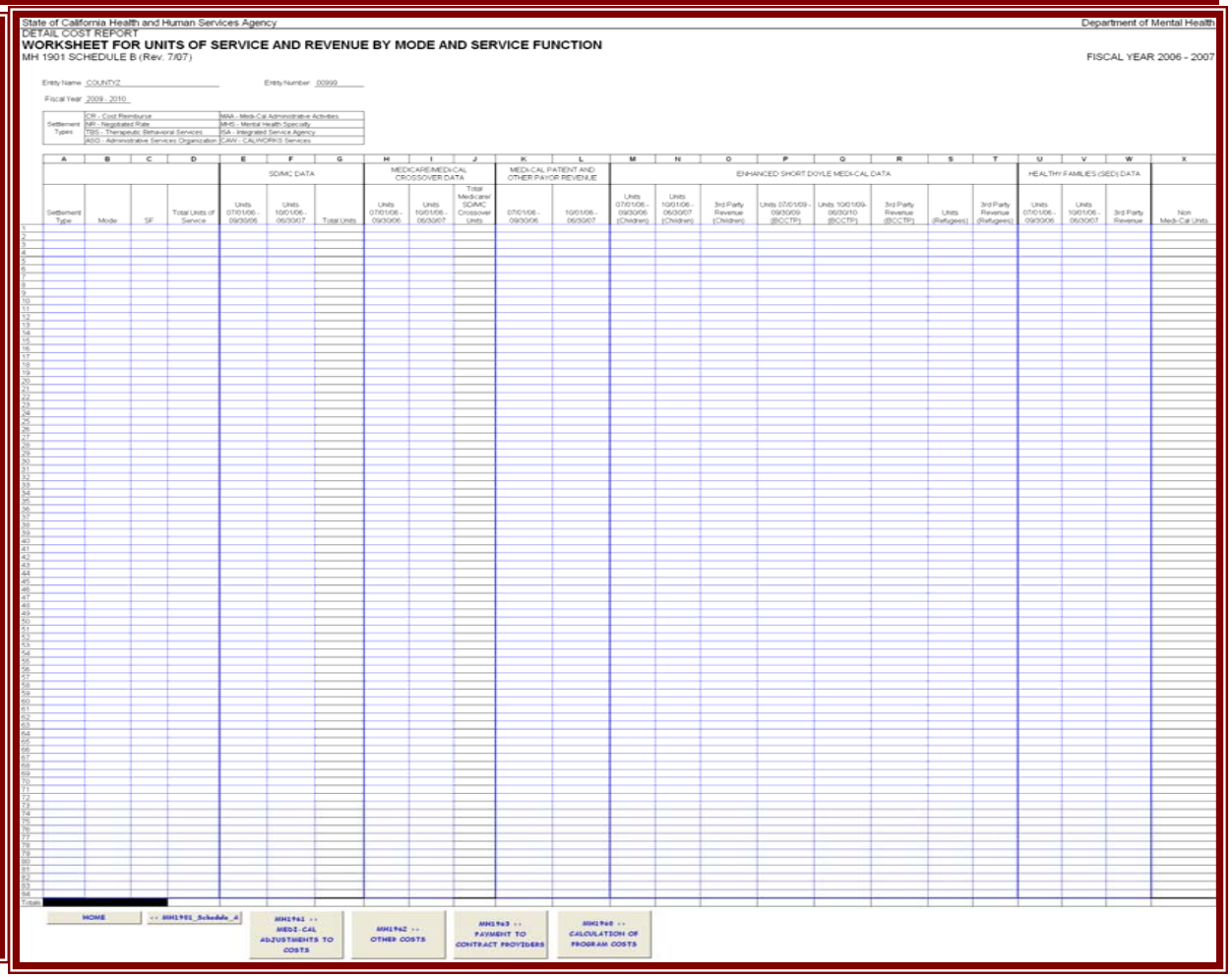
		A	B	C	D	E	F
	SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
	A. 24 - HOUR SERVICES						
1	Hospital Inpatient	05	10 - 18	$1,129.78			$0.00
2	Hospital Administrative Day	05	19	$351.26			$0.00
3	Psychiatric Health Facility (PHF)	05	20 - 29	$585.30			$0.00
4	SNF Intensive	05	30 -34				$0.00
5	IMD Basic (No Patch)	05	35				$0.00
6	IMD (With Patch)	05	36 - 39				$0.00
7	Adult Crisis Residential	05	40 - 49	$330.05			$0.00
8	Jail Inpatient	05	50 - 59				$0.00
9	Residential Other	05	60 - 64				$0.00
10	Adult Residential	05	65 - 79	$160.99			$0.00
11	Semi - Supervised Living	05	80 - 84				$0.00
12	Independent Living	05	85 - 89				$0.00
13	MH Rehab Centers	05	90 - 94				$0.00
	B. DAY SERVICES						
14	Crisis Stabilization Emergency Room	10	20 - 24	$94.54			$0.00
15	Urgent Care	10	25 - 29	$94.54			$0.00
16	Vocational Services	10	30 - 39				$0.00
17	Socialization	10	40 - 49				$0.00
18	SNF Augmentation	10	60 - 69				$0.00
19	Day Treatment Intensive Half Day	10	81 - 84	$144.13			$0.00
20	Full Day	10	85 - 89	$202.43			$0.00
21	Day Rehabilitation Half Day	10	91 - 94	$84.08			$0.00
22	Full Day	10	95 - 99	$131.24			$0.00
	C. OUTPATIENT SERVICES						
23	Case Management, Brokerage	15	01 - 09	$2.02			$0.00
24	Mental Health Services	15	10 - 19	$2.61			$0.00
25	Mental Health Services	15	30 - 59	$2.61			$0.00
26	Medication Support	15	60 - 69	$4.82			$0.00
27	Crisis Intervention	15	70 - 79	$3.88			$0.00
	D. OUTREACH SERVICES						
28	Mental Health Promotion	45	10 - 19				$0.00
29	Community Client Services	45	20 - 29				$0.00
	E. MEDI-CAL ADMINISTRATIVE ACTIVITIES				MEDI-CAL ELIGIBILITY FACTOR		
30	Medi-Cal Outreach	55	01 - 03				
31	Medi-Cal Eligibility Intake	55	04 - 06				
32	Medi-Cal Contract Administration	55	07 - 08				
33	MAA Coordination and Claims Administration	55	09				
34	Referral - Crisis, Non-Open Case	55	11 - 13				
35	MH Services Contract Administration	55	14 - 16				
36	Discounted Mental Health Outreach	55	17 - 19				
37	SPMP Case Management, Non-Open Case	55	21 - 23				
38	SPMP Program Planning and Development	55	24 - 26				
39	SPMP MAA Training	55	27 - 29				
40	Non-SPMP Case Management, Non-Open Case	55	31 - 34				
41	Non-SPMP Program Planning and Development	55	35 - 39				
	F. SUPPORT SERVICES						
42	Conservatorship Investigation	60	20 - 29				$0.00
43	Administration	60	30 - 39				$0.00
44	Life Support/Board & Care	60	40 - 49				$0.00
45	Case Management Support	60	60 - 69				$0.00
46	Client Housing Support Expenditures	60	70				$0.00
47	Client Housing Operating Expenditures	60	71				$0.00
48	Client Flexible Support Expenditures	60	72				$0.00
49	Non Medi-Cal Capital Assets	60	75				$0.00
50	Other Non Medi-Cal Client Support Expenditures	60	78				$0.00

HOME | << MH1900_INFO | MH1901_Schedule_B >>

MH 1901 Schedule B

MH1901 Schedule B allows legal entities to report:

- **Total unit of service**
- **Medi-Cal units**
- **Crossover unit**
- **Third Party revenue**
- **Enhanced Medi-Cal**
- **BCCTP units and revenue**
- **Refugee-Children**
- **Healthy Families**


State of California Health and Human Services Agency
Department of Mental Health
DETAIL COST REPORT
WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION
MH 1901 SCHEDULE B (Rev. 7/07)
FISCAL YEAR 2006 - 2007
Entity Name COUNTYZ
Entity Number 00999
Fiscal Year 2009 - 2010
Settlement Types
CR - Cost Reimburse
NR - Negotiated Rate
TBS - Therapeutic Behavioral Services
ADO - Administrative Services Organization
MAA - Medi-Cal Administrative Activities
MHS - Mental Health Specialty
ISA - Integrated Service Agency
CAW - CALWORKS Services
SD/MC DATA
MEDICARE/MEDI-CAL CROSSOVER DATA
MEDI-CAL PATIENT AND OTHER PAYOR REVENUE
ENHANCED SHORT DOYLE MEDI-CAL DATA
HEALTHY FAMILIES (SED) DATA
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
Units 07/01/06 - 09/30/06 (Children)
Units 10/01/06 - 06/30/07 (Children)
3rd Party Revenue (Children)
Units 07/01/09 - 09/30/09 (BCCTP)
Units 10/01/09 - 06/30/10 (BCCTP)
3rd Party Revenue (BCCTP)
Units (Refugees)
3rd Party Revenue (Refugees)
Units 07/01/06 - 09/30/06
Units 10/01/06 - 06/30/07
3rd Party Revenue
Non Medi-Cal Units
HOME
<< MH1901_Schedule_A
MH1901 >> MEDI-CAL ADJUSTMENTS TO COSTS
MH1902 >> OTHER COSTS
MH1903 >> PAYMENT TO CONTRACT PROVIDERS
MH1904 >> CALCULATION OF PROGRAM COSTS

MH 1901 Schedule B-Supplemental

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

DETAIL COST REPORT

WORKSHEET FOR PREGNANCY RELATED UNITS OF SERVICE

MH 1901 SCHEDULE B (Rev. 7/10) — FISCAL YEAR 2009 – 2010

Entity Name: MEDIKAL ENTITY — Entity Number: 00099

Fiscal Year: 2009 - 2010

	A	B	C	D
	Settlement Type	Mode	SF	Pregnancy Related Units of Service
1	CR	05	10	
2	CR	10	20	
3	CR	15	01	
4	CR	15	10	
5	CR	15	30	
6	TBS	15	30	
7	CR	45	20	
8	CR	60	40	
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
Totals				

MH 1991 –Calculation of SD/MC Hospital Administrative Days

The purpose of MH 1991 is to gross up SMA with Physician and Ancillary costs associated with Specialty Mental Health Services (SMHS) and Hospital Administrative Days-Mode 05, Service Function 19.

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

DETAIL COST REPORT

CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2006 - 2007 HOSPITAL ADMINISTRATIVE DAYS

MH 1991 (Rev. 7/10) — FISCAL YEAR 2009 - 2010

COUNTY NAME: COUNTY X
COUNTY CODE: 99
LEGAL ENTITY
NAME: MEDIKAL ENTITY
NUMBER: 00099

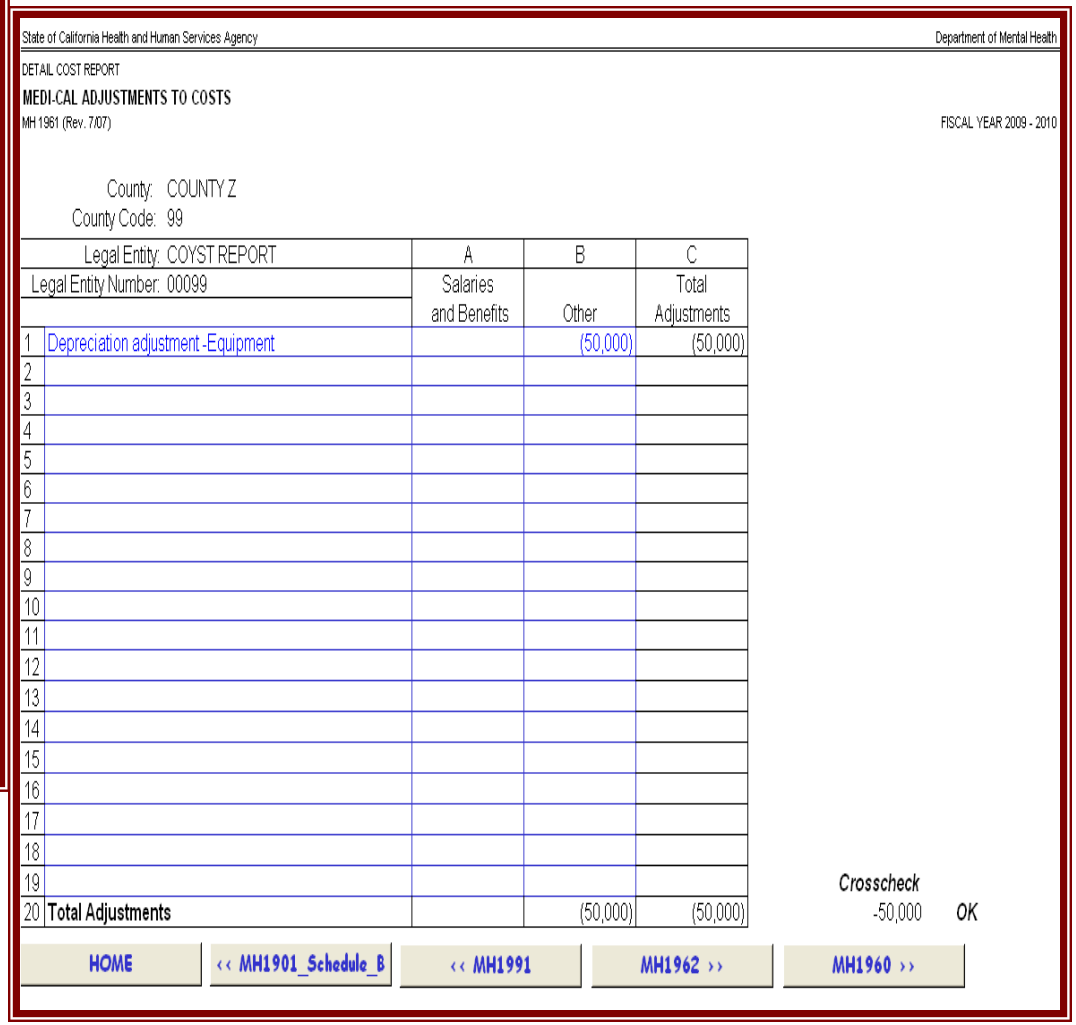
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC	0234	$351.26	07/01/09 - 07/31/09	5	$ 1,756	$500	$250	$2,506
	0035	$351.26	08/01/09 - 09/30/09	10	$ 3,513	$1,500	$300	$5,313
		$351.26	10/01/09 - 02/23/10					
		$381.37	02/24/10 - 06/30/10				Sub Total:	$ 7,819
Children EMC		$351.26	07/01/09 - 07/31/09					
		$351.26	08/01/09 - 09/30/09					
		$351.26	10/01/09 - 02/23/10					
		$381.37	02/24/10 - 06/30/10				Sub Total:	
BCCTP EMC		$351.26	07/01/09 - 07/31/09					
		$351.26	08/01/09 - 09/30/09					
		$351.26	10/01/09 - 02/23/10					
		$381.37	02/24/10 - 06/30/10				Sub Total:	
Refugees EMC		$351.26	07/01/09 - 07/31/09					
		$351.26	08/01/09 - 09/30/09					
		$351.26	10/01/09 - 02/23/10					
		$381.37	02/24/10 - 06/30/10				Sub Total:	
Healthy Families		$351.26	07/01/09 - 07/31/09					
		$351.26	08/01/09 - 09/30/09					
		$351.26	10/01/09 - 02/23/10					
		$381.37	02/24/10 - 06/30/10				Sub Total:	
				GRAND TOTAL	$ 5,269	$ 2,000	$ 550	$ 7,819

HOME | << MH1901_Schedule_B | MH1961 >>

Medi-Cal Adjustments to Costs - MH 1961

Report adjustments to costs to comply with Medi-Cal and Medicare principles of allowable costs, per Center for Medicare & Medicaid (CMS) Provider Reimbursement Manual 15-1 & 15-I2.

Information reported in this worksheet automatically populates Calculation of Program Costs - MH 1960, Line 6.



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

DETAIL COST REPORT

MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99

	Legal Entity: COYST REPORT Legal Entity Number: 00099	A Salaries and Benefits	B Other	C Total Adjustments
1	Depreciation adjustment -Equipment		(50,000)	(50,000)
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**		(50,000)	(50,000)

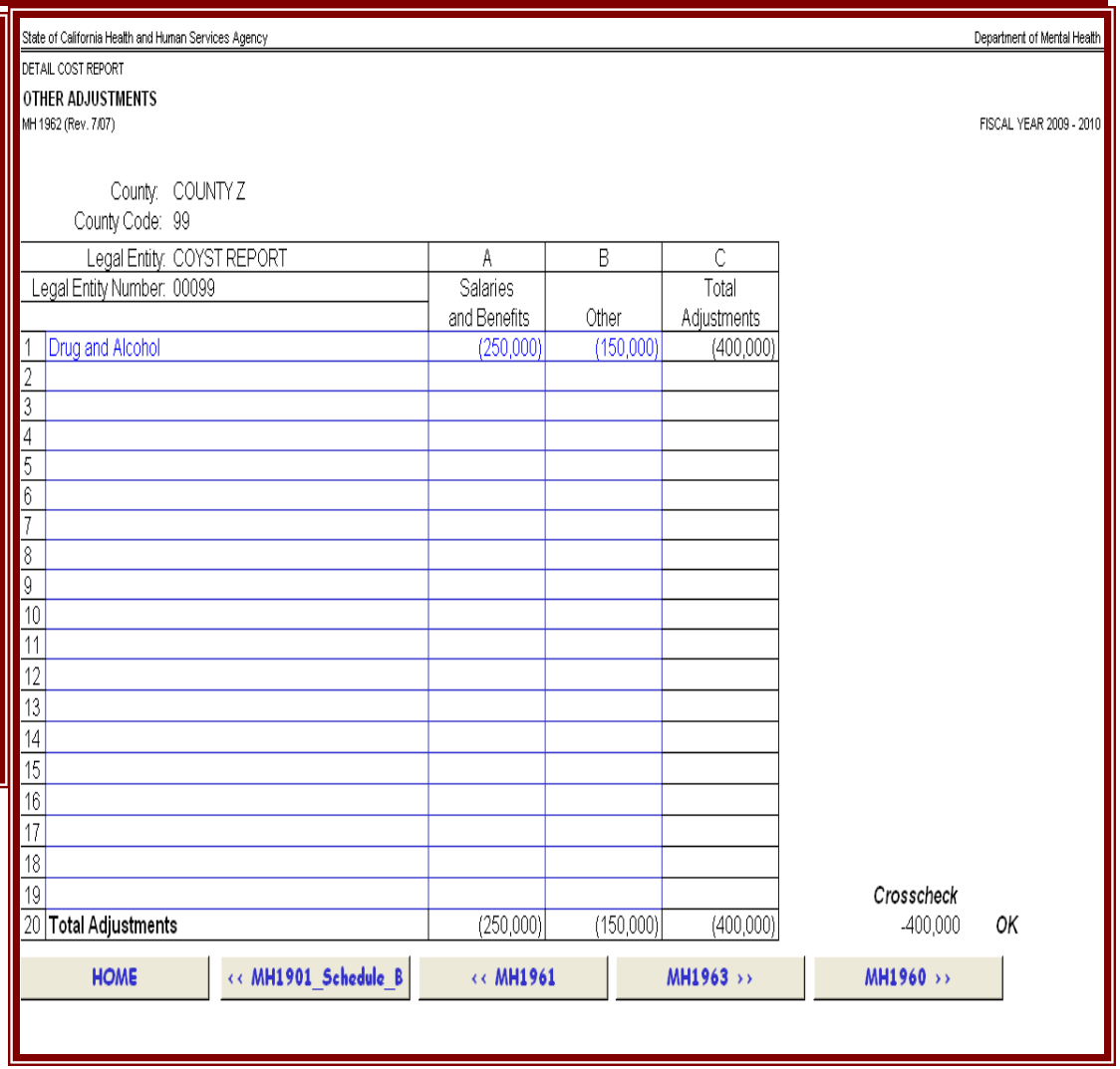
Crosscheck -50,000 *OK*

HOME | ‹‹ MH1901_Schedule_B | ‹‹ MH1991 | MH1962 ›› | MH1960 ››

Other Adjustments - MH1962

The purpose of the MH 1962 is to adjust costs not related to the provision of mental health services.

These costs are eliminated on MH 1960, Line 4, Columns A & B.



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

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99

	Legal Entity: COYST REPORT Legal Entity Number: 00099	A Salaries and Benefits	B Other	C Total Adjustments
1	Drug and Alcohol	(250,000)	(150,000)	(400,000)
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**	(250,000)	(150,000)	(400,000)

Crosscheck: -400,000 *OK*

HOME | ‹‹ MH1901_Schedule_B | ‹‹ MH1961 | MH1963 ›› | MH1960 ››

Payments to Contract Providers - MH 1963

Report payments made to contract providers on this form.

The information entered here is carried over to MH 1960, Line 3.

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

DETAIL COST REPORT

PAYMENTS TO CONTRACT PROVIDERS

MH 1963 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99

A	B	C	D	E
Item	Legal Entity Name	Legal Entity Number	Total Payments	Medi-Cal Payments
1	Children Safety Net	00999	350,000	275,000
2	Mental Health Rescue Org.	00998	250,000	150,000
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	Total Payments to Contract Providers		600,000	425,000

HOME | MH1960 >> | Add Line Items

MH 1960
Calculation of Gross Program Costs

The MH 1960 is used to report gross program costs and related adjustments to legal entity's costs to comply with Medicare and Medicaid allowable principles of reimbursement.

Cost Categories:

- Administration,
- Utilization Review (UR)
- Research & Evaluation
- Direct Services & MAA

are separately identified in this form.

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

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99

	Legal Entity: COYST REPORT Legal Entity Number: 00099	A Salaries and Benefits	B Other	C Total Costs	Crosscheck
1	Mental Health Expenditures	1,850,000	1,445,460	3,295,460	
2	Encumbrances				
3	Less: Payments to Contract Providers (County Only)		(600,000)	(600,000)	
4	Other Adjustments from MH 1962	(250,000)	(150,000)	(400,000)	
5	Total Costs Before Medi-Cal Adjustments	1,600,000	695,460	2,295,460	
6	Medi-Cal Adjustments from MH 1961		(50,000)	(50,000)	
7	Managed Care Consolidation (County Only)				
8	Allowable Costs for Allocation			2,245,460	
	Administrative Costs (County Only)				
9	SD/MC Administration - Other			150,000	
10	M-CHIP Administration			50,000	
11	Healthy Families Administration			35,000	
12	Non-SD/MC Administration			20,000	
13	Total Administrative Costs			255,000	
	Utilization Review Costs (County Only)				
14	Skilled Professional Medical Personnel			75,000	
15	Other SD/MC Utilization Review			25,000	
16	Non-SD/MC Utilization Review			50,000	
17	Total Utilization Review Costs			150,000	
18	Research and Evaluation (County Only)				
19	Mode Costs (Direct Service and MAA)			1,840,460	1,840,460 OK
20	Total Costs - Lines 9 through 18			2,245,460	2,245,460 OK

HOME | MH1901_Schedule_C ›› | ‹‹ MH1961 | ‹‹ MH1962 | ‹‹ MH1963

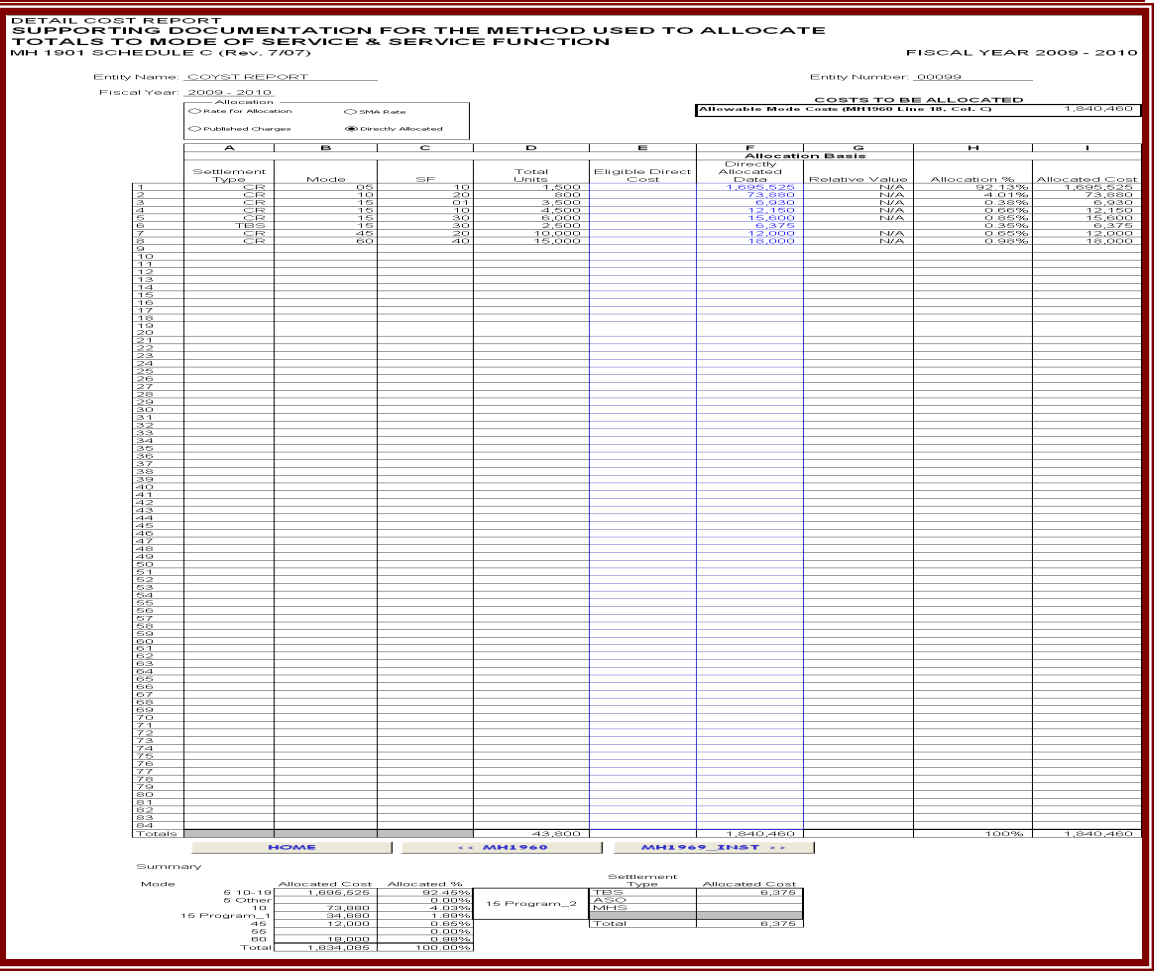
MH 1901 Schedule C

MH1901 Schedule C allows legal entities to select one of the following allocation methods:

- Eligible Direct Cost, Column E
- Directly Allocated Data, Column F
- Relative Value, Column G

Once a method is adopted, it MUST be consistent from year to year. Any change of allocation method requires the approval of the DMH.

Data reported on this worksheet must have adequate supporting documentation in case of an audit.



DETAIL COST REPORT
SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE TOTALS TO MODE OF SERVICE & SERVICE FUNCTION
MH 1901 SCHEDULE C (Rev. 7/07)

FISCAL YEAR 2009 - 2010

Entity Name: COYST REPORT
Entity Number: 00099
Fiscal Year: 2009 – 2010

Allocation: ○ Rate for Allocation ○ SMA Rate ○ Published Charges ◉ Directly Allocated

COSTS TO BE ALLOCATED
Allowable Mode Costs (MH1960 Line 18, Col. C) 1,840,460

	A	B	C	D	E	F	G	H	I
						Allocation Basis			
	Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Directly Allocated Data	Relative Value	Allocation %	Allocated Cost
1	CR	05	10	1,500		1,695,525	N/A	92.13%	1,695,525
2	CR	10	20	800		73,880	N/A	4.01%	73,880
3	CR	15	01	3,500		6,930	N/A	0.38%	6,930
4	CR	15	10	4,500		12,150	N/A	0.66%	12,150
5	CR	15	30	6,000		15,600	N/A	0.85%	15,600
6	TBS	15	30	2,500		6,375		0.35%	6,375
7	CR	45	20	10,000		12,000	N/A	0.65%	12,000
8	CR	60	40	15,000		18,000	N/A	0.98%	18,000
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84	Totals			43,800		1,840,460		100%	1,840,460

HOME << MH1960 MH1969_INST >>

Summary

Mode	Allocated Cost	Allocated %
5 10-19	1,695,525	92.45%
5 Other		0.00%
10	73,880	4.03%
15 Program_1	34,680	1.89%
45	12,000	0.65%
55		0.00%
60	18,000	0.98%
Total	1,834,085	100.00%

	Settlement Type	Allocated Cost
15 Program_2	TBS	6,375
	ASO	
	MHS	
	Total	6,375

NO MANUAL ENTRY REQUIRED TO COMPLETE THESE FORMS

The following forms require no manual entries. Information reported on these forms flow from the MH1901 Schedules and MH 1960:

- MH 1964 - Allocation of Costs to Modes of Service
- MH 1969 – Lower of Costs or Charges Exemption determination
- MH 1966 – Allocation of Costs to Service Functions
- MH 1968 – Determination of SD/MC Direct Services & MAA
- MH 1979 – Medi-Cal Preliminary Desk Settlement

Allocation of Costs to Modes of Service – MH 1964

This worksheet provides summary of costs grouped by modes of service based on program service type.

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

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99

	Legal Entity: COYST REPORT	A
	Legal Entity Number: 00099	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,840,460
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	1,695,525
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	73,880
5	Outpatient Services (Mode 15 Program 1 + Program 2)	41,055
6	Outreach Services (Mode 45)	12,000
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	18,000
9	Total - Lines 2 through 8	1,840,460

Crosscheck OK

HOME

Lower of Costs or Charges Exemption Determination – MH 1969

Complete the MH 1969

IF your organization meets the four documentation requirements listed on the MH1969_Inst.

Nominal Fee Provider determination
Please answer the following questions.

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

HOME | ‹‹ MH1960 | MH1969 ››

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

DETAIL COST REPORT

LOWER OF COSTS OR CHARGES EXEMPTION DETERMINATION (Optional)

MH 1969 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99

Legal Entity: COYST REPORT
Legal Entity Number: 00099

		A	B	C	D	E
		Total Inpatient				Total Outpatient
		Mode 05 Hospital Inpatient	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services	
1	Amount billed to Medi-Cal					
	Non-Medicare/Medi-Cal Actual Charges					
2	Non-Medicare/Medi-Cal Patient Revenue					
3	Non-Medicare/Medi-Cal Patient Insurance					
4	Subtotal					
5	Non-Medicare/Medi-Cal Published Charges					
6	Ratio of Actual to Published Charges	0.00%				0.00%
7	Medi-Cal Adjusted Customary Charges					
8	Medi-Cal Costs	734,728				81,002
9	60 Percent of Medi-Cal Costs	440,837				48,601

DMH use only

	Inpatient		Outpatient
Line 9 greater than line 7.		Exempt	
Line 7 greater than line 9.	X	Not Exempt	X

‹‹ MH1969_INST | HOME | Goto MH1968

Allocation of Costs to Service Functions – Mode Total MH 1966

The MH 1966 computes cost per unit (CPU) at the service function level.

No manual entry necessary.

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

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/07)

FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99
Legal Entity: COYST REPORT
Legal Entity Number: 00099
Mode: 15 - Outpatient Services (Program 1)

			A	B	C	D	E	F	G
			Mode Total	CR Service Function	CR Service Function	CR Service Function	Service Function	Service Function	Service Function
				01	10	30			
1	Allocation Percentage		100.00%	19.98%	35.03%	44.98%			
2	Total Units			3,500	4,500	6,000			
3	Gross Cost		34,680	6,930	12,150	15,600			
4	Cost per Unit			1.98	2.70	2.60			
5	SMA per Unit			2.02	2.61	2.61			
6	Published Charge per Unit			2.10	2.65	2.58			
7	Medi-Cal Units	07/01/09 - 09/30/09		800	1,500	2,500			
7A		10/01/09 - 06/30/10		1,600	2,000	1,500			
8	Medicare/Medi-Cal Crossover Units	07/01/09 - 09/30/09		500					
8A		10/01/09 - 06/30/10							
9	Enhanced SD/MC (Children) Units	07/01/09 - 09/30/09							
9A		10/01/09 - 06/30/10							
9B	Enhanced SD/MC (Refugees) Units	07/01/09 - 06/30/10							
10	Breast & Cervical Cancer Treatment & Prevention	07/01/09 - 09/30/09			50				
10A	Breast & Cervical Cancer Treatment & Prevention	10/01/09 - 06/30/10			20				
11	Healthy Families (SED) Units	07/01/09 - 09/30/09							
11A		10/01/09 - 06/30/10		300					
12	Non-Medi-Cal Units			300	930	2,000			
13	Medi-Cal Costs	07/01/09 - 09/30/09	12,134	1,584	4,050	6,500			
13A		10/01/09 - 06/30/10	12,468	3,168	5,400	3,900			
14	Medi-Cal SMA Upper Limits	07/01/09 - 09/30/09	12,056	1,616	3,915	6,525			
14A		10/01/09 - 06/30/10	12,367	3,232	5,220	3,915			
15	Medi-Cal Published Charges	07/01/09 - 09/30/09	12,105	1,680	3,975	6,450			
15A		10/01/09 - 06/30/10	12,530	3,360	5,300	3,870			
16	Medicare/Medi-Cal Crossover Costs	07/01/09 - 09/30/09	990	990					
16A		10/01/09 - 06/30/10							
17	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/09 - 09/30/09	1,010	1,010					
17A		10/01/09 - 06/30/10							
18	Medicare/Medi-Cal Crossover Published Charges	07/01/09 - 09/30/09	1,050	1,050					
18A		10/01/09 - 06/30/10							
19	Enhanced SD/MC Costs	07/01/09 - 09/30/09							
19A		10/01/09 - 06/30/10							
20	Enhanced SD/MC SMA Upper Limits	07/01/09 - 09/30/09							
20A		10/01/09 - 06/30/10							
21	Enhanced SD/MC Published Charges	07/01/09 - 09/30/09							
21A		10/01/09 - 06/30/10							
22	Enhanced SD/MC (Refugees) Costs	07/01/09 - 06/30/10							
23	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/09 - 06/30/10							
24	Enhanced SD/MC (Refugees) Published Charges	07/01/09 - 06/30/10							
25	BCCTP Costs	07/01/09 - 09/30/09	135		135				
25A	BCCTP Costs	10/01/09 - 06/30/10	54		54				
26	BCCTP SMA Upper Limits	07/01/09 - 09/30/09	131		131				
26A	BCCTP SMA Upper Limits	10/01/09 - 06/30/10	52		52				
27	BCCTP Published Charges	07/01/09 - 09/30/09	133		133				
27A	BCCTP Published Charges	10/01/09 - 06/30/10	53		53				
28	Healthy Families Costs	07/01/09 - 09/30/09							
28A		10/01/09 - 06/30/10	594	594					
29	Healthy Families SMA Upper Limits	07/01/09 - 09/30/09							
29A		10/01/09 - 06/30/10	606	606					
30	Healthy Families Published Charges	07/01/09 - 09/30/09							
30A		10/01/09 - 06/30/10	630	630					
31	Non-Medi-Cal Costs		8,305	594	2,511	5,200			

Determination of Medi-Cal Direct Services & MAA Reimbursement – MH1968

The MH 1968 determines Medi-Cal direct service costs by applying reimbursement rules" Lower of Costs or Charges (LCC)".

No manual entry required.

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

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99
Legal Entity: COYST REPORT
Legal Entity Number: 00099

			REIMBURSEMENT TYPE				SMA	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
				Mode 55			Total Inpatient						
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/09 - 09/30/09					339,105		36,940	12,134	49,074	2,295	51,369
1A		10/01/09 - 06/30/10					169,553		4,618	12,468	17,086	1,275	18,361
2	Medi-Cal SMA	07/01/09 - 09/30/09					338,934		37,816	12,056	49,872	2,349	52,221
2A		10/01/09 - 06/30/10					169,467		4,727	12,367	17,094	1,305	18,399
3	Medi-Cal P. C.	07/01/09 - 09/30/09					340,575		37,590	12,105	49,695		49,695
3A		10/01/09 - 06/30/10					170,288		4,688	12,530	17,218		17,218
4	Medi-Cal Gross Reimbursement	07/01/09 - 09/30/09					338,934		36,940	12,134	49,074	2,295	51,369
4A		10/01/09 - 06/30/10					169,467		4,618	12,468	17,086	1,275	18,361
5	Medicare/Medi-Cal Crossover Cost	07/01/09 - 09/30/09					226,070			990	990		990
5A		10/01/09 - 06/30/10							13,853		13,853		13,853
6	Medicare/Medi-Cal Crossover SMA	07/01/09 - 09/30/09					225,956			1,010	1,010		1,010
6A		10/01/09 - 06/30/10							14,181		14,181		14,181
7	Medicare/Medi-Cal Crossover P. C.	07/01/09 - 09/30/09					227,050			1,050	1,050		1,050
7A		10/01/09 - 06/30/10							14,063		14,063		14,063
8	Medicare/Medi-Cal Crossover Gross Reim.	07/01/09 - 09/30/09					225,956			990	990		990
8A		10/01/09 - 06/30/10							13,853		13,853		13,853
9	Total SD/MC + Crossover Gross Reim.	07/01/09 - 09/30/09					564,890		36,940	13,124	50,064	2,295	52,359
9A		10/01/09 - 06/30/10					169,467		18,470	12,468	30,938	1,275	32,213
10	Enhanced SD/MC (Children) Cost	07/01/09 - 09/30/09											
10A		10/01/09 - 06/30/10											
11	Enhanced SD/MC (Children) SMA	07/01/09 - 09/30/09											
11A		10/01/09 - 06/30/10											
12	Enhanced SD/MC (Children) P. C.	07/01/09 - 09/30/09											
12A		10/01/09 - 06/30/10											
13	Enhanced SD/MC (Children) Gross Reim.	07/01/09 - 09/30/09											
13A		10/01/09 - 06/30/10											
14	Enhanced SD/MC (BCCTP) Cost	07/01/09 - 09/30/09								135	135	2,295	2,430
14A		10/01/09 - 06/30/10								54	54	1,275	1,329
15	Enhanced SD/MC (BCCTP) SMA	07/01/09 - 09/30/09								131	131	2,349	2,480
15A		10/01/09 - 06/30/10								52	52	1,305	1,357
16	Enhanced SD/MC (BCCTP) P. C.	07/01/09 - 09/30/09								133	133		133
16A		10/01/09 - 06/30/10								53	53		53
17	Enhanced SD/MC (BCCTP) Gross Reim.	07/01/09 - 09/30/09								135	135	2,295	2,430
17A		10/01/09 - 06/30/10								54	54	1,275	1,329
18	Enhanced SD/MC (Refugees) Cost	07/01/09 - 06/30/10											
19	Enhanced SD/MC (Refugees) SMA	07/01/09 - 06/30/10											
20	Enhanced SD/MC (Refugees) P. C.	07/01/09 - 06/30/10											
20	Total Medi-Cal Gross Reimbursement	07/01/09 - 09/30/09					564,890		36,940	13,259	50,199	4,590	54,789
20A	(Excludes Refugees)	10/01/09 - 06/30/10					169,467		18,470	12,522	30,992	2,550	33,542
21	Enhanced SD/MC (Refugees) Gross Reim.	07/01/09 - 06/30/10											
22	Healthy Families Cost	07/01/09 - 09/30/09											
22A		10/01/09 - 06/30/10								594	594		594
23	Healthy Families SMA	07/01/09 - 09/30/09											
23A		10/01/09 - 06/30/10								606	606		606
24	Healthy Families P. C.	07/01/09 - 09/30/09											
24A		10/01/09 - 06/30/10								630	630		630
25	Healthy Families Gross Reim.	07/01/09 - 09/30/09											
25A		10/01/09 - 06/30/10									594		594
	Less: Patient and Other Payor Revenue												
26	SD/MC + Crossover Revenue	07/01/09 - 09/30/09							2,500		2,500		2,500
26A		10/01/09 - 06/30/10											
27	Enhanced SD/MC (Children) Revenue												
28	Enhanced SD/MC (Refugees) Revenue												
29	Enhanced SD/MC (BCCTP) Revenue												
30	Healthy Families Revenue												
31	Total Expenditures from MAA (Mode 55)												
32	Medi-Cal Eligibility Factor (Average)												
33	Revenue - MAA												
34	Net Due - SD/MC for Direct Services	07/01/09 - 09/30/09					564,890		34,440	13,259	47,699	4,590	52,289
34A		10/01/09 - 06/30/10					169,467		18,470	12,522	30,992	2,550	33,542
35	Net Due - Enhanced SD/MC (Refugees)												
36	Net Due - Healthy Families	07/01/09 - 09/30/09											
36A		10/01/09 - 06/30/10									594		594

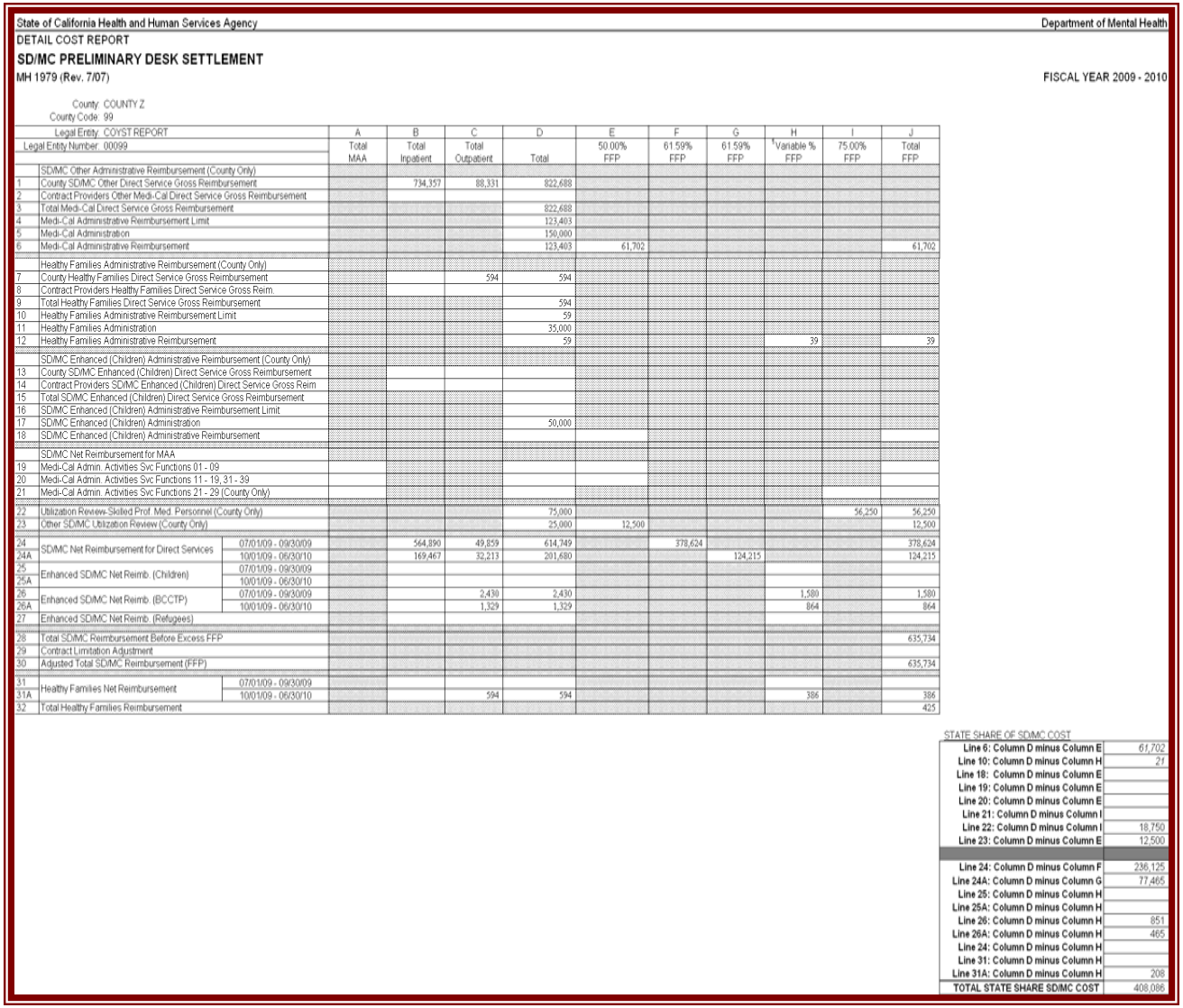
HOME Goto MH1969

MH 1979
Medi-Cal Preliminary Desk Settlement

The MH 1979 computes FFP amount due to legal entity.

The FFP amount computed in this form is summarized on the MH 1992, lines 11 and 12.

No manual entry is required.



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

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99
Legal Entity: COYST REPORT
Legal Entity Number: 00099

			A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50.00% FFP	F 61.59% FFP	G 61.59% FFP	H [1]Variable % FFP	I 75.00% FFP	J Total FFP
	SD/MC Other Administrative Reimbursement (County Only)											
1	County SD/MC Other Direct Service Gross Reimbursement			734,357	88,331	822,688						
2	Contract Providers Other Medi-Cal Direct Service Gross Reimbursement											
3	Total Medi-Cal Direct Service Gross Reimbursement					822,688						
4	Medi-Cal Administrative Reimbursement Limit					123,403						
5	Medi-Cal Administration					150,000						
6	Medi-Cal Administrative Reimbursement					123,403	61,702					61,702
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				594	594						
8	Contract Providers Healthy Families Direct Service Gross Reim.											
9	Total Healthy Families Direct Service Gross Reimbursement					594						
10	Healthy Families Administrative Reimbursement Limit					59						
11	Healthy Families Administration					35,000						
12	Healthy Families Administrative Reimbursement					59				39		39
	SD/MC Enhanced (Children) Administrative Reimbursement (County Only)											
13	County SD/MC Enhanced (Children) Direct Service Gross Reimbursement											
14	Contract Providers SD/MC Enhanced (Children) Direct Service Gross Reim											
15	Total SD/MC Enhanced (Children) Direct Service Gross Reimbursement											
16	SD/MC Enhanced (Children) Administrative Reimbursement Limit											
17	SD/MC Enhanced (Children) Administration					50,000						
18	SD/MC Enhanced (Children) Administrative Reimbursement											
	SD/MC Net Reimbursement for MAA											
19	Medi-Cal Admin. Activities Svc Functions 01 - 09											
20	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
21	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
22	Utilization Review-Skilled Prof. Med. Personnel (County Only)					75,000					56,250	56,250
23	Other SD/MC Utilization Review (County Only)					25,000	12,500					12,500
24	SD/MC Net Reimbursement for Direct Services	07/01/09 - 09/30/09		564,890	49,859	614,749		378,624				378,624
24A		10/01/09 - 06/30/10		169,467	32,213	201,680			124,215			124,215
25	Enhanced SD/MC Net Reimb. (Children)	07/01/09 - 09/30/09										
25A		10/01/09 - 06/30/10										
26	Enhanced SD/MC Net Reimb. (BCCTP)	07/01/09 - 09/30/09			2,430	2,430				1,580		1,580
26A		10/01/09 - 06/30/10			1,329	1,329				864		864
27	Enhanced SD/MC Net Reimb. (Refugees)											
28	Total SD/MC Reimbursement Before Excess FFP											635,734
29	Contract Limitation Adjustment											
30	Adjusted Total SD/MC Reimbursement (FFP)											635,734
31	Healthy Families Net Reimbursement	07/01/09 - 09/30/09										
31A		10/01/09 - 06/30/10			594	594				386		386
32	Total Healthy Families Reimbursement											425

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	61,702
Line 10: Column D minus Column H	27
Line 18: Column D minus Column E	
Line 19: Column D minus Column E	
Line 20: Column D minus Column E	
Line 21: Column D minus Column I	
Line 22: Column D minus Column I	18,750
Line 23: Column D minus Column E	12,500
Line 24: Column D minus Column F	236,125
Line 24A: Column D minus Column G	77,465
Line 25: Column D minus Column H	
Line 25A: Column D minus Column H	
Line 26: Column D minus Column H	851
Line 26A: Column D minus Column H	465
Line 24: Column D minus Column H	
Line 31: Column D minus Column H	
Line 31A: Column D minus Column H	208
TOTAL STATE SHARE SD/MC COST	408,086

Program Funding Sources – MH1992

Complete this form to report funding sources for the services provided by legal entity.

FFP amounts must have adequate matching fund.

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

DETAIL COST REPORT

FUNDING SOURCES

MH 1992 (Rev. 7/07) — FISCAL YEAR 2009 - 2010

County: COUNTY Z
County Code: 99

	Legal Entity: COYST REPORT Legal Entity No.: 00099	A Admin./ Research & Evaluation	B Utilization Review	C Direct Services/MAA Mode 05 - Hospital Inpatient	D Mode 05 - Other 24 Hour Services	E Mode 10 - Day Services	F Mode 15 - Outpatient Services	G Mode 45 - Outreach Services	H Mode 55 - MAA	I Mode 60 - Support Services	J Total Legal Entity	CROSSCHECKS
1	Gross Cost	255,000	150,000	1,695,525		73,880	41,055	12,000		18,000	2,245,460	
2	Adjustments											
3	Adjusted Gross Cost	255,000	150,000	1,695,525		73,880	41,055	12,000		18,000	2,245,460	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 (FFP only)	61,702	68,750	452,290		32,587	20,404				635,734	OK MH1979 SDMC MATCH
12	Healthy Family - Fed share	39									39	ERROR MH1979 HF NO MATCH
13	Medicare - Fed. Share											
14	Conservatorship Admin. Fees											
15	State General Fund-State Share	55,000	40,000	200,000		18,000	15,000				328,000	
16	State General Fund-County Match											
17	SGF-Managed Care - Outpatient											
18	05-06 Rollover - Managed Care-Other											
19	EPSDT SD/MC - State Share Est.					20,000	2,500				22,500	
20A	05-06 SGF Rollover											
20B	Other Revenue											
21	Realignment Funds/MOE	138,260	41,250	1,043,235		3,293	3,151	12,000		18,000	1,259,189	
22	Prior Years MHSA											
23	MHSA											
24	County Overmatch											
25	CALWORKS											
26	Total Funding Sources	255,000	150,000	1,695,525		73,880	41,055	12,000		18,000	2,245,461	OK

EDIT CHECKS

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

HOME | ‹‹ MH1992_INST | DONE!

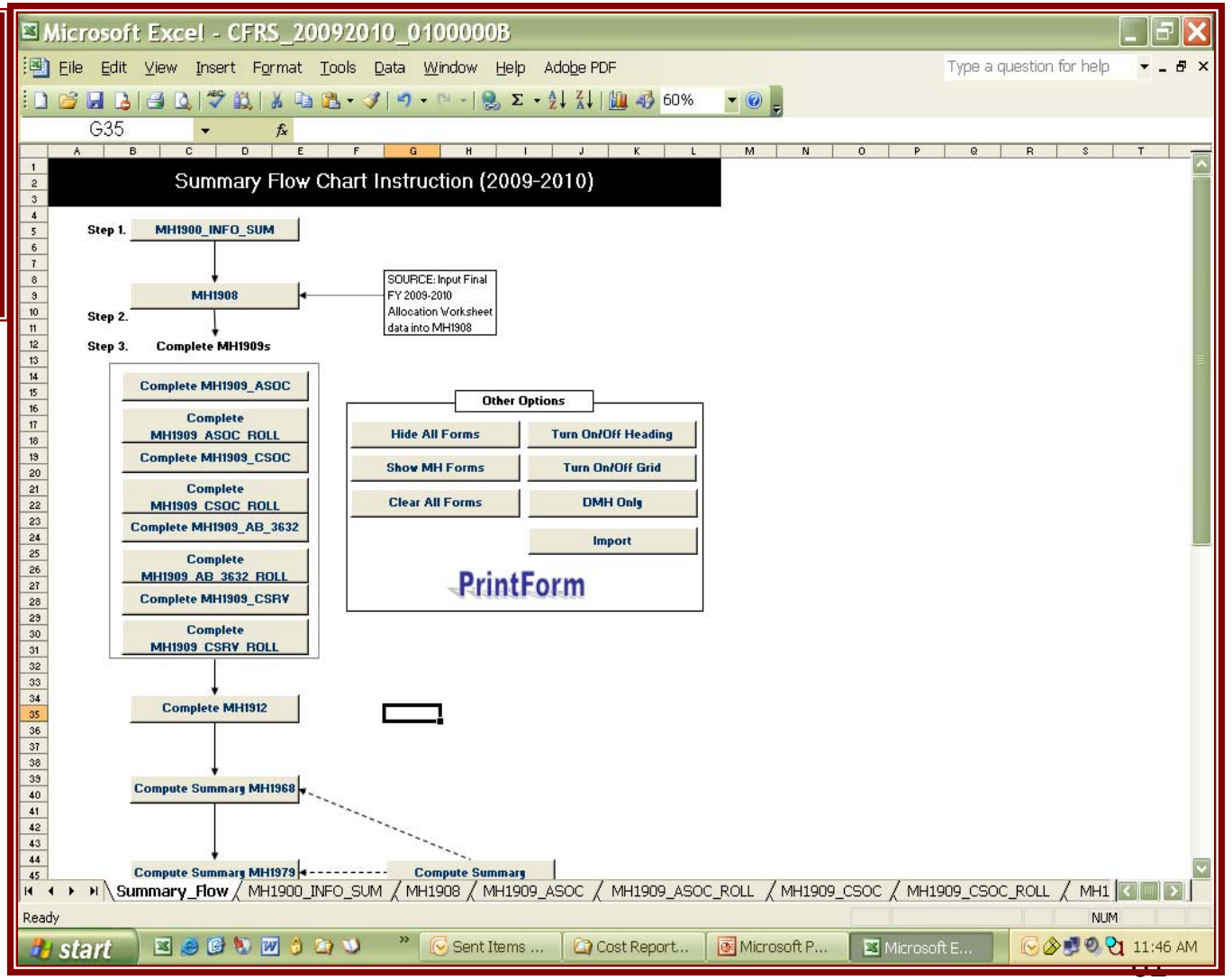
Summary Cost Report

The summary cost report has three general functions:

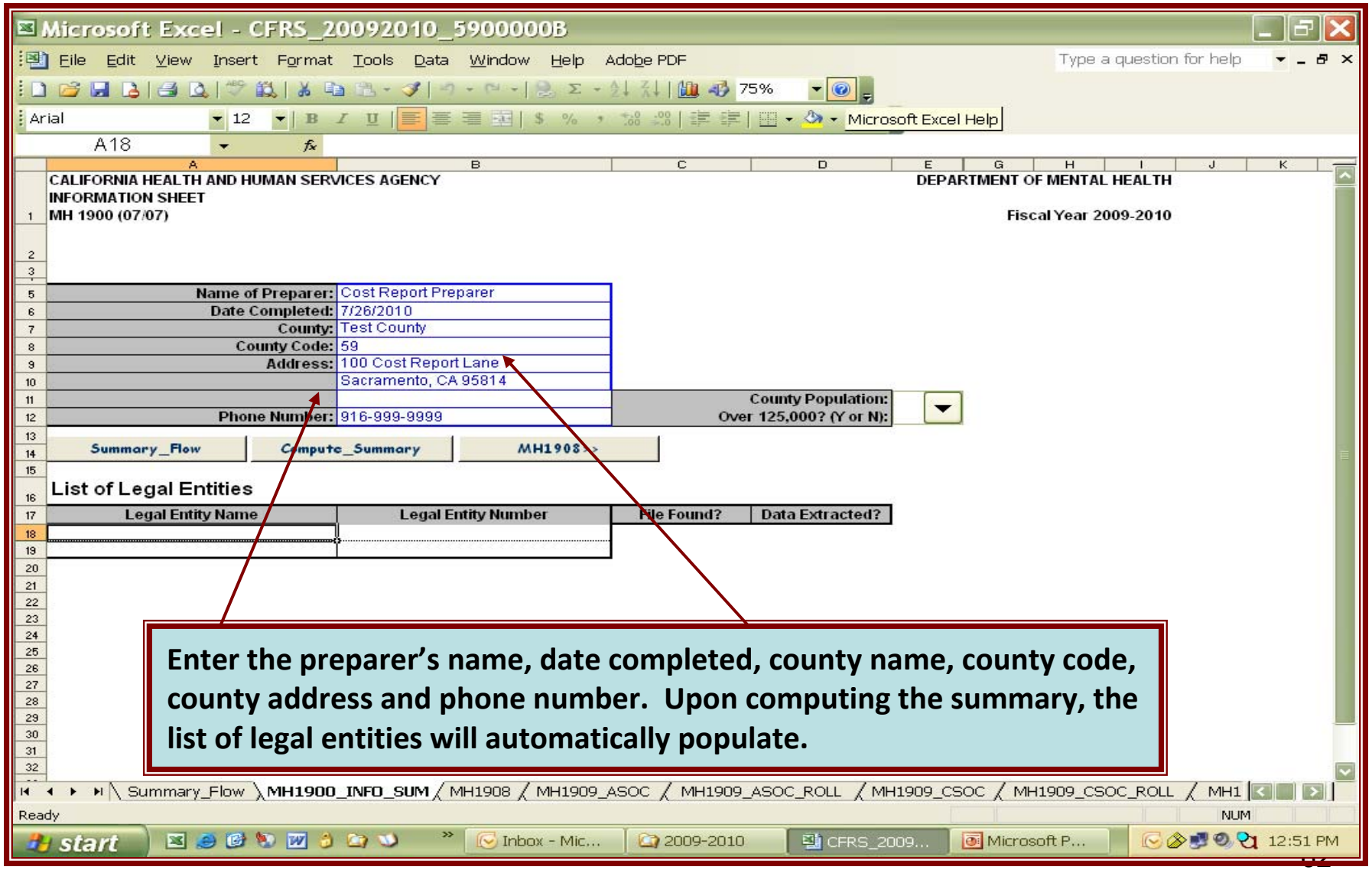
- Controls State General Fund Allocations.
- Summarizes data from certain forms of the detail cost reports.
- Calculates interim settlement of Federal Financial Participation (FFP).

Summary Cost Report Flow Chart

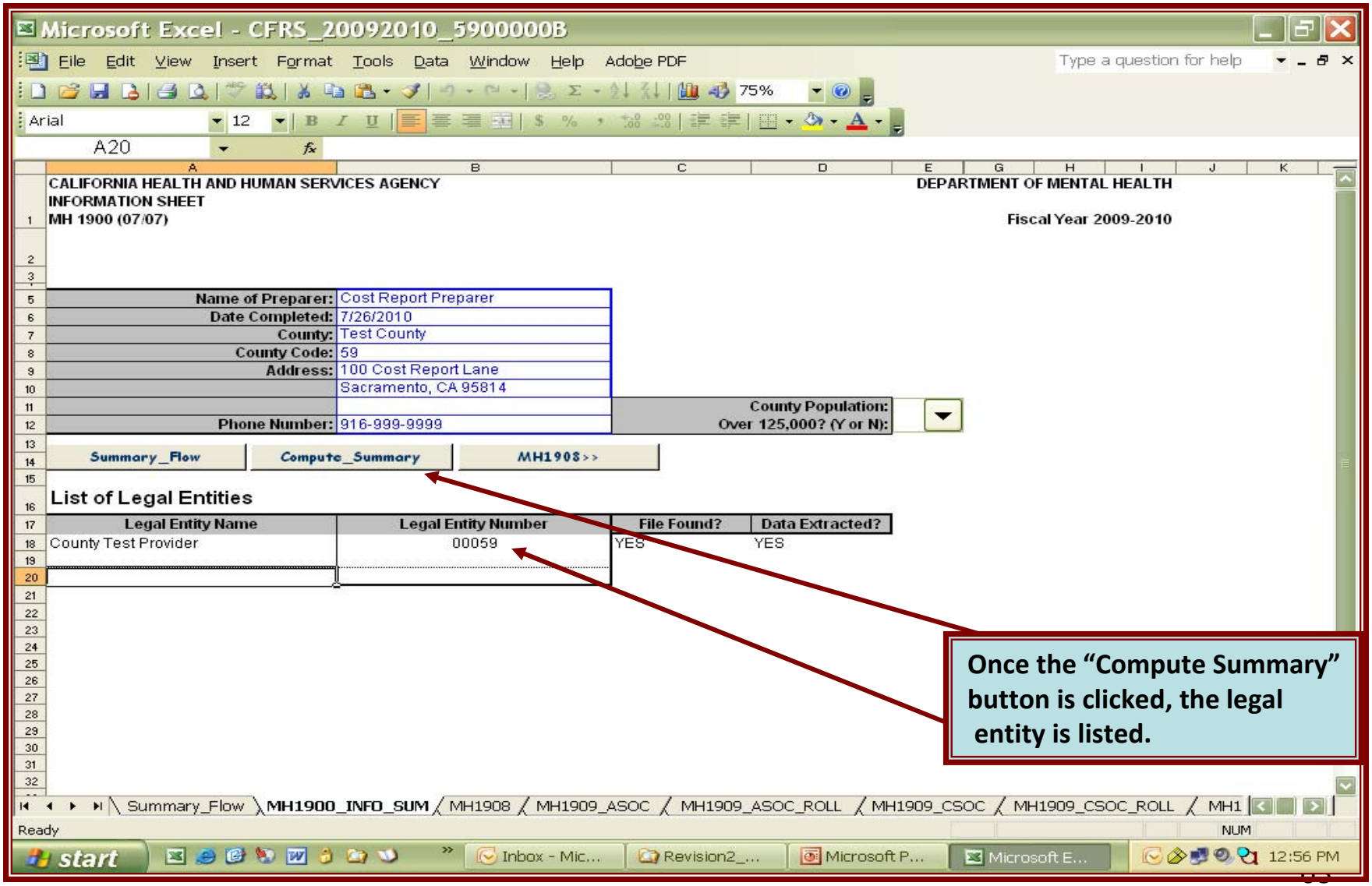
Completed by the Mental Health Plan Only



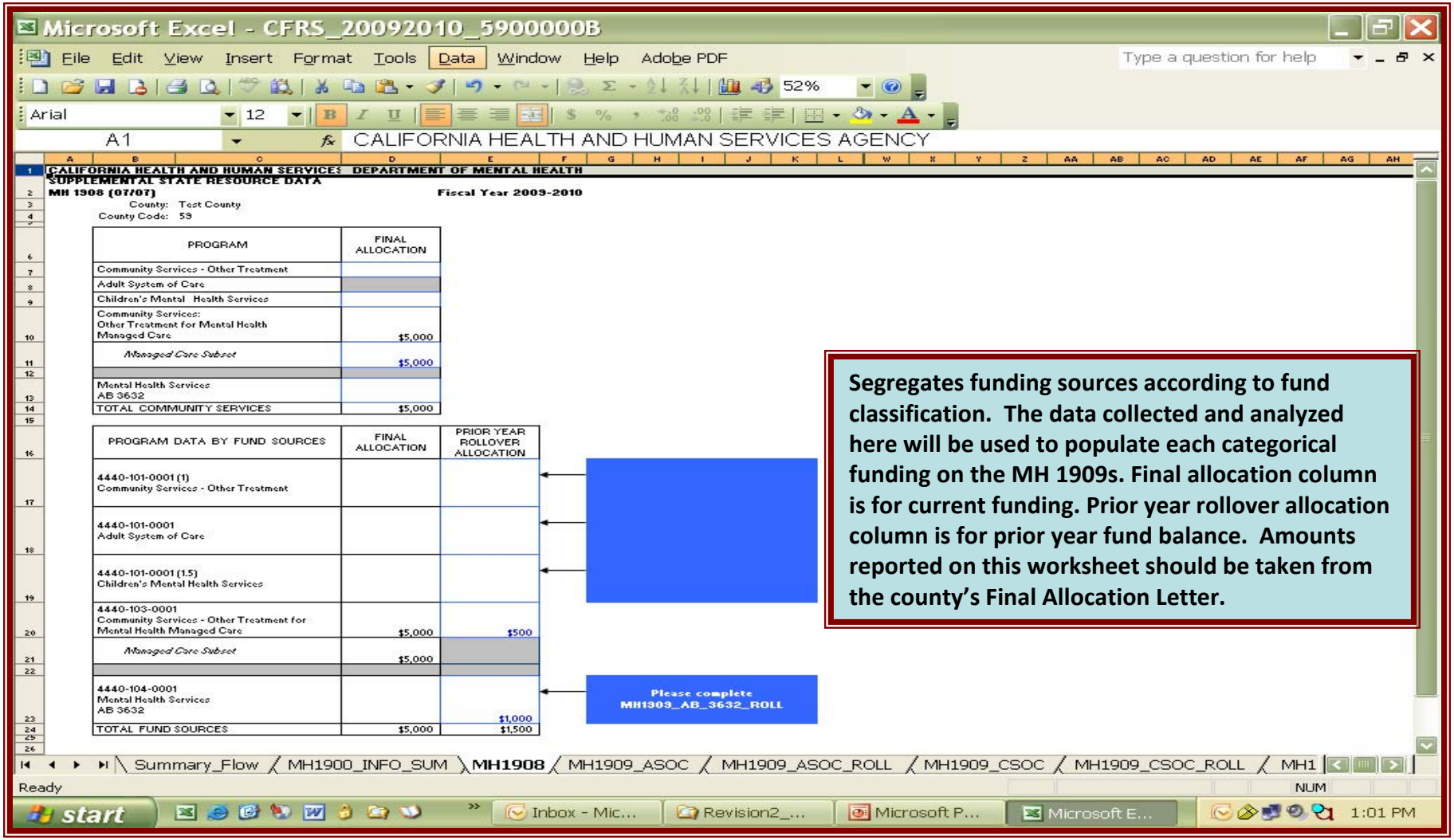
MH 1900_INFO_SUM - Information Sheet



MH 1900_INFO_SUM - Information Sheet



MH 1908
Supplemental State Resource Data
Preliminary Worksheet to the MH 1909s



Microsoft Excel - CFRS_20092010_5900000B

File Edit View Insert Format Tools Data Window Help Adobe PDF

Type a question for help

Arial 12

A1 CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA HEALTH AND HUMAN SERVICES DEPARTMENT OF MENTAL HEALTH

SUPPLEMENTAL STATE RESOURCE DATA

MH 1908 (07/07) Fiscal Year 2009-2010

County: Test County

County Code: 59

PROGRAM	FINAL ALLOCATION
Community Services - Other Treatment	
Adult System of Care	
Children's Mental Health Services	
Community Services: Other Treatment for Mental Health Managed Care	$5,000
Managed Care Subset	$5,000
Mental Health Services AB 3632	
TOTAL COMMUNITY SERVICES	$5,000

PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION
4440-101-0001 (1) Community Services - Other Treatment		
4440-101-0001 Adult System of Care		
4440-101-0001 (1.5) Children's Mental Health Services		
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	$5,000	$500
Managed Care Subset	$5,000	
4440-104-0001 Mental Health Services AB 3632		$1,000
TOTAL FUND SOURCES	$5,000	$1,500

Please complete MH1909_AB_3632_ROLL

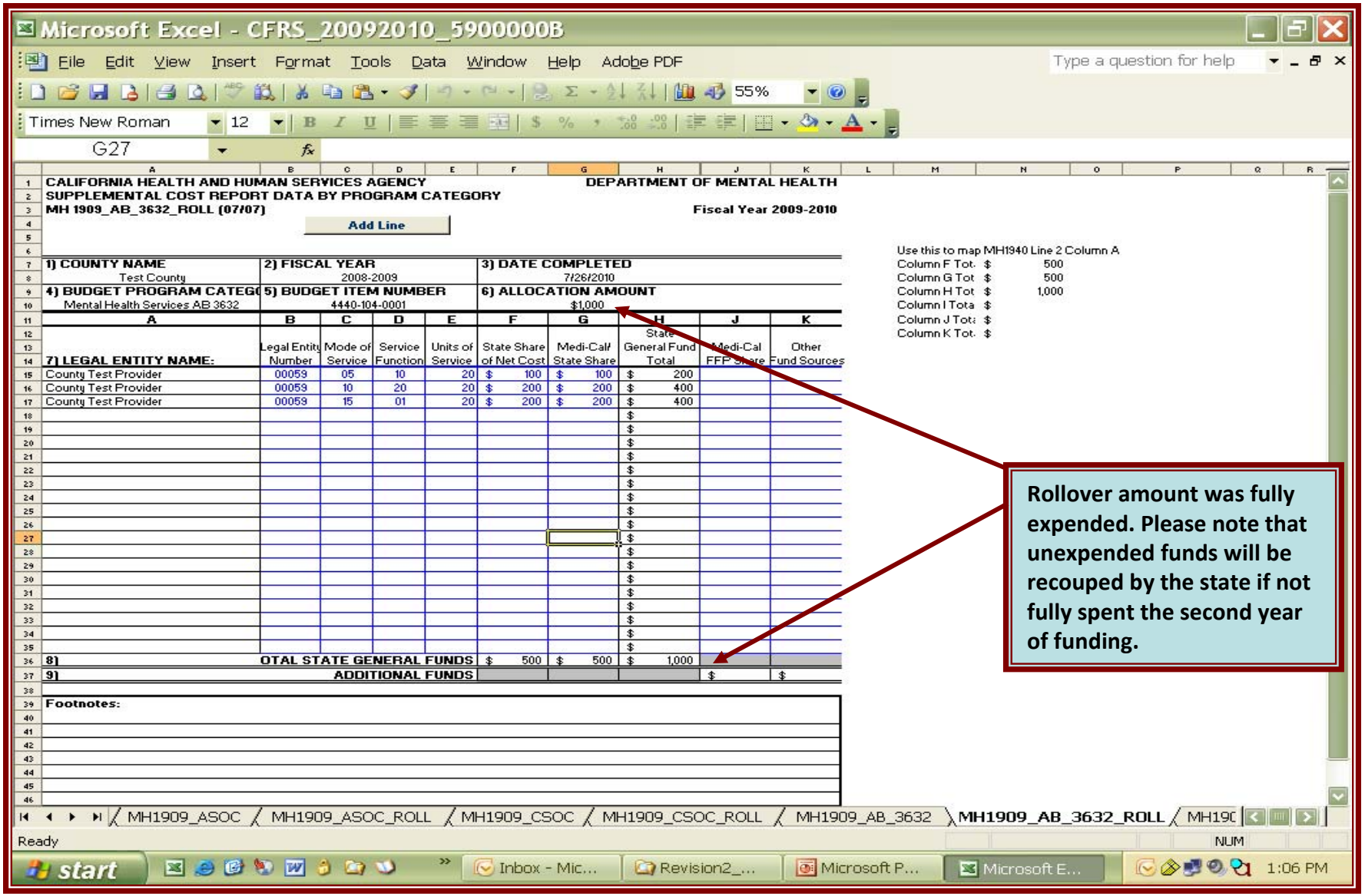
Summary_Flow | MH1900_INFO_SUM | MH1908 | MH1909_ASOC | MH1909_ASOC_ROLL | MH1909_CSOC | MH1909_CSOC_ROLL | MH1

Ready NUM

start Inbox - Mic... Revision2_... Microsoft P... Microsoft E... 1:01 PM

Segregates funding sources according to fund classification. The data collected and analyzed here will be used to populate each categorical funding on the MH 1909s. Final allocation column is for current funding. Prior year rollover allocation column is for prior year fund balance. Amounts reported on this worksheet should be taken from the county's Final Allocation Letter.

MH1909 – Supplemental Cost Report Data by Program Category AB 3632_Roll



Microsoft Excel - CFRS_20092010_5900000B

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY — DEPARTMENT OF MENTAL HEALTH
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_AB_3632_ROLL (07/07) — Fiscal Year 2009-2010

Add Line

1) COUNTY NAME	2) FISCAL YEAR	3) DATE COMPLETED
Test County	2008-2009	7/26/2010
4) BUDGET PROGRAM CATEG	**5) BUDGET ITEM NUMBER**	**6) ALLOCATION AMOUNT**
Mental Health Services AB 3632	4440-104-0001	$1,000

A	B	C	D	E	F	G	H	J	K
7) LEGAL ENTITY NAME:	Legal Entity Number	Mode of Service	Service Function	Units of Service	State Share of Net Cost	Medi-Cal/ State Share	State General Fund Total	Medi-Cal FFP Share	Other Fund Sources
County Test Provider	00059	05	10	20	$ 100	$ 100	$ 200		
County Test Provider	00059	10	20	20	$ 200	$ 200	$ 400		
County Test Provider	00059	15	01	20	$ 200	$ 200	$ 400		
8) TOTAL STATE GENERAL FUNDS					$ 500	$ 500	$ 1,000		
9) ADDITIONAL FUNDS								$	$

Footnotes:

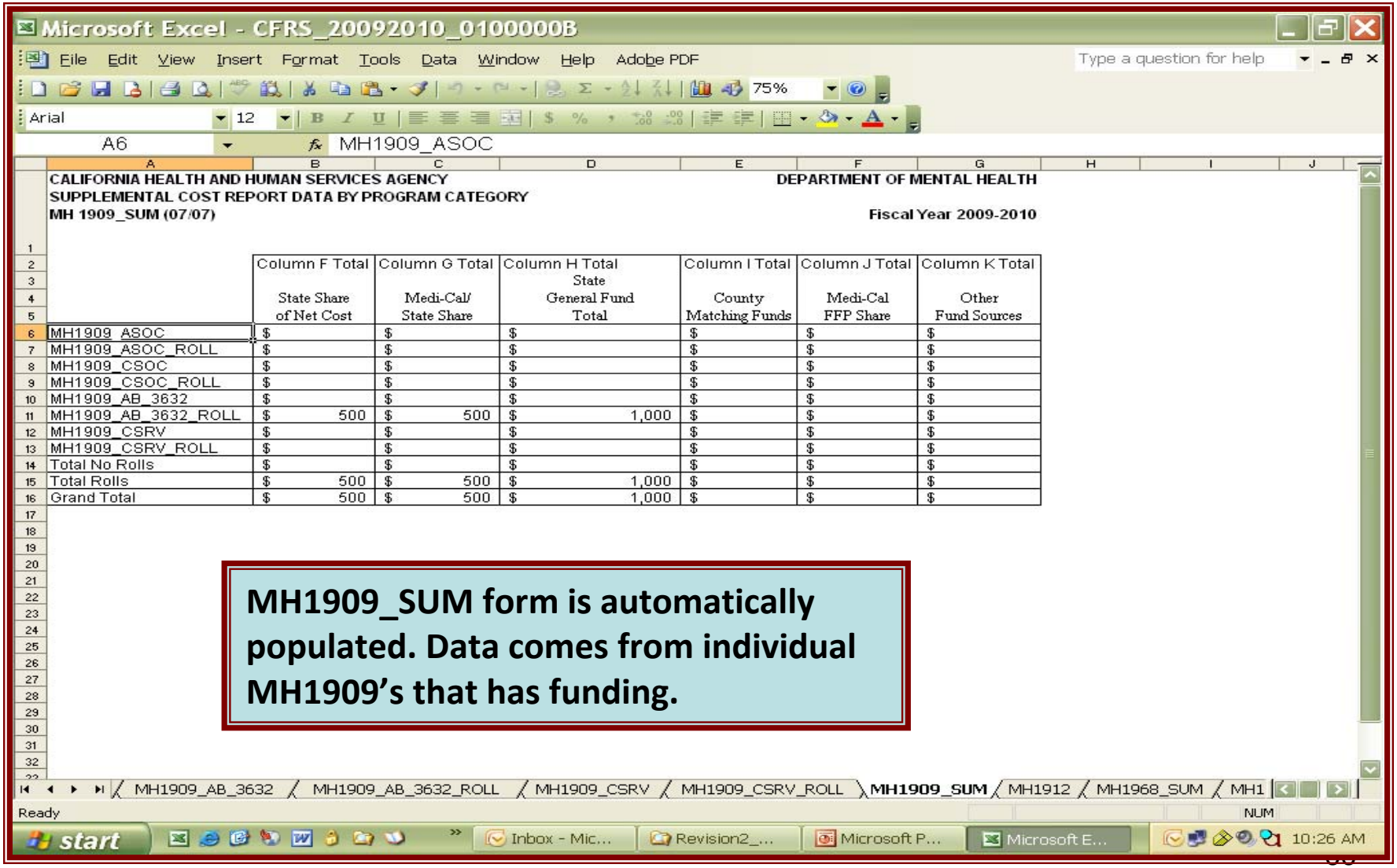
Use this to map MH1940 Line 2 Column A
Column F Tot: $ 500
Column G Tot $ 500
Column H Tot $ 1,000
Column I Tota $
Column J Tot: $
Column K Tot. $

Rollover amount was fully expended. Please note that unexpended funds will be recouped by the state if not fully spent the second year of funding.

MH1909_ASOC / MH1909_ASOC_ROLL / MH1909_CSOC / MH1909_CSOC_ROLL / MH1909_AB_3632 / MH1909_AB_3632_ROLL / MH190

Ready

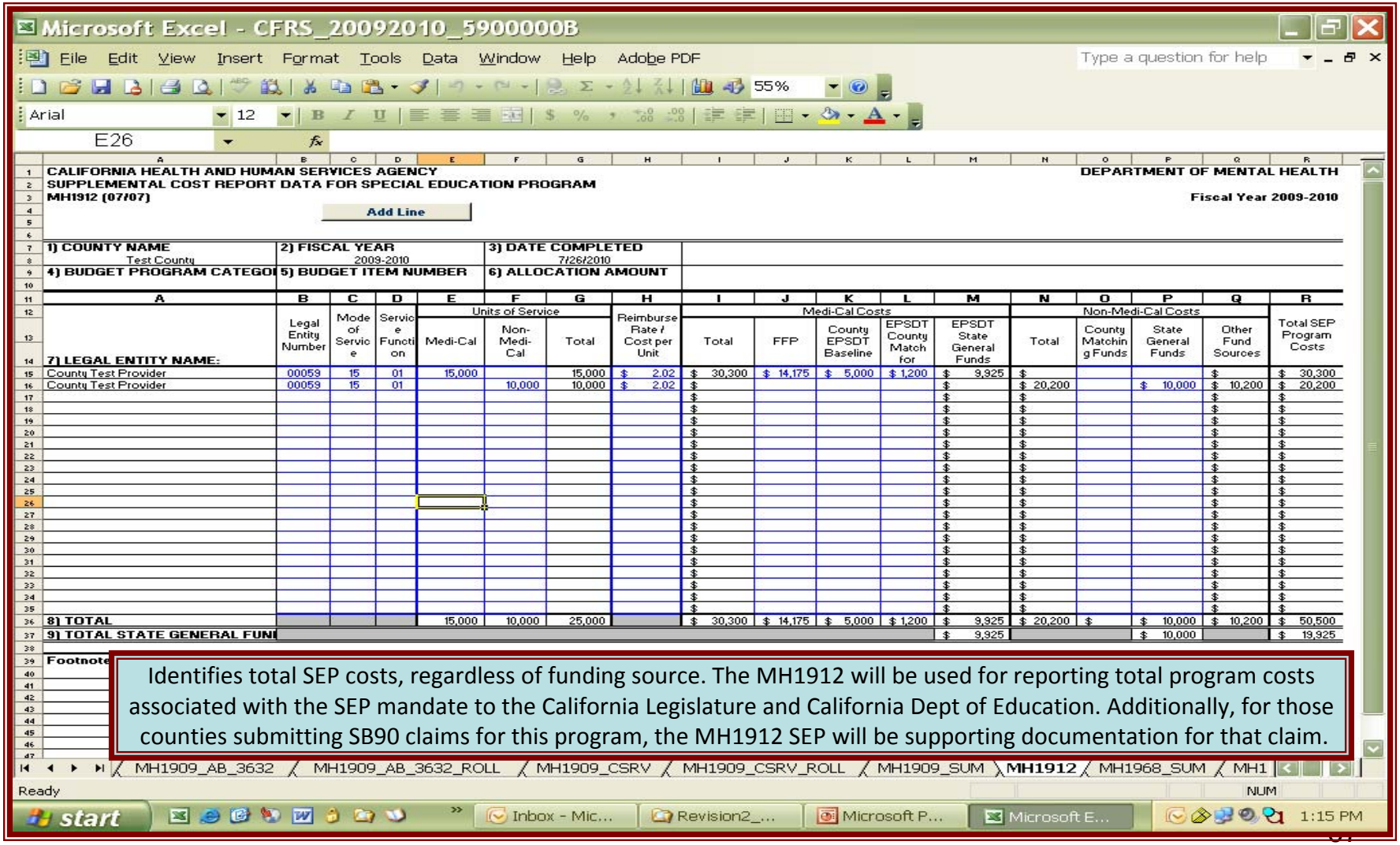
MH1909_SUM
Supplemental Cost Report Data by Program Category



	Column F Total State Share of Net Cost	Column G Total Medi-Cal/ State Share	Column H Total State General Fund Total	Column I Total County Matching Funds	Column J Total Medi-Cal FFP Share	Column K Total Other Fund Sources
MH1909_ASOC	$	$	$	$	$	$
MH1909_ASOC_ROLL	$	$	$	$	$	$
MH1909_CSOC	$	$	$	$	$	$
MH1909_CSOC_ROLL	$	$	$	$	$	$
MH1909_AB_3632	$	$	$	$	$	$
MH1909_AB_3632_ROLL	$ 500	$ 500	$ 1,000	$	$	$
MH1909_CSRV	$	$	$	$	$	$
MH1909_CSRV_ROLL	$	$	$	$	$	$
Total No Rolls	$	$	$	$	$	$
Total Rolls	$ 500	$ 500	$ 1,000	$	$	$
Grand Total	$ 500	$ 500	$ 1,000	$	$	$

MH1909_SUM form is automatically populated. Data comes from individual MH1909's that has funding.

MH 1912
Supplemental Cost Report Data for Special Education Program (SEP)



Microsoft Excel - CFRS_20092010_5900000B

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY — DEPARTMENT OF MENTAL HEALTH
SUPPLEMENTAL COST REPORT DATA FOR SPECIAL EDUCATION PROGRAM
MH1912 (07/07) — Fiscal Year 2009-2010

Add Line

1) COUNTY NAME	2) FISCAL YEAR	3) DATE COMPLETED
Test County	2009-2010	7/26/2010
4) BUDGET PROGRAM CATEGO	5) BUDGET ITEM NUMBER	6) ALLOCATION AMOUNT

7) LEGAL ENTITY NAME:	Legal Entity Number	Mode of Service	Service Function	Units of Service: Medi-Cal	Units of Service: Non-Medi-Cal	Units of Service: Total	Reimburse Rate / Cost per Unit	Medi-Cal Costs: Total	Medi-Cal Costs: FFP	Medi-Cal Costs: County EPSDT Baseline	Medi-Cal Costs: EPSDT County Match for	Medi-Cal Costs: EPSDT State General Funds	Non-Medi-Cal Costs: Total	Non-Medi-Cal Costs: County Matching Funds	Non-Medi-Cal Costs: State General Funds	Non-Medi-Cal Costs: Other Fund Sources	Total SEP Program Costs
County Test Provider	00059	15	01	15,000		15,000	$ 2.02	$ 30,300	$ 14,175	$ 5,000	$ 1,200	$ 9,925	$			$	$ 30,300
County Test Provider	00059	15	01		10,000	10,000	$ 2.02	$				$	$ 20,200		$ 10,000	$ 10,200	$ 20,200
8) TOTAL				15,000	10,000	25,000		$ 30,300	$ 14,175	$ 5,000	$ 1,200	$ 9,925	$ 20,200	$	$ 10,000	$ 10,200	$ 50,500
9) TOTAL STATE GENERAL FUNI												$ 9,925			$ 10,000		$ 19,925

Footnote

Identifies total SEP costs, regardless of funding source. The MH1912 will be used for reporting total program costs associated with the SEP mandate to the California Legislature and California Dept of Education. Additionally, for those counties submitting SB90 claims for this program, the MH1912 SEP will be supporting documentation for that claim.

MH1909_AB_3632 / MH1909_AB_3632_ROLL / MH1909_CSRV / MH1909_CSRV_ROLL / MH1909_SUM / MH1912 / MH1968_SUM / MH1

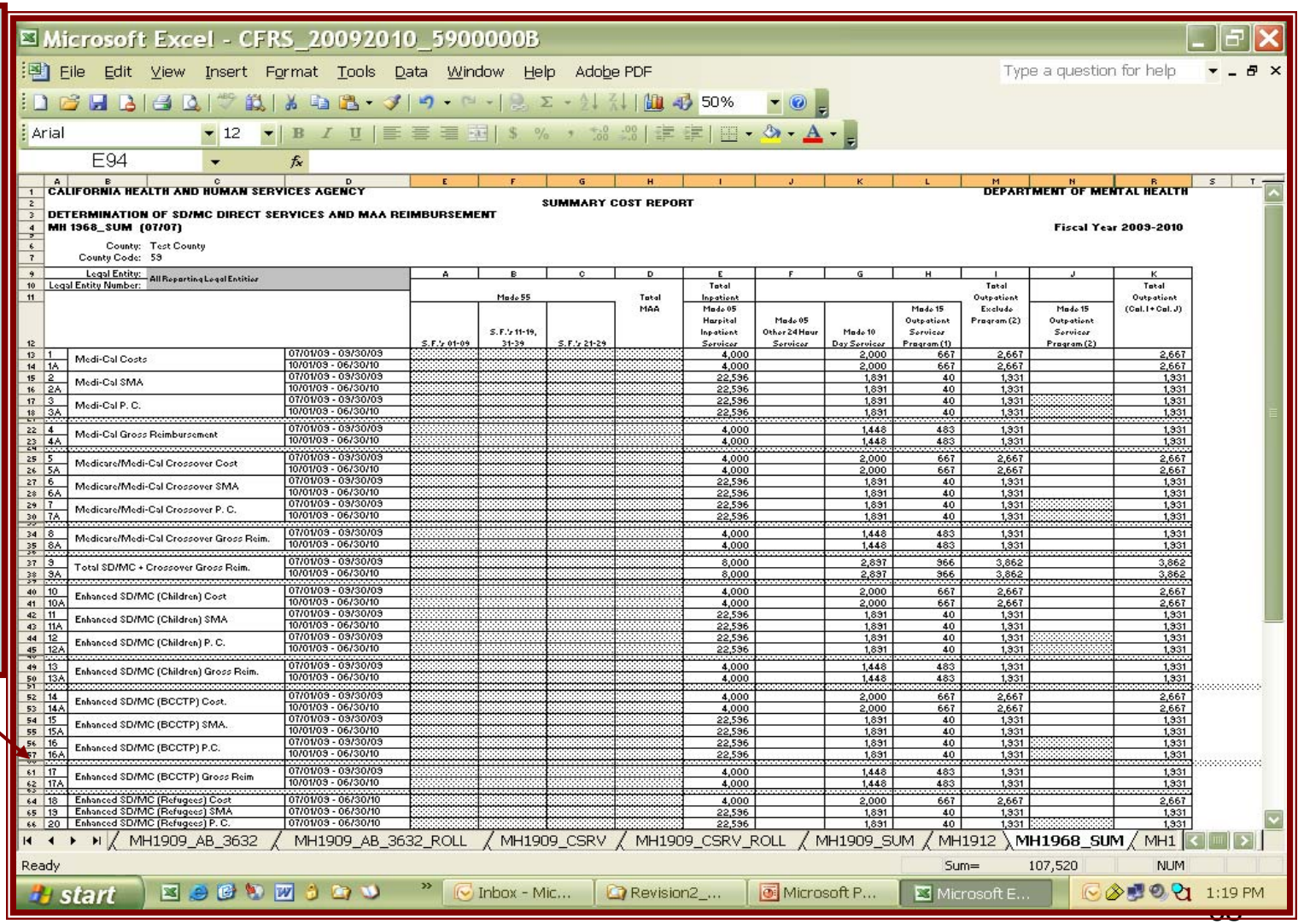
Ready — NUM

start — Inbox - Mic... — Revision2_... — Microsoft P... — Microsoft E... — 1:15 PM

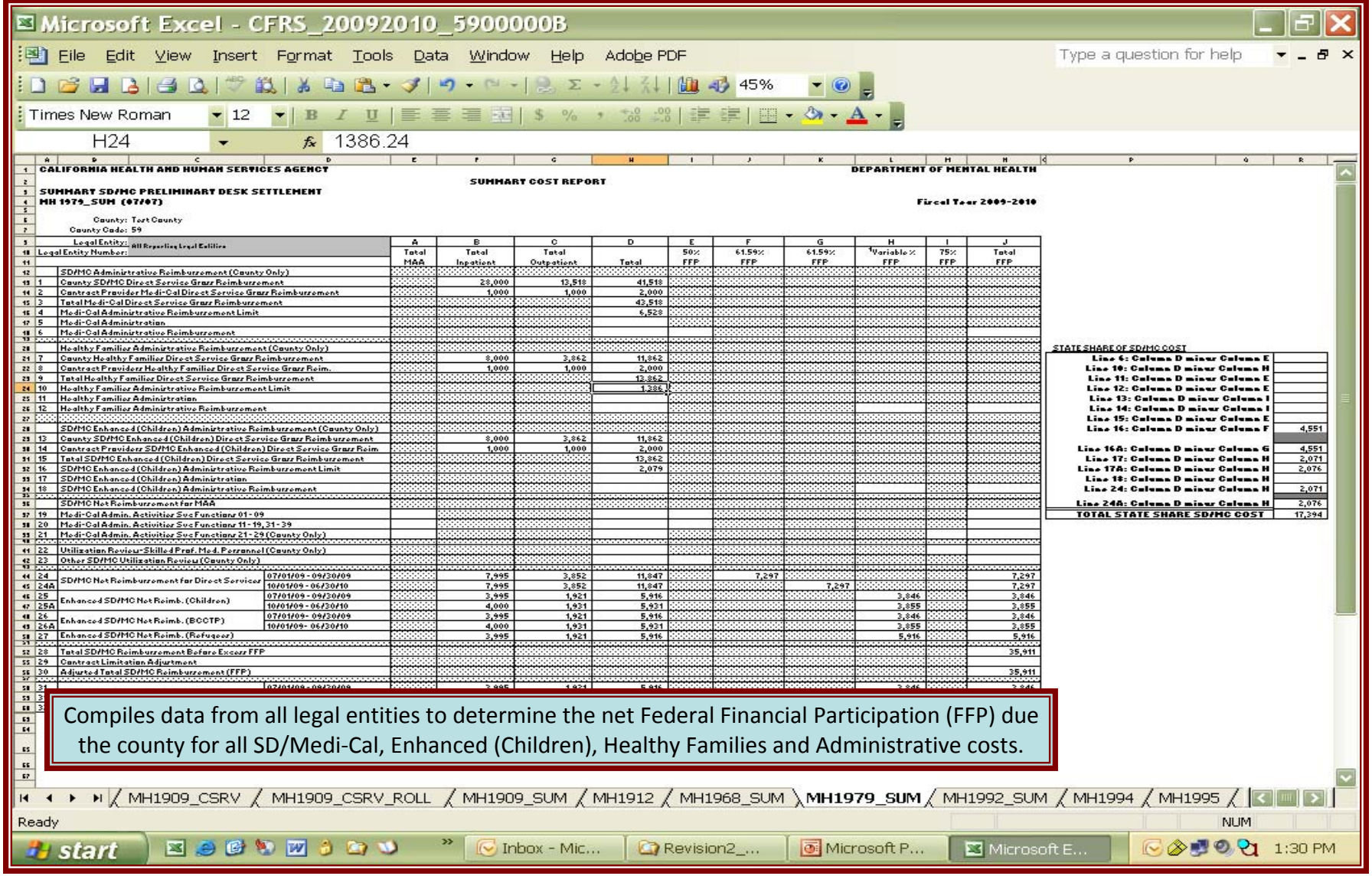
MH 1968_Sum
Determination of SD/Medi-Cal Direct Services and MAA Reimbursement

Compiles data from all of county's legal entities to determine the net SD/Medi-Cal and Healthy Families direct service reimbursement (FFP & state match) for inpatient and outpatient services as well as MAA reimbursement.

Added lines to capture Breast and Cervical Cancer Treatment Prevention (BCCTP) data.



MH 1979_ Sum
Summary SD/Medi-Cal Preliminary Desk Settlement



Microsoft Excel - CFRS_20092010_5900000B

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY — DEPARTMENT OF MENTAL HEALTH

SUMMARY COST REPORT

SUMMART SD/MC PRELIMINART DESK SETTLEMENT
MH 1979_SUM (07/07)

Fiscal Year 2009-2010

County: Test County
County Code: 59

Legal Entity: All Reporting Legal Entities
Legal Entity Number:

			A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50% FFP	F 61.59% FFP	G 61.59% FFP	H Variable % FFP	I 75% FFP	J Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Grasr Reimbursement			28,000	13,518	41,518						
2	Contract Provider Medi-Cal Direct Service Grasr Reimbursement			1,000	1,000	2,000						
3	Total Medi-Cal Direct Service Grasr Reimbursement					43,518						
4	Medi-Cal Administrative Reimbursement Limit					6,528						
5	Medi-Cal Administration											
6	Medi-Cal Administrative Reimbursement											
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Grasr Reimbursement			8,000	3,862	11,862						
8	Contract Providers Healthy Families Direct Service Grasr Reim.			1,000	1,000	2,000						
9	Total Healthy Families Direct Service Grasr Reimbursement					13,862						
10	Healthy Families Administrative Reimbursement Limit					1,386						
11	Healthy Families Administration											
12	Healthy Families Administrative Reimbursement											
	SD/MC Enhanced (Children) Administrative Reimbursement (County Only)											
13	County SD/MC Enhanced (Children) Direct Service Grasr Reimbursement			8,000	3,862	11,862						
14	Contract Providers SD/MC Enhanced (Children) Direct Service Grasr Reim.			1,000	1,000	2,000						
15	Total SD/MC Enhanced (Children) Direct Service Grasr Reimbursement					13,862						
16	SD/MC Enhanced (Children) Administrative Reimbursement Limit					2,079						
17	SD/MC Enhanced (Children) Administration											
18	SD/MC Enhanced (Children) Administrative Reimbursement											
	SD/MC Net Reimbursement for MAA											
19	Medi-Cal Admin. Activities Sve Functions 01-09											
20	Medi-Cal Admin. Activities Sve Functions 11-19, 31-39											
21	Medi-Cal Admin. Activities Sve Functions 21-29 (County Only)											
22	Utilization Review-Skilled Prof. Med. Personnel (County Only)											
23	Other SD/MC Utilization Review (County Only)											
24	SD/MC Net Reimbursement for Direct Services	07/01/09 - 09/30/09		7,995	3,852	11,847		7,297				7,297
24A		10/01/09 - 06/30/10		7,995	3,852	11,847		7,297				7,297
25	Enhanced SD/MC Net Reimb. (Children)	07/01/09 - 09/30/09		3,995	1,921	5,916				3,846		3,846
25A		10/01/09 - 06/30/10		4,000	1,931	5,931				3,855		3,855
26	Enhanced SD/MC Net Reimb. (BCCTP)	07/01/09 - 09/30/09		3,995	1,921	5,916				3,846		3,846
26A		10/01/09 - 06/30/10		4,000	1,931	5,931				3,855		3,855
27	Enhanced SD/MC Net Reimb. (Refugees)			3,995	1,921	5,916				5,916		5,916
28	Total SD/MC Reimbursement Before Excess FFP											35,911
29	Contract Limitation Adjustment											
30	Adjusted Total SD/MC Reimbursement (FFP)											35,911

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	
Line 10: Column D minus Column H	
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	
Line 15: Column D minus Column E	
Line 16: Column D minus Column F	4,551
Line 16A: Column D minus Column G	4,551
Line 17: Column D minus Column H	2,071
Line 17A: Column D minus Column H	2,076
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	2,071
Line 24A: Column D minus Column H	2,076
TOTAL STATE SHARE SD/MC COST	17,394

Compiles data from all legal entities to determine the net Federal Financial Participation (FFP) due the county for all SD/Medi-Cal, Enhanced (Children), Healthy Families and Administrative costs.

MH1909_CSRV | MH1909_CSRV_ROLL | MH1909_SUM | MH1912 | MH1968_SUM | **MH1979_SUM** | MH1992_SUM | MH1994 | MH1995

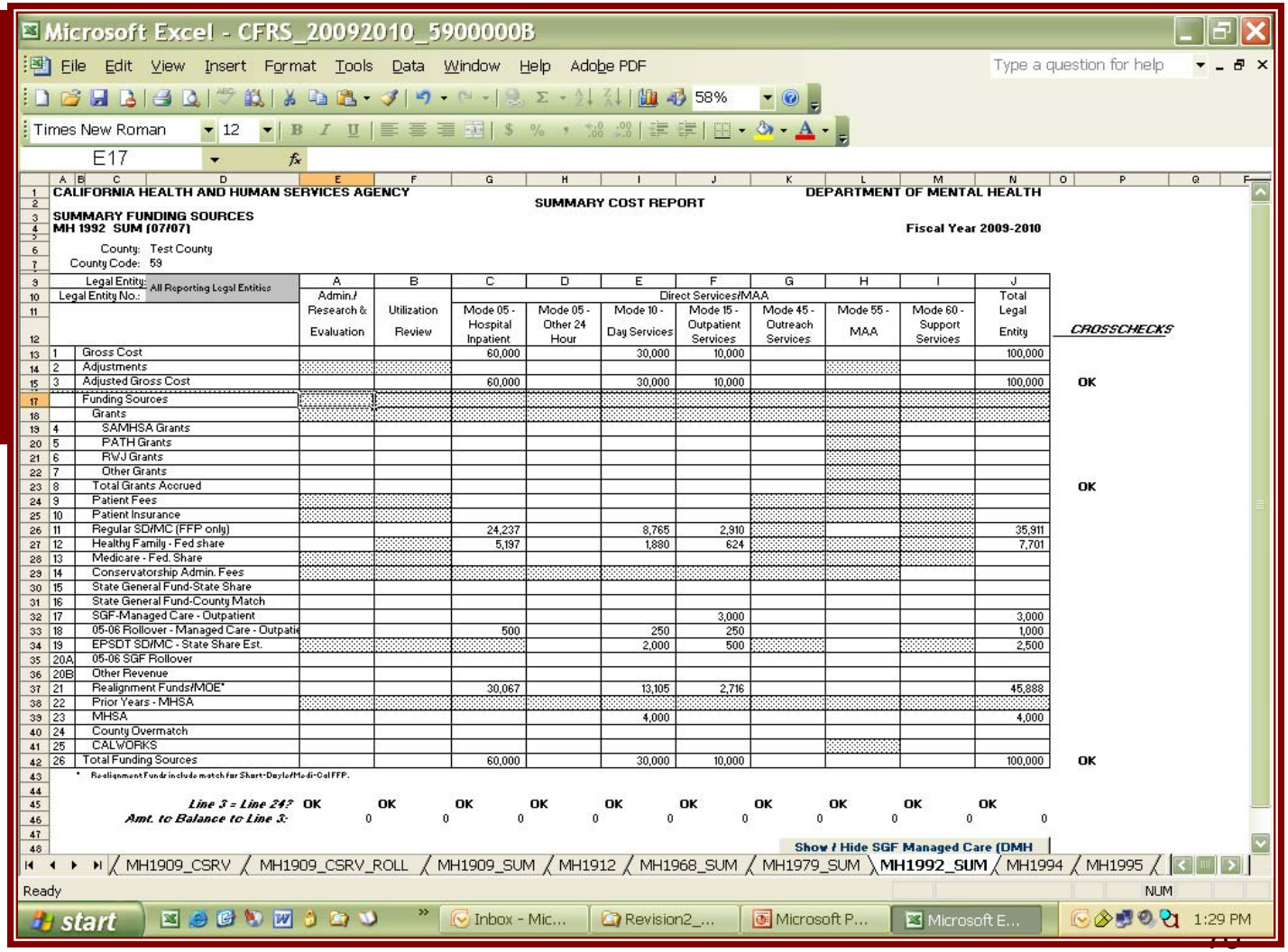
Ready

NUM

start | Inbox - Mic... | Revision2_... | Microsoft P... | Microsoft E... | 1:30 PM

MH 1992_Sum
Summary Funding Sources

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



Microsoft Excel - CFRS_20092010_5900000B

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY — DEPARTMENT OF MENTAL HEALTH

SUMMARY COST REPORT

SUMMARY FUNDING SOURCES
MH 1992 SUM (07/07)

Fiscal Year 2009-2010

County: Test County
County Code: 59

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

		A	B	C	D	E	F	G	H	I	J	
		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			60,000		30,000	10,000				100,000	
2	Adjustments											
3	Adjusted Gross Cost			60,000		30,000	10,000				100,000	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 SD/MC (FFP only)			24,237		8,765	2,910				35,911	
12	Healthy Family - Fed share			5,197		1,880	624				7,701	
13	Medicare - Fed. Share											
14	Conservatorship Admin. Fees											
15	State General Fund-State Share											
16	State General Fund-County Match											
17	SGF-Managed Care - Outpatient						3,000				3,000	
18	05-06 Rollover - Managed Care - Outpatie			500		250	250				1,000	
19	EPSDT SD/MC - State Share Est.					2,000	500				2,500	
20A	05-06 SGF Rollover											
20B	Other Revenue											
21	Realignment Funds/MOE*			30,067		13,105	2,716				45,888	
22	Prior Years - MHSA											
23	MHSA					4,000					4,000	
24	County Overmatch											
25	CALWORKS											
26	Total Funding Sources			60,000		30,000	10,000				100,000	OK

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

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

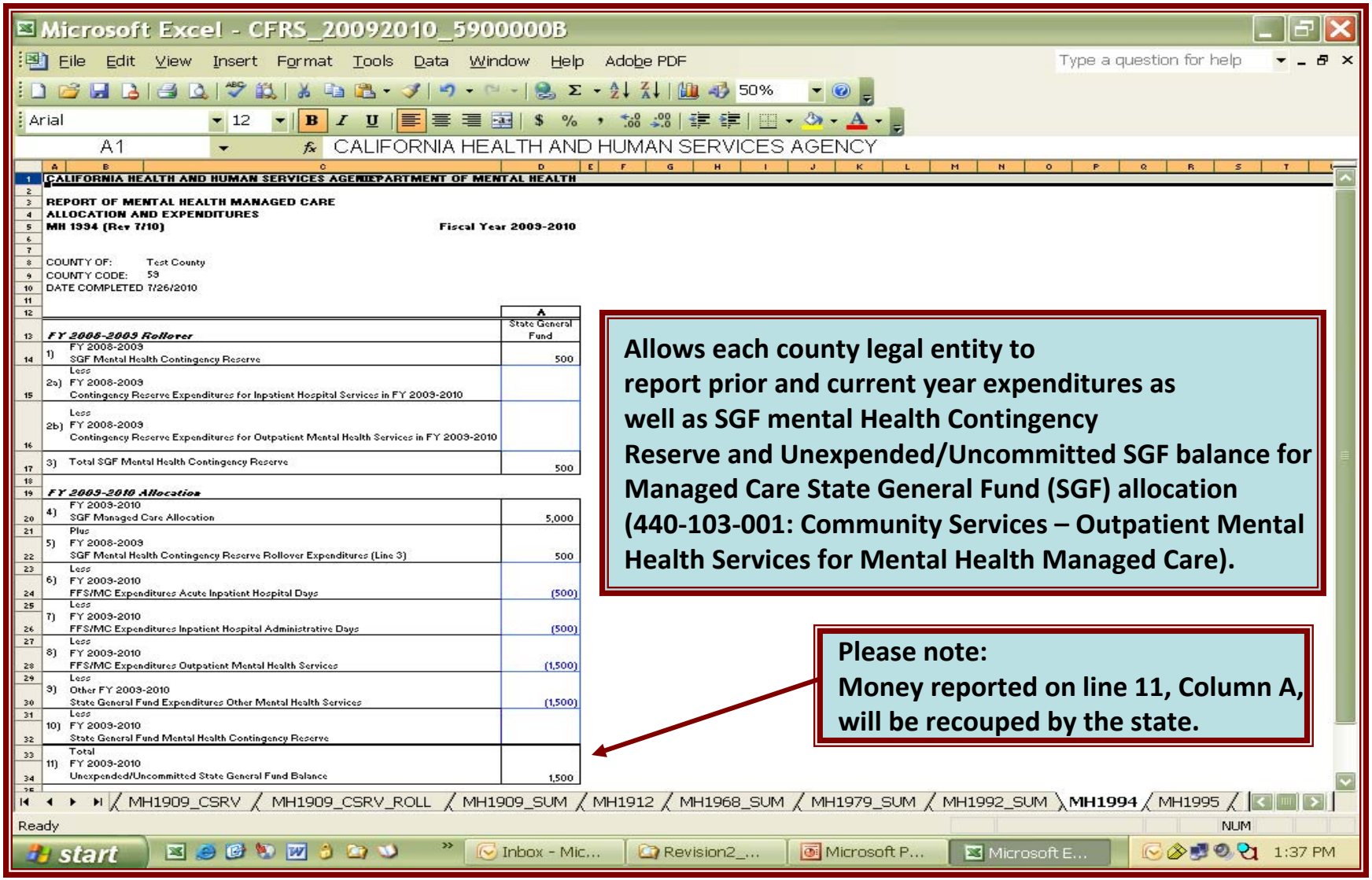
Show / Hide SGF Managed Care (DMH

MH1909_CSRV | MH1909_CSRV_ROLL | MH1909_SUM | MH1912 | MH1968_SUM | MH1979_SUM | MH1992_SUM | MH1994 | MH1995

Ready — NUM

start — Inbox - Mic... | Revision2_... | Microsoft P... | Microsoft E... — 1:29 PM

MH_1994
Report of Mental Health Managed Care Allocation and Expenditures



Microsoft Excel - CFRS_20092010_5900000B

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY | DEPARTMENT OF MENTAL HEALTH

REPORT OF MENTAL HEALTH MANAGED CARE
ALLOCATION AND EXPENDITURES
MH 1994 (Rev 7/10) Fiscal Year 2009-2010

COUNTY OF: Test County
COUNTY CODE: 59
DATE COMPLETED 7/26/2010

		A
		State General Fund
	FY 2008-2009 Rollover	
1)	FY 2008-2009 SGF Mental Health Contingency Reserve	500
2a)	Less FY 2008-2009 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2009-2010	
2b)	Less FY 2008-2009 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2009-2010	
3)	Total SGF Mental Health Contingency Reserve	500
	FY 2009-2010 Allocation	
4)	FY 2009-2010 SGF Managed Care Allocation	5,000
5)	Plus FY 2008-2009 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	500
6)	Less FY 2009-2010 FFS/MC Expenditures Acute Inpatient Hospital Days	(500)
7)	Less FY 2009-2010 FFS/MC Expenditures Inpatient Hospital Administrative Days	(500)
8)	Less FY 2009-2010 FFS/MC Expenditures Outpatient Mental Health Services	(1,500)
9)	Less Other FY 2009-2010 State General Fund Expenditures Other Mental Health Services	(1,500)
10)	Less FY 2009-2010 State General Fund Mental Health Contingency Reserve	
11)	Total FY 2009-2010 Unexpended/Uncommitted State General Fund Balance	1,500

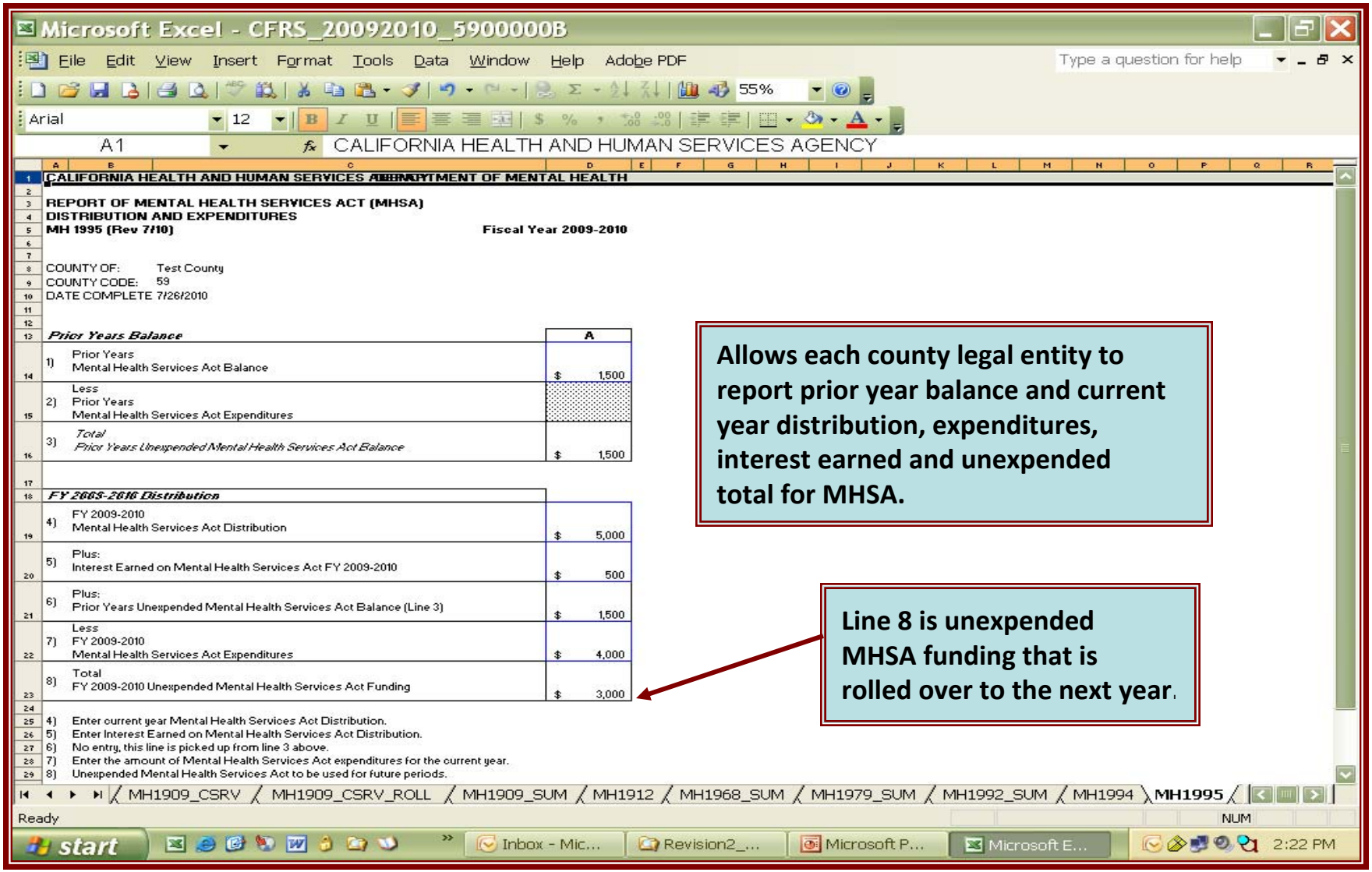
MH1909_CSRV | MH1909_CSRV_ROLL | MH1909_SUM | MH1912 | MH1968_SUM | MH1979_SUM | MH1992_SUM | **MH1994** | MH1995

Ready

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

Please note:
Money reported on line 11, Column A, will be recouped by the state.

MH_1995
Report of Mental Health Services Act (MHSA) Distribution and Expenditures



Microsoft Excel - CFRS_20092010_5900000B

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY/DEPARTMENT OF MENTAL HEALTH

REPORT OF MENTAL HEALTH SERVICES ACT (MHSA)
DISTRIBUTION AND EXPENDITURES
MH 1995 (Rev 7/10)

Fiscal Year 2009-2010

COUNTY OF: Test County
COUNTY CODE: 59
DATE COMPLETE 7/26/2010

	Prior Years Balance	A
1)	Prior Years Mental Health Services Act Balance	$ 1,500
2)	Less Prior Years Mental Health Services Act Expenditures	
3)	*Total Prior Years Unexpended Mental Health Services Act Balance*	$ 1,500

	FY 2009-2010 Distribution	
4)	FY 2009-2010 Mental Health Services Act Distribution	$ 5,000
5)	Plus: Interest Earned on Mental Health Services Act FY 2009-2010	$ 500
6)	Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3)	$ 1,500
7)	Less FY 2009-2010 Mental Health Services Act Expenditures	$ 4,000
8)	Total FY 2009-2010 Unexpended Mental Health Services Act Funding	$ 3,000

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

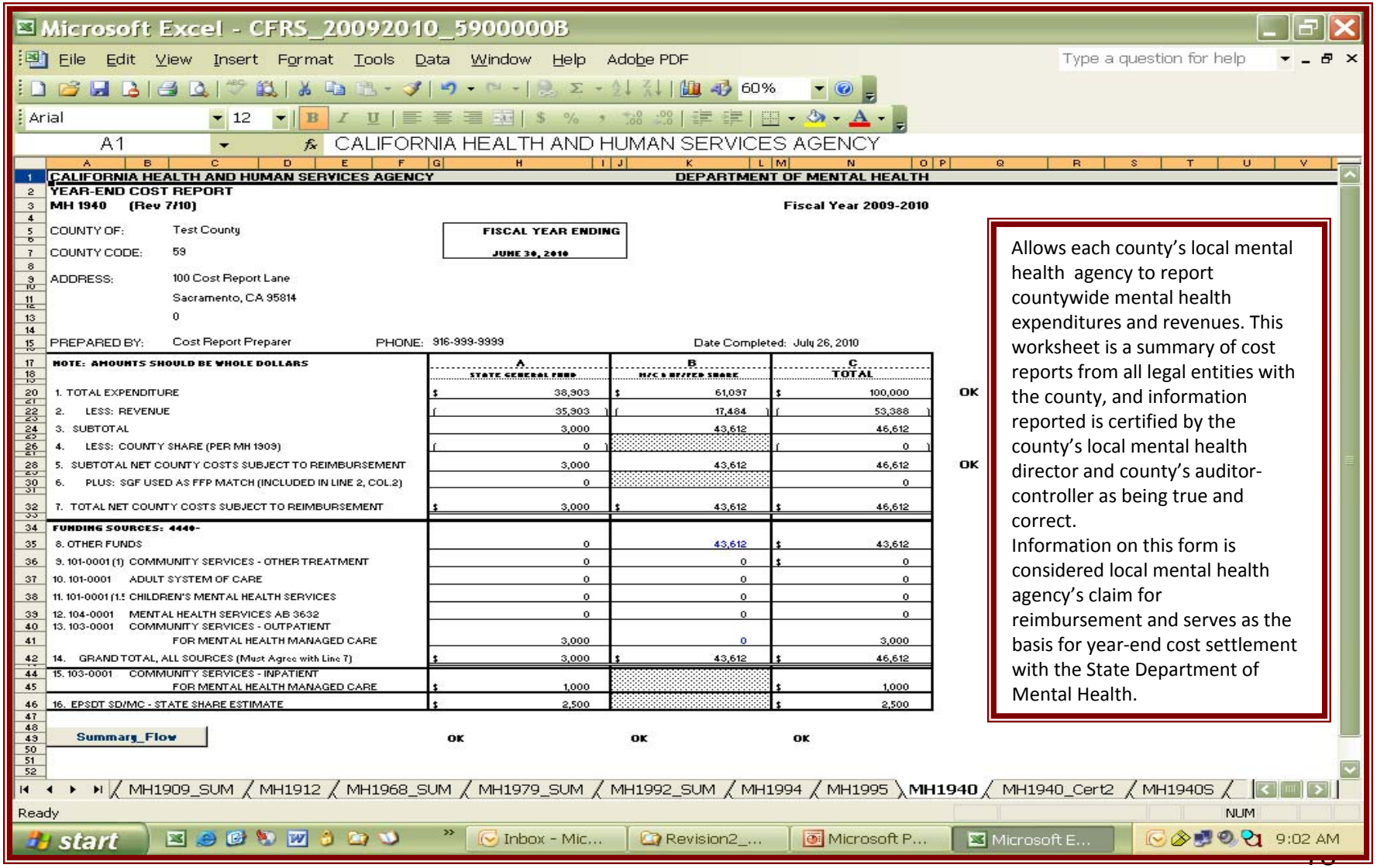
MH1909_CSRV | MH1909_CSRV_ROLL | MH1909_SUM | MH1912 | MH1968_SUM | MH1979_SUM | MH1992_SUM | MH1994 | MH1995

Ready

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

Line 8 is unexpended MHSA funding that is rolled over to the next year.

MH 1940
Year End Cost Report



Microsoft Excel - CFRS_20092010_5900000B

File Edit View Insert Format Tools Data Window Help Adobe PDF

Type a question for help

A1 CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY — DEPARTMENT OF MENTAL HEALTH

YEAR-END COST REPORT

MH 1940 (Rev 7/10) — Fiscal Year 2009-2010

COUNTY OF: Test County

COUNTY CODE: 59

FISCAL YEAR ENDING JUNE 30, 2010

ADDRESS: 100 Cost Report Lane
Sacramento, CA 95814
0

PREPARED BY: Cost Report Preparer PHONE: 916-999-9999 Date Completed: July 26, 2010

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A STATE GENERAL FUND	B MH/C & MI/FED SHARE	C TOTAL	
1. TOTAL EXPENDITURE	$ 38,303	$ 61,097	$ 100,000	OK
2. LESS: REVENUE	(35,303)	(17,484)	(53,388)	
3. SUBTOTAL	3,000	43,612	46,612	
4. LESS: COUNTY SHARE (PER MH 1303)	(0)		(0)	
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	3,000	43,612	46,612	OK
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	0		0	
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	$ 3,000	$ 43,612	$ 46,612	
FUNDING SOURCES: 4440-				
8. OTHER FUNDS	0	43,612	$ 43,612	
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	$ 0	
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0	
11. 101-0001 (1.5 CHILDREN'S MENTAL HEALTH SERVICES	0	0	0	
12. 104-0001 MENTAL HEALTH SERVICES AB 3632	0	0	0	
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	3,000	0	3,000	
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	$ 3,000	$ 43,612	$ 46,612	
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	$ 1,000		$ 1,000	
16. EPSDT SD/MC - STATE SHARE ESTIMATE	$ 2,500		$ 2,500	
Summary_Flow	OK	OK	OK	

MH1909_SUM | MH1912 | MH1968_SUM | MH1979_SUM | MH1992_SUM | MH1994 | MH1995 | MH1940 | MH1940_Cert2 | MH1940S

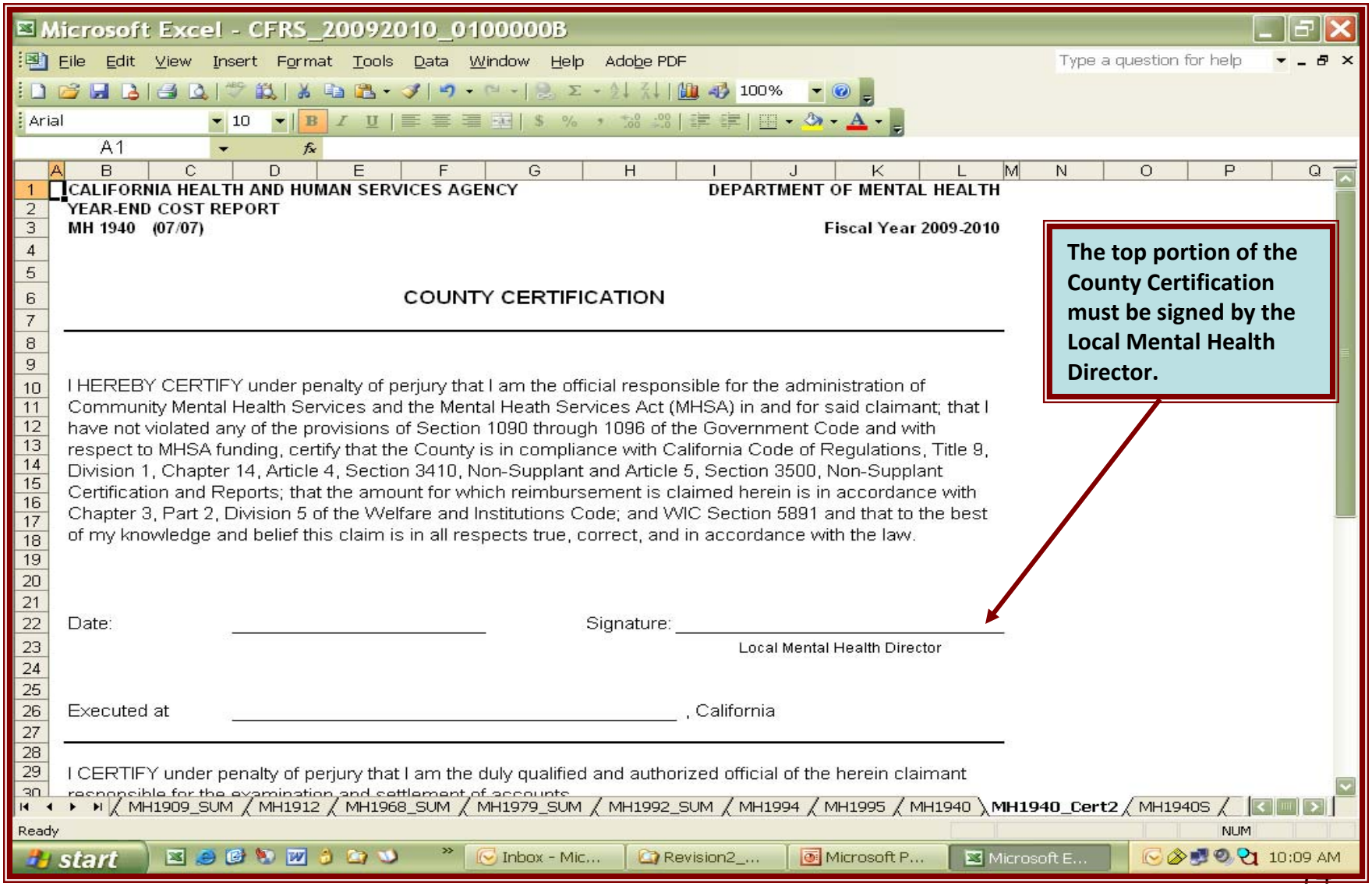
Ready NUM

start Inbox - Mic... Revision2_... Microsoft P... Microsoft E... 9:02 AM

Allows each county's local mental health agency to report countywide mental health expenditures and revenues. This worksheet is a summary of cost reports from all legal entities with the county, and information reported is certified by the county's local mental health director and county's auditor-controller as being true and correct.

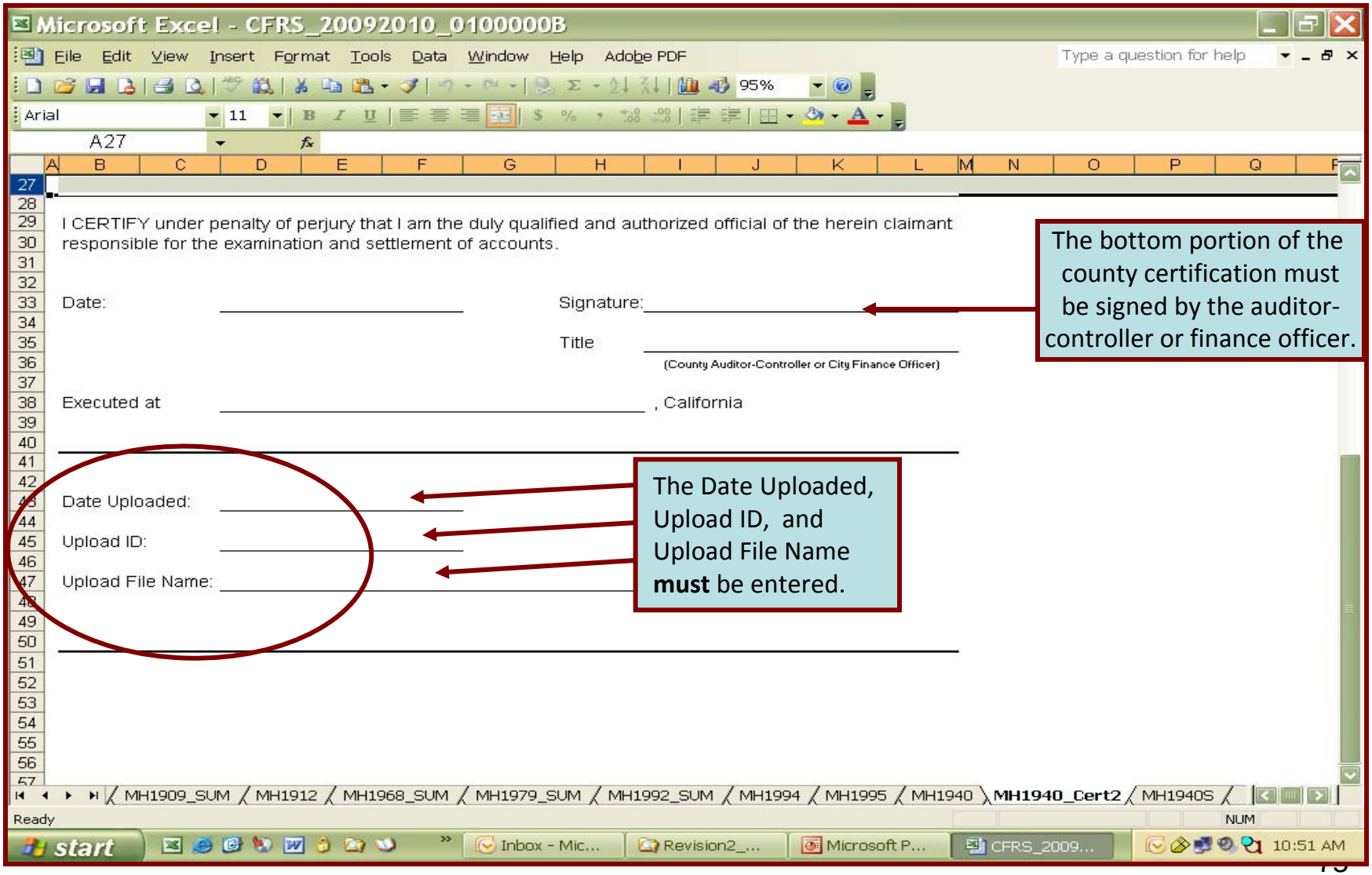
Information on this form is considered local mental health agency's claim for reimbursement and serves as the basis for year-end cost settlement with the State Department of Mental Health.

MH 1940
County Certification



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

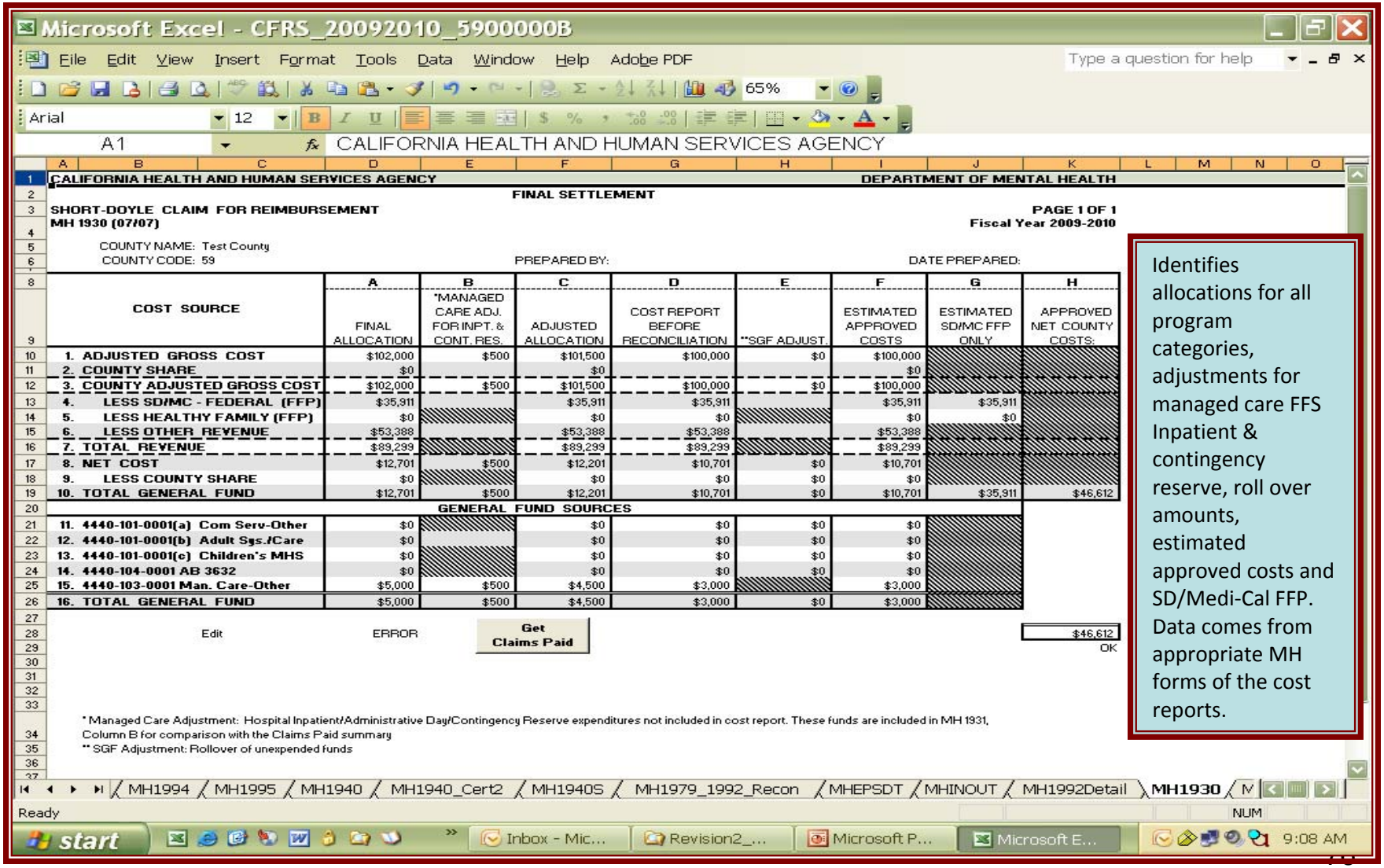
MH 1940
County Certification (Cont'd)



The bottom portion of the county certification must be signed by the auditor-controller or finance officer.

The Date Uploaded, Upload ID, and Upload File Name **must** be entered.

MH1930 - COST REPORT FINAL SETTLEMENT



Microsoft Excel - CFRS_20092010_5900000B

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY — DEPARTMENT OF MENTAL HEALTH

FINAL SETTLEMENT

SHORT-DOYLE CLAIM FOR REIMBURSEMENT — PAGE 1 OF 1

MH 1930 (07/07) — Fiscal Year 2009-2010

COUNTY NAME: Test County

COUNTY CODE: 59 — PREPARED BY: — DATE PREPARED:

COST SOURCE	A FINAL ALLOCATION	B *MANAGED CARE ADJ. FOR INPT. & CONT. RES.	C ADJUSTED ALLOCATION	D COST REPORT BEFORE RECONCILIATION	E **SGF ADJUST.	F ESTIMATED APPROVED COSTS	G ESTIMATED SD/MC FFP ONLY	H APPROVED NET COUNTY COSTS
1. ADJUSTED GROSS COST	$102,000	$500	$101,500	$100,000	$0	$100,000		
2. COUNTY SHARE	$0		$0			$0		
3. COUNTY ADJUSTED GROSS COST	$102,000	$500	$101,500	$100,000	$0	$100,000		
4. LESS SD/MC - FEDERAL (FFP)	$35,911		$35,911	$35,911		$35,911	$35,911	
5. LESS HEALTHY FAMILY (FFP)	$0		$0	$0		$0	$0	
6. LESS OTHER REVENUE	$53,388		$53,388	$53,388		$53,388		
7. TOTAL REVENUE	$89,299		$89,299	$89,299		$89,299		
8. NET COST	$12,701	$500	$12,201	$10,701	$0	$10,701		
9. LESS COUNTY SHARE	$0		$0	$0	$0	$0		
10. TOTAL GENERAL FUND	$12,701	$500	$12,201	$10,701	$0	$10,701	$35,911	$46,612
GENERAL FUND SOURCES								
11. 4440-101-0001(a) Com Serv-Other	$0		$0	$0	$0	$0		
12. 4440-101-0001(b) Adult Sys./Care	$0		$0	$0	$0	$0		
13. 4440-101-0001(c) Children's MHS	$0		$0	$0	$0	$0		
14. 4440-104-0001 AB 3632	$0		$0	$0	$0	$0		
15. 4440-103-0001 Man. Care-Other	$5,000	$500	$4,500	$3,000		$3,000		
16. TOTAL GENERAL FUND	$5,000	$500	$4,500	$3,000	$0	$3,000		

Edit — ERROR — Get Claims Paid — $46,612 OK

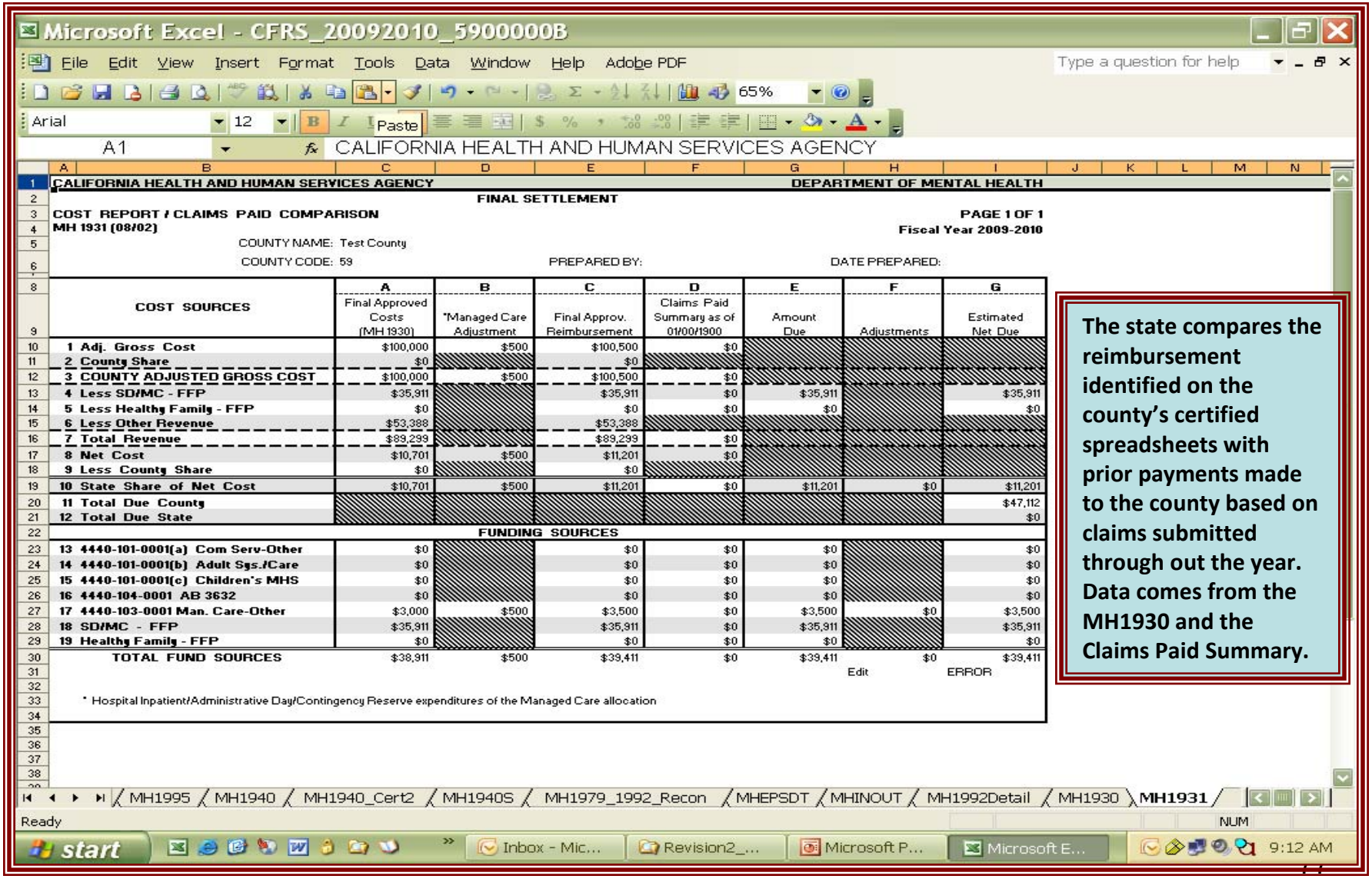
* Managed Care Adjustment: Hospital Inpatient/Administrative Day/Contingency Reserve expenditures not included in cost report. These funds are included in MH 1931, Column B for comparison with the Claims Paid summary

** SGF Adjustment: Rollover of unexpended funds

MH1994 | MH1995 | MH1940 | MH1940_Cert2 | MH1940S | MH1979_1992_Recon | MHEPSDT | MHINOUT | MH1992Detail | MH1930

Identifies allocations for all program categories, adjustments for managed care FFS Inpatient & contingency reserve, roll over amounts, estimated approved costs and SD/Medi-Cal FFP. Data comes from appropriate MH forms of the cost reports.

MH 1931 - COST REPORT FINAL SETTLEMENT



Microsoft Excel - CFRS_20092010_5900000B

File Edit View Insert Format Tools Data Window Help Adobe PDF

Type a question for help

Arial 12 Paste

A1 CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY — DEPARTMENT OF MENTAL HEALTH

FINAL SETTLEMENT

COST REPORT / CLAIMS PAID COMPARISON — PAGE 1 OF 1

MH 1931 (08/02) — Fiscal Year 2009-2010

COUNTY NAME: Test County

COUNTY CODE: 59 — PREPARED BY: — DATE PREPARED:

	COST SOURCES	A Final Approved Costs (MH 1930)	B *Managed Care Adjustment	C Final Approv. Reimbursement	D Claims Paid Summary as of 01/00/1900	E Amount Due	F Adjustments	G Estimated Net Due
10	1 Adj. Gross Cost	$100,000	$500	$100,500	$0			
11	2 County Share	$0		$0				
12	3 COUNTY ADJUSTED GROSS COST	$100,000	$500	$100,500	$0			
13	4 Less SD/MC - FFP	$35,911		$35,911	$0	$35,911		$35,911
14	5 Less Healthy Family - FFP	$0		$0	$0	$0		$0
15	6 Less Other Revenue	$53,388		$53,388				
16	7 Total Revenue	$89,299		$89,299	$0			
17	8 Net Cost	$10,701	$500	$11,201	$0			
18	9 Less County Share	$0		$0				
19	10 State Share of Net Cost	$10,701	$500	$11,201	$0	$11,201	$0	$11,201
20	11 Total Due County							$47,112
21	12 Total Due State							$0
22	FUNDING SOURCES							
23	13 4440-101-0001(a) Com Serv-Other	$0		$0	$0	$0		$0
24	14 4440-101-0001(b) Adult Sys./Care	$0		$0	$0	$0		$0
25	15 4440-101-0001(c) Children's MHS	$0		$0	$0	$0		$0
26	16 4440-104-0001 AB 3632	$0		$0	$0	$0		$0
27	17 4440-103-0001 Man. Care-Other	$3,000	$500	$3,500	$0	$3,500	$0	$3,500
28	18 SD/MC - FFP	$35,911		$35,911	$0	$35,911		$35,911
29	19 Healthy Family - FFP	$0		$0	$0	$0		$0
30	TOTAL FUND SOURCES	$38,911	$500	$39,411	$0	$39,411	$0	$39,411
31							Edit	ERROR

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

MH1995 / MH1940 / MH1940_Cert2 / MH1940S / MH1979_1992_Recon / MHEPSDT / MHINOUT / MH1992Detail / MH1930 / MH1931

Ready NUM

start Inbox - Mic... Revision2_... Microsoft P... Microsoft E... 9:12 AM

The state compares the reimbursement identified on the county's certified spreadsheets with prior payments made to the county based on claims submitted through out the year. Data comes from the MH1930 and the Claims Paid Summary.

ITWS Submission

- Creating the Submittal File
- Cost Report Naming Convention
- Creating and Renaming the Zip File
- Logging Into ITWS
- Uploading the Cost Report

Create the Submittal File

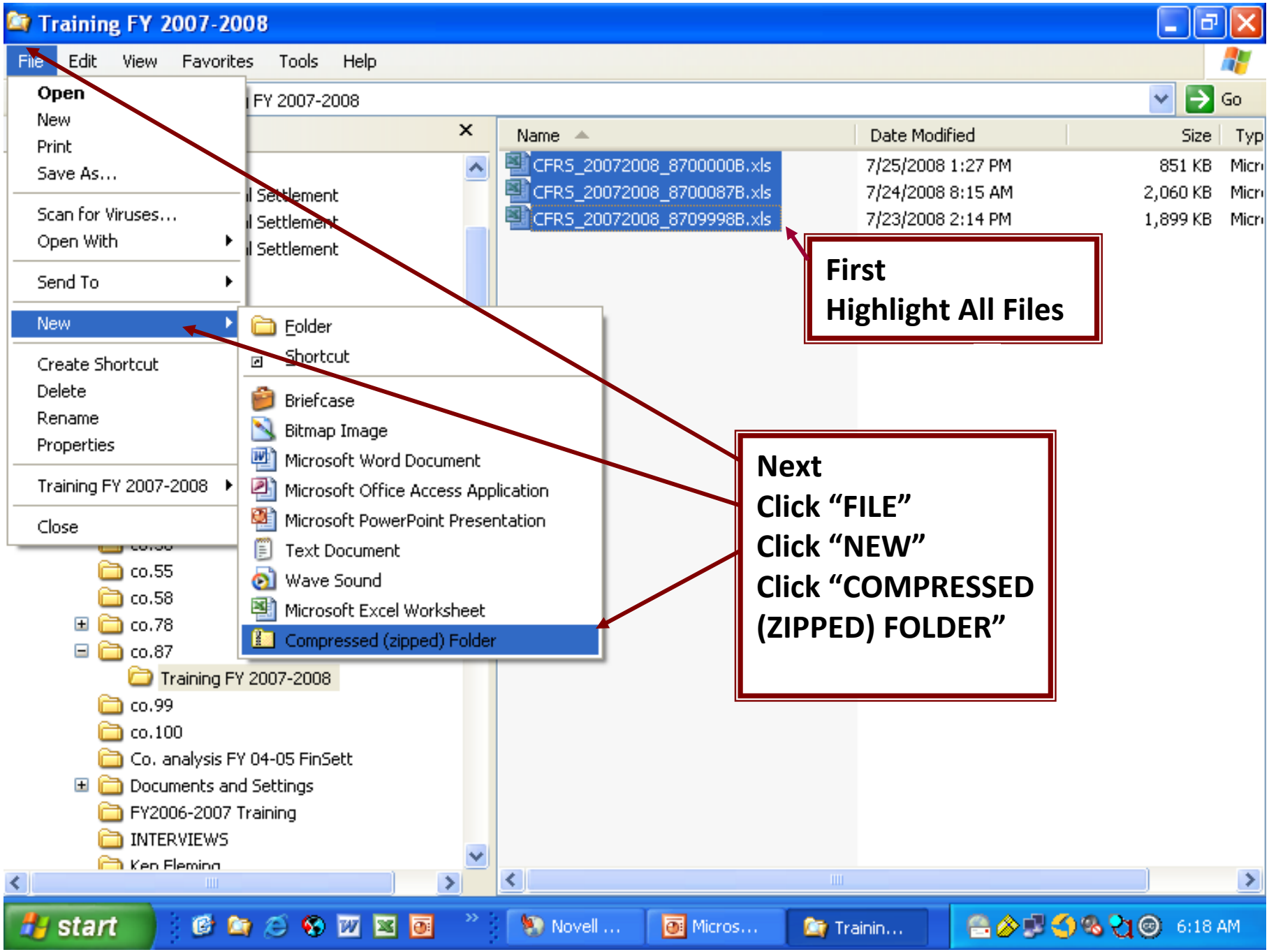
- Individual cost report naming convention
- Compress cost reports into one Zip file
- Rename zip file using proper naming convention

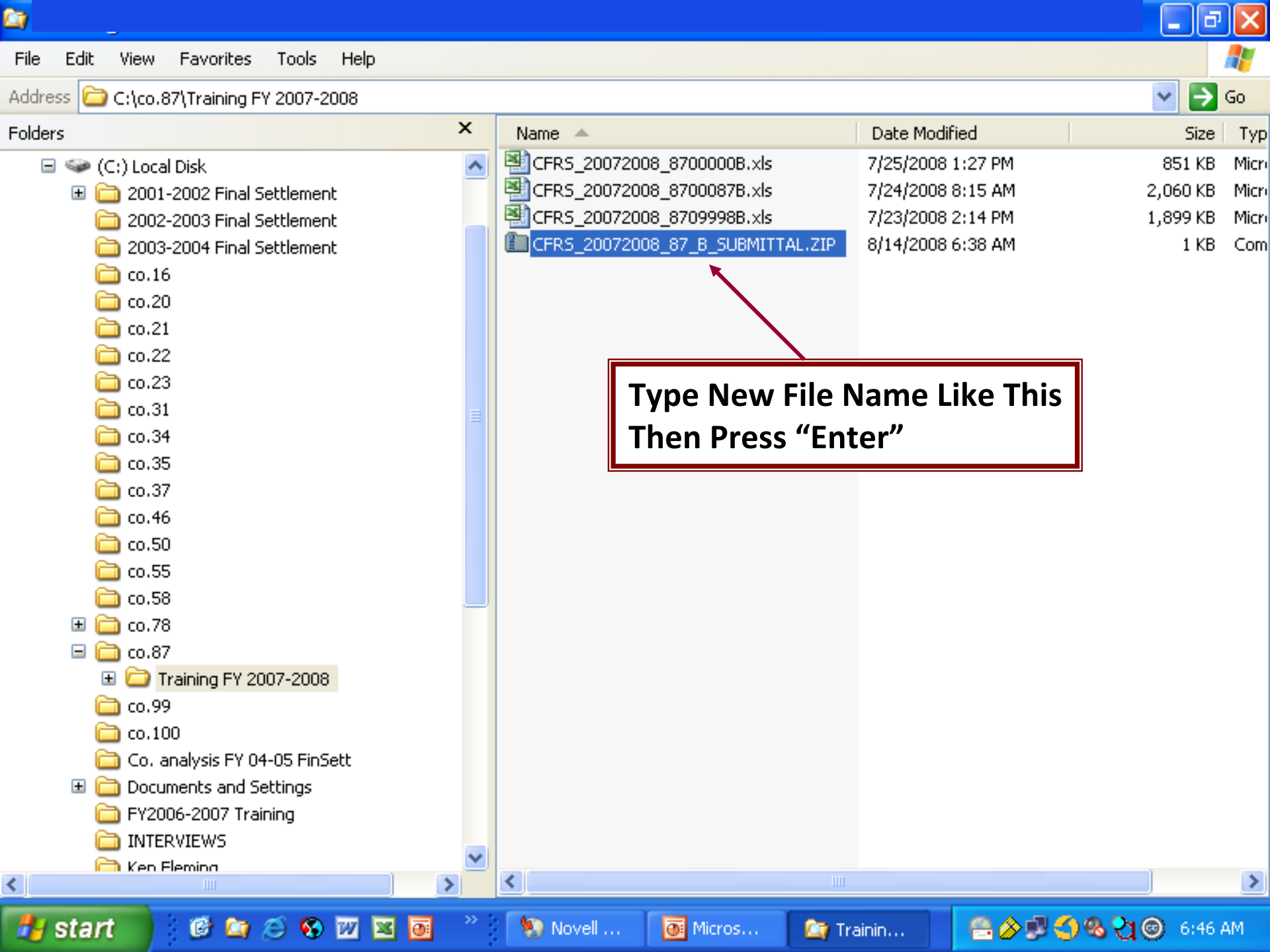
Individual Cost Reports – Naming Convention

- Summary Cost Report
  - CFRS_20092010_8900000B.xls
- County Detail Cost Report
  - CFRS_20092010_8900089B.xls
- Non County Detail Cost Report
  - CFRS_20092010_8900999B.xls

Creating the Zip File

- Highlight the cost report files to be submitted.
- Click on the “File” menu
- Select “New” from the “File” menu
- Select “Compressed (Zipped) File


Training FY 2007-2008
File Edit View Favorites Tools Help
Open
New
Print
Save As...
Scan for Viruses...
Open With
Send To
New
Create Shortcut
Delete
Rename
Properties
Training FY 2007-2008
Close
Folder
Shortcut
Briefcase
Bitmap Image
Microsoft Word Document
Microsoft Office Access Application
Microsoft PowerPoint Presentation
Text Document
Wave Sound
Microsoft Excel Worksheet
Compressed (zipped) Folder
FY 2007-2008
Go
Name
Date Modified
Size
CFRS_20072008_8700000B.xls
7/25/2008 1:27 PM
851 KB
CFRS_20072008_8700087B.xls
7/24/2008 8:15 AM
2,060 KB
CFRS_20072008_8709998B.xls
7/23/2008 2:14 PM
1,899 KB
First
Highlight All Files
Next
Click "FILE"
Click "NEW"
Click "COMPRESSED (ZIPPED) FOLDER"
co.55
co.58
co.78
co.87
Training FY 2007-2008
co.99
co.100
Co. analysis FY 04-05 FinSett
Documents and Settings
FY2006-2007 Training
INTERVIEWS
start
Novell ...
Micros...
Trainin...
6:18 AM

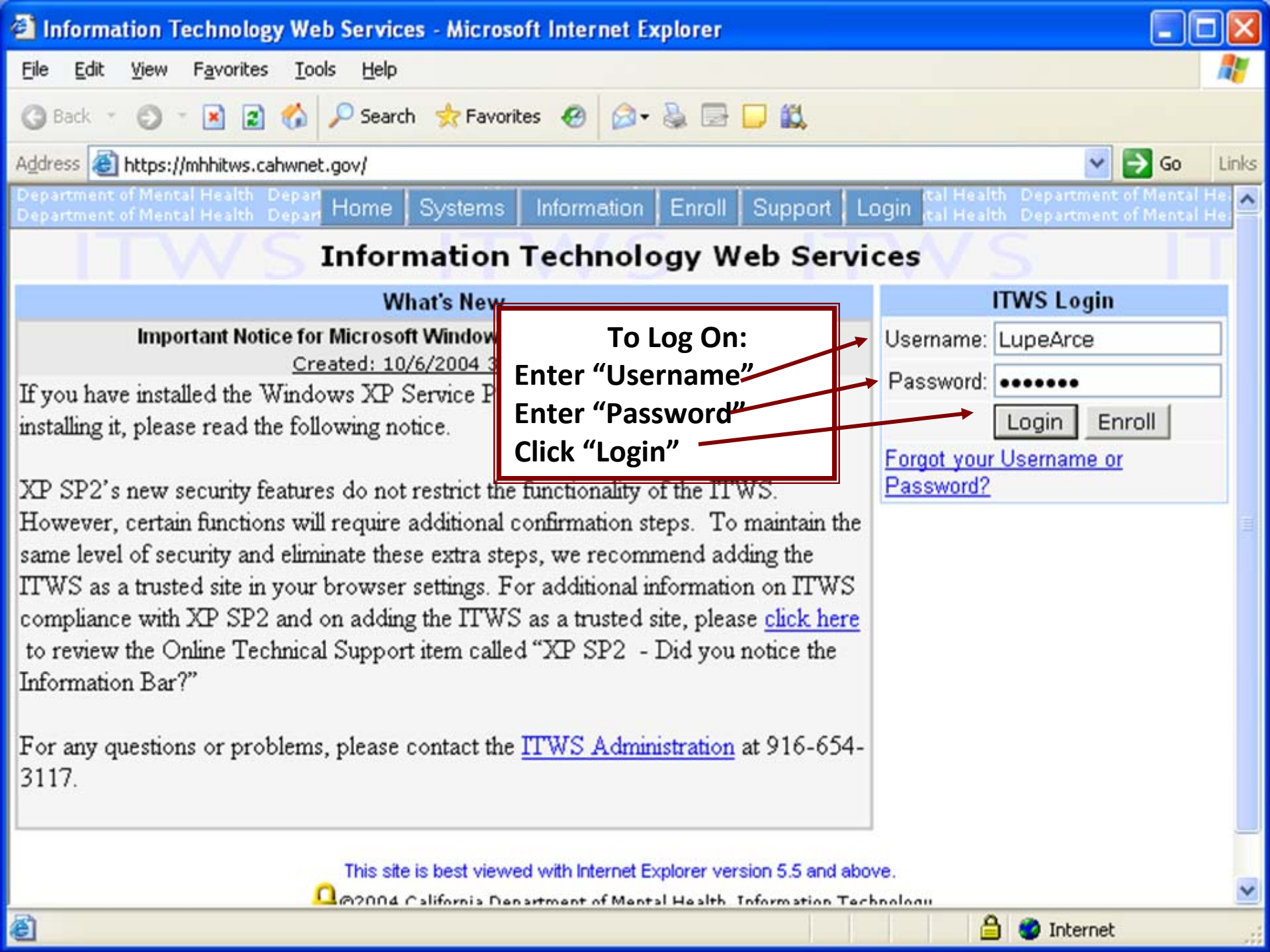

File Edit View Favorites Tools Help
Address C:\co.87\Training FY 2007-2008
Go
Folders
(C:) Local Disk
2001-2002 Final Settlement
2002-2003 Final Settlement
2003-2004 Final Settlement
co.16
co.20
co.21
co.22
co.23
co.31
co.34
co.35
co.37
co.46
co.50
co.55
co.58
co.78
co.87
Training FY 2007-2008
co.99
co.100
Co. analysis FY 04-05 FinSett
Documents and Settings
FY2006-2007 Training
INTERVIEWS
Name
Date Modified
Size
CFRS_20072008_8700000B.xls 7/25/2008 1:27 PM 851 KB
CFRS_20072008_8700087B.xls 7/24/2008 8:15 AM 2,060 KB
CFRS_20072008_8709998B.xls 7/23/2008 2:14 PM 1,899 KB
CFRS_20072008_87_B_SUBMITTAL.ZIP 8/14/2008 6:38 AM 1 KB
Type New File Name Like This
Then Press “Enter”
start
Novell ...
Micros...
Trainin...
6:46 AM

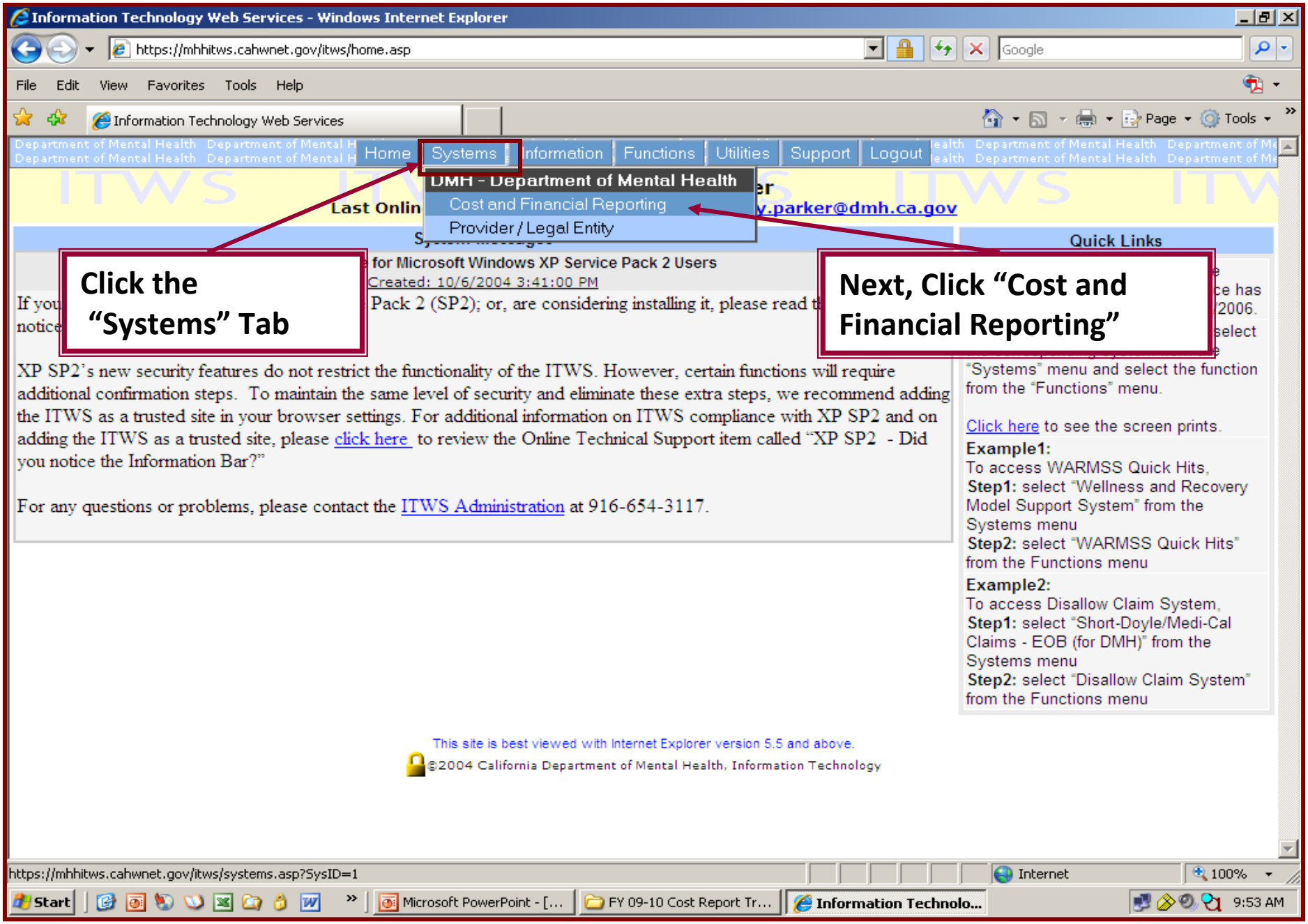
Uploading Cost Reports

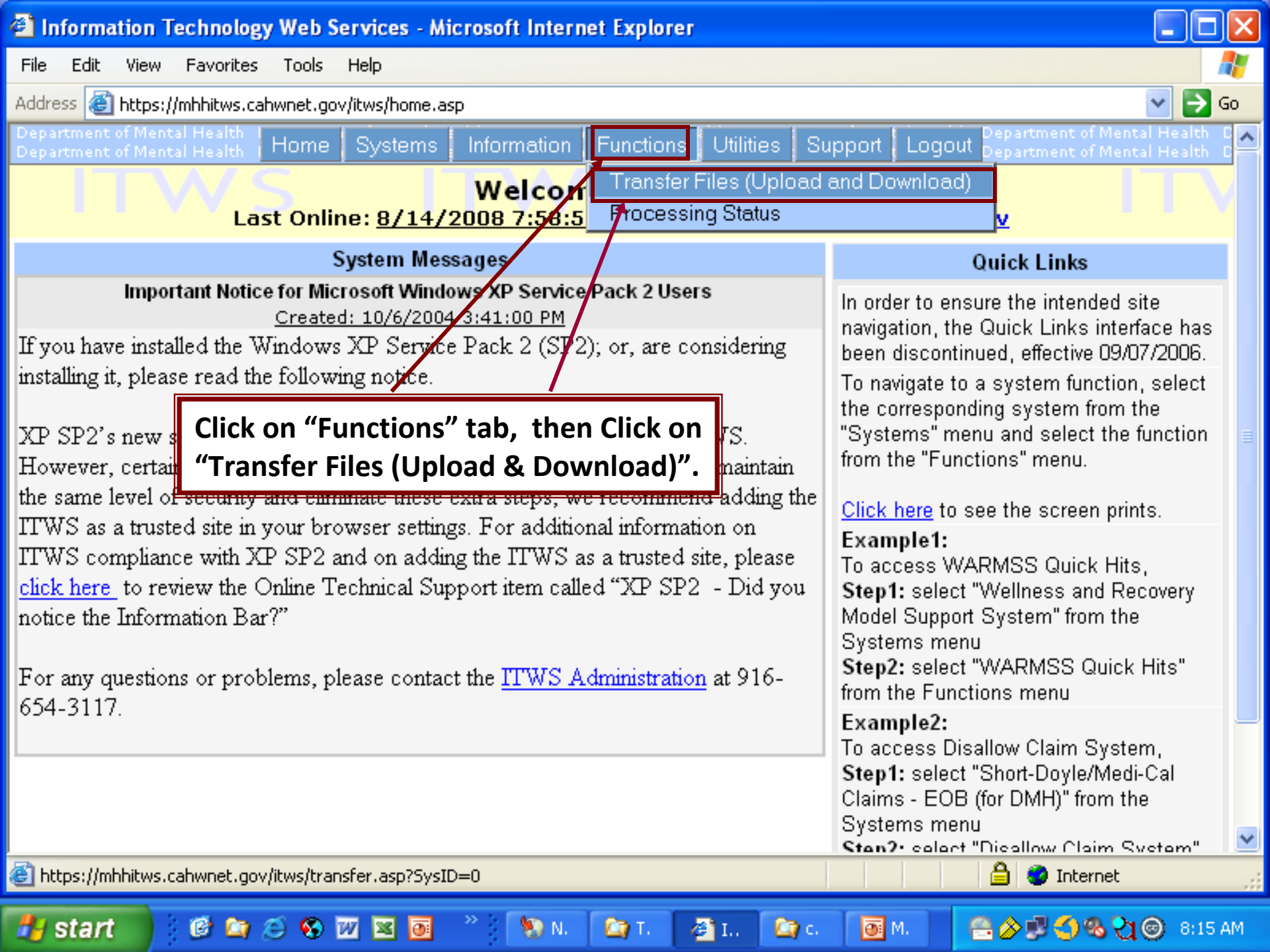
- Select cost and financial reporting from the systems menu
- Select Transfer files (Upload and Download) from the functions menu
- Click on the “Add” button
- Highlight the zip folder to upload
- Click on the “Upload” button
- Click the “O.K”.

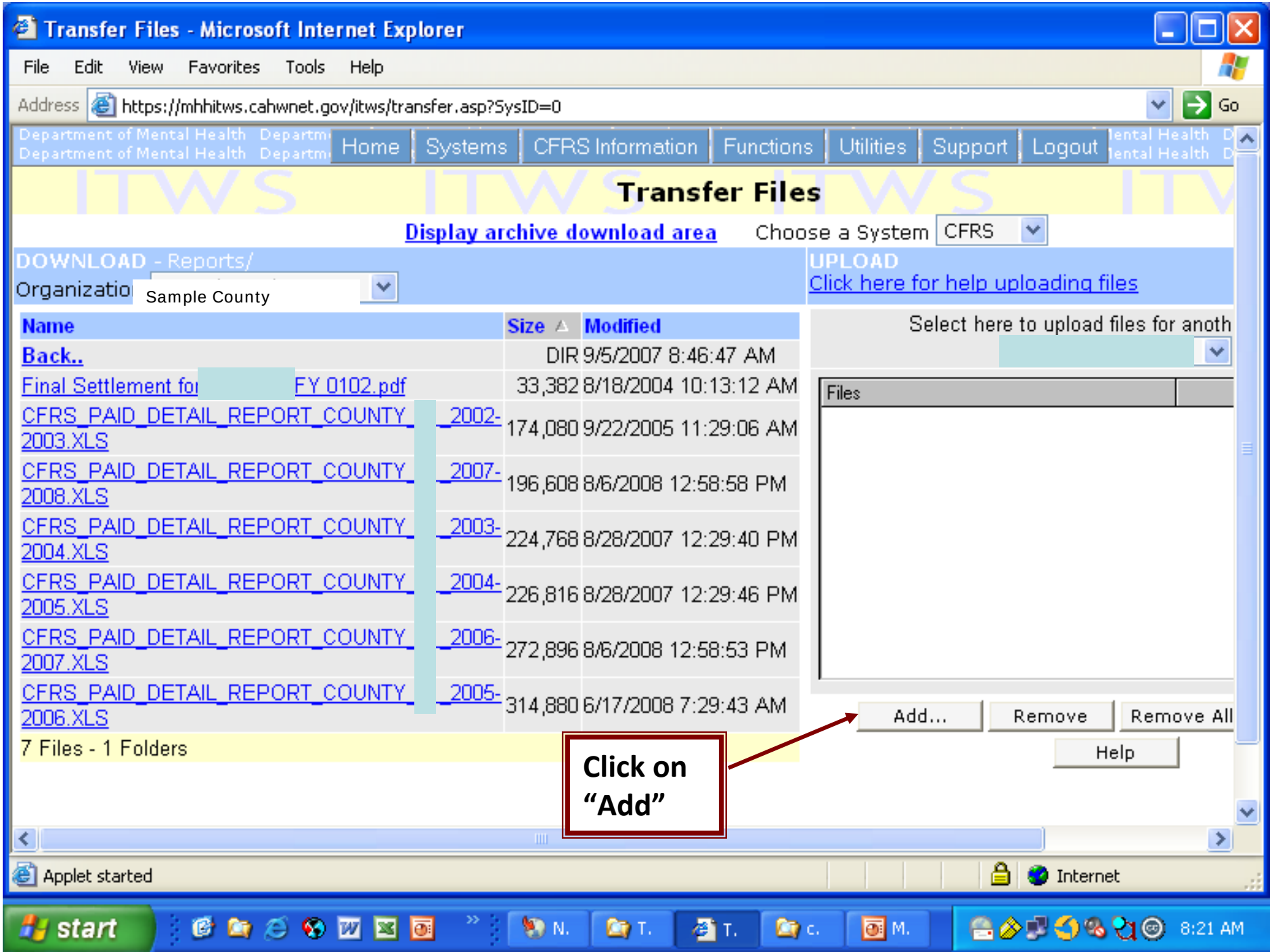
Step One: Log Into the ITWS

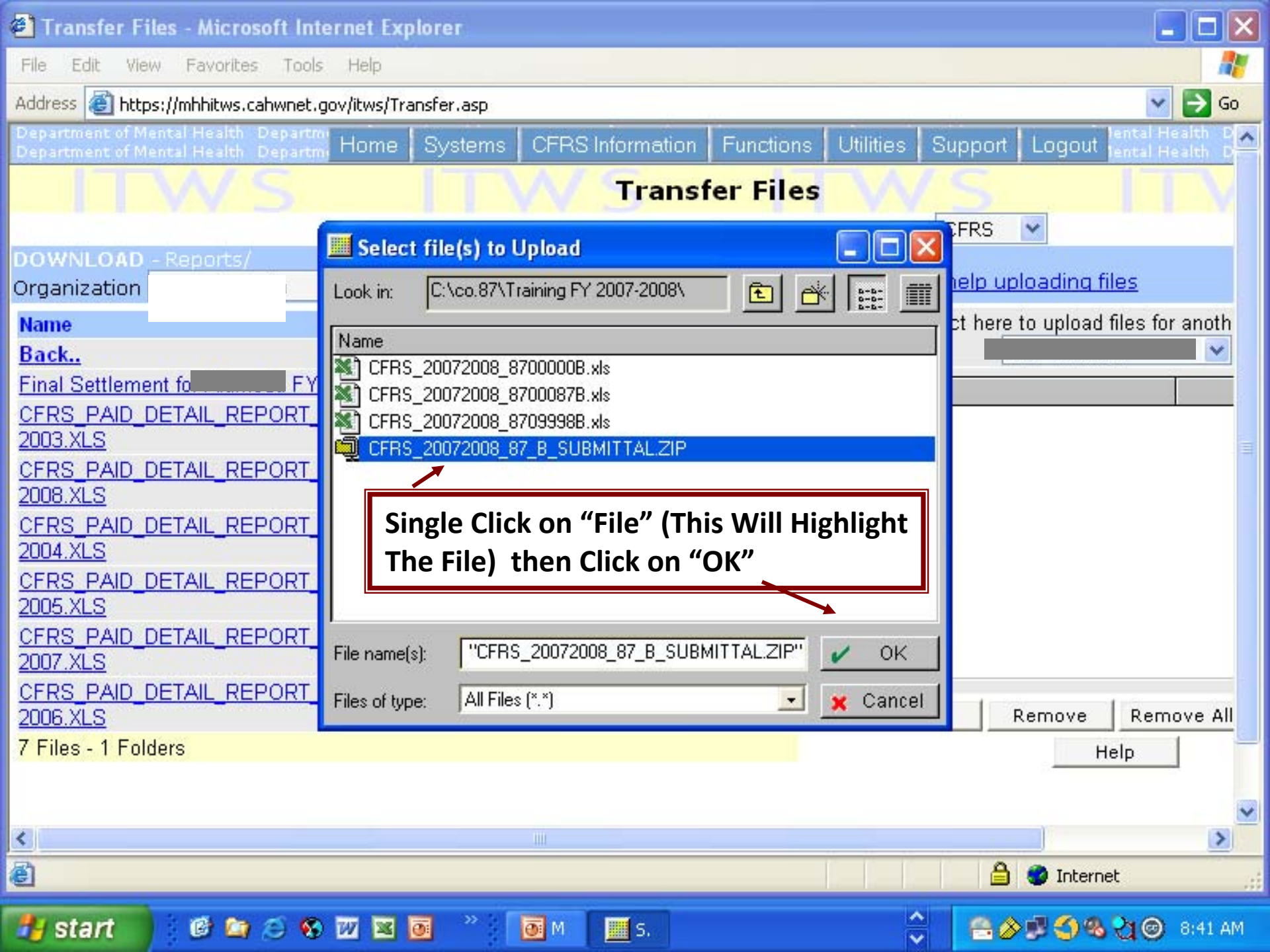
- https://mhhitws.cahwnet.gov
- User Name
- Password
- Click “Login”

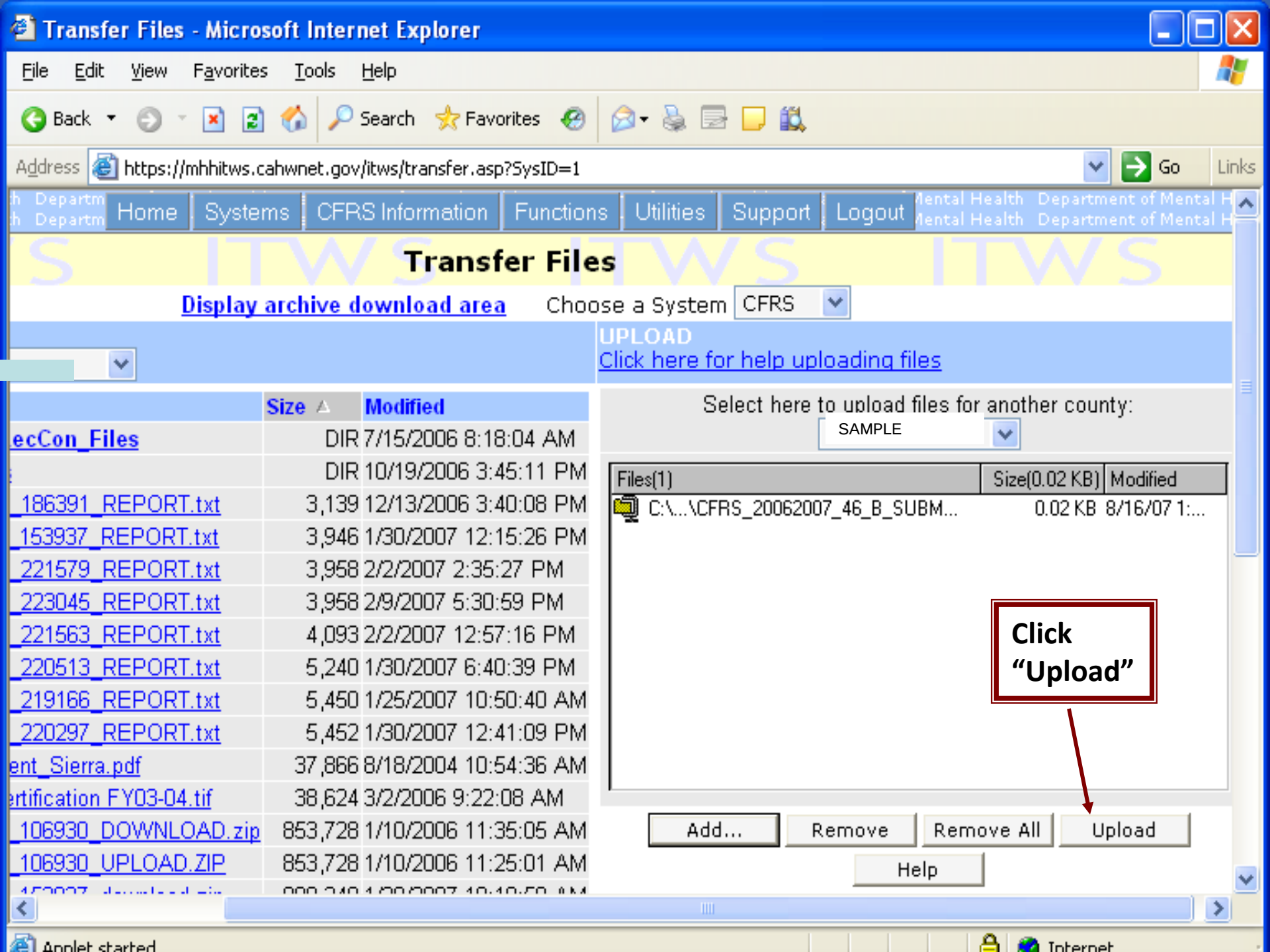

Information Technology Web Services - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mhhitws.cahwnet.gov/
Go Links
Department of Mental Health
Home Systems Information Enroll Support Login
Information Technology Web Services
What's New
Important Notice for Microsoft Windows
Created: 10/6/2004
If you have installed the Windows XP Service P
installing it, please read the following notice.
XP SP2's new security features do not restrict the functionality of the ITWS.
However, certain functions will require additional confirmation steps. To maintain the same level of security and eliminate these extra steps, we recommend adding the ITWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on adding the ITWS as a trusted site, please click here to review the Online Technical Support item called "XP SP2 - Did you notice the Information Bar?"
For any questions or problems, please contact the ITWS Administration at 916-654-3117.
To Log On:
Enter "Username"
Enter "Password"
Click "Login"
ITWS Login
Username: LupeArce
Password: •••••••
Login Enroll
Forgot your Username or Password?
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health Information Technology
Internet

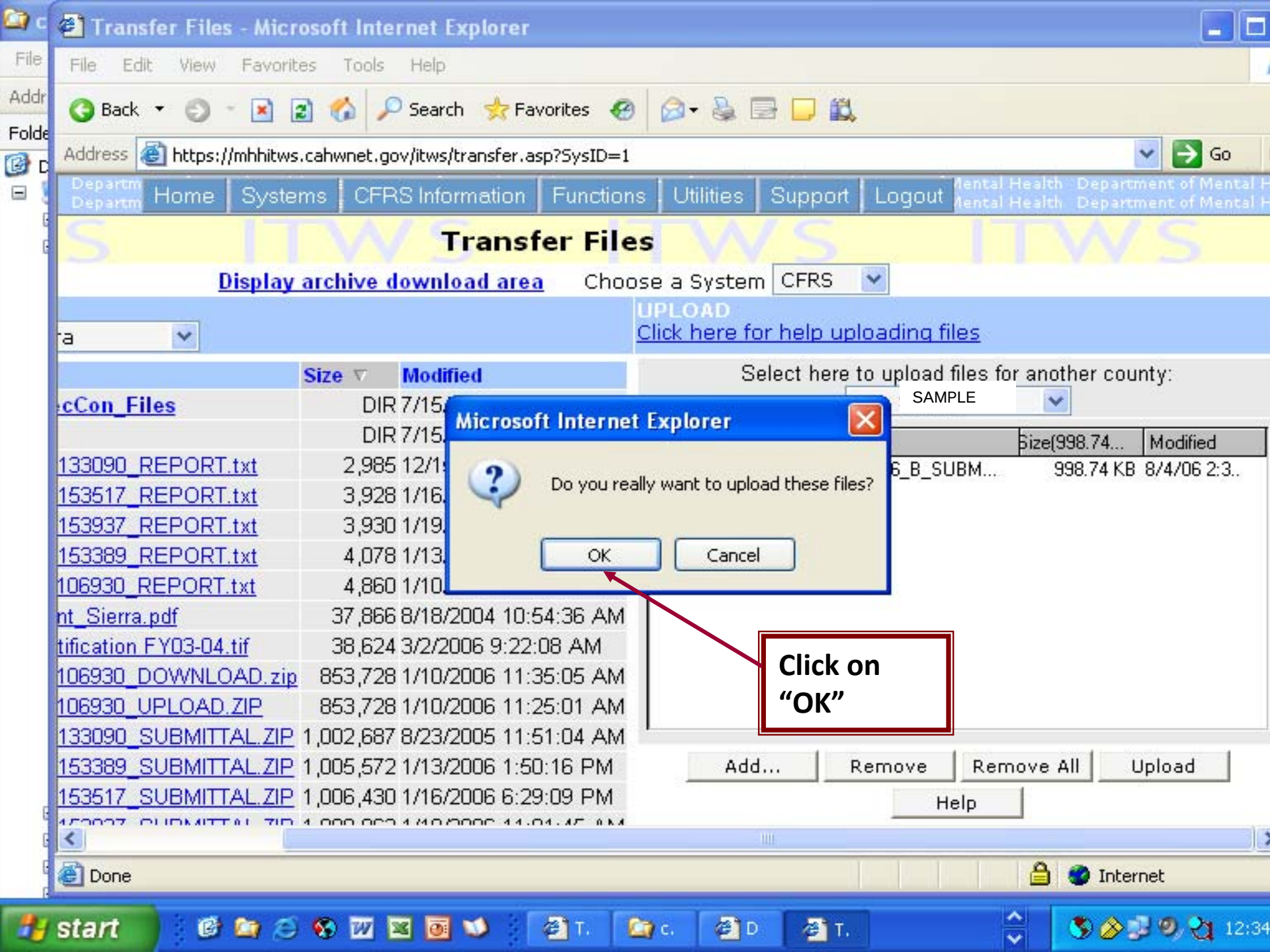

Information Technology Web Services - Windows Internet Explorer
https://mhhitws.cahwnet.gov/itws/home.asp
Home
Systems
Information
Functions
Utilities
Support
Logout
DMH - Department of Mental Health
Cost and Financial Reporting
Provider / Legal Entity
Click the "Systems" Tab
Next, Click "Cost and Financial Reporting"
Quick Links
for Microsoft Windows XP Service Pack 2 Users
Created: 10/6/2004 3:41:00 PM
XP SP2's new security features do not restrict the functionality of the ITWS. However, certain functions will require additional confirmation steps. To maintain the same level of security and eliminate these extra steps, we recommend adding the ITWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on adding the ITWS as a trusted site, please click here to review the Online Technical Support item called "XP SP2 - Did you notice the Information Bar?"
For any questions or problems, please contact the ITWS Administration at 916-654-3117.
"Systems" menu and select the function from the "Functions" menu.
Click here to see the screen prints.
Example1:
To access WARMSS Quick Hits,
Step1: select "Wellness and Recovery Model Support System" from the Systems menu
Step2: select "WARMSS Quick Hits" from the Functions menu
Example2:
To access Disallow Claim System,
Step1: select "Short-Doyle/Medi-Cal Claims - EOB (for DMH)" from the Systems menu
Step2: select "Disallow Claim System" from the Functions menu
This site is best viewed with Internet Explorer version 5.5 and above.
©2004 California Department of Mental Health, Information Technology

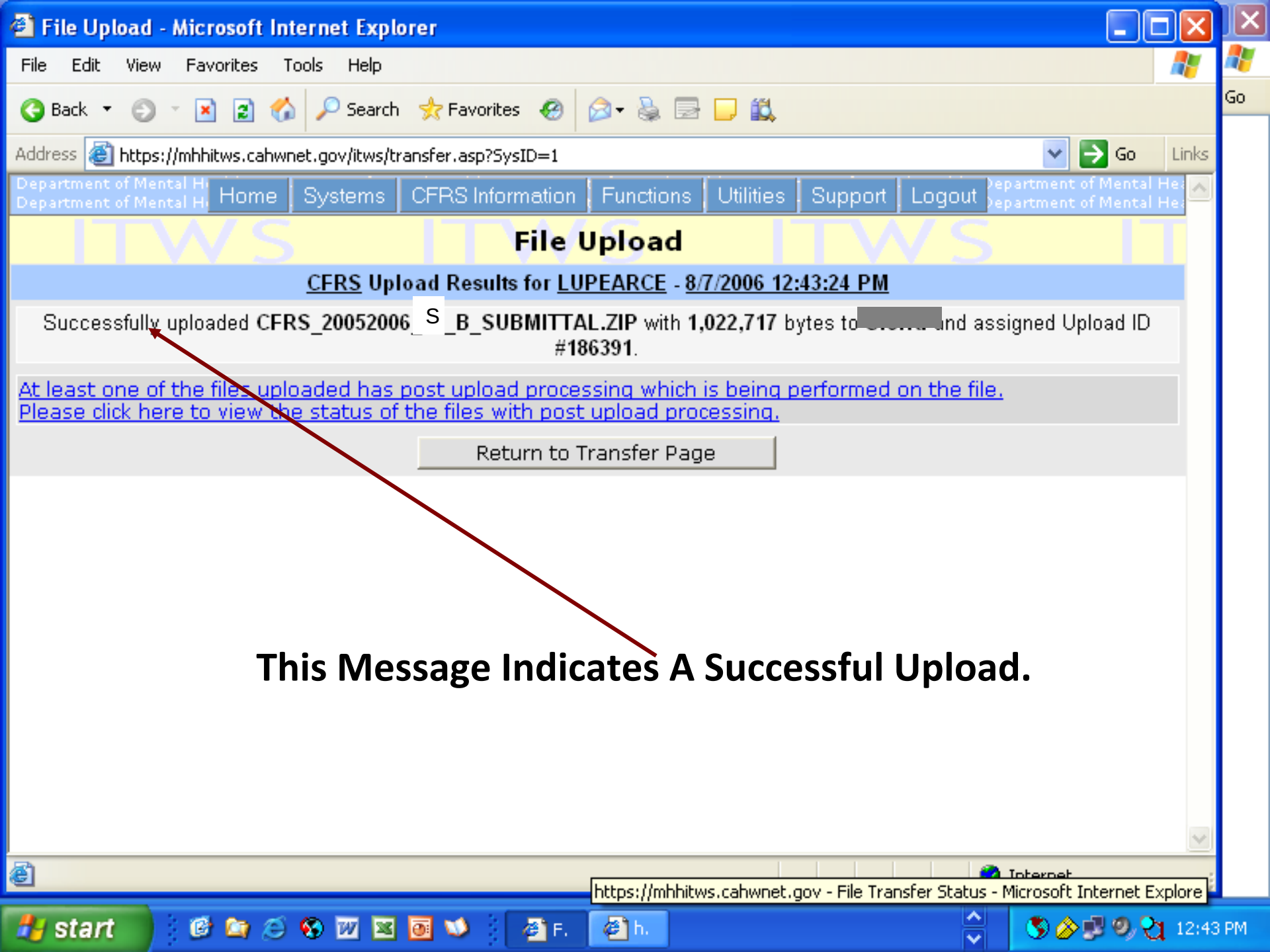

Information Technology Web Services - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Address https://mhhitws.cahwnet.gov/itws/home.asp
Go
Department of Mental Health
Home
Systems
Information
Functions
Utilities
Support
Logout
Transfer Files (Upload and Download)
Processing Status
Welcom
Last Online: 8/14/2008 7:58:5
System Messages
Important Notice for Microsoft Windows XP Service Pack 2 Users
Created: 10/6/2004 3:41:00 PM
If you have installed the Windows XP Service Pack 2 (SP2); or, are considering installing it, please read the following notice.
Click on "Functions" tab, then Click on "Transfer Files (Upload & Download)".
ITWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on adding the ITWS as a trusted site, please click here to review the Online Technical Support item called "XP SP2 - Did you notice the Information Bar?"
For any questions or problems, please contact the ITWS Administration at 916-654-3117.
Quick Links
In order to ensure the intended site navigation, the Quick Links interface has been discontinued, effective 09/07/2006.
To navigate to a system function, select the corresponding system from the "Systems" menu and select the function from the "Functions" menu.
Click here to see the screen prints.
Example1:
To access WARMSS Quick Hits,
Step1: select "Wellness and Recovery Model Support System" from the Systems menu
Step2: select "WARMSS Quick Hits" from the Functions menu
Example2:
To access Disallow Claim System,
Step1: select "Short-Doyle/Medi-Cal Claims - EOB (for DMH)" from the Systems menu
https://mhhitws.cahwnet.gov/itws/transfer.asp?SysID=0
Internet
start
8:15 AM


Transfer Files - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Address https://mhhitws.cahwnet.gov/itws/transfer.asp?SysID=0
Go
Home Systems CFRS Information Functions Utilities Support Logout
Transfer Files
Display archive download area
Choose a System CFRS
DOWNLOAD - Reports/
Organizatio
Sample County
UPLOAD
Click here for help uploading files
Name Size Modified
Back.. DIR 9/5/2007 8:46:47 AM
Final Settlement fo FY 0102.pdf 33,382 8/18/2004 10:13:12 AM
CFRS_PAID_DETAIL_REPORT_COUNTY_ _2002-2003.XLS 174,080 9/22/2005 11:29:06 AM
CFRS_PAID_DETAIL_REPORT_COUNTY_ _2007-2008.XLS 196,608 8/6/2008 12:58:58 PM
CFRS_PAID_DETAIL_REPORT_COUNTY_ _2003-2004.XLS 224,768 8/28/2007 12:29:40 PM
CFRS_PAID_DETAIL_REPORT_COUNTY_ _2004-2005.XLS 226,816 8/28/2007 12:29:46 PM
CFRS_PAID_DETAIL_REPORT_COUNTY_ _2006-2007.XLS 272,896 8/6/2008 12:58:53 PM
CFRS_PAID_DETAIL_REPORT_COUNTY_ _2005-2006.XLS 314,880 6/17/2008 7:29:43 AM
7 Files - 1 Folders
Select here to upload files for anoth
Files
Add...
Remove
Remove All
Help
Click on "Add"
Applet started
Internet
start
8:21 AM


Transfer Files - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Address https://mhhitws.cahwnet.gov/itws/Transfer.asp
Go
Home
Systems
CFRS Information
Functions
Utilities
Support
Logout
Transfer Files
DOWNLOAD - Reports/
Organization
Name
Back..
Final Settlement fo FY
CFRS_PAID_DETAIL_REPORT_2003.XLS
CFRS_PAID_DETAIL_REPORT_2008.XLS
CFRS_PAID_DETAIL_REPORT_2004.XLS
CFRS_PAID_DETAIL_REPORT_2005.XLS
CFRS_PAID_DETAIL_REPORT_2007.XLS
CFRS_PAID_DETAIL_REPORT_2006.XLS
7 Files - 1 Folders
CFRS
elp uploading files
ct here to upload files for anoth
Remove
Remove All
Help
Select file(s) to Upload
Look in: C:\co.87\Training FY 2007-2008\
Name
CFRS_20072008_8700000B.xls
CFRS_20072008_8700087B.xls
CFRS_20072008_8709998B.xls
CFRS_20072008_87_B_SUBMITTAL.ZIP
Single Click on "File" (This Will Highlight The File) then Click on "OK"
File name(s): "CFRS_20072008_87_B_SUBMITTAL.ZIP"
OK
Files of type: All Files (*.*)
Cancel
Internet
start
8:41 AM


Transfer Files - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mhhitws.cahwnet.gov/itws/transfer.asp?SysID=1
Go Links
Home Systems CFRS Information Functions Utilities Support Logout
Transfer Files
Display archive download area
Choose a System CFRS
UPLOAD
Click here for help uploading files
Size Modified
ecCon_Files DIR 7/15/2006 8:18:04 AM
DIR 10/19/2006 3:45:11 PM
_186391_REPORT.txt 3,139 12/13/2006 3:40:08 PM
_153937_REPORT.txt 3,946 1/30/2007 12:15:26 PM
_221579_REPORT.txt 3,958 2/2/2007 2:35:27 PM
_223045_REPORT.txt 3,958 2/9/2007 5:30:59 PM
_221563_REPORT.txt 4,093 2/2/2007 12:57:16 PM
_220513_REPORT.txt 5,240 1/30/2007 6:40:39 PM
_219166_REPORT.txt 5,450 1/25/2007 10:50:40 AM
_220297_REPORT.txt 5,452 1/30/2007 12:41:09 PM
ent_Sierra.pdf 37,866 8/18/2004 10:54:36 AM
rtification FY03-04.tif 38,624 3/2/2006 9:22:08 AM
_106930_DOWNLOAD.zip 853,728 1/10/2006 11:35:05 AM
_106930_UPLOAD.ZIP 853,728 1/10/2006 11:25:01 AM
Select here to upload files for another county:
SAMPLE
Files(1) Size(0.02 KB) Modified
C:\...\CFRS_20062007_46_B_SUBM... 0.02 KB 8/16/07 1:...
Click "Upload"
Add... Remove Remove All Upload
Help
Applet started
Internet


Transfer Files - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mhhitws.cahwnet.gov/itws/transfer.asp?SysID=1
Go
Home Systems CFRS Information Functions Utilities Support Logout
Transfer Files
Display archive download area
Choose a System CFRS
UPLOAD
Click here for help uploading files
Size Modified
133090_REPORT.txt 2,985
153517_REPORT.txt 3,928
153937_REPORT.txt 3,930
153389_REPORT.txt 4,078
106930_REPORT.txt 4,860
nt_Sierra.pdf 37,866 8/18/2004 10:54:36 AM
tification FY03-04.tif 38,624 3/2/2006 9:22:08 AM
106930_DOWNLOAD.zip 853,728 1/10/2006 11:35:05 AM
106930_UPLOAD.ZIP 853,728 1/10/2006 11:25:01 AM
133090_SUBMITTAL.ZIP 1,002,687 8/23/2005 11:51:04 AM
153389_SUBMITTAL.ZIP 1,005,572 1/13/2006 1:50:16 PM
153517_SUBMITTAL.ZIP 1,006,430 1/16/2006 6:29:09 PM
Select here to upload files for another county:
SAMPLE
Size(998.74... Modified
998.74 KB 8/4/06 2:3..
Microsoft Internet Explorer
Do you really want to upload these files?
OK
Cancel
Click on "OK"
Add... Remove Remove All Upload
Help
Done
Internet
start


File Upload - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mhhitws.cahwnet.gov/itws/transfer.asp?SysID=1
Go Links
Home Systems CFRS Information Functions Utilities Support Logout
File Upload
CFRS Upload Results for LUPEARCE - 8/7/2006 12:43:24 PM
Successfully uploaded CFRS_20052006_S_B_SUBMITTAL.ZIP with 1,022,717 bytes to [redacted] and assigned Upload ID #186391.
At least one of the files uploaded has post upload processing which is being performed on the file.
Please click here to view the status of the files with post upload processing.
Return to Transfer Page
This Message Indicates A Successful Upload.
https://mhhitws.cahwnet.gov - File Transfer Status - Microsoft Internet Explore
start
12:43 PM

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

CFRS_20082009_20_B_468144_REPORT.txt - Notepad

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.

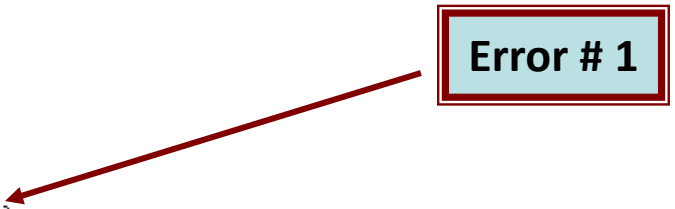
County information includes Name, E-mail Address, File name, Upload ID #, and Dates.

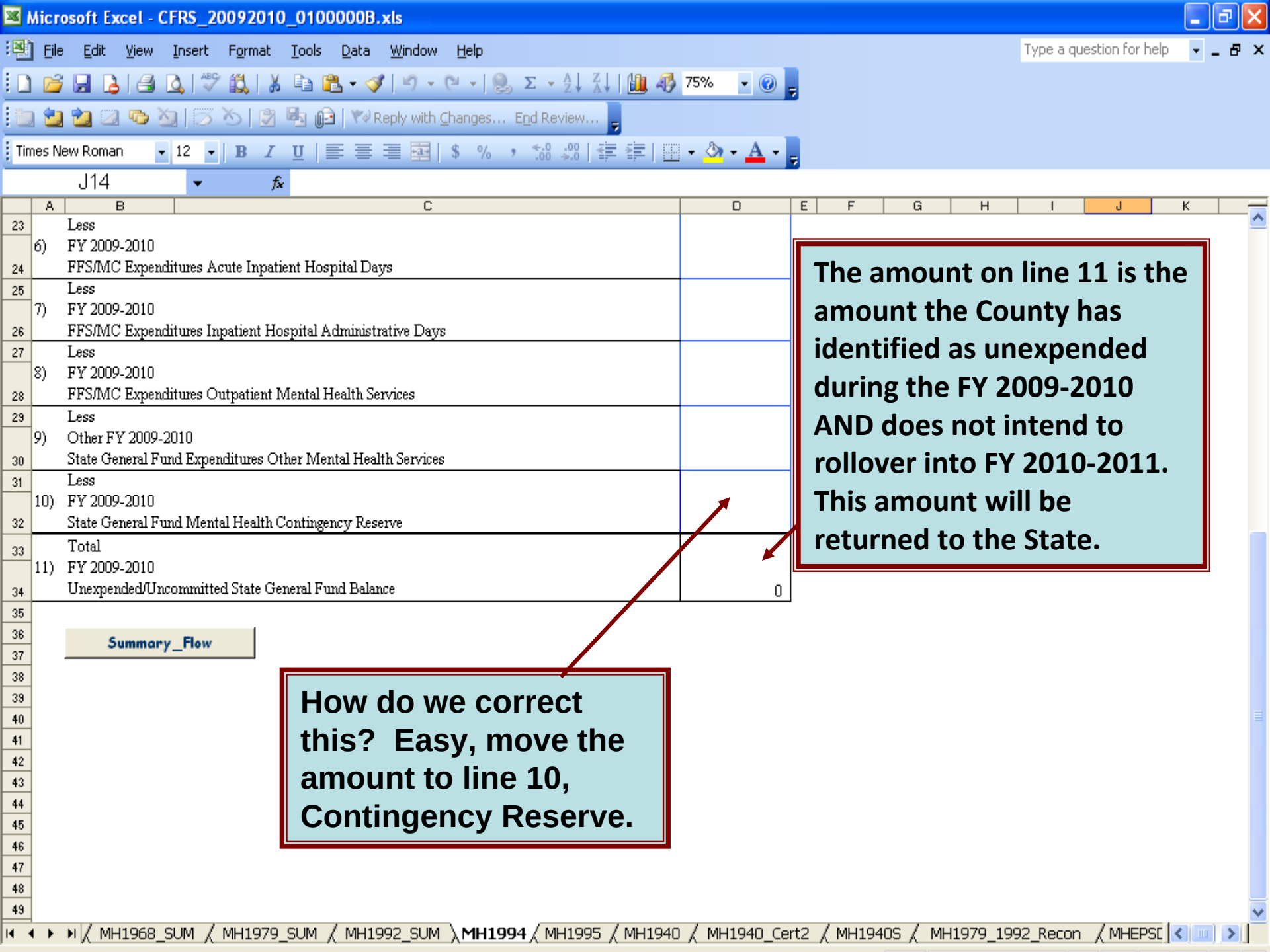
Three sections of edits.

CFRS_20072008_50_B_422375_REPORT.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 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
```

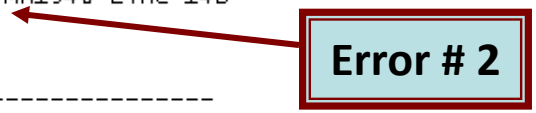


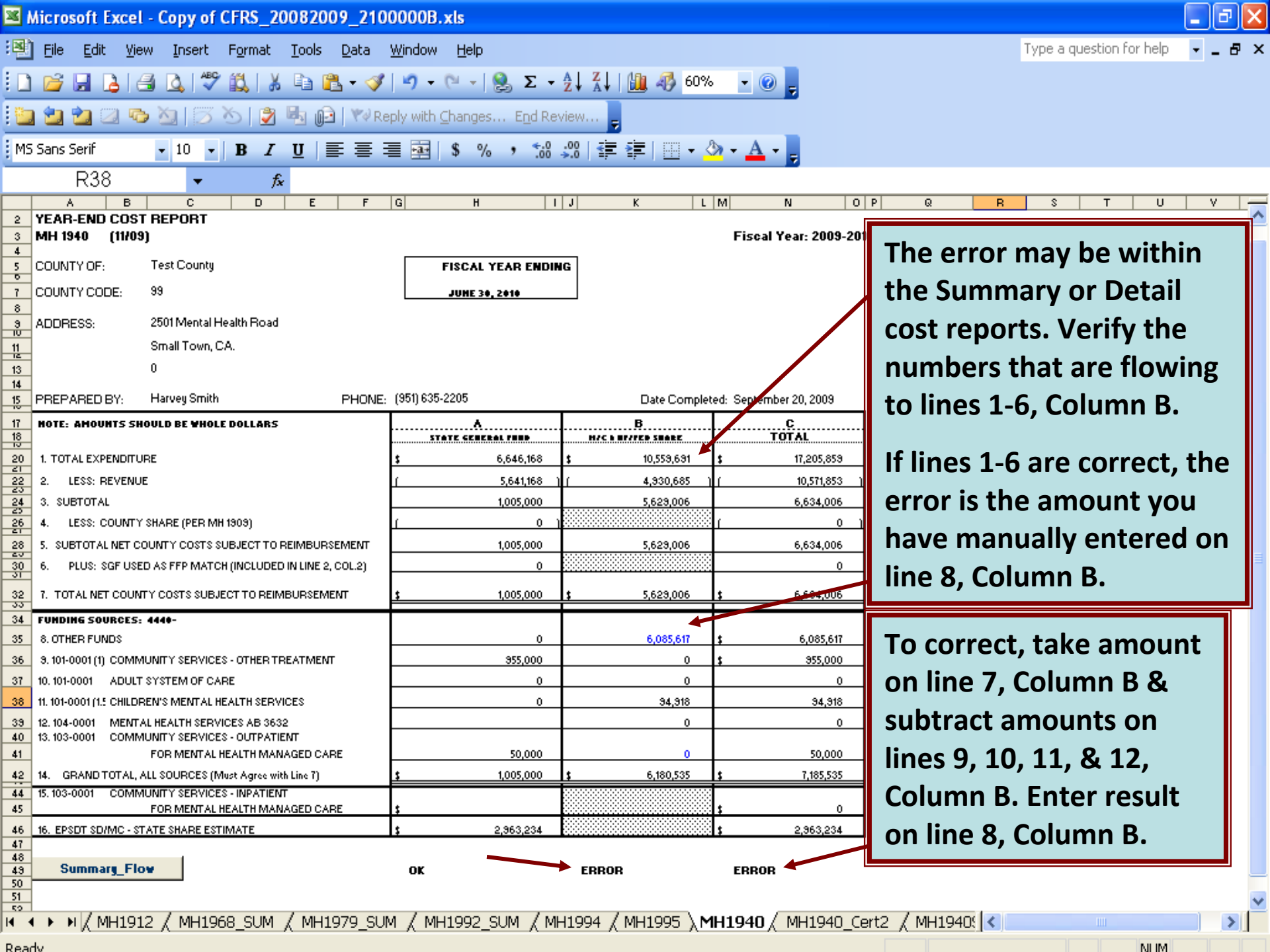

Microsoft Excel - CFRS_20092010_0100000B.xls
File Edit View Insert Format Tools Data Window Help
Type a question for help
75%
Reply with Changes... End Review...
Times New Roman 12
J14
Less
6) FY 2009-2010
FFS/MC Expenditures Acute Inpatient Hospital Days
Less
7) FY 2009-2010
FFS/MC Expenditures Inpatient Hospital Administrative Days
Less
8) FY 2009-2010
FFS/MC Expenditures Outpatient Mental Health Services
Less
9) Other FY 2009-2010
State General Fund Expenditures Other Mental Health Services
Less
10) FY 2009-2010
State General Fund Mental Health Contingency Reserve
Total
11) FY 2009-2010
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

CFRS_20072008_50_B_422375_REPORT.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 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
```




Microsoft Excel - Copy of CFRS_20082009_2100000B.xls
File Edit View Insert Format Tools Data Window Help
Type a question for help
Reply with Changes... End Review...
MS Sans Serif 10
R38
YEAR-END COST REPORT
MH 1940 (11/09)
Fiscal Year: 2009-201
COUNTY OF: Test County
COUNTY CODE: 99
FISCAL YEAR ENDING
JUNE 30, 2010
ADDRESS: 2501 Mental Health Road
Small Town, CA.
0
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 & MATCHED 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 (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
Ready
NUM

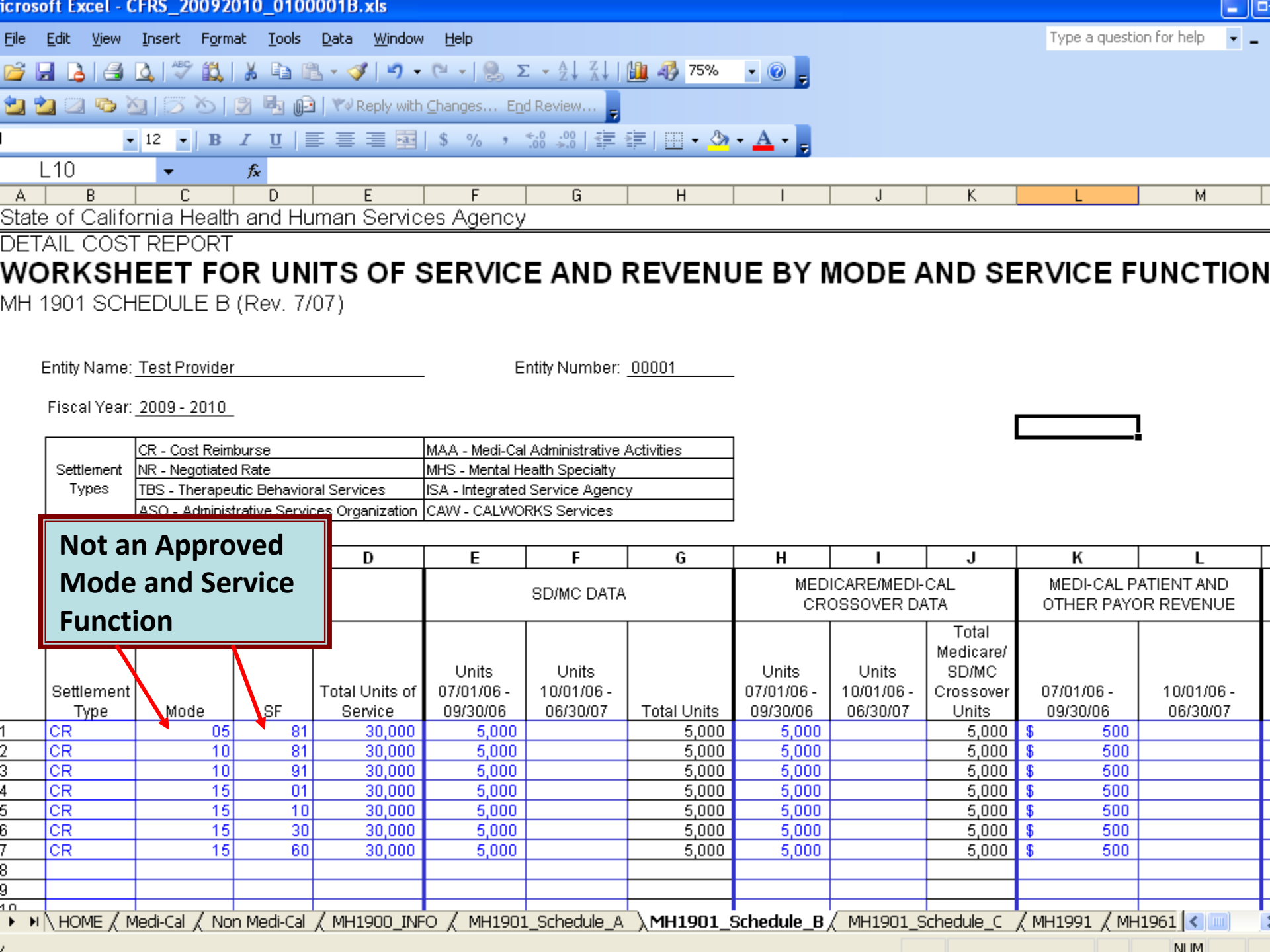
CFRS_20072008_50_B_422375_REPORT.txt - Notepad

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 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

CFRS_20072008_50_B_422375_REPORT.txt - No


icrosoft Excel - CFRS_20092010_0100001B.xls
File Edit View Insert Format Tools Data Window Help
Type a question for help
Reply with Changes... End Review...
L10
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 Provider
Entity Number: 00001
Fiscal Year: 2009 - 2010
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
Not an Approved Mode and Service Function
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
HOME Medi-Cal Non Medi-Cal MH1900_INFO MH1901_Schedule_A MH1901_Schedule_B MH1901_Schedule_C MH1991 MH1961
NUM

California Department of Mental Health

Online Provider System

Quick Entry

Provider [ ] Go

LE [ ] Go

NPI [ ] Go

Search

List Providers

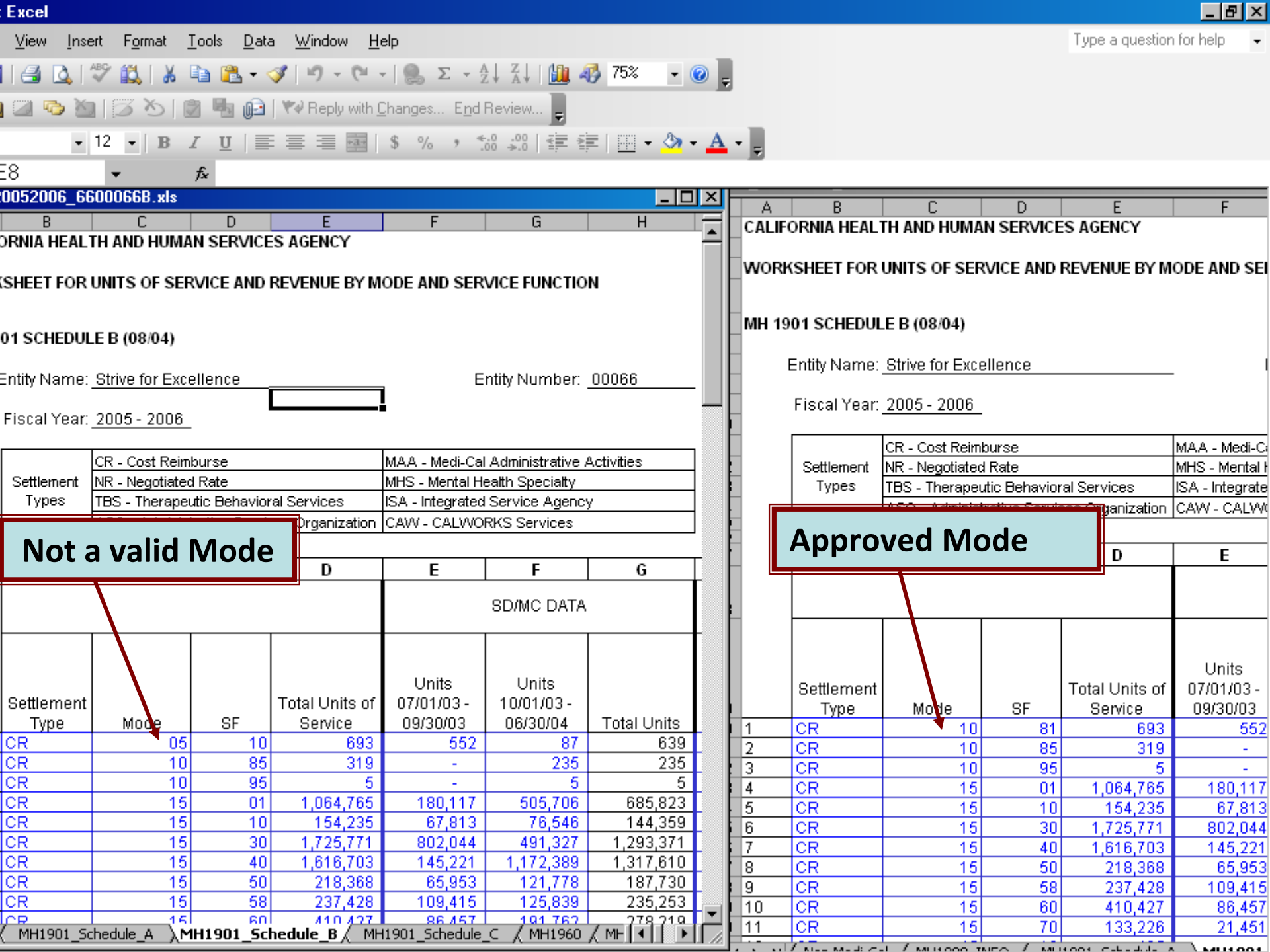
List Legal Entities

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
View Insert Format Tools Data Window Help
Type a question for help
Reply with Changes... End Review...
E8
0052006_6600066B.xls
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
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 10 693 552 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 - 2006
Approved Mode
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

CFRS_20072008_50_B_422375_REPORT.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 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

- Line 3: OK
- Line 21: OK
- Line 11: OK MH1979 SDMC MATCH
- Line 12: OK MH1979 HF MATCH
- Line 26: 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:	1,238	2,669	0	0	0	48,897	0	0	0	44,996

HOME | << MH1992_INST | DONE!

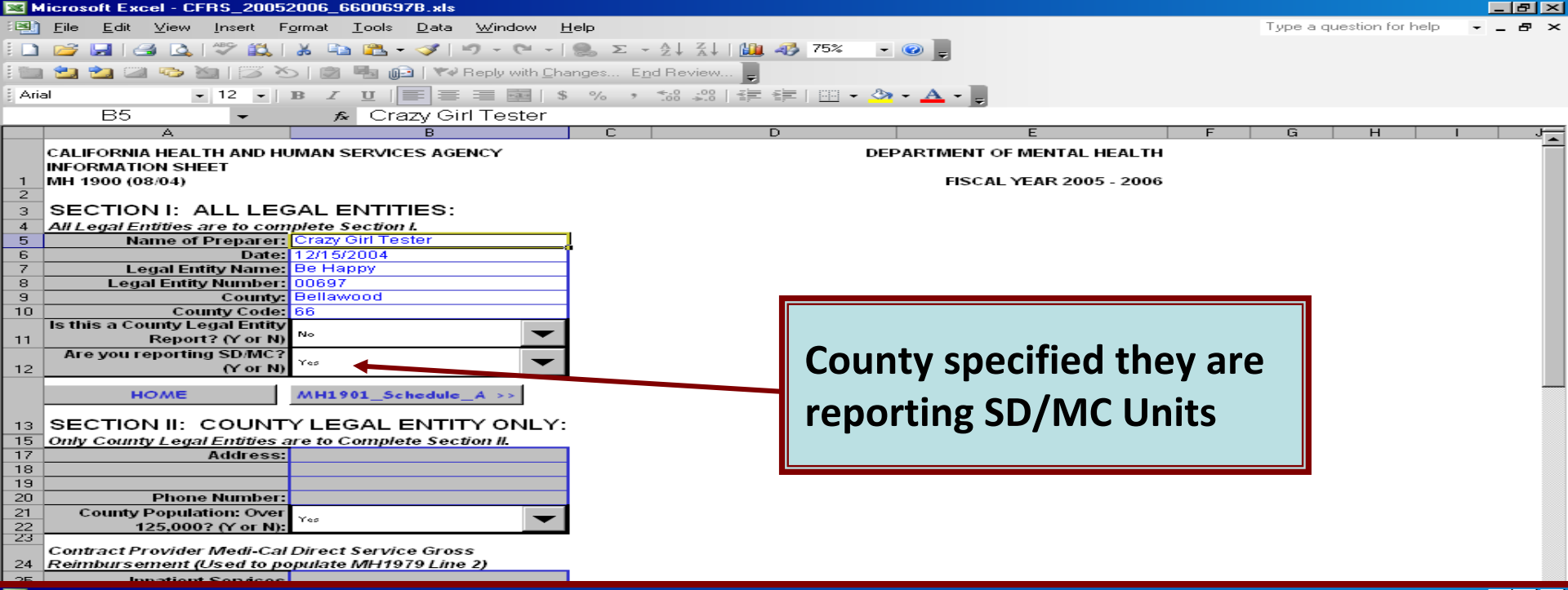
Line 3, Columns A-J must be equal to line 26, Columns A-J. If not, verify entries are correct.

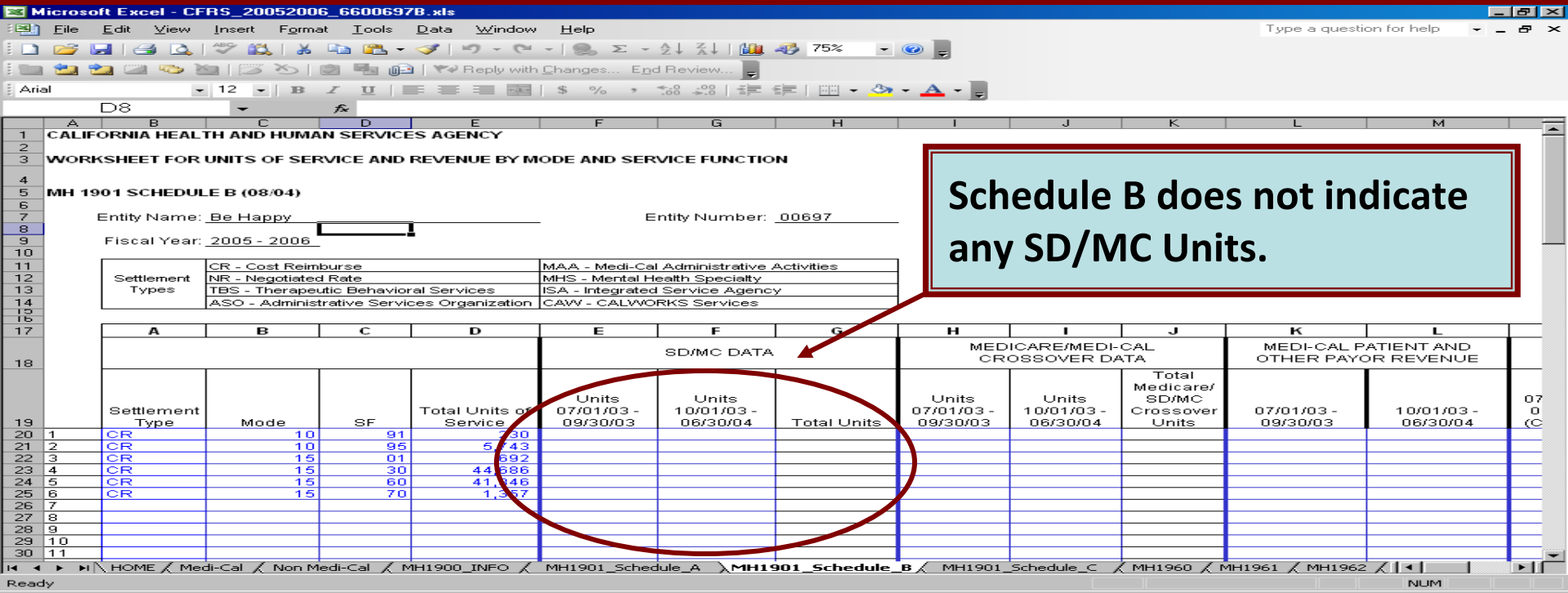
CFRS_20072008_50_B_422375_REPORT.txt - Notepad

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 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


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 2005 - 2006
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)
County specified they are reporting SD/MC Units


Microsoft Excel - CFRS_20052006_6600697B.xls
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: 2005 - 2006
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
CAVV - CALWORKS Services
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
2 CR 10 95
3 CR 15 01
4 CR 15 30
5 CR 15 60
6 CR 15 70
HOME
Medi-Cal
Non Medi-Cal
MH1900_INFO
MH1901_Schedule_A
MH1901_Schedule_B
MH1901_Schedule_C
MH1960
MH1961
MH1962
Schedule B does not indicate any SD/MC Units.

CFRS_20072008_35_B_416444_REPORT.txt - Notepad

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.

You have completed the fiscal year 2009-2010 Mental Health cost report training.

E-mail your questions to: cfrs_help@dmh.ca.gov