

APPENDIX A

Sample Detail Cost Report (County Legal Entity)

No text this page.

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|--|--|-------------------|---------------------|-------|---------------------|--------------------|------------|--|--------------------------------------|--------------------|-----------|---------------------|----|---|--------------------------------------|------------------------------------|--------------------------------------|----------------------------------|----|-----------|----------------------------|-------|---------------|------|---------------|------|------------------------|------|-----|--|-------|--|-------------|--|---------------------------------------|--|----------------------------------|--|------------------------|--|-------------------------------|--|--------------------------------------|------|
| State of California Health and Human Services Agency DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 7/06) | Department of Mental Health FISCAL YEAR 2006 - 2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SECTION I: ALL LEGAL ENTITIES: <i>All Legal Entities are to complete Section I.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Name of Preparer:</td><td>Justik Liberat</td></tr> <tr><td>Date:</td><td>7/30/2007</td></tr> <tr><td>Legal Entity Name:</td><td>Chald, Inc</td></tr> <tr><td>Legal Entity Number:</td><td>00087</td></tr> <tr><td>County:</td><td>MY COUNTY</td></tr> <tr><td>County Code:</td><td>87</td></tr> <tr><td>Is this a County Legal Entity Report? (Y or N):</td><td>Yes <input type="button" value="v"/></td></tr> <tr><td>Are you reporting SD/MC? (Y or N):</td><td>Yes <input type="button" value="v"/></td></tr> </table> <p style="text-align: center;"> HOME MH1901_Schedule_A >> </p> | | Name of Preparer: | Justik Liberat | Date: | 7/30/2007 | Legal Entity Name: | Chald, Inc | Legal Entity Number: | 00087 | County: | MY COUNTY | County Code: | 87 | Is this a County Legal Entity Report? (Y or N): | Yes <input type="button" value="v"/> | Are you reporting SD/MC? (Y or N): | Yes <input type="button" value="v"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Preparer: | Justik Liberat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | 7/30/2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Entity Name: | Chald, Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Entity Number: | 00087 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County: | MY COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County Code: | 87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this a County Legal Entity Report? (Y or N): | Yes <input type="button" value="v"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you reporting SD/MC? (Y or N): | Yes <input type="button" value="v"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SECTION II: COUNTY LEGAL ENTITY ONLY: <i>Only County Legal Entities are to Complete Section II.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Address:</td><td>912 Direct Cost Way</td></tr> <tr><td></td><td>MY COUNTY, CA 99999</td></tr> <tr><td>Phone Number:</td><td></td></tr> <tr><td>County Population: Over 125,000? (Y or N):</td><td>Yes <input type="button" value="v"/></td></tr> </table> <p><i>Contract Provider Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Inpatient Services</td><td></td></tr> <tr><td>Outpatient Services</td><td></td></tr> </table> <p><i>Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Inpatient Services</td><td></td></tr> <tr><td>Outpatient Services</td><td></td></tr> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:30%;">Total State Share of SD/MC Cost:</td> <td style="width:10%; text-align: center;">\$</td> <td style="width:60%; text-align: right;">4,730,526</td> </tr> </table> <p><i>Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group Mode&SF --></i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Legal Entity Number (FFS):</td><td>00F87</td></tr> <tr><td>Psychiatrist:</td><td>7287</td></tr> <tr><td>Psychologist:</td><td>7288</td></tr> <tr><td>Mixed Specialty Group:</td><td>7320</td></tr> <tr><td>RN:</td><td></td></tr> <tr><td>LCSW:</td><td></td></tr> <tr><td>MFCC (MFT):</td><td></td></tr> </table> <p><i>Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Mode 05 - Hospital Inpatient Services</td><td></td></tr> <tr><td>Mode 05 - Other 24 Hour Services</td><td></td></tr> <tr><td>Mode 10 - Day Services</td><td></td></tr> <tr><td>Mode 15 - Outpatient Services</td><td></td></tr> <tr><td>Contract Limitation Adjustment Total</td><td style="text-align: right;">\$ -</td></tr> </table> <p style="text-align: center; margin-top: 20px;"> HOME MH1901_Schedule_A >> </p> | | Address: | 912 Direct Cost Way | | MY COUNTY, CA 99999 | Phone Number: | | County Population: Over 125,000? (Y or N): | Yes <input type="button" value="v"/> | Inpatient Services | | Outpatient Services | | Inpatient Services | | Outpatient Services | | Total State Share of SD/MC Cost: | \$ | 4,730,526 | Legal Entity Number (FFS): | 00F87 | Psychiatrist: | 7287 | Psychologist: | 7288 | Mixed Specialty Group: | 7320 | RN: | | LCSW: | | MFCC (MFT): | | Mode 05 - Hospital Inpatient Services | | Mode 05 - Other 24 Hour Services | | Mode 10 - Day Services | | Mode 15 - Outpatient Services | | Contract Limitation Adjustment Total | \$ - |
| Address: | 912 Direct Cost Way | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MY COUNTY, CA 99999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County Population: Over 125,000? (Y or N): | Yes <input type="button" value="v"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total State Share of SD/MC Cost: | \$ | 4,730,526 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Entity Number (FFS): | 00F87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Psychiatrist: | 7287 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Psychologist: | 7288 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mixed Specialty Group: | 7320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LCSW: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MFCC (MFT): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mode 05 - Hospital Inpatient Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mode 05 - Other 24 Hour Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mode 10 - Day Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mode 15 - Outpatient Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contract Limitation Adjustment Total | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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. 7/06) | | | | | | | |
| FISCAL YEAR 2006 - 2007 | | | | | | | |
| Entity Name: <u>Chald, Inc</u> | | | | Entity Number: <u>00087</u> | | | |
| Fiscal Year: <u>2006 - 2007</u> | | | | | | | |
| | A | B | C | D | E | F | G |
| SERVICE FUNCTION | MODE | SERVICE FUNCTION CODE | SMA | STATE APPROVED (NR) | PUBLISHED CHARGE | COUNTY NON M/C CONTRACT RATE | RATE FOR ALLOCATION |
| A. 24 - HOUR SERVICES | | | | | | | |
| 1 | Hospital Inpatient | 05 | 10 - 18 | \$995.74 | \$950.00 | | \$0.00 |
| 2 | Hospital Administrative Day | 05 | 19 | \$309.76 | | | \$0.00 |
| 3 | Psychiatric Health Facility (PHF) | 05 | 20 - 29 | \$540.08 | \$520.00 | | \$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 | \$304.55 | | | \$0.00 |
| 8 | Jail Inpatient | 05 | 50 - 59 | | | | \$0.00 |
| 9 | Residential Other | 05 | 60 - 64 | | | | \$0.00 |
| 10 | Adult Residential | 05 | 65 - 79 | \$148.55 | | | \$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 | \$92.50 | | \$0.00 |
| 15 | Urgent Care | 10 | 25 - 29 | \$94.54 | \$92.50 | | \$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 | \$135.00 | | \$0.00 |
| 20 | Full Day | 10 | 85 - 89 | \$202.43 | \$195.00 | | \$0.00 |
| 21 | Day Rehabilitation Half Day | 10 | 91 - 94 | \$84.08 | | | \$0.00 |
| 22 | Full Day | 10 | 95 - 99 | \$131.24 | \$128.00 | | \$0.00 |
| C. OUTPATIENT SERVICES | | | | | | | |
| 23 | Case Management, Brokerage | 15 | 01 - 09 | \$2.02 | \$1.90 | | \$0.00 |
| 24 | Mental Health Services | 15 | 10 - 19 | \$2.61 | \$2.50 | | \$0.00 |
| 25 | Mental Health Services | 15 | 30 - 59 | \$2.61 | \$2.50 | | \$0.00 |
| 26 | Medication Support | 15 | 60 - 69 | \$4.82 | \$4.60 | | \$0.00 |
| 27 | Crisis Intervention | 15 | 70 - 79 | \$3.88 | \$3.70 | | \$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 | Quarter 1 | 45.00% | | |
| 32 | Medi-Cal Contract Administration | 55 | 07 - 08 | Quarter 2 | 45.00% | | |
| 33 | MAA Coordination and Claims Administration | 55 | 09 | Quarter 3 | 51.75% | | |
| 34 | Referral - Crisis, Non-Open Case | 55 | 11 - 13 | Quarter 4 | 55.00% | | |
| 35 | MH Services Contract Administration | 55 | 14 - 16 | Average | 49.19% | | |
| 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 |
| 48 | Non Medi-Cal Capital Assets | 60 | 75 | | | | \$0.00 |
| 48 | Other Non Medi-Cal Client Support Expenditures | 60 | 78 | | | | \$0.00 |

[HOME](#)

[<< MH1900_INFO](#)

[MH1901_Schedule_B >>](#)

| 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. 7/06) | | | | | | | | | | | Department of Mental Health FISCAL YEAR 2006 - 2007 | | | | | | | | | | |
|--|------|--|------------------------|---------------------------|---|-------------|---------------------------------------|---------------------------|--------------------------------------|---|--|---|--------------------------------------|------------------------------|------------------|-----------------------------------|---------------------------|---------------------------|-------------------|--------------------|---------|
| Entity Name: <u>Chald, Inc</u> Entity Number: <u>00087</u> | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year: <u>2006 - 2007</u> | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| A | B | C | D | E F G SD/MC DATA | | | H I J MEDICARE/MEDICAL CROSSOVER DATA | | | K L MEDICAL PATIENT AND OTHER PAYOR REVENUE | | M N O P Q ENHANCED SHORT DOYLE MEDICAL DATA | | | | R S T HEALTHY FAMILIES (SED) DATA | | | U | | |
| 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 (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 | |
| 1 | CR | 05 | 10 | 350 | 150 | 50 | | | 200 | | | | | | | | | | | | 105 |
| 2 | CR | 10 | 20 | 10,000 | 2,000 | 5,000 | | | 7,000 | | | | | | | | | | | | 2,000 |
| 3 | CR | 10 | 81 | 8,000 | 1,000 | 5,000 | | | 6,000 | | | | | | | | | | | | 2,000 |
| 4 | CR | 10 | 95 | 15,000 | 6,000 | 5,000 | | | 11,000 | | | | | | | | | | | | 2,650 |
| 5 | CR | 15 | 01 | 500,000 | 200,000 | 150,000 | | 300 | 300 | | | | | | | | | | | | 150,000 |
| 6 | MHS | 15 | 04 | 55,000 | 30,000 | 25,000 | | | | | | | | | | | | | | | |
| 7 | ASO | 15 | 10 | 175,000 | 150,000 | 25,000 | | | | | | | | | | | | | | | |
| 8 | TBS | 15 | 58 | 50,000 | 20,000 | 30,000 | | | | | | | | | | | | | | | |
| 9 | CR | 15 | 60 | 700,000 | 350,000 | 150,000 | | | | | | | | | | | | | | | |
| 10 | CR | 15 | 70 | 600,000 | 350,000 | 125,000 | | | | | | | | | | | | | | | |
| 11 | MAA | 55 | 01 | 20,000 | 15,000 | 5,000 | | | | | | | | | | | | | | | 199,000 |
| 12 | MAA | 55 | 21 | 25,000 | 7,000 | 18,000 | | | | | | | | | | | | | | | 125,000 |
| 13 | CR | 60 | 70 | 1 | | | | | | | | | | | | | | | | | 1 |
| 14 | CR | 60 | 75 | 1 | | | | | | | | | | | | | | | | | 1 |
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| Totals | | | | 2,158,352 | 1,131,150 | 543,050 | 1,674,200 | | 320 | 320 | | | | | | | | | | | 480,757 |

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|---|--------------------------|--------------------------|-----------------------------|----------------------|--|
| State of California Health and Human Services Agency | | | Department of Mental Health | | |
| DETAIL COST REPORT | | | | | |
| MEDI-CAL ADJUSTMENTS TO COSTS | | | | | |
| MH1961 (Rev. 7/06) FISCAL YEAR 2006 - 2007 | | | | | |
| County: MY COUNTY County Code: 87 | | | | | |
| Legal Entity: Chald, Inc | | A | B | C | |
| Legal Entity Number: 00087 | | Salaries and Benefits | Other | Total Adjustments | |
| 1 | Non SD/MC Reimburable | | (10,000) | (10,000) | |
| 2 | Bad Debt | | (240,000) | (240,000) | |
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| 20 | Total Adjustments | | (250,000) | (250,000) | |

Crosscheck
-250,000 **OK**

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| HOME | << MH1901_Schedule_B | << MH1991 | MH1962 >> | MH1960 >> |
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| State of California Health and Human Services Agency | | Department of Mental Health | | | |
| DETAIL COST REPORT | | | | | |
| OTHER ADJUSTMENTS | | | | | |
| MH 1962 (Rev. 7/06) | | | | | |
| FISCAL YEAR 2006 - 2007 | | | | | |
| County: MY COUNTY County Code: 87 | | | | | |
| Legal Entity: Chald, Inc | | A | B | C | |
| Legal Entity Number: 00087 | | Salaries and Benefits | Other | Total Adjustments | |
| 1 | Drug and Alcohol | 1,500,000 | 500,000 | 2,000,000 | |
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| 20 | Total Adjustments | 1,500,000 | 500,000 | 2,000,000 | Crosscheck 2,000,000 OK |
| HOME | | << MH1901_Schedule_B | | << MH1961 | |
| MH1963 >> | | MH1960 >> | | | |

| State of California Health and Human Services Agency | | Department of Mental Health | |
|--|-------------------------------|-----------------------------|-------------|
| DETAIL COST REPORT | | | |
| PAYMENTS TO CONTRACT PROVIDERS | | | |
| MH 1963 (Rev. 7/06) | | FISCAL YEAR 2006 - 2007 | |
| County: MY COUNTY County Code: 87 | | | |
| A | B | C | D |
| Item | Legal Entity Name | Legal Entity Number | Amount Paid |
| 1 | Children Rescue Network | 00895 | 387,600 |
| 2 | Mental Health Foundation, Inc | 00899 | 275,400 |
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| 50 | | | |
| Total Payments to Contract Providers | | | 663,000 |

[HOME](#)
[MH1960 >>](#)
[Add Line Items](#)

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|--|--|--|-------------|---------------------------------|
| State of California Health and Human Services Agency | | Department of Mental Health | | |
| DETAIL COST REPORT | | | | |
| CALCULATION OF PROGRAM COSTS | | | | |
| MH 1960 (Rev. 7/06) | | FISCAL YEAR 2006 - 2007 | | |
| County: MY COUNTY | | | | |
| County Code: 87 | | | | |
| Legal Entity: Chald, Inc | | A | B | C |
| Legal Entity Number: 00087 | | Salaries and Benefits | Other | Total Costs |
| 1 | Mental Health Expenditures | 9,750,000 | 7,767,835 | 17,517,835 |
| 2 | Encumbrances | 100,000 | (5,537,000) | (5,437,000) |
| 3 | Less: Payments to Contract Providers (County Only) | | (663,000) | (663,000) |
| 4 | Other Adjustments from MH 1962 | 1,500,000 | 500,000 | 2,000,000 |
| 5 | Total Costs Before Medi-Cal Adjustments | 11,350,000 | 2,067,835 | 13,417,835 |
| 6 | Medi-Cal Adjustments from MH 1961 | | (250,000) | (250,000) |
| 7 | Managed Care Consolidation (County Only) | | | |
| 8 | Allowable Costs for Allocation | | | 13,167,835 |
| Administrative Costs (County Only) | | | | |
| 9 | SD/MC Administration | | | 800,000 |
| 10 | Healthy Families Administration | | | 50,000 |
| 11 | Non-SD/MC Administration | | | 350,000 |
| 12 | Total Administrative Costs | | | 1,200,000 |
| Utilization Review Costs (County Only) | | | | |
| 13 | Skilled Professional Medical Personnel | | | 100,000 |
| 14 | Other SD/MC Utilization Review | | | 80,000 |
| 15 | Non-SD/MC Utilization Review | | | 70,000 |
| 16 | Total Utilization Review Costs | | | 250,000 |
| 17 | Research and Evaluation (County Only) | | | |
| 18 | Mode Costs (Direct Service and MAA) | | | 11,717,835 |
| 19 | Total Costs - Lines 9 through 18 | | | 13,167,835 |
| | | | | Crosscheck |
| | | | | 11,717,835 OK |
| | | | | 13,167,835 OK |
| HOME | | MH1901_Schedule_C >> | | << MH1961 |
| | | | | << MH1962 |
| | | | | << MH1963 |

| 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. 7/06) | | | | | FISCAL YEAR 2006 - 2007 | | | | |
| Entity Name: <u>Chald, Inc</u> | | | | | Entity Number: <u>00087</u> | | | | |
| Fiscal Year: <u>2006 - 2007</u> | | | | | COSTS TO BE ALLOCATED | | | | |
| <input type="radio"/> Rate for Allocation <input type="radio"/> SMA Rate <input type="radio"/> Published Charges <input checked="" type="radio"/> Directly Allocated | | | | | Allowable Mode Costs (MH1960 Line 18, Col. C) 11,717,835 | | | | |
| Allocation Basis | | | | | | | | | |
| A | B | C | | D | E | F | G | H | I |
| Settlement Type | Mode | SF | Total Units | Eligible Direct Cost | Directly Allocated Data | Relative Value | Allocation % | Allocated Cost | |
| 1 | CR | 05 | 10 | 350 | 323,225 | N/A | 3.04% | 323,225 | |
| 2 | CR | 10 | 20 | 10,000 | 912,500 | N/A | 8.57% | 912,500 | |
| 3 | CR | 10 | 81 | 8,000 | 1,106,960 | N/A | 10.40% | 1,106,960 | |
| 4 | CR | 10 | 95 | 15,000 | 1,879,050 | N/A | 17.66% | 1,879,050 | |
| 5 | CR | 15 | 01 | 500,000 | 950,000 | N/A | 8.93% | 950,000 | |
| 6 | MHS | 15 | 04 | 55,000 | 96,250 | | | 96,250 | |
| 7 | ASO | 15 | 10 | 175,000 | 295,000 | | | 295,000 | |
| 8 | TBS | 15 | 58 | 50,000 | 85,000 | | | 85,000 | |
| 9 | CR | 15 | 60 | 700,000 | 3,269,000 | N/A | 30.72% | 3,269,000 | |
| 10 | CR | 15 | 70 | 600,000 | 2,202,000 | N/A | 20.69% | 2,202,000 | |
| 11 | MAA | 55 | 01 | 20,000 | 47,000 | | | 47,000 | |
| 12 | MAA | 55 | 21 | 25,000 | 53,000 | | | 53,000 | |
| 13 | CR | 60 | 70 | 1 | 193,850 | | | 193,850 | |
| 14 | CR | 60 | 75 | 1 | 300,000 | | | 300,000 | |
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| 84 | | | | | | | | | |
| Totals | | | | 2,158,352 | 1,075,100 | 10,642,735 | | 100% | 11,717,835 |
| HOME | | << MH1960 | | | MH1969_INST >> | | | | |
| Summary | | | | | | | | | |
| | | Allocated Cost | | Allocated % | | Settlement Type | | Allocated Cost | |
| Mode | | | | | | | | | |
| 5 10-19 | | 323,225 | 2.88% | | | TBS | | 85,000 | |
| 5 Other | | | 0.00% | | | ASO | | 295,000 | |
| 10 | | 3,898,510 | 34.68% | | | MHS | | 96,250 | |
| 15 Program_1 | | 6,421,000 | 57.12% | | | Total | | 476,250 | |
| 45 | | | 0.00% | | | | | | |
| 55 | | 105,000 | 0.93% | | | | | | |
| 60 | | 493,850 | 4.39% | | | | | | |
| Total | | 11,241,585 | 100.00% | | | | | | |

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| State of California Health and Human Services Agency | | Department of Mental Health |
| DETAIL COST REPORT | | |
| ALLOCATION OF COSTS TO MODES OF SERVICE | | FISCAL YEAR 2006 - 2007 |
| MH 1964 (Rev. 7/06) | | |
| County: MY COUNTY County Code: 87 | | |
| Legal Entity: Chald, Inc | | A |
| Legal Entity Number: 00087 | | Total Costs |
| 1 | Mode Costs (Direct Service and MAA) from MH 1960 | 11,717,835 |
| | Modes | |
| 2 | Hospital Inpatient Services (Mode 05-SFC 10-19) | 323,225 |
| 3 | Other 24 Hour Services (Mode 05-All Other SFC) | |
| 4 | Day Services (Mode 10) | 3,898,510 |
| 5 | Outpatient Services (Mode 15 Program 1 + Program 2) | 6,897,250 |
| 6 | Outreach Services (Mode 45) | |
| 7 | Medi-Cal Administrative Activities (Mode 55) | 105,000 |
| 8 | Support Services (Mode 60) | 493,850 |
| 9 | Total - Lines 2 through 8 | 11,717,835 |
| <div style="border: 1px solid black; background-color: #e0e0e0; display: inline-block; padding: 5px 20px; margin: 5px 0;">HOME</div> | | Crosscheck OK |

| 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. 7/06) | | | | | | | | | |
| County: MY COUNTY | | | | CR | | | | | |
| County Code: 87 | | | | | | | | | |
| Legal Entity: Chald, Inc | | | | | | | | | |
| Legal Entity Number: 00087 | | | | | | | | | |
| Mode: 05 - Hospital Inpatient Services (SFC 10-19) | | | | | | | | | |
| | | | A | B | C | D | E | F | G |
| | | | Mode Total | Service Function | Service Function | Service Function | Service Function | Service Function | Service Function |
| 1 | Allocation Percentage | | 100.00% | 100.00% | | | | | |
| 2 | Total Units | | | 350 | | | | | |
| 3 | Gross Cost | | 323,225 | 323,225 | | | | | |
| 4 | Cost per Unit | | | 923.50 | | | | | |
| 5 | SMA per Unit | | | 995.74 | | | | | |
| 6 | Published Charge per Unit | | | 950.00 | | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/06 - 09/30/06 | | 150 | | | | | |
| 8A | | 10/01/06 - 06/30/07 | | 50 | | | | | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/06 - 09/30/06 | | | | | | | |
| 9A | | 10/01/06 - 06/30/07 | | 20 | | | | | |
| 10 | Enhanced SD/MC (Children) Units | 07/01/06 - 09/30/06 | | | | | | | |
| 10A | | 10/01/06 - 06/30/07 | | 25 | | | | | |
| 10B | Enhanced SD/MC (Refugees) Units | 07/01/06 - 06/30/07 | | | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/06 - 09/30/06 | | | | | | | |
| 11A | | 10/01/06 - 06/30/07 | | | | | | | |
| 12 | Non-Medi-Cal Units | | | 105 | | | | | |
| 13 | Medi-Cal Costs | 07/01/06 - 09/30/06 | 138,525 | 138,525 | | | | | |
| 13A | | 10/01/06 - 06/30/07 | 46,175 | 46,175 | | | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/06 - 09/30/06 | 149,361 | 149,361 | | | | | |
| 11A | | 10/01/06 - 06/30/07 | -19,787 | -19,787 | | | | | |
| 15 | Medi-Cal Published Charges | 07/01/06 - 09/30/06 | 142,500 | 142,500 | | | | | |
| 15A | | 10/01/06 - 06/30/07 | 47,500 | 47,500 | | | | | |
| 16 | Medi-Cal Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 16A | | 10/01/06 - 06/30/07 | | | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 17A | | 10/01/06 - 06/30/07 | 18,470 | 18,470 | | | | | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 18A | | 10/01/06 - 06/30/07 | 19,915 | 19,915 | | | | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 19A | | 10/01/06 - 06/30/07 | 19,000 | 19,000 | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 20A | | 10/01/06 - 06/30/07 | | | | | | | |
| 21 | Enhanced SD/MC (Children) Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 21A | | 10/01/06 - 06/30/07 | 23,088 | 23,088 | | | | | |
| 22 | Enhanced SD/MC (Children) SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 22A | | 10/01/06 - 06/30/07 | 24,894 | 24,894 | | | | | |
| 23 | Enhanced SD/MC (Children) Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 23A | | 10/01/06 - 06/30/07 | 23,750 | 23,750 | | | | | |
| 24 | Enhanced SD/MC (Children) Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 24A | | 10/01/06 - 06/30/07 | | | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/06 - 06/30/07 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/06 - 06/30/07 | | | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/06 - 06/30/07 | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/06 - 06/30/07 | | | | | | | |
| 29 | Healthy Families Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 29A | | 10/01/06 - 06/30/07 | | | | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 30A | | 10/01/06 - 06/30/07 | | | | | | | |
| 31 | Healthy Families Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 31A | | 10/01/06 - 06/30/07 | | | | | | | |
| 32 | Healthy Families Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 32A | | 10/01/06 - 06/30/07 | | | | | | | |
| 33 | Non-Medi-Cal Costs | | 96,968 | 96,968 | | | | | |

| 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. 7/06) | | | | | | | |
| County: MY COUNTY | | | | | | | |
| County Code: 87 | | | | | | | |
| Legal Entity: Chald, Inc | | | | | | | |
| Legal Entity Number: 00087 | | | | | | | |
| Mode: 10 - Day Services | | | | | | | |
| | | | A | CR | CR | CR | |
| | | | Mode Total | Service Function | Service Function | Service Function | Service Function |
| | | | | 20 | 81 | 95 | |
| 1 | Allocation Percentage | | 100.00% | 23.41% | 28.39% | 48.20% | |
| 2 | Total Units | | | 10,000 | 8,000 | 15,000 | |
| 3 | Gross Cost | | 3,898,510 | 912,500 | 1,106,960 | 1,879,050 | |
| 4 | Cost per Unit | | | 91.25 | 138.37 | 125.27 | |
| 5 | SMA per Unit | | | 94.54 | 144.13 | 131.24 | |
| 6 | Published Charge per Unit | | | 92.50 | 135.00 | 128.00 | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | |
| 8 | Medi-Cal Units | 07/01/06 - 09/30/06 | | 2,000 | 1,000 | 6,000 | |
| 8A | | 10/01/06 - 06/30/07 | | 5,000 | 5,000 | 5,000 | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/06 - 09/30/06 | | | | | |
| 9A | | 10/01/06 - 06/30/07 | | | | 300 | |
| 10 | Enhanced SD/MC (Children) Units | 07/01/06 - 09/30/06 | | | | | |
| 10A | | 10/01/06 - 06/30/07 | | | | 50 | |
| 10B | Enhanced SD/MC (Refugees) Units | 07/01/06 - 06/30/07 | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/06 - 09/30/06 | | | | | |
| 11A | | 10/01/06 - 06/30/07 | | 1,000 | | 1,000 | |
| 12 | Non-Medi-Cal Units | | | 2,000 | 2,000 | 2,650 | |
| 13 | Medi-Cal Costs | 07/01/06 - 09/30/06 | 1,072,490 | 182,500 | 138,370 | 751,620 | |
| 13A | | 10/01/06 - 06/30/07 | 1,774,450 | 456,250 | 691,850 | 626,350 | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/06 - 09/30/06 | 1,120,650 | 189,080 | 144,130 | 787,440 | |
| 14A | | 10/01/06 - 06/30/07 | 1,819,550 | 172,700 | 720,650 | 656,200 | |
| 15 | Medi-Cal Published Charges | 07/01/06 - 09/30/06 | 1,088,000 | 185,000 | 135,000 | 768,000 | |
| 15A | | 10/01/06 - 06/30/07 | 1,777,500 | 462,500 | 675,000 | 640,000 | |
| 16 | Medi-Cal Negotiated Rates | 07/01/06 - 09/30/06 | | | | | |
| 16A | | 10/01/06 - 06/30/07 | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/06 - 09/30/06 | | | | | |
| 17A | | 10/01/06 - 06/30/07 | 37,581 | | | 37,581 | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | |
| 18A | | 10/01/06 - 06/30/07 | 39,372 | | | 39,372 | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/06 - 09/30/06 | | | | | |
| 19A | | 10/01/06 - 06/30/07 | 38,400 | | | 38,400 | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/06 - 09/30/06 | | | | | |
| 20A | | 10/01/06 - 06/30/07 | | | | | |
| 21 | Enhanced SD/MC Costs | 07/01/06 - 09/30/06 | | | | | |
| 21A | | 10/01/06 - 06/30/07 | 6,264 | | | 6,264 | |
| 22 | Enhanced SD/MC SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | |
| 22A | | 10/01/06 - 06/30/07 | 6,562 | | | 6,562 | |
| 23 | Enhanced SD/MC Published Charges | 07/01/06 - 09/30/06 | | | | | |
| 23A | | 10/01/06 - 06/30/07 | 6,400 | | | 6,400 | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/06 - 09/30/06 | | | | | |
| 24A | | 10/01/06 - 06/30/07 | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/06 - 06/30/07 | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/06 - 06/30/07 | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/06 - 06/30/07 | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/06 - 06/30/07 | | | | | |
| 29 | Healthy Families Costs | 07/01/06 - 09/30/06 | | | | | |
| 29A | | 10/01/06 - 06/30/07 | 216,520 | 91,250 | | 125,270 | |
| 30 | Healthy Families SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | |
| 30A | | 10/01/06 - 06/30/07 | 225,780 | 94,540 | | 131,240 | |
| 31 | Healthy Families Published Charges | 07/01/06 - 09/30/06 | | | | | |
| 31A | | 10/01/06 - 06/30/07 | 220,500 | 92,500 | | 128,000 | |
| 32 | Healthy Families Negotiated Rates | 07/01/06 - 09/30/06 | | | | | |
| 32A | | 10/01/06 - 06/30/07 | | | | | |
| 33 | Non-Medi-Cal Costs | | 791,206 | 182,500 | 276,740 | 331,966 | |

| 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. 7/06) | | | | | | | | | |
| County: MY COUNTY | | | | | | | | | |
| County Code: 87 | | | | | | | | | |
| Legal Entity: Chald, Inc | | | | | | | | | |
| Legal Entity Number: 00087 | | | | | | | | | |
| Mode: 15 - Outpatient Services (Program 1) | | | | | | | | | |
| | | | A | B | C | D | E | F | G |
| | | | Mode Total | Service Function |
| | | | | 01 | 60 | 70 | | | |
| 1 | Allocation Percentage | | 100.00% | 14.80% | 50.91% | 34.29% | | | |
| 2 | Total Units | | | 500,000 | 700,000 | 600,000 | | | |
| 3 | Gross Cost | | 6,421,000 | 950,000 | 3,269,000 | 2,202,000 | | | |
| 4 | Cost per Unit | | | 1.90 | 4.67 | 3.67 | | | |
| 5 | SMA per Unit | | | 2.02 | 4.82 | 3.88 | | | |
| 6 | Published Charge per Unit | | | 1.90 | 4.60 | 3.70 | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/06 - 09/30/06 | | 200,000 | 350,000 | 350,000 | | | |
| 8A | | 10/01/06 - 06/30/07 | | 150,000 | 150,000 | 125,000 | | | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/06 - 09/30/06 | | | | | | | |
| 9A | | 10/01/06 - 06/30/07 | | | | | | | |
| 10 | Enhanced SD/MC (Children) Units | 07/01/06 - 09/30/06 | | | | | | | |
| 10A | | 10/01/06 - 06/30/07 | | | | | | | |
| 10B | Enhanced SD/MC (Refugees) Units | 07/01/06 - 06/30/07 | | | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/06 - 09/30/06 | | | 1,000 | | | | |
| 11A | | 10/01/06 - 06/30/07 | | | | | | | |
| 12 | Non-Medi-Cal Units | | | 150,000 | 199,000 | 125,000 | | | |
| 13 | Medi-Cal Costs | 07/01/06 - 09/30/06 | 3,299,000 | 380,000 | 1,634,500 | 1,284,500 | | | |
| 13A | | 10/01/06 - 06/30/07 | 1,444,250 | 285,000 | 700,500 | 458,750 | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/06 - 09/30/06 | 3,449,000 | 404,000 | 1,687,000 | 1,358,000 | | | |
| 14A | | 10/01/06 - 06/30/07 | 1,511,000 | 303,000 | 723,000 | 485,000 | | | |
| 15 | Medi-Cal Published Charges | 07/01/06 - 09/30/06 | 3,285,000 | 380,000 | 1,610,000 | 1,295,000 | | | |
| 15A | | 10/01/06 - 06/30/07 | 1,437,500 | 285,000 | 690,000 | 462,500 | | | |
| 16 | Medi-Cal Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 16A | | 10/01/06 - 06/30/07 | | | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 17A | | 10/01/06 - 06/30/07 | | | | | | | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 18A | | 10/01/06 - 06/30/07 | | | | | | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 19A | | 10/01/06 - 06/30/07 | | | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 20A | | 10/01/06 - 06/30/07 | | | | | | | |
| 21 | Enhanced SD/MC Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 21A | | 10/01/06 - 06/30/07 | | | | | | | |
| 22 | Enhanced SD/MC SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 22A | | 10/01/06 - 06/30/07 | | | | | | | |
| 23 | Enhanced SD/MC Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 23A | | 10/01/06 - 06/30/07 | | | | | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 24A | | 10/01/06 - 06/30/07 | | | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/06 - 06/30/07 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/06 - 06/30/07 | | | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/06 - 06/30/07 | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/06 - 06/30/07 | | | | | | | |
| 29 | Healthy Families Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 29A | | 10/01/06 - 06/30/07 | 4,670 | | 4,670 | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 30A | | 10/01/06 - 06/30/07 | 4,820 | | 4,820 | | | | |
| 31 | Healthy Families Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 31A | | 10/01/06 - 06/30/07 | 4,600 | | 4,600 | | | | |
| 32 | Healthy Families Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 32A | | 10/01/06 - 06/30/07 | | | | | | | |
| 33 | Non-Medi-Cal Costs | | 1,673,080 | 285,000 | 929,330 | 458,750 | | | |

| 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. 7/06) | | | | | | | | | |
| County: MY COUNTY | | | | | | | | | |
| County Code: 87 | | | | | | | | | |
| Legal Entity: Chald, Inc | | | | | | | | | |
| Legal Entity Number: 00087 | | | | | | | | | |
| Mode: 15 - Outpatient Services (Program 2) | | | | | | | | | |
| | | | A | MHS | ASO | TBS | E | F | G |
| | | | Mode Total | Service Function |
| | | | | 04 | 10 | 58 | | | |
| 1 | Allocation Percentage | | 100.00% | 20.21% | 61.94% | 17.85% | | | |
| 2 | Total Units | | | 55,000 | 175,000 | 50,000 | | | |
| 3 | Gross Cost | | 476,250 | 96,250 | 295,000 | 85,000 | | | |
| 4 | Cost per Unit | | | 1.75 | 1.69 | 1.70 | | | |
| 5 | SMA per Unit | | | 2.02 | 2.61 | 2.61 | | | |
| 6 | Published Charge per Unit | | | | | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/06 - 09/30/06 | | 30,000 | 150,000 | 20,000 | | | |
| 8A | | 10/01/06 - 06/30/07 | | 25,000 | 25,000 | 30,000 | | | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/06 - 09/30/06 | | | | | | | |
| 9A | | 10/01/06 - 06/30/07 | | | | | | | |
| 10 | Enhanced SD/MC Units | 07/01/06 - 09/30/06 | | | | | | | |
| 10A | | 10/01/06 - 06/30/07 | | | | | | | |
| 10B | Enhanced SD/MC (Refugees) Units | 07/01/06 - 06/30/07 | | | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/06 - 09/30/06 | | | | | | | |
| 11A | | 10/01/06 - 06/30/07 | | | | | | | |
| 12 | Non-Medi-Cal Units | | | | | | | | |
| 13 | Medi-Cal Costs | 07/01/06 - 09/30/06 | 339,357 | 52,500 | 252,857 | 34,000 | | | |
| 13A | | 10/01/06 - 06/30/07 | 136,893 | 43,750 | 42,143 | 51,000 | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/06 - 09/30/06 | 504,300 | 60,600 | 391,500 | 52,200 | | | |
| 14A | | 10/01/06 - 06/30/07 | 191,050 | 50,500 | 65,250 | 78,300 | | | |
| 15 | Medi-Cal Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 15A | | 10/01/06 - 06/30/07 | | | | | | | |
| 16 | Medi-Cal Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 16A | | 10/01/06 - 06/30/07 | | | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 17A | | 10/01/06 - 06/30/07 | | | | | | | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 18A | | 10/01/06 - 06/30/07 | | | | | | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 19A | | 10/01/06 - 06/30/07 | | | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 20A | | 10/01/06 - 06/30/07 | | | | | | | |
| 21 | Enhanced SD/MC Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 21A | | 10/01/06 - 06/30/07 | | | | | | | |
| 22 | Enhanced SD/MC SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 22A | | 10/01/06 - 06/30/07 | | | | | | | |
| 23 | Enhanced SD/MC Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 23A | | 10/01/06 - 06/30/07 | | | | | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 24A | | 10/01/06 - 06/30/07 | | | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/06 - 06/30/07 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/06 - 06/30/07 | | | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/06 - 06/30/07 | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/06 - 06/30/07 | | | | | | | |
| 29 | Healthy Families Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 29A | | 10/01/06 - 06/30/07 | | | | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 30A | | 10/01/06 - 06/30/07 | | | | | | | |
| 31 | Healthy Families Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 31A | | 10/01/06 - 06/30/07 | | | | | | | |
| 32 | Healthy Families Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 32A | | 10/01/06 - 06/30/07 | | | | | | | |
| 33 | Non-Medi-Cal Costs | | (0) | | (0) | | | | |

| State of California Health and Human Services Agency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|------------|------------------|------------------|------------------|--|-----|-----|--|--|--|--|---|---|---|---|--|--|------------|------------------|------------------|------------------|--|--|--|----|----|--|---|-----------------------|---------|--------|--------|--|---|-------------|--------|--------|--|--|---|--------------------|---------|--------|--------|--|---|---------------|------|------|--|--|---|--------------------|--------|--|--|--|
| DETAIL COST REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MH 1966 (Rev. 7/06) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County: MY COUNTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County Code: 87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Entity: Chald, Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Entity Number: 00087 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mode: 55 - Medi-Cal Administrative Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">MAA</th> <th style="text-align: center;">MAA</th> <th colspan="2"></th> </tr> <tr> <th colspan="2"></th> <th style="text-align: center;">A</th> <th style="text-align: center;">B</th> <th style="text-align: center;">C</th> <th style="text-align: center;">D</th> </tr> <tr> <th colspan="2"></th> <th style="text-align: center;">Mode Total</th> <th style="text-align: center;">Service Function</th> <th style="text-align: center;">Service Function</th> <th style="text-align: center;">Service Function</th> </tr> <tr> <th colspan="2"></th> <th></th> <th style="text-align: center;">01</th> <th style="text-align: center;">21</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Allocation Percentage</td> <td style="text-align: center;">100.00%</td> <td style="text-align: center;">44.76%</td> <td style="text-align: center;">55.24%</td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td>Total Units</td> <td style="text-align: center;">20,000</td> <td style="text-align: center;">25,000</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td>Total Expenditures</td> <td style="text-align: center;">105,000</td> <td style="text-align: center;">47,000</td> <td style="text-align: center;">58,000</td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td>Cost per Unit</td> <td style="text-align: center;">2.35</td> <td style="text-align: center;">2.32</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td>Non-Medi-Cal Costs</td> <td style="text-align: center;">29,471</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | MAA | MAA | | | | | A | B | C | D | | | Mode Total | Service Function | Service Function | Service Function | | | | 01 | 21 | | 1 | Allocation Percentage | 100.00% | 44.76% | 55.24% | | 2 | Total Units | 20,000 | 25,000 | | | 3 | Total Expenditures | 105,000 | 47,000 | 58,000 | | 4 | Cost per Unit | 2.35 | 2.32 | | | 5 | Non-Medi-Cal Costs | 29,471 | | | |
| | | MAA | MAA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | A | B | C | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mode Total | Service Function | Service Function | Service Function | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 01 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Allocation Percentage | 100.00% | 44.76% | 55.24% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Total Units | 20,000 | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Total Expenditures | 105,000 | 47,000 | 58,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Cost per Unit | 2.35 | 2.32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Non-Medi-Cal Costs | 29,471 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|--|-------------------------------------|------------|------------------|------------------|------------------|------------------|------------------|
| State of California Health and Human Services Agency | | | | | | | Departm |
| DETAIL COST REPORT | | | | | | | |
| ALLOCATION OF COSTS TO SERVICE | | | | | | | |
| FUNCTIONS - MODE TOTAL | | | | | | | |
| MH 1966 (Rev. 7/06) | | | | | | | FISCA |
| County: MY COUNTY | | | | | | | |
| County Code: 87 | | | | | | | |
| | | | | | | | CR |
| | | | | | | | CR |
| Legal Entity: Chald, Inc | | A | B | C | D | E | F |
| Legal Entity Number: 00087 | | Mode Total | Service Function |
| Mode: 60 - Support Services | | | 70 | 75 | | | |
| 1 | Allocation Percentage | 100.00% | 39.25% | 60.75% | | | |
| 2 | Total Units | | 1 | 1 | | | |
| 3 | Gross Cost | 493,850 | 193,850 | 300,000 | | | |
| 4 | Cost per Unit | | 193,850.00 | 300,000.00 | | | |
| 5 | Non-Medi-Cal Units (Same as Line 2) | | 1 | 1 | | | |
| 6 | Non-Medi-Cal Costs (Same as Line 3) | 493,850 | 193,850 | 300,000 | | | |

| State of California Health and Human Services Agency | | | | | Department of Mental Health | | | | | | | | | | |
|--|---|---------------------|--|--|-----------------------------|----------------------|---------------|-----------|-----------------|-------------------------------------|----------------------|---|--------------------------------------|---|------------------------------------|
| DETAIL COST REPORT | | | | | FISCAL YEAR 2006 - 2007 | | | | | | | | | | |
| DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT | | | | | MH 1968 (Rev. 7/06) | | | | | | | | | | |
| County: MY COUNTY | | | | | | | | | | | | | | | |
| County Code: 87 | | | | | | | | | | | | | | | |
| Legal Entity: Chald, Inc | | | | | | | | | | | | | | | |
| Legal Entity Number: 00087 | | | | | | | | | | | | | | | |
| | | | | | REIMBURSEMENT TYPE | | | | Costs | | | | | | |
| | | | | | A | B | C | D | E | F | G | H | I | J | K |
| | | | | | Mode 55 | | | Total MAA | Total Inpatient | Mode 05 Hospital Inpatient 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) |
| | | | | | S. F.'s 01-09 | S. F.'s 11-19, 31-39 | S. F.'s 21-29 | | | | | | | | |
| 1 | Medi-Cal Costs | 07/01/06 - 09/30/06 | | | | | | 138,525 | | | | | | | |
| 1A | | 10/01/06 - 06/30/07 | | | | | | 46,175 | | | | | | | |
| 2 | Medi-Cal SMA | 07/01/06 - 09/30/06 | | | | | | 149,361 | | | | | | | |
| 2A | | 10/01/06 - 06/30/07 | | | | | | 49,787 | | | | | | | |
| 3 | Medi-Cal P. C. | 07/01/06 - 09/30/06 | | | | | | 142,500 | | | | | | | |
| 3A | | 10/01/06 - 06/30/07 | | | | | | 47,500 | | | | | | | |
| 4 | Medi-Cal N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 4A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 5 | Medi-Cal Gross Reimbursement | 07/01/06 - 09/30/06 | | | | | | 138,525 | | | | | | | |
| 5A | | 10/01/06 - 06/30/07 | | | | | | 46,175 | | | | | | | |
| 6 | Medicare/Medi-Cal Crossover Cost | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 6A | | 10/01/06 - 06/30/07 | | | | | | 18,470 | | | | | | | |
| 7 | Medicare/Medi-Cal Crossover SMA | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 7A | | 10/01/06 - 06/30/07 | | | | | | 19,915 | | | | | | | |
| 8 | Medicare/Medi-Cal Crossover P. C. | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 8A | | 10/01/06 - 06/30/07 | | | | | | 19,000 | | | | | | | |
| 9 | Medicare/Medi-Cal Crossover N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 9A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 10 | Medicare/Medi-Cal Crossover Gross Reim. | 07/01/06 - 09/30/06 | | | | | | 18,470 | | | | | | | |
| 10A | | 10/01/06 - 06/30/07 | | | | | | 38,400 | | | | | | | |
| 11 | Total SD/MC + Crossover Gross Reim. | 07/01/06 - 09/30/06 | | | | | | 138,525 | | | | | | | |
| 11A | | 10/01/06 - 06/30/07 | | | | | | 64,645 | | | | | | | |
| 12 | Enhanced SD/MC (Children) Cost | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 12A | | 10/01/06 - 06/30/07 | | | | | | 23,088 | | | | | | | |
| 13 | Enhanced SD/MC (Children) SMA | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 13A | | 10/01/06 - 06/30/07 | | | | | | 24,894 | | | | | | | |
| 14 | Enhanced SD/MC (Children) P. C. | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 14A | | 10/01/06 - 06/30/07 | | | | | | 23,750 | | | | | | | |
| 15 | Enhanced SD/MC (Children) N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 15A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 16 | Enhanced SD/MC (Children) Gross Reim. | 07/01/06 - 09/30/06 | | | | | | 23,088 | | | | | | | |
| 16A | | 10/01/06 - 06/30/07 | | | | | | 6,400 | | | | | | | |
| 17 | Enhanced SD/MC (Refugees) Cost | 07/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 18 | Enhanced SD/MC (Refugees) SMA | 07/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 19 | Enhanced SD/MC (Refugees) P. C. | 07/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 20 | Enhanced SD/MC (Refugees) N. R. | 07/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 21 | Total Medi-Cal Gross Reimbursement | 07/01/06 - 09/30/06 | | | | | | 138,525 | | | | | | | |
| 21A | (Excludes Refugees) | 10/01/06 - 06/30/07 | | | | | | 87,733 | | | | | | | |
| 22 | Enhanced SD/MC (Refugees) Gross Reim. | 07/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 23 | Healthy Families Cost | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 23A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 24 | Healthy Families SMA | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 24A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 25 | Healthy Families P. C. | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 25A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 26 | Healthy Families N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 26A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 27 | Healthy Families Gross Reim. | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 27A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 28 | Less: Patient and Other Payor Revenue | | | | | | | | | | | | | | |
| 28A | SD/MC + Crossover Revenue | 07/01/06 - 09/30/06 | | | | | | 10,000 | | | | | | | |
| 28A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 29 | Enhanced SD/MC (Children) Revenue | | | | | | | | | | | | | | |
| 30 | Enhanced SD/MC (Refugees) Revenue | | | | | | | | | | | | | | |
| 31 | Healthy Families Revenue | | | | | | | | | | | | | | |
| 32 | Total Expenditures from MAA (Mode 55) | | | | | | | 47,000 | | | | | | | |
| 33 | Medi-Cal Eligibility Factor (Average) | | | | | | | | | | | | | | |
| 34 | Revenue - MAA | | | | | | | | | | | | | | |
| 35 | Net Due - SD/MC for Direct Services | 07/01/06 - 09/30/06 | | | | | | 47,000 | | | | | | | |
| 35A | | 10/01/06 - 06/30/07 | | | | | | 28,529 | | | | | | | |
| 36 | Net Due - Enhanced SD/MC (Refugees) | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 36A | | 10/01/06 - 06/30/07 | | | | | | 77,733 | | | | | | | |
| 37 | Net Due - Healthy Families | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 37A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 38 | Amount Negotiated Rates Exceed Costs | | | | | | | | | | | | | | |
| 38A | SD/MC (Includes Children) | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 38A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |
| 39 | Enhanced SD/MC (Refugees) | | | | | | | | | | | | | | |
| 40 | Healthy Families | 07/01/06 - 09/30/06 | | | | | | | | | | | | | |
| 40A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | | |

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| State of California Health and Human Services Agency | | | | | | | | | | Department of Mental Health |
|---|--------|-----------|------------|-----------|---------|-----------|-----------|------------|--------|-----------------------------|
| DETAIL COST REPORT | | | | | | | | | | |
| SD/MC PRELIMINARY DESK SETTLEMENT | | | | | | | | | | |
| MH 1979 (Rev. 7/06) | | | | | | | | | | |
| County: MY COUNTY | | | | | | | | | | |
| County Code: 87 | | | | | | | | | | |
| Legal Entity: Chald, Inc | | | | | | | | | | |
| Legal Entity Number: 00087 | | | | | | | | | | |
| | A | B | C | D | E | F | G | H | I | J |
| | Total | Total | Total | Total | 50.00% | 50.00% | 50.00% | Variable % | 75.00% | Total |
| | MAA | Inpatient | Outpatient | Total | FFP | FFP | FFP | FFP | FFP | FFP |
| SD/MC Administrative Reimbursement (County Only) | | | | | | | | | | |
| 1 County SD/MC Direct Service Gross Reimbursement | | 226,258 | 8,109,050 | 8,335,308 | | | | | | |
| 2 Contract Providers Medi-Cal Direct Service Gross Reimbursement | | | | | | | | | | |
| 3 Total Medi-Cal Direct Service Gross Reimbursement | | | | 8,335,308 | | | | | | |
| 4 Medi-Cal Administrative Reimbursement Limit | | | | 1,250,296 | | | | | | |
| 5 Medi-Cal Administration | | | | 800,000 | | | | | | |
| 6 Medi-Cal Administrative Reimbursement | | | | 800,000 | 400,000 | | | | | 400,000 |
| Healthy Families Administrative Reimbursement (County Only) | | | | | | | | | | |
| 7 County Healthy Families Direct Service Gross Reimbursement | | | 225,100 | 225,100 | | | | | | |
| 7A Contract Providers Healthy Families Direct Service Gross Reim. | | | | | | | | | | |
| 7B Total Healthy Families Direct Service Gross Reimbursement | | | | 225,100 | | | | | | |
| 8 Healthy Families Administrative Reimbursement Limit | | | | 22,510 | | | | | | |
| 9 Healthy Families Administration | | | | 50,000 | | | | | | |
| 10 Healthy Families Administrative Reimbursement | | | | 22,510 | | | | 14,632 | | 14,632 |
| SD/MC Net Reimbursement for MAA | | | | | | | | | | |
| 11 Medi-Cal Admin. Activities Svc Functions 01 - 09 | 47,000 | | | 47,000 | 23,500 | | | | | 23,500 |
| 12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 | | | | | | | | | | |
| 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) | 28,529 | | | 28,529 | | | | | 21,397 | 21,397 |
| 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) | | | | 100,000 | | | | | 75,000 | 75,000 |
| 15 Other SD/MC Utilization Review (County Only) | | | | 80,000 | 40,000 | | | | | 40,000 |
| 16 SD/MC Net Reimbursement for Direct Services | | 138,525 | 4,712,357 | 4,850,882 | | 2,425,441 | | | | 2,425,441 |
| 16A | | 54,645 | 3,370,293 | 3,424,938 | | | 1,712,469 | | | 1,712,469 |
| 17 Enhanced SD/MC Net Reimb. (Children) | | | | | | | | | | |
| 17A | | 23,088 | 6,400 | 29,488 | | | | 19,167 | | 19,167 |
| 18 Enhanced SD/MC Net Reimb. (Refugees) | | | | | | | | | | |
| 19 Total SD/MC Reimbursement Before Excess FFP | | | | | | | | | | 4,716,973 |
| 20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC | | | | | | | | | | |
| 21 Total SD/MC Reimbursement (FFP) | | | | | | | | | | 4,716,973 |
| 22 Contract Limitation Adjustment | | | | | | | | | | |
| 23 Adjusted Total SD/MC Reimbursement (FFP) | | | | | | | | | | 4,716,973 |
| 24 Healthy Families Net Reimbursement | | | | | | | | | | |
| 24A | | | 225,100 | 225,100 | | | | 146,315 | | 146,315 |
| 25 Total Healthy Families Reimbursement Before Excess FFP | | | | | | | | | | 160,947 |
| 26 Amount Negotiated Rates Exceed Costs - Healthy Families | | | | | | | | | | |
| 27 Total Healthy Families Reimbursement | | | | | | | | | | 160,947 |

| STATE SHARE OF SD/MC COST | |
|-----------------------------------|-----------|
| Line 6: Column D minus Column E | 400,000 |
| Line 10: Column D minus Column H | 7,879 |
| Line 11: Column D minus Column E | 23,500 |
| Line 12: Column D minus Column E | |
| Line 13: Column D minus Column I | 7,132 |
| Line 14: Column D minus Column I | 25,000 |
| Line 15: Column D minus Column E | 40,000 |
| Line 16: Column D minus Column F | 2,425,441 |
| Line 16A: Column D minus Column G | 1,712,469 |
| Line 17: Column D minus Column H | |
| Line 17A: Column D minus Column H | 10,321 |
| Line 18: Column D minus Column H | |
| Line 24: Column D minus Column H | |
| Line 24A: Column D minus Column H | 78,785 |
| TOTAL STATE SHARE SD/MC COST | 4,730,526 |

| State of California Health and Human Services Agency | | | | | | | | | | | Department of Mental Health | |
|--|-------------------------------------|-----------------------|------------------------------------|--|---------------------------|-------------------------------------|-----------------------------------|------------------|----------------------------------|--------------------------|-----------------------------|-----------------------------|
| DETAIL COST REPORT | | | | | | | | | | | | |
| FUNDING SOURCES | | | | | | | | | | | | |
| MH 1992 (Rev. 7/06) | | | | | | | | | | | FISCAL YEAR 2006 - 2007 | |
| County: MY COUNTY | | | | | | | | | | | | |
| County Code: 87 | | | | | | | | | | | | |
| Legal Entity: Chald, Inc | A | B | C | D | E | F | G | H | I | J | | |
| Legal Entity No.: 00087 | Admin/ Research & Evaluation | Utilization Review | Direct Services/MAA | | | | | | | Total Legal Entity | | |
| | | | Mode 05 - Hospital Inpatient | Mode 05 - Other 24 Hour Services | Mode 10 - Day Services | Mode 15 - Outpatient Services | Mode 45 - Outreach Services | Mode 55 - MAA | Mode 60 - Support Services | | | |
| 1 | Gross Cost | 1,200,000 | 250,000 | 323,225 | | 3,898,510 | 6,897,250 | | 105,000 | 493,850 | 13,167,835 | CROSSCHECKS |
| 2 | Adjustments | | | | | | | | | | | |
| 3 | Adjusted Gross Cost | 1,200,000 | 250,000 | 323,225 | | 3,898,510 | 6,897,250 | | 105,000 | 493,850 | 13,167,835 | OK |
| | Funding Sources | | | | | | | | | | | |
| | Grants | | | | | | | | | | | |
| 4 | SAMHSA Grants | | | | | | | | | | | |
| 5 | PATH Grants | 50,000 | | | | | | | | | 50,000 | |
| 6 | RWJ Grants | | | | | | | | | | | |
| 7 | Other Grants | | | | | | | | | | | |
| 8 | Total Grants Accrued | 50,000 | | | | | | | | | 50,000 | OK |
| 9 | Patient Fees | | | | | | | | | | | |
| 10 | Patient Insurance | | | | | | | | | | | |
| 11 | Regular/Enhanced SD/MC (FFP only) | 400,000 | 115,000 | 111,592 | | 1,456,110 | 2,589,375 | | 44,897 | | 4,716,973 | OK MH1979 SDMC MATCH |
| 12 | Healthy Family - Fed share | 14,632 | | | | 143,325 | 2,990 | | | | 160,947 | OK MH1979 HF MATCH |
| 13 | Medicare - Fed. Share | | | | | | | | | | | |
| 14 | Conservatorship Admin. Fees | | | | | | | | | | | |
| 15 | State General Fund-State Share | 100,000 | | 75,000 | | 654,500 | | | | | 829,500 | |
| 16 | State General Fund-County Match | | | | | | | | | | | |
| 17 | SGF-Managed Care - Outpatient | | | | | | 500,000 | | | | 500,000 | |
| 18 | 05-06 Rollover - Managed Care-Other | | | | | | 35,000 | | | | 35,000 | |
| 19 | EPSDT SD/MC - State Share Est. | | | | | 212,750 | 100,000 | | | | 312,750 | |
| 20A | 05-06 SGF Rollover | | | | | | | | | | | |
| 20B | Other Revenue | 50,000 | | | | | | | | | 50,000 | |
| 21 | Realignment Funds/MOE | 397,010 | 135,000 | 111,633 | | 1,131,825 | 3,619,885 | | 60,103 | 493,850 | 5,949,306 | |
| 22 | Prior Years MHSA | | | | | | | | | | | |
| 23 | MHSA | 18,775 | | | | 50,000 | | | | | 68,775 | |
| 24 | County Overmatch | 119,584 | | 25,000 | | 250,000 | 50,000 | | | | 444,584 | |
| 25 | CALWORKS | 50,000 | | | | | | | | | 50,000 | |
| 26 | Total Funding Sources | 1,200,001 | 250,000 | 323,225 | | 3,898,510 | 6,897,250 | | 105,000 | 493,850 | 13,167,835 | OK |

EDIT CHECKS

Line 3 = Line 24? **OK** **OK**

Amt. to Balance to Line 3: **1** **0** **0** **0** **0** **0** **0** **0** **0** **0** **0**

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| 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. 7/06) | | | | | FISCAL YEAR 2006 - 2007 | | | |
| COUNTY NAME: MY COUNTY | | | LEGAL ENTITY | | NAME: Chald, Inc | | | |
| COUNTY CODE: 87 | | | | | NUMBER: 00087 | | | |
| 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 | | \$236.82 | 07/01/06 - 07/31/06 | | | | | |
| | | \$299.80 | 08/01/06 - 09/30/06 | | | | | |
| | | \$299.80 | 10/01/06 - 12/31/06 | | | | | |
| | | \$299.80 | 01/01/07 - 06/30/07 | | | | | |
| | | | | | | | Sub Total: | |
| Children EMC | | \$236.82 | 07/01/06 - 07/31/06 | | | | | |
| | | \$299.80 | 08/01/06 - 09/30/06 | | | | | |
| | | \$299.80 | 10/01/06 - 12/31/06 | | | | | |
| | | \$299.80 | 01/01/07 - 06/30/07 | | | | | |
| | | | | | | | Sub Total: | |
| Refugees EMC | | \$236.82 | 07/01/06 - 07/31/06 | | | | | |
| | | \$299.80 | 08/01/06 - 09/30/06 | | | | | |
| | | \$299.80 | 10/01/06 - 12/31/06 | | | | | |
| | | \$299.80 | 01/01/07 - 06/30/07 | | | | | |
| | | | | | | | Sub Total: | |
| Healthy Families | | \$236.82 | 07/01/06 - 07/31/06 | | | | | |
| | | \$299.80 | 08/01/06 - 09/30/06 | | | | | |
| | | \$299.80 | 10/01/06 - 12/31/06 | | | | | |
| | | \$299.80 | 01/01/07 - 06/30/07 | | | | | |
| | | | | | | | Sub Total: | |
| GRAND TOTAL | | | | | | | | |

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| HOME | << MH1901_Schedule_B | MH1961 >> |
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APPENDIX B

Sample Detail Cost Report (Contract Provider Legal Entity With Medi-Cal)

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| | |
|---|--|
| State of California Health and Human Services Agency | Department of Mental Health |
| DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 7/06) | |
| FISCAL YEAR 2006 - 2007 | |
| SECTION I: ALL LEGAL ENTITIES: | |
| <i>All Legal Entities are to complete Section I.</i> | |
| Name of Preparer: | Newton Staffen |
| Date: | 7/30/2007 |
| Legal Entity Name: | Children Rescue Network |
| Legal Entity Number: | 00877 |
| County: | MY COUNTY |
| County Code: | 87 |
| Is this a County Legal Entity Report? (Y or N) | No <input type="button" value="▼"/> |
| Are you reporting SD/MC? (Y or N) | Yes <input type="button" value="▼"/> |
| HOME | MH1901_Schedule_A >> |
| SECTION II: COUNTY LEGAL ENTITY ONLY: | |
| <i>Only County Legal Entities are to Complete Section II.</i> | |
| Address: | |
| Phone Number: | |
| County Population: Over 125,000? (Y or N): | Yes <input type="button" value="▼"/> |
| <i>Contract Provider Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)</i> | |
| Inpatient Services | |
| Outpatient Services | |
| <i>Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7)</i> | |
| Inpatient Services | |
| Outpatient Services | |
| Total State Share of SD/MC Cost: \$ | 89,821 |
| <i>Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group</i> | |
| | <i>Mode&SF --></i> |
| Legal Entity Number (FFS): | |
| Psychiatrist: | |
| Psychologist: | |
| Mixed Specialty Group: | |
| RN: | |
| LCSW: | |
| MFCC (MFT): | |
| <i>Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)</i> | |
| 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 >> |

| 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. 7/06) | | | | | | | |
| FISCAL YEAR 2006 - 2007 | | | | | | | |
| Entity Name: <u>Children Rescue Network</u> | | | | Entity Number: <u>00877</u> | | | |
| Fiscal Year: <u>2006 - 2007</u> | | | | | | | |
| | A | B | C | D | E | F | G |
| SERVICE FUNCTION | MODE | SERVICE FUNCTION CODE | SMA | STATE APPROVED (NR) | PUBLISHED CHARGE | COUNTY NON-MC CONTRACT RATE | RATE FOR ALLOCATION |
| A. 24 - HOUR SERVICES | | | | | | | |
| 1 | Hospital Inpatient | 05 | 10 - 18 | \$985.74 | | | \$0.00 |
| 2 | Hospital Administrative Day | 05 | 19 | \$309.76 | | | \$0.00 |
| 3 | Psychiatric Health Facility (PHF) | 05 | 20 - 29 | \$540.08 | | | \$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 | \$304.55 | | | \$0.00 |
| 8 | Jail Inpatient | 05 | 50 - 59 | | | | \$0.00 |
| 9 | Residential Other | 05 | 60 - 64 | | | | \$0.00 |
| 10 | Adult Residential | 05 | 65 - 79 | \$148.55 | | | \$0.00 |
| 11 | Serra - 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 | \$1.90 | | \$0.00 |
| 24 | Mental Health Services | 15 | 10 - 19 | \$2.61 | \$2.50 | | \$0.00 |
| 25 | Mental Health Services | 15 | 30 - 59 | \$2.61 | \$2.50 | | \$0.00 |
| 26 | Medication Support | 15 | 60 - 69 | \$4.82 | \$4.60 | | \$0.00 |
| 27 | Crisis Intervention | 15 | 70 - 79 | \$3.88 | \$3.70 | | \$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 | | | | | | | |
| 30 | Medi-Cal Outreach | 55 | 01 - 03 | | | | |
| 31 | Medi-Cal Eligibility Intake | 55 | 04 - 06 | Quarter 1 | 45.00% | | |
| 32 | Medi-Cal Contract Administration | 55 | 07 - 08 | Quarter 2 | 45.00% | | |
| 33 | MAA Coordination and Claims Administration | 55 | 09 | Quarter 3 | 51.75% | | |
| 34 | Referral - Crisis, Non-Open Case | 55 | 11 - 13 | Quarter 4 | 55.00% | | |
| 35 | MH Services Contract Administration | 55 | 14 - 16 | Average | 49.19% | | |
| 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 |
| 48 | Non-Medi-Cal Capital Assets | 60 | 75 | | | | \$0.00 |
| 48 | Other Non-Medi-Cal Client Support Expenditures | 60 | 78 | | | | \$0.00 |

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. 7/06)

Department of Mental Health
 FISCAL YEAR 2006 - 2007

Entity Name: Children Rescue Network Entity Number: 00877
 Fiscal Year: 2006 - 2007

| | | | |
|------------------|--|---|--|
| Settlement Types | CR - Cost Reimburse NR - Negotiated Rate TRS - Therapeutic Behavioral Services ASO - Administrative Services Organization | MAA - Medi-Cal Administrative Activities MHS - Mental Health Specialty ISA - Integrated Service Agency CAW - CALWORKS Services | |
|------------------|--|---|--|

| A | B | C | D | SDMC DATA | | | MEDICARE/MEDICAL CROSSOVER DATA | | | MEDICAL PATIENT AND OTHER PAYOR REVENUE | | ENHANCED SHORT DOYLE MEDICAL DATA | | | | HEALTHY FAMILIES (SEI) DATA | | | | | |
|-----------------|------|----|------------------------|---------------------------|---------------------------|---------------|---------------------------------|---------------------------|--|---|---------------------|--------------------------------------|--------------------------------------|------------------------------|------------------|------------------------------|---------------------------|---------------------------|-------------------|-------------------|---------------|
| Settlement Type | Mode | SF | Total Units of Service | Units 07/01/06 - 09/30/06 | Units 10/01/06 - 09/30/07 | Total Units | Units 07/01/06 - 09/30/06 | Units 10/01/06 - 09/30/07 | Total Medicare/Medical Crossover Units | 07/01/06 - 09/30/06 | 10/01/06 - 09/30/07 | Units 07/01/06 - 09/30/06 (Children) | Units 10/01/06 - 09/30/07 (Children) | 3rd Party Revenue (Children) | Units (Refugees) | 3rd Party Revenue (Refugees) | Units 07/01/06 - 09/30/06 | Units 10/01/06 - 09/30/07 | 3rd Party Revenue | Non Med-Cal Units | |
| CR | 15 | 01 | 200,000 | 15,000 | 45,000 | 60,000 | | 1,500 | 1,500 | | | | | | | | | | | | 35,281 |
| CR | 15 | 10 | 50,000 | 25,000 | | 25,000 | | | | | | | | | | | | | | | 35,000 |
| CR | 45 | 25 | 10,000 | | | | | | | | | | | | | | | | | | 10,000 |
| CR | 60 | 25 | 1 | | | | | | | | | | | | | | | | | | 1 |
| Totals | | | 170,001 | 40,000 | 45,000 | 85,000 | | 1,500 | 1,500 | | | | 20 | | | | 200 | | | | 85,281 |

HOME

.. MH1901_Schedule_A

MH1941 -- MEDICAL ADJUSTMENTS TO COSTS

MH1942 -- OTHER COSTS

MH1943 -- PAYMENT TO CONTRACT PROVIDERS

MH1948 -- CALCULATION OF PROGRAM COSTS

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. 7/06) FISCAL YEAR 2006 - 2007

Entity Name: Children Rescue Network

Entity Number: 00877

Fiscal Year: 2006 - 2007

Allocation

Rate for Allocation SMA Rate

Published Charges Directly Allocated

COSTS TO BE ALLOCATED
 Allowable Mode Costs (MH1960 Line 18, Col. C) 387,600

| | A | B | C | D | E | Allocation Basis | | | I |
|-----------------|------|----|-------------|----------------------|-------------------------|------------------|--------------|----------------|---------|
| | | | | | | F | G | H | |
| Settlement Type | Mode | SF | Total Units | Eligible Direct Cost | Directly Allocated Data | Relative Value | Allocation % | Allocated Cost | |
| 1 | CR | 15 | 01 | 100,000 | | 197,000 | N/A | 56.67% | 197,000 |
| 2 | CR | 15 | 10 | 60,000 | | 150,600 | N/A | 43.33% | 150,600 |
| 3 | CR | 45 | 25 | 10,000 | 25,000 | | | | 25,000 |
| 4 | CR | 60 | 75 | 1 | 15,000 | | | | 15,000 |
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| 83 | | | | | | | | | |
| 84 | | | | | | | | | |
| Totals | | | | 170,001 | 40,000 | 347,600 | | 100% | 387,600 |

HOME
<< MH1960
MH1969_INST >>

Summary

| Mode | Allocated Cost | Allocated % | Settlement Type | Allocated Cost |
|--------------|----------------|-------------|-----------------|----------------|
| 5 10-19 | | 0.00% | TBS | |
| 5 Other | | 0.00% | ASO | |
| 10 | | 0.00% | MHS | |
| 15 Program_1 | 347,600 | 89.68% | | |
| 45 | 25,000 | 6.45% | | |
| 55 | | 0.00% | | |
| 60 | 15,000 | 3.87% | | |
| Total | 387,600 | 100.00% | | |

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| State of California Health and Human Services Agency | | Department of Mental Health | | | |
| DETAIL COST REPORT MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (Rev. 7/06) | | | | | |
| FISCAL YEAR 2006 - 2007 | | | | | |
| County: MY COUNTY County Code: 87 | | | | | |
| Legal Entity: Children Rescue Network | | A | B | C | |
| Legal Entity Number: 00877 | | Salaries and Benefits | Other | Total Adjustments | |
| 1 | | | | | |
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| 20 | Total Adjustments | | | | Crosscheck 0 OK |
| HOME | | << MH1901_Schedule_B | | << MH1991 | |
| | | MH1962 >> | | MH1960 >> | |

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|--|--------------------------|-----------------------------|-------|----------------------|
| State of California Health and Human Services Agency | | Department of Mental Health | | |
| DETAIL COST REPORT | | | | |
| OTHER ADJUSTMENTS | | | | |
| MH 1962 (Rev. 7/06) | | FISCAL YEAR 2006 - 2007 | | |
| County: MY COUNTY County Code: 87 | | | | |
| Legal Entity: Children Rescue Network | | A | B | C |
| Legal Entity Number: 00877 | | Salaries and Benefits | Other | Total Adjustments |
| 1 | | | | |
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| 19 | | | | |
| 20 | Total Adjustments | | | |

Crosscheck
0 OK

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| HOME | << MH1901_Schedule_B | << MH1961 | MH1963 >> | MH1960 >> |
|----------------------|--|---------------------------------|---------------------------------|---------------------------------|

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| State of California Health and Human Services Agency | | Department of Mental Health | | | |
| DETAIL COST REPORT | | | | | |
| CALCULATION OF PROGRAM COSTS | | | | | |
| MH 1960 (Rev. 7/06) | | | | | |
| FISCAL YEAR 2006 - 2007 | | | | | |
| County: MY COUNTY County Code: 87 | | | | | |
| Legal Entity: Children Rescue Network | | A | B | C | |
| Legal Entity Number: 00877 | | Salaries and Benefits | Other | Total Costs | |
| 1 | Mental Health Expenditures | 287,600 | 100,000 | 387,600 | |
| 2 | Encumbrances | | | | |
| 3 | Less: Payments to Contract Providers (County Only) | | | | |
| 4 | Other Adjustments from MH 1962 | | | | |
| 5 | Total Costs Before Medi-Cal Adjustments | 287,600 | 100,000 | 387,600 | |
| 6 | Medi-Cal Adjustments from MH 1961 | | | | |
| 7 | Managed Care Consolidation (County Only) | | | | |
| 8 | Allowable Costs for Allocation | | | 387,600 | |
| Administrative Costs (County Only) | | | | | |
| 9 | SD/MC Administration | | | | |
| 10 | Healthy Families Administration | | | | |
| 11 | Non-SD/MC Administration | | | | |
| 12 | Total Administrative Costs | | | | |
| Utilization Review Costs (County Only) | | | | | |
| 13 | Skilled Professional Medical Personnel | | | | |
| 14 | Other SD/MC Utilization Review | | | | |
| 15 | Non-SD/MC Utilization Review | | | | |
| 16 | Total Utilization Review Costs | | | | |
| 17 | Research and Evaluation (County Only) | | | | |
| 18 | Mode Costs (Direct Service and MAA) | | | 387,600 | 387,600 OK |
| 19 | Total Costs - Lines 9 through 18 | | | 387,600 | 387,600 OK |
| HOME | | MH1901_Schedule_C >> | | << MH1961 | |
| | | << MH1962 | | << MH1963 | |

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|---|---|-----------------------------|
| State of California Health and Human Services Agency | | Department of Mental Health |
| DETAIL COST REPORT | | |
| ALLOCATION OF COSTS TO MODES OF SERVICE | | FISCAL YEAR 2006 - 2007 |
| MH 1964 (Rev. 7/06) | | |
| County: MY COUNTY County Code: 87 | | |
| Legal Entity: Children Rescue Network | | A |
| Legal Entity Number: 00877 | | Total Costs |
| 1 | Mode Costs (Direct Service and MAA) from MH 1960 | 387,600 |
| | Modes | |
| 2 | Hospital Inpatient Services (Mode 05-SFC 10-19) | |
| 3 | Other 24 Hour Services (Mode 05-All Other SFC) | |
| 4 | Day Services (Mode 10) | |
| 5 | Outpatient Services (Mode 15 Program 1 + Program 2) | 347,600 |
| 6 | Outreach Services (Mode 45) | 25,000 |
| 7 | Medi-Cal Administrative Activities (Mode 55) | |
| 8 | Support Services (Mode 60) | 15,000 |
| 9 | Total - Lines 2 through 8 | 387,600 |
| <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px 20px; display: inline-block;">HOME</div> | | |

**Crosscheck
OK**

| 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. 7/06) | | | | | | | | | |
| County: MY COUNTY | | | | | | | | | |
| County Code: 87 | | | | | | | | | |
| Legal Entity: Children Rescue Network | | | | | | | | | |
| Legal Entity Number: 00877 | | | | | | | | | |
| Mode: 15 - Outpatient Services (Program 1) | | | | | | | | | |
| | | | A | B | C | D | E | F | G |
| | | | Mode Total | Service Function |
| | | | | 01 | 10 | | | | |
| 1 | Allocation Percentage | | 100.00% | 56.67% | 43.33% | | | | |
| 2 | Total Units | | | 100,000 | 60,000 | | | | |
| 3 | Gross Cost | | 347,600 | 197,000 | 150,600 | | | | |
| 4 | Cost per Unit | | | 1.97 | 2.51 | | | | |
| 5 | SMA per Unit | | | 2.02 | 2.61 | | | | |
| 6 | Published Charge per Unit | | | 1.90 | 2.50 | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/06 - 09/30/06 | | 15,000 | 25,000 | | | | |
| 8A | | 10/01/06 - 06/30/07 | | 45,000 | | | | | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/06 - 09/30/06 | | | | | | | |
| 9A | | 10/01/06 - 06/30/07 | | 1,500 | | | | | |
| 10 | Enhanced SD/MC (Children) Units | 07/01/06 - 09/30/06 | | | | | | | |
| 10A | | 10/01/06 - 06/30/07 | | 20 | | | | | |
| 10B | Enhanced SD/MC (Refugees) Units | 07/01/06 - 06/30/07 | | | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/06 - 09/30/06 | | 200 | | | | | |
| 11A | | 10/01/06 - 06/30/07 | | | | | | | |
| 12 | Non-Medi-Cal Units | | | 38,280 | 35,000 | | | | |
| 13 | Medi-Cal Costs | 07/01/06 - 09/30/06 | 92,300 | 29,550 | 62,750 | | | | |
| 13A | | 10/01/06 - 06/30/07 | 88,650 | 88,650 | | | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/06 - 09/30/06 | 95,550 | 30,300 | 65,250 | | | | |
| 14A | | 10/01/06 - 06/30/07 | 90,900 | 90,900 | | | | | |
| 15 | Medi-Cal Published Charges | 07/01/06 - 09/30/06 | 91,000 | 28,500 | 62,500 | | | | |
| 15A | | 10/01/06 - 06/30/07 | 85,500 | 85,500 | | | | | |
| 16 | Medi-Cal Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 16A | | 10/01/06 - 06/30/07 | | | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/06 - 09/30/06 | | 2,955 | | | | | |
| 17A | | 10/01/06 - 06/30/07 | 2,955 | 2,955 | | | | | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/06 - 09/30/06 | | 3,030 | | | | | |
| 18A | | 10/01/06 - 06/30/07 | 3,030 | 3,030 | | | | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/06 - 09/30/06 | | 2,850 | | | | | |
| 19A | | 10/01/06 - 06/30/07 | 2,850 | 2,850 | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 20A | | 10/01/06 - 06/30/07 | | | | | | | |
| 21 | Enhanced SD/MC Costs | 07/01/06 - 09/30/06 | | 39 | 39 | | | | |
| 21A | | 10/01/06 - 06/30/07 | 39 | 39 | | | | | |
| 22 | Enhanced SD/MC SMA Upper Limits | 07/01/06 - 09/30/06 | | 40 | 40 | | | | |
| 22A | | 10/01/06 - 06/30/07 | 40 | 40 | | | | | |
| 23 | Enhanced SD/MC Published Charges | 07/01/06 - 09/30/06 | | 38 | 38 | | | | |
| 23A | | 10/01/06 - 06/30/07 | 38 | 38 | | | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 24A | | 10/01/06 - 06/30/07 | | | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/06 - 06/30/07 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/06 - 06/30/07 | | | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/06 - 06/30/07 | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/06 - 06/30/07 | | | | | | | |
| 29 | Healthy Families Costs | 07/01/06 - 09/30/06 | 394 | 394 | | | | | |
| 29A | | 10/01/06 - 06/30/07 | | | | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/06 - 09/30/06 | 404 | 404 | | | | | |
| 30A | | 10/01/06 - 06/30/07 | | | | | | | |
| 31 | Healthy Families Published Charges | 07/01/06 - 09/30/06 | 380 | 380 | | | | | |
| 31A | | 10/01/06 - 06/30/07 | | | | | | | |
| 32 | Healthy Families Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 32A | | 10/01/06 - 06/30/07 | | | | | | | |
| 33 | Non-Medi-Cal Costs | | 163,262 | 75,412 | 87,850 | | | | |

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| State of California Health and Human Services Agency | | Department of Mental Health | | | | | | |
| DETAIL COST REPORT | | | | | | | | |
| ALLOCATION OF COSTS TO SERVICE | | | | | | | | |
| FUNCTIONS - MODE TOTAL | | | | | | | | |
| MH 1966 (Rev. 7/06) | | PAGE 1 OF 1 | | | | | | |
| | | FISCAL YEAR 2006 - 2007 | | | | | | |
| County: MY COUNTY | | CR | | | | | | |
| County Code: 87 | | | | | | | | |
| Legal Entity: Children Rescue Network | | A | B | C | D | E | F | G |
| Legal Entity Number: 00877 | | Mode Total | Service Function |
| Mode: 45 - Outreach Services | | | 25 | | | | | |
| 1 | Allocation Percentage | 100.00% | 100.00% | | | | | |
| 2 | Total Units | | 10,000 | | | | | |
| 3 | Gross Cost | 25,000 | 25,000 | | | | | |
| 4 | Cost per Unit | | 2.50 | | | | | |
| 5 | Non-Medi-Cal Units | | 10,000 | | | | | |
| 6 | Non-Medi-Cal Costs | 25,000 | 25,000 | | | | | |

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| State of California Health and Human Services Agency | | Department of Mental Health | | | | | | |
| DETAIL COST REPORT | | | | | | | | |
| ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL | | | | | | | | |
| MH 1966 (Rev. 7/06) | | | | | | | | |
| PAGE 1 OF 1 | | | | | | | | |
| FISCAL YEAR 2006 - 2007 | | | | | | | | |
| County: MY COUNTY | | CR | | | | | | |
| County Code: 87 | | | | | | | | |
| Legal Entity: Children Rescue Network | | A | B | C | D | E | F | G |
| Legal Entity Number: 00877 | | Mode Total | Service Function |
| Mode: 60 - Support Services | | | 75 | | | | | |
| 1 | Allocation Percentage | 100.00% | 100.00% | | | | | |
| 2 | Total Units | | 1 | | | | | |
| 3 | Gross Cost | 15,000 | 15,000 | | | | | |
| 4 | Cost per Unit | | 15,000.00 | | | | | |
| 5 | Non-Medi-Cal Units (Same as Line 2) | | 1 | | | | | |
| 6 | Non-Medi-Cal Costs (Same as Line 3) | 15,000 | 15,000 | | | | | |

| State of California Health and Human Services Agency | | | Department of Mental Health | | | | | | | | | | |
|--|---|---------------------|-----------------------------|-------------------------|---------------|--------------|---|--------------------------------------|-------------------------|--|--|--|--|
| DETAIL COST REPORT | | | FISCAL YEAR 2006 - 2007 | | | | | | | | | | |
| DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT | | | MH 1968 (Rev. 7/06) | | | | | | | | | | |
| County: MY COUNTY | | | | | | | | | | | | | |
| Legal Entity: Children Rescue Network | | | | | | | | | | | | | |
| Legal Entity Number: 00877 | | | | | | | | | | | | | |
| | | | REIMBURSEMENT TYPE | | | | PC E Total Inpatient Mode 05 Hospital Inpatient Services | PC | | | I Total Outpatient Exclude Program (2) | Costs | |
| | | | A | B | C | D | | F | G | H | | J | K |
| | | | Mode 55 | | | Total MAA | | Mode 05 Other 24 Hour Services | Mode 10 Day Services | Mode 15 Outpatient Services Program (1) | | Mode 15 Outpatient Services Program (2) | Total Outpatient (Col. I + Col. J) |
| | | | S. F.'s 01-09 | S. F.'s 11-19, 31-39 | S. F.'s 21-29 | | | | | | | | |
| 1 | Medi-Cal Costs | 07/01/06 - 09/30/06 | | | | | | | | 92,300 | | 92,300 | |
| 1A | | 10/01/06 - 06/30/07 | | | | | | | | 88,650 | | 88,650 | |
| 2 | Medi-Cal SMA | 07/01/06 - 09/30/06 | | | | | | | | 95,550 | | 95,550 | |
| 2A | | 10/01/06 - 06/30/07 | | | | | | | | 90,900 | | 90,900 | |
| 3 | Medi-Cal P. C. | 07/01/06 - 09/30/06 | | | | | | | | 91,000 | | 91,000 | |
| 3A | | 10/01/06 - 06/30/07 | | | | | | | | 85,500 | | 85,500 | |
| 4 | Medi-Cal N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 4A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 5 | Medi-Cal Gross Reimbursement | 07/01/06 - 09/30/06 | | | | | | | | 91,000 | | 91,000 | |
| 5A | | 10/01/06 - 06/30/07 | | | | | | | | 85,500 | | 85,500 | |
| 6 | Medicare/Medi-Cal Crossover Cost | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 6A | | 10/01/06 - 06/30/07 | | | | | | | | 2,955 | | 2,955 | |
| 7 | Medicare/Medi-Cal Crossover SMA | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 7A | | 10/01/06 - 06/30/07 | | | | | | | | 3,030 | | 3,030 | |
| 8 | Medicare/Medi-Cal Crossover P. C. | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 8A | | 10/01/06 - 06/30/07 | | | | | | | | 2,850 | | 2,850 | |
| 9 | Medicare/Medi-Cal Crossover N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 9A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 10 | Medicare/Medi-Cal Crossover Gross Reim. | 07/01/06 - 09/30/06 | | | | | | | | 2,850 | | 2,850 | |
| 10A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 11 | Total SD/MC + Crossover Gross Reim. | 07/01/06 - 09/30/06 | | | | | | | | 91,000 | | 91,000 | |
| 11A | | 10/01/06 - 06/30/07 | | | | | | | | 88,350 | | 88,350 | |
| 12 | Enhanced SD/MC (Children) Cost | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 12A | | 10/01/06 - 06/30/07 | | | | | | | | 39 | | 39 | |
| 13 | Enhanced SD/MC (Children) SMA | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 13A | | 10/01/06 - 06/30/07 | | | | | | | | 40 | | 40 | |
| 14 | Enhanced SD/MC (Children) P. C. | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 14A | | 10/01/06 - 06/30/07 | | | | | | | | 38 | | 38 | |
| 15 | Enhanced SD/MC (Children) N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 15A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 16 | Enhanced SD/MC (Children) Gross Reim. | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 16A | | 10/01/06 - 06/30/07 | | | | | | | | 38 | | 38 | |
| 17 | Enhanced SD/MC (Refugees) Cost | 07/01/06 - 06/30/07 | | | | | | | | | | | |
| 18 | Enhanced SD/MC (Refugees) SMA | 07/01/06 - 06/30/07 | | | | | | | | | | | |
| 19 | Enhanced SD/MC (Refugees) P. C. | 07/01/06 - 06/30/07 | | | | | | | | | | | |
| 20 | Enhanced SD/MC (Refugees) N. R. | 07/01/06 - 06/30/07 | | | | | | | | | | | |
| 21 | Total Medi-Cal Gross Reimbursement (Excludes Refugees) | 07/01/06 - 09/30/06 | | | | | | | | 91,000 | | 91,000 | |
| 21A | | 10/01/06 - 06/30/07 | | | | | | | | 88,388 | | 88,388 | |
| 22 | Enhanced SD/MC (Refugees) Gross Reim. | 07/01/06 - 06/30/07 | | | | | | | | | | | |
| 23 | Healthy Families Cost | 07/01/06 - 09/30/06 | | | | | | | | 394 | | 394 | |
| 23A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 24 | Healthy Families SMA | 07/01/06 - 09/30/06 | | | | | | | | 404 | | 404 | |
| 24A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 25 | Healthy Families P. C. | 07/01/06 - 09/30/06 | | | | | | | | 380 | | 380 | |
| 25A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 26 | Healthy Families N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 26A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 27 | Healthy Families Gross Reim. | 07/01/06 - 09/30/06 | | | | | | | | 380 | | 380 | |
| 27A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 28 | Less: Patient and Other Payor Revenue | | | | | | | | | | | | |
| 28A | SD/MC + Crossover Revenue | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 28A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 29 | Enhanced SD/MC (Children) Revenue | | | | | | | | | | | | |
| 30 | Enhanced SD/MC (Refugees) Revenue | | | | | | | | | | | | |
| 31 | Healthy Families Revenue | | | | | | | | | | | | |
| 32 | Total Expenditures from MAA (Mode 55) | | | | | | | | | | | | |
| 33 | Medi-Cal Eligibility Factor (Average) | | | | | | | | | | | | |
| 34 | Revenue - MAA | | | | | | | | | | | | |
| 35 | Net Due - SD/MC for Direct Services | 07/01/06 - 09/30/06 | | | | | | | | 91,000 | | 91,000 | |
| 35A | | 10/01/06 - 06/30/07 | | | | | | | | 88,388 | | 88,388 | |
| 36 | Net Due - Enhanced SD/MC (Refugees) | | | | | | | | | | | | |
| 37 | Net Due - Healthy Families | 07/01/06 - 09/30/06 | | | | | | | | 380 | | 380 | |
| 37A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 38 | Amount Negotiated Rates Exceed Costs | | | | | | | | | | | | |
| 38A | SD/MC (Includes Children) | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 38A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |
| 39 | Enhanced SD/MC (Refugees) | | | | | | | | | | | | |
| 40 | Healthy Families | 07/01/06 - 09/30/06 | | | | | | | | | | | |
| 40A | | 10/01/06 - 06/30/07 | | | | | | | | | | | |

[HOME](#)

[Goto MH1969](#)

| State of California Health and Human Services Agency | | | | | | | | | | Department of Mental Health | |
|---|-------|-----------|------------|--------|--------|--------|--------|------------|--------|-----------------------------|--------|
| DETAIL COST REPORT | | | | | | | | | | | |
| SD/MC PRELIMINARY DESK SETTLEMENT | | | | | | | | | | | |
| MH 1979 (Rev. 7/06) | | | | | | | | | | | |
| County: MY COUNTY | | | | | | | | | | | |
| County Code: 87 | | | | | | | | | | | |
| Legal Entity: Children Rescue Network | | | | | | | | | | | |
| Legal Entity Number: 00877 | | | | | | | | | | | |
| | A | B | C | D | E | F | G | H | I | J | |
| | Total | Total | Total | Total | 50.00% | 50.00% | 50.00% | Variable % | 75.00% | Total | |
| | MAA | Inpatient | Outpatient | Total | FFP | FFP | FFP | FFP | FFP | FFP | |
| SD/MC Administrative Reimbursement (County Only) | | | | | | | | | | | |
| 1 | | | | | | | | | | | |
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| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| Healthy Families Administrative Reimbursement (County Only) | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 7A | | | | | | | | | | | |
| 7B | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| SD/MC Net Reimbursement for MAA | | | | | | | | | | | |
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| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | 91,000 | 91,000 | | 45,500 | | | | | 45,500 |
| 16A | | | 88,350 | 88,350 | | | 44,175 | | | | 44,175 |
| 17 | | | | | | | | | | | |
| 17A | | | 38 | 38 | | | | 25 | | | 25 |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | 89,700 |
| 20 | | | | | | | | | | | |
| 21 | | | | | | | | | | | 89,700 |
| 22 | | | | | | | | | | | |
| 23 | | | | | | | | | | | 89,700 |
| 24 | | | 380 | 380 | | | | 247 | | | 247 |
| 24A | | | | | | | | | | | |
| 25 | | | | | | | | | | | 247 |
| 26 | | | | | | | | | | | |
| 27 | | | | | | | | | | | 247 |

| 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 | 45,500 |
| Line 16A: Column D minus Column G | 44,175 |
| Line 17: Column D minus Column H | |
| Line 17A: Column D minus Column H | 13 |
| Line 18: Column D minus Column H | |
| Line 24: Column D minus Column H | 133 |
| Line 24A: Column D minus Column H | |
| TOTAL STATE SHARE SD/MC COST | 89,821 |

| | | | | | | | | | | | | |
|--|-------------------------------------|-------------------------------------|-----------------------|------------------------------------|--|---------------------------|-------------------------------------|-----------------------------------|------------------|----------------------------------|-----------------------------|----------------------|
| State of California Health and Human Services Agency | | | | | | | | | | | Department of Mental Health | |
| DETAIL COST REPORT | | | | | | | | | | | | |
| FUNDING SOURCES | | | | | | | | | | | | |
| MH 1992 (Rev. 7/06) | | | | | | | | | | | FISCAL YEAR 2006 - 2007 | |
| County: MY COUNTY | | | | | | | | | | | | |
| County Code: 87 | | | | | | | | | | | | |
| Legal Entity: Children Rescue Network | | A | B | C | D | E | F | G | H | I | J | |
| Legal Entity No.: 00877 | | Admin / Research & Evaluation | Utilization Review | Direct Services/MAA | | | | | | Mode 60 - Support Services | Total Legal Entity | |
| | | | | Mode 05 - Hospital Inpatient | Mode 05 - Other 24 Hour Services | Mode 10 - Day Services | Mode 15 - Outpatient Services | Mode 45 - Outreach Services | Mode 55 - MAA | | | |
| 1 | Gross Cost | | | | | | 347,600 | 25,000 | | 15,000 | 387,600 | CROSSCHECKS |
| 2 | Adjustments | | | | | | | | | | | |
| 3 | Adjusted Gross Cost | | | | | | 347,600 | 25,000 | | 15,000 | 387,600 | 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) | | | | | | 89,700 | | | | 89,700 | OK MH1979 SDMC MATCH |
| 12 | Healthy Family - Fed share | | | | | | 247 | | | | 247 | OK MH1979 HF MATCH |
| 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 | | | | | | | | | | | |
| 18 | 05-06 Rollover - Managed Care-Other | | | | | | | | | | | |
| 19 | EPSDT SD/MC - State Share Est. | | | | | | | | | | | |
| 20A | 05-06 SGF Rollover | | | | | | | | | | | |
| 20B | Other Revenue | | | | | | | | | | | |
| 21 | Realignment Funds/MOE | | | | | | 257,653 | 25,000 | | 15,000 | 297,653 | |
| 22 | Prior Years MHSA | | | | | | | | | | | |
| 23 | MHSA | | | | | | | | | | | |
| 24 | County Overmatch | | | | | | | | | | | |
| 25 | CALWORKS | | | | | | | | | | | |
| 26 | Total Funding Sources | | | | | | 347,600 | 25,000 | | 15,000 | 387,600 | OK |
| EDIT CHECKS | | | | | | | | | | | | |
| Line 3 = Line 24? OK | | | | | | | | | | | | |
| Amt. to Balance to Line 3: | | | | | | | | | | | 0 | |
| | | OK | OK | OK | OK | OK | OK | OK | OK | OK | 0 | |
| | | HOME | | << MH1992_INST | | DONE! | | | | | | |

APPENDIX C

Sample Detail Cost Report (Contract Provider Legal Entity Non-Medi-Cal)

No text this page.

| | | |
|---|-------------------------------|-----------------------------|
| State of California Health and Human Services Agency | | Department of Mental Health |
| DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 7/06) | | FISCAL YEAR 2006 - 2007 |
| SECTION I: ALL LEGAL ENTITIES: <i>All Legal Entities are to complete Section I.</i> | | |
| Name of Preparer: | Ledger Lu | |
| Date: | 7/30/2006 | |
| Legal Entity Name: | Mental Health Foundation, Inc | |
| Legal Entity Number: | 00887 | |
| County: | MY COUNTY | |
| County Code: | 87 | |
| Is this a County Legal Entity Report? (Y or N) | No | ▼ |
| Are you reporting SD/MC? (Y or N) | No | ▼ |
| HOME MH1901_Schedule_A >> | | |
| SECTION II: COUNTY LEGAL ENTITY ONLY: <i>Only County Legal Entities are to Complete Section II.</i> | | |
| Address: | | |
| Phone Number: | | |
| County Population: Over 125,000? (Y or N): | No | ▼ |
| <i>Contract Provider Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)</i> | | |
| Inpatient Services | | |
| Outpatient Services | | |
| <i>Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7)</i> | | |
| Inpatient Services | | |
| Outpatient Services | | |
| Total State Share of SD/MC Cost: | | |
| <i>Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group</i> | | |
| Legal Entity Number (FFS): | | |
| Psychiatrist: | | |
| Psychologist: | | |
| Mixed Specialty Group: | | |
| RN: | | |
| LCSW: | | |
| MFCC (MFT): | | |
| <i>Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)</i> | | |
| 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 >> | | |

| 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. 7/06) | | | | | | FISCAL YEAR 2006 - 2007 | |
| Entity Name: <u>Mental Health Foundation, Inc</u> | | | | | | Entity Number: <u>00887</u> | |
| Fiscal Year: <u>2006 - 2007</u> | | | | | | | |
| | A | B | C | D | E | F | G |
| SERVICE FUNCTION | MODE | SERVICE FUNCTION CODE | SMA | STATE APPROVED (NR) | PUBLISHED CHARGE | COUNTY NON M/C CONTRACT RATE | RATE FOR ALLOCATION |
| A. 24 - HOUR SERVICES | | | | | | | |
| 1 | Hospital Inpatient | 05 | 10 - 18 | \$995.74 | | | \$0.00 |
| 2 | Hospital Administrative Day | 05 | 19 | \$309.76 | | | \$0.00 |
| 3 | Psychiatric Health Facility (PHF) | 05 | 20 - 29 | \$540.08 | | | \$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 | \$304.55 | | | \$0.00 |
| 8 | Jail Inpatient | 05 | 50 - 59 | | | | \$0.00 |
| 9 | Residential Other | 05 | 60 - 64 | | | | \$0.00 |
| 10 | Adult Residential | 05 | 65 - 79 | \$148.55 | | | \$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 | | \$1.90 | \$0.00 |
| 24 | Mental Health Services | 15 | 10 - 19 | \$2.61 | | \$2.50 | \$0.00 |
| 25 | Mental Health Services | 15 | 30 - 59 | \$2.61 | | \$2.50 | \$0.00 |
| 26 | Medication Support | 15 | 60 - 69 | \$4.82 | | \$4.60 | \$0.00 |
| 27 | Crisis Intervention | 15 | 70 - 79 | \$3.88 | | \$3.70 | \$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 | | | | | | | |
| 30 | Medi-Cal Outreach | 55 | 01 - 03 | | | | |
| 31 | Medi-Cal Eligibility Intake | 55 | 04 - 06 | Quarter 1 | | 45.00% | |
| 32 | Medi-Cal Contract Administration | 55 | 07 - 08 | Quarter 2 | | 45.00% | |
| 33 | MAA Coordination and Claims Administration | 55 | 09 | Quarter 3 | | 51.75% | |
| 34 | Referral - Crisis, Non-Open Case | 55 | 11 - 13 | Quarter 4 | | 55.00% | |
| 35 | MH Services Contract Administration | 55 | 14 - 16 | Average | | 49.19% | |
| 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 |
| 48 | Non Medi-Cal Capital Assets | 60 | 75 | | | | \$0.00 |
| 48 | Other Non Medi-Cal Client Support Expenditures | 60 | 78 | | | | \$0.00 |

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[MH1901_Schedule_B >>](#)

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. 7/06) FISCAL YEAR 2006 - 2007

Entity Name: Mental Health Foundation, Inc. Entity Number: 90887
 Fiscal Year: 2006 - 2007

| | | | |
|------------------|--|---|--|
| Settlement Types | CR - Cost Reimburse NR - Negotiated Rate TRS - Therapeutic Behavioral Services ASO - Administrative Services Organization | MAA - Medi-Cal Administrative Activities MHS - Mental Health Specialty ISA - Integrated Service Agency CAW - CALWORKS Services | |
|------------------|--|---|--|

| A | B | C | D | E F G | | | H I J | | | K L | | M N O P Q | | | | R S T | | | U |
|-----------------|------|----|------------------------|---------------------------|---------------------------|-------------|---------------------------------|---------------------------|--------------------------------------|---|---------------------|--------------------------------------|--------------------------------------|------------------------------|------------------|------------------------------|---------------------------|---------------------------|--------------------|
| Settlement Type | Mode | SF | Total Units of Service | SDMIC DATA | | | MEDICARE/MEDICAL CROSSOVER DATA | | | MEDICAL PATIENT AND OTHER PAYOR REVENUE | | ENHANCED SHORT DOYLE MEDICAL DATA | | | | HEALTHY FAMILIES (SED) DATA | | | Non-Medi-Cal Units |
| | | | | 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/SDMIC 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 (Refugees) | 3rd Party Revenue (Refugees) | Units 07/01/06 - 09/30/06 | Units 10/01/06 - 06/30/07 | |
| CR | 75 | 01 | 40,000 | | | | | | | | | | | | | | | | 40,000 |
| NR | 10 | 10 | 30,000 | | | | | | | | | | | | | | | | 30,000 |
| CR | 45 | 08 | 20,000 | | | | | | | | | | | | | | | | 20,000 |
| CR | 50 | 25 | 1 | | | | | | | | | | | | | | | | 1 |
| Total | | | 90,001 | | | | | | | | | | | | | | | | 90,001 |

HOME
-- MH1901_Schedule_A
MH1961 -- MEDICAL ADJUSTMENTS TO COSTS
MH1962 -- OTHER COSTS
MH1963 -- PAYMENT TO CONTRACT PROVIDERS
MH1960 -- CALCULATION OF PROGRAM COSTS

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. 7/06) FISCAL YEAR 2006 - 2007

Entity Name: Mental Health Foundation, Inc

Entity Number: 00887

Fiscal Year: 2006 - 2007

Allocation

Rate for Allocation SMA Rate

Published Charges Directly Allocated

COSTS TO BE ALLOCATED
 Allowable Mode Costs (MH1960 Line 18, Col. C) 387,600

| | A | B | C | D | E | Allocation Basis | | | I |
|-----------------|------|----|-------------|----------------------|-------------------------|------------------|--------------|----------------|---|
| | | | | | | F | G | H | |
| Settlement Type | Mode | SF | Total Units | Eligible Direct Cost | Directly Allocated Data | Relative Value | Allocation % | Allocated Cost | |
| 1 | CR | 15 | 01 | 40,000 | | 79,200 | N/A | 79,200 | |
| 2 | CR | 15 | 10 | 30,000 | | 76,200 | N/A | 76,200 | |
| 3 | CR | 45 | 25 | 20,000 | 95,000 | | | 95,000 | |
| 4 | CR | 60 | 75 | 1 | 137,200 | | | 137,200 | |
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| 64 | | | | | | | | | |
| 65 | | | | | | | | | |
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| 80 | | | | | | | | | |
| 81 | | | | | | | | | |
| 82 | | | | | | | | | |
| 83 | | | | | | | | | |
| 84 | | | | | | | | | |
| Totals | | | | 90,001 | 232,200 | 155,400 | 100% | 387,600 | |

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 [MH1969_INST >>](#)

Summary

| Mode | Allocated Cost | Allocated % | Settlement Type | Allocated Cost |
|--------------|----------------|-------------|-----------------|----------------|
| 5 10-19 | | 0.00% | 15 Program_2 | TBS |
| 5 Other | | 0.00% | | ASO |
| 10 | | 0.00% | MHS | |
| 15 Program_1 | 155,400 | 40.09% | Total | |
| 45 | 95,000 | 24.51% | | |
| 55 | | 0.00% | | |
| 60 | 137,200 | 35.40% | | |
| Total | 387,600 | 100.00% | | |

DETAIL COST REPORT
MEDI-CAL ADJUSTMENTS TO COSTS
 MH 1961 (Rev. 7/06) FISCAL YEAR 2006 - 2007

County: MY COUNTY
 County Code: 87

| Legal Entity: Mental Health Foundation, Inc | | A | B | C |
|---|--------------------------|-----------------------|-------|-------------------|
| Legal Entity Number: 00887 | | Salaries and Benefits | Other | Total Adjustments |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
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| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | Total Adjustments | | | |

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0 OK

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 [<< MH1991](#)
 [MH1962 >>](#)
 [MH1960 >>](#)

| | | | | |
|--|--------------------------|-----------------------------|-------|-------------------|
| State of California Health and Human Services Agency | | Department of Mental Health | | |
| DETAIL COST REPORT | | | | |
| OTHER ADJUSTMENTS | | | | |
| MH1962 (Rev. 7/06) | | | | |
| FISCAL YEAR 2006 - 2007 | | | | |
| County: MY COUNTY | | | | |
| County Code: 87 | | | | |
| Legal Entity: Mental Health Foundation, Inc | | A | B | C |
| Legal Entity Number: 00887 | | Salaries and Benefits | Other | Total Adjustments |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
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| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | Total Adjustments | | | |

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[<< MH1901_Schedule_B](#)
[<< MH1961](#)
[MH1963 >>](#)
[MH1960 >>](#)

| | | | | | |
|--|--|--|---------|---------------------------------|------------|
| State of California Health and Human Services Agency | | Department of Mental Health | | | |
| DETAIL COST REPORT | | | | | |
| CALCULATION OF PROGRAM COSTS | | | | | |
| MH 1960 (Rev. 7/06) | | FISCAL YEAR 2006 - 2007 | | | |
| County: MY COUNTY County Code: 87 | | | | | |
| Legal Entity: Mental Health Foundation, Inc | | A | B | C | |
| Legal Entity Number: 00887 | | Salaries and Benefits | Other | Total Costs | |
| 1 | Mental Health Expenditures | 175,400 | 212,200 | 387,600 | |
| 2 | Encumbrances | | | | |
| 3 | Less: Payments to Contract Providers (County Only) | | | | |
| 4 | Other Adjustments from MH 1962 | | | | |
| 5 | Total Costs Before Medi-Cal Adjustments | 175,400 | 212,200 | 387,600 | |
| 6 | Medi-Cal Adjustments from MH 1961 | | | | |
| 7 | Managed Care Consolidation (County Only) | | | | |
| 8 | Allowable Costs for Allocation | | | 387,600 | |
| Administrative Costs (County Only) | | | | | |
| 9 | SD/MC Administration | | | | |
| 10 | Healthy Families Administration | | | | |
| 11 | Non-SD/MC Administration | | | | |
| 12 | Total Administrative Costs | | | | |
| Utilization Review Costs (County Only) | | | | | |
| 13 | Skilled Professional Medical Personnel | | | | |
| 14 | Other SD/MC Utilization Review | | | | |
| 15 | Non-SD/MC Utilization Review | | | | |
| 16 | Total Utilization Review Costs | | | | |
| 17 | Research and Evaluation (County Only) | | | | |
| 18 | Mode Costs (Direct Service and MAA) | | | 387,600 | 387,600 OK |
| 19 | Total Costs - Lines 9 through 18 | | | 387,600 | 387,600 OK |
| HOME | | MH1901_Schedule_C >> | | << MH1961 | |
| | | << MH1962 | | << MH1963 | |

| | | |
|--|---|-----------------------------|
| 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. 7/06) | | FISCAL YEAR 2006 - 2007 |
| County: MY COUNTY County Code: 87 | | |
| Legal Entity: Mental Health Foundation, Inc | | A |
| Legal Entity Number: 00887 | | Total Costs |
| 1 | Mode Costs (Direct Service and MAA) from MH 1960 | 387,600 |
| | Modes | |
| 2 | Hospital Inpatient Services (Mode 05-SFC 10-19) | |
| 3 | Other 24 Hour Services (Mode 05-All Other SFC) | |
| 4 | Day Services (Mode 10) | |
| 5 | Outpatient Services (Mode 15 Program 1 + Program 2) | 155,400 |
| 6 | Outreach Services (Mode 45) | 95,000 |
| 7 | Medi-Cal Administrative Activities (Mode 55) | |
| 8 | Support Services (Mode 60) | 137,200 |
| 9 | Total - Lines 2 through 8 | 387,600 |
| <div style="border: 1px solid black; display: inline-block; padding: 5px 20px; background-color: #e0e0e0;"> HOME </div> | | Crosscheck OK |

| 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. 7/06) | | | | | | | | | |
| County: MY COUNTY | | | | | | | | | |
| County Code: 87 | | | | | | | | | |
| Legal Entity: Mental Health Foundation, Inc | | | | | | | | | |
| Legal Entity Number: 00887 | | | | | | | | | |
| Mode: 15 - Outpatient Services (Program 1) | | | | | | | | | |
| | | | A | CR | CR | D | E | F | G |
| | | | Mode Total | Service Function |
| | | | | 01 | 10 | | | | |
| 1 | Allocation Percentage | | 100.00% | 50.97% | 49.03% | | | | |
| 2 | Total Units | | | 40,000 | 30,000 | | | | |
| 3 | Gross Cost | | 155,400 | 79,200 | 76,200 | | | | |
| 4 | Cost per Unit | | | 1.98 | 2.54 | | | | |
| 5 | SMA per Unit | | | 2.02 | 2.61 | | | | |
| 6 | Published Charge per Unit | | | 1.90 | 2.50 | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/06 - 09/30/06 | | | | | | | |
| 8A | | 10/01/06 - 06/30/07 | | | | | | | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/06 - 09/30/06 | | | | | | | |
| 9A | | 10/01/06 - 06/30/07 | | | | | | | |
| 10 | Enhanced SD/MC (Children) Units | 07/01/06 - 09/30/06 | | | | | | | |
| 10A | | 10/01/06 - 06/30/07 | | | | | | | |
| 10B | Enhanced SD/MC (Refugees) Units | 07/01/06 - 06/30/07 | | | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/06 - 09/30/06 | | | | | | | |
| 11A | | 10/01/06 - 06/30/07 | | | | | | | |
| 12 | Non-Medi-Cal Units | | | 40,000 | 30,000 | | | | |
| 13 | Medi-Cal Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 13A | | 10/01/06 - 06/30/07 | | | | | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 14A | | 10/01/06 - 06/30/07 | | | | | | | |
| 15 | Medi-Cal Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 15A | | 10/01/06 - 06/30/07 | | | | | | | |
| 16 | Medi-Cal Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 16A | | 10/01/06 - 06/30/07 | | | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 17A | | 10/01/06 - 06/30/07 | | | | | | | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 18A | | 10/01/06 - 06/30/07 | | | | | | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 19A | | 10/01/06 - 06/30/07 | | | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 20A | | 10/01/06 - 06/30/07 | | | | | | | |
| 21 | Enhanced SD/MC Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 21A | | 10/01/06 - 06/30/07 | | | | | | | |
| 22 | Enhanced SD/MC SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 22A | | 10/01/06 - 06/30/07 | | | | | | | |
| 23 | Enhanced SD/MC Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 23A | | 10/01/06 - 06/30/07 | | | | | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 24A | | 10/01/06 - 06/30/07 | | | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/06 - 06/30/07 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/06 - 06/30/07 | | | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/06 - 06/30/07 | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/06 - 06/30/07 | | | | | | | |
| 29 | Healthy Families Costs | 07/01/06 - 09/30/06 | | | | | | | |
| 29A | | 10/01/06 - 06/30/07 | | | | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/06 - 09/30/06 | | | | | | | |
| 30A | | 10/01/06 - 06/30/07 | | | | | | | |
| 31 | Healthy Families Published Charges | 07/01/06 - 09/30/06 | | | | | | | |
| 31A | | 10/01/06 - 06/30/07 | | | | | | | |
| 32 | Healthy Families Negotiated Rates | 07/01/06 - 09/30/06 | | | | | | | |
| 32A | | 10/01/06 - 06/30/07 | | | | | | | |
| 33 | Non-Medi-Cal Costs | | 155,400 | 79,200 | 76,200 | | | | |

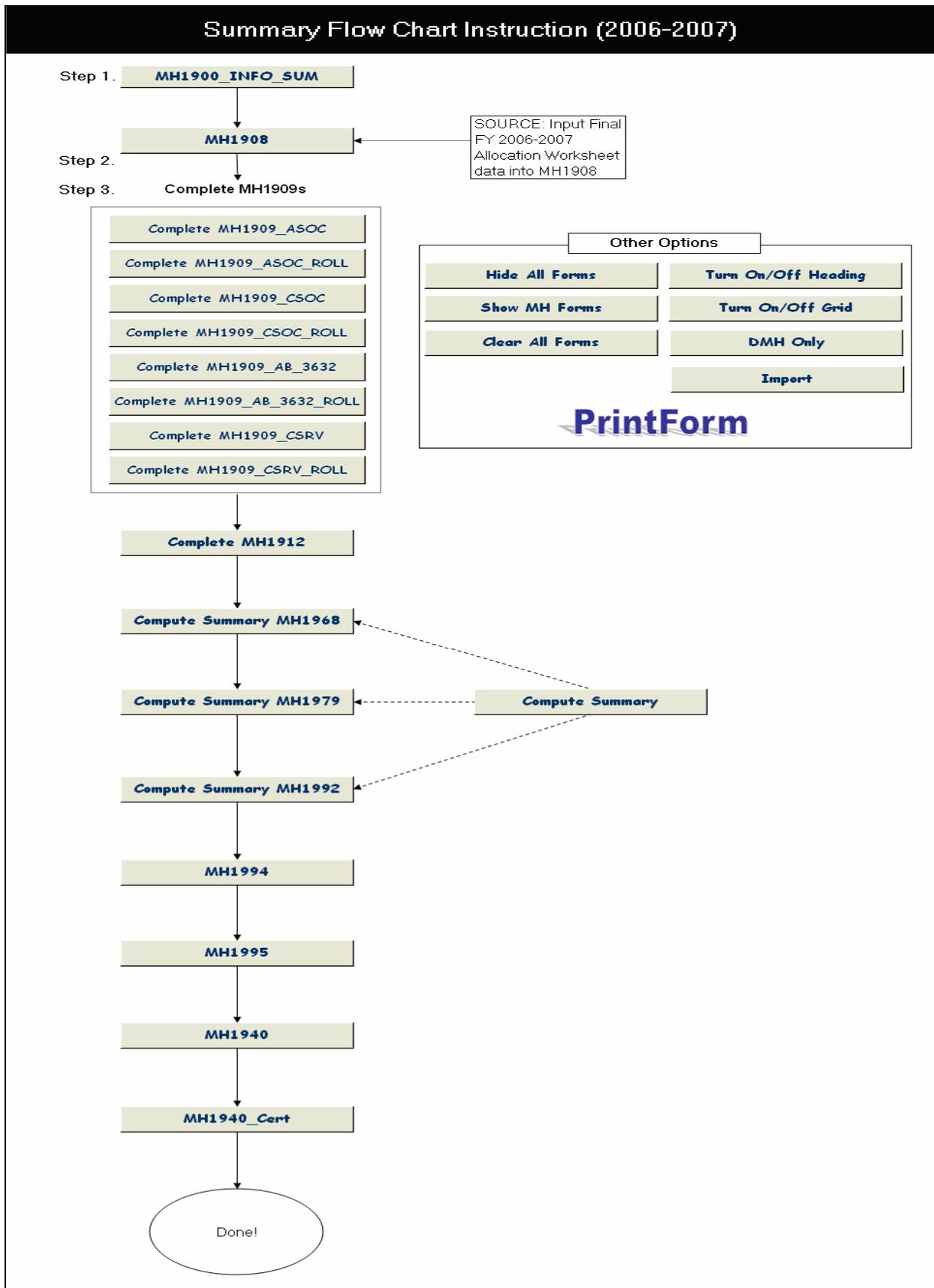
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|--|-----------------------|-----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| State of California Health and Human Services Agency | | Department of Mental Health | | | | | | |
| DETAIL COST REPORT | | | | | | | | |
| ALLOCATION OF COSTS TO SERVICE | | | | | | | | |
| FUNCTIONS - MODE TOTAL | | | | | | | | |
| MH 1966 (Rev. 7/06) | | | | | | | | |
| County: MY COUNTY | | | | | | | | |
| County Code: 87 | | | | | | | | |
| CR | | | | | | | | |
| Legal Entity: Mental Health Foundation, Inc | | A | B | C | D | E | F | G |
| Legal Entity Number: 00887 | | | Service Function |
| Mode: 45 - Outreach Services | | Mode Total | 25 | | | | | |
| 1 | Allocation Percentage | 100.00% | 100.00% | | | | | |
| 2 | Total Units | | 20,000 | | | | | |
| 3 | Gross Cost | 95,000 | 95,000 | | | | | |
| 4 | Cost per Unit | | 4.75 | | | | | |
| 5 | Non-Medi-Cal Units | | 20,000 | | | | | |
| 6 | Non-Medi-Cal Costs | 95,000 | 95,000 | | | | | |

| | | | | | | | | |
|--|-------------------------------------|-----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 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. 7/06) | | | | | | | | |
| PAGE 1 OF 1 | | | | | | | | |
| FISCAL YEAR 2006 - 2007 | | | | | | | | |
| County: MY COUNTY | | CR | | | | | | |
| County Code: 87 | | | | | | | | |
| Legal Entity: Mental Health Foundation, Inc | | A | B | C | D | E | F | G |
| Legal Entity Number: 00887 | | | Service Function |
| Mode: 60 - Support Services | | Mode Total | 75 | | | | | |
| 1 | Allocation Percentage | 100.00% | 100.00% | | | | | |
| 2 | Total Units | | 1 | | | | | |
| 3 | Gross Cost | 137,200 | 137,200 | | | | | |
| 4 | Cost per Unit | | 137,200.00 | | | | | |
| 5 | Non-Medi-Cal Units (Same as Line 2) | | 1 | | | | | |
| 6 | Non-Medi-Cal Costs (Same as Line 3) | 137,200 | 137,200 | | | | | |

APPENDIX D

Sample Summary Cost Report (County Only)

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 INFORMATION SHEET
 MH 1900 (07/07)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2006-2007

| | | | |
|-------------------|------------------|---|----------------------------------|
| Name of Preparer: | Eymeka | County Population: Over 125,000? (Y or N): | <input type="button" value="▼"/> |
| Date Completed: | 7/30/2007 | | |
| County: | MY COUNTY | | |
| County Code: | 87 | | |
| Address: | Direct Cost Road | | |
| Phone Number: | (999) 999-9999 | | |

List of Legal Entities

| Legal Entity Name | Legal Entity Number | File Found? | Data Extracted? |
|-------------------------------|---------------------|-------------|-----------------|
| Chald, Inc | 00087 | YES | YES |
| Children Rescue Network | 00877 | YES | YES |
| Mental Health Foundation, Inc | 00887 | YES | YES |
| | | | |

| | |
|---|---|
| <p>CALIFORNIA HEALTH AND HUMAN SERVICES AGEN SUPPLEMENTAL STATE RESOURCE DATA MH 1908 (07/07)</p> | <p>DEPARTMENT OF MENTAL HEALTH Fiscal Year 2006-2007</p> |
| <p>County: MY COUNTY County Code: 87</p> | |
| PROGRAM | FINAL ALLOCATION |
| Community Services - Other Treatment | \$1,500,000 |
| Adult System of Care | |
| Children's Mental Health Services | |
| Community Services: Other Treatment for Mental Health Managed Care | \$2,500,000 |
| <i>Managed Care Subset</i> | \$2,500,000 |
| | |
| Mental Health Services AB 3632 | \$500,000 |
| TOTAL COMMUNITY SERVICES | \$4,500,000 |

| PROGRAM DATA BY FUND SOURCES | FINAL ALLOCATION | PRIOR YEAR ROLLOVER ALLOCATION | |
|---|--------------------|--------------------------------|-----------------------------------|
| 4440-101-0001 (1) Community Services - Other Treatment | \$1,500,000 | | Please complete MH1909_CSRV |
| 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 | \$2,500,000 | \$50,000 | |
| <i>Managed Care Subset</i> | \$2,500,000 | | |
| | | | |
| 4440-104-0001 Mental Health Services AB 3632 | \$500,000 | | Please complete MH1909_AB_3632 |
| TOTAL FUND SOURCES | \$4,500,000 | \$50,000 | |

Summary_Flow

| CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY | | | | DEPARTMENT OF MENTAL HEALTH | | |
|---|----------------------------|--------------------------|--------------------------------|-----------------------------|-----------------------|-----------------------|
| SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY | | | | | | |
| MH 1909_SUM (07/07) | | | | Fiscal Year 2006-2007 | | |
| | Column F Total | Column G Total | Column H Total | Column I Total | Column J Total | Column K Total |
| | State Share of Net Cost | Medi-Cal/ State Share | State General Fund Total | County Matching Funds | Medi-Cal FFP Share | Other Fund Sources |
| MH1909_ASOC | \$ | \$ | \$ | \$ | \$ | \$ |
| MH1909_ASOC_ROLL | \$ | \$ | \$ | \$ | \$ | \$ |
| MH1909_CSOC | \$ | \$ | \$ | \$ | \$ | \$ |
| MH1909_CSOC_ROLL | \$ | \$ | \$ | \$ | \$ | \$ |
| MH1909_AB_3632 | \$ 20,000 | \$ 45,000 | \$ 65,000 | \$ | \$ 45,000 | \$ 13,500 |
| MH1909_AB_3632_ROLL | \$ | \$ | \$ | \$ | \$ | \$ |
| MH1909_CSRV | \$ 214,500 | \$ 550,000 | \$ 764,500 | \$ | \$ 550,000 | \$ 15,000 |
| MH1909_CSRV_ROLL | \$ | \$ | \$ | \$ | \$ | \$ |
| Total No Rolls | \$ 234,500 | \$ 595,000 | \$ 829,500 | \$ | \$ 595,000 | \$ 28,500 |
| Total Rolls | \$ | \$ | \$ | \$ | \$ | \$ |
| Grand Total | \$ 234,500 | \$ 595,000 | \$ 829,500 | \$ | \$ 595,000 | \$ 28,500 |

| CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY | | | SUMMARY COST REPORT | | | | | | | | | | DEPARTMENT OF MENTAL HEALTH | |
|---|--|---------------------|---------------------|----------------------|---------------|-----------|---|--------------------------------|----------------------|---|--------------------------------------|---|------------------------------------|--|
| DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT MH 1968_SUM (07/07) | | | | | | | | | | | | | Fiscal Year 2006-2007 | |
| County: MY COUNTY County Code: 87 | | | | | | | | | | | | | | |
| Legal Entity: All Reporting Legal Entities | | | | | | | | | | | | | | |
| Legal Entity Number: | | | Mode 55 | | | Total MAA | Total Inpatient 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) | |
| | | | S. F.'s 01-09 | S. F.'s 11-19, 31-39 | S. F.'s 21-29 | | | | | | | | | |
| 1 | Medi-Cal Costs | 07/01/06 - 09/30/06 | | | | | 138,525 | | 1,072,490 | 3,391,300 | 4,463,790 | 339,357 | 4,803,147 | |
| 1A | | 10/01/06 - 06/30/07 | | | | | 46,175 | | 1,774,450 | 1,532,900 | 3,307,350 | 136,893 | 3,444,243 | |
| 2 | Medi-Cal SMA | 07/01/06 - 09/30/06 | | | | | 149,361 | | 1,120,850 | 3,544,550 | 4,665,200 | 504,300 | 5,169,500 | |
| 2A | | 10/01/06 - 06/30/07 | | | | | 49,787 | | 1,849,550 | 1,601,900 | 3,451,450 | 194,050 | 3,645,500 | |
| 3 | Medi-Cal P. C. | 07/01/06 - 09/30/06 | | | | | 142,500 | | 1,088,000 | 3,376,000 | 4,464,000 | | 4,464,000 | |
| 3A | | 10/01/06 - 06/30/07 | | | | | 47,500 | | 1,777,500 | 1,523,000 | 3,300,500 | | 3,300,500 | |
| 4 | Medi-Cal N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 4A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | |
| 5 | Medi-Cal Gross Reimbursement | 07/01/06 - 09/30/06 | | | | | 138,525 | | 1,088,000 | 3,376,000 | 4,464,000 | 339,357 | 4,803,357 | |
| 5A | | 10/01/06 - 06/30/07 | | | | | 46,175 | | 1,777,500 | 1,523,000 | 3,300,500 | 136,893 | 3,437,393 | |
| 6 | Medicare/Medi-Cal Crossover Cost | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 6A | | 10/01/06 - 06/30/07 | | | | | 18,470 | | 37,581 | 2,955 | 40,536 | | 40,536 | |
| 7 | Medicare/Medi-Cal Crossover SMA | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 7A | | 10/01/06 - 06/30/07 | | | | | 19,915 | | 39,372 | 3,030 | 42,402 | | 42,402 | |
| 8 | Medicare/Medi-Cal Crossover P. C. | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 8A | | 10/01/06 - 06/30/07 | | | | | 19,000 | | 38,400 | 2,850 | 41,250 | | 41,250 | |
| 9 | Medicare/Medi-Cal Crossover N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 9A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | |
| 10 | Medicare/Medi-Cal Crossover Gross Reim. | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 10A | | 10/01/06 - 06/30/07 | | | | | 18,470 | | 38,400 | 2,850 | 41,250 | | 41,250 | |
| 11 | Total SD/MC + Crossover Gross Reim. | 07/01/06 - 09/30/06 | | | | | 138,525 | | 1,088,000 | 3,376,000 | 4,464,000 | 339,357 | 4,803,357 | |
| 11A | | 10/01/06 - 06/30/07 | | | | | 64,645 | | 1,815,900 | 1,525,850 | 3,341,750 | 136,893 | 3,478,643 | |
| 12 | Enhanced SD/MC (Children) Cost | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 12A | | 10/01/06 - 06/30/07 | | | | | 23,088 | | 6,264 | 39 | 6,303 | | 6,303 | |
| 13 | Enhanced SD/MC (Children) SMA | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 13A | | 10/01/06 - 06/30/07 | | | | | 24,894 | | 6,562 | 40 | 6,602 | | 6,602 | |
| 14 | Enhanced SD/MC (Children) P. C. | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 14A | | 10/01/06 - 06/30/07 | | | | | 23,750 | | 6,400 | 38 | 6,438 | | 6,438 | |
| 15 | Enhanced SD/MC (Children) N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 15A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | |
| 16 | Enhanced SD/MC (Children) Gross Reim. | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 16A | | 10/01/06 - 06/30/07 | | | | | 23,088 | | 6,400 | 38 | 6,438 | | 6,438 | |
| 17 | Enhanced SD/MC (Refugees) Cost | 07/01/06 - 06/30/07 | | | | | | | | | | | | |
| 18 | Enhanced SD/MC (Refugees) SMA | 07/01/06 - 06/30/07 | | | | | | | | | | | | |
| 19 | Enhanced SD/MC (Refugees) P. C. | 07/01/06 - 06/30/07 | | | | | | | | | | | | |
| 20 | Enhanced SD/MC (Refugees) N. R. | 07/01/06 - 06/30/07 | | | | | | | | | | | | |
| 21 | Total Medi-Cal Gross Reimbursement (Excludes Refugees) | 07/01/06 - 09/30/06 | | | | | 138,525 | | 1,088,000 | 3,376,000 | 4,464,000 | 339,357 | 4,803,357 | |
| 21A | | 10/01/06 - 06/30/07 | | | | | 87,733 | | 1,822,300 | 1,525,888 | 3,348,188 | 136,893 | 3,485,081 | |
| 22 | Enhanced SD/MC (Refugees) Gross Reim. | 07/01/06 - 06/30/07 | | | | | | | | | | | | |
| 23 | Healthy Families Cost | 07/01/06 - 09/30/06 | | | | | | | | 394 | 394 | | 394 | |
| 23A | | 10/01/06 - 06/30/07 | | | | | | | 216,520 | 4,670 | 221,190 | | 221,190 | |
| 24 | Healthy Families SMA | 07/01/06 - 09/30/06 | | | | | | | | 404 | 404 | | 404 | |
| 24A | | 10/01/06 - 06/30/07 | | | | | | | 225,780 | 4,820 | 230,600 | | 230,600 | |
| 25 | Healthy Families P. C. | 07/01/06 - 09/30/06 | | | | | | | | 380 | 380 | | 380 | |
| 25A | | 10/01/06 - 06/30/07 | | | | | | | 220,500 | 4,600 | 225,100 | | 225,100 | |
| 26 | Healthy Families N. R. | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 26A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | |
| 27 | Healthy Families Gross Reim. | 07/01/06 - 09/30/06 | | | | | | | | 380 | 380 | | 380 | |
| 27A | | 10/01/06 - 06/30/07 | | | | | | | 220,500 | 4,000 | 225,100 | | 225,100 | |
| | Less: Patient and Other Payor Revenue | | | | | | | | | | | | | |
| 28 | SD/MC + Crossover Revenue | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 28A | | 10/01/06 - 06/30/07 | | | | | 10,000 | | | | | 20,000 | 20,000 | |
| 29 | Enhanced SD/MC (Children) Revenue | | | | | | | | | | | | | |
| 30 | Enhanced SD/MC (Refugees) Revenue | | | | | | | | | | | | | |
| 31 | Healthy Families Revenue | | | | | | | | | | | | | |
| 32 | Total Expenditures from MAA (Mode 55) | | 47,000 | | 58,000 | 105,000 | | | | | | | | |
| 33 | Medi-Cal Eligibility Factor (Average) | | | | | | | | | | | | | |
| 34 | Revenue - MAA | | | | | | | | | | | | | |
| 35 | Net Due - SD/MC for Direct Services | 07/01/06 - 09/30/06 | 47,000 | | 28,529 | 75,529 | 138,525 | | 1,088,000 | 3,376,000 | 4,464,000 | 339,357 | 4,803,357 | |
| 35A | | 10/01/06 - 06/30/07 | | | | | 77,733 | | 1,822,300 | 1,525,888 | 3,348,188 | 116,893 | 3,465,081 | |
| 36 | Net Due - Enhanced SD/MC (Refugees) | | | | | | | | | | | | | |
| 37 | Net Due - Healthy Families | 07/01/06 - 09/30/06 | | | | | | | | 380 | 380 | | 380 | |
| 37A | | 10/01/06 - 06/30/07 | | | | | | | 220,500 | 4,600 | 225,100 | | 225,100 | |
| | Amount Negotiated Rates Exceed Costs | | | | | | | | | | | | | |
| 38 | SD/MC (Includes Children) | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 38A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | |
| 39 | Enhanced SD/MC (Refugees) | | | | | | | | | | | | | |
| 40 | Healthy Families | 07/01/06 - 09/30/06 | | | | | | | | | | | | |
| 40A | | 10/01/06 - 06/30/07 | | | | | | | | | | | | |

| CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY | | SUMMARY COST REPORT | | | | | | | | | | DEPARTMENT OF MENTAL HEALTH | | |
|--|--|---------------------|--------------------|---------------------|-----------|------------|---------------|---------------|-------------------|------------|--------------|-----------------------------|--------|--|
| SUMMARY SD/MC PRELIMINARY DESK SETTLEMENT MH 1979_SUM (07/07) | | | | | | | | | | | | Fiscal Year 2006-2007 | | |
| County: MY COUNTY County Code: 87 | | | | | | | | | | | | | | |
| Legal Entity | All Reporting Legal Entities | A | B | C | D | E | F | G | H | I | J | | | |
| Legal Entity Number | | Total MAA | Total Inpatient | Total Outpatient | Total | 50% FFP | 54.35% FFP | 52.95% FFP | Variable % FFP | 75% FFP | Total FFP | | | |
| SD/MC Administrative Reimbursement (County Only) | | | | | | | | | | | | | | |
| 1 | County SD/MC Direct Service Gross Reimbursement | | 226,258 | 8,109,050 | 8,335,308 | | | | | | | | | |
| 2 | Contract Provider Medi-Cal Direct Service Gross Reimbursement | | 300,000 | 179,388 | 479,388 | | | | | | | | | |
| 3 | Total Medi-Cal Direct Service Gross Reimbursement | | | | 8,814,696 | | | | | | | | | |
| 4 | Medi-Cal Administrative Reimbursement Limit | | | | 1,322,204 | | | | | | | | | |
| 5 | Medi-Cal Administration | | | | 800,000 | | | | | | | | | |
| 6 | Medi-Cal Administrative Reimbursement | | | | 800,000 | 400,000 | | | | | | 400,000 | | |
| Healthy Families Administrative Reimbursement (County Only) | | | | | | | | | | | | | | |
| 7 | County Healthy Families Direct Service Gross Reimbursement | | | 225,100 | 225,100 | | | | | | | | | |
| 7A | Contract Providers Healthy Families Direct Service Gross Reim. | | | | | | | | | | | | | |
| 7B | Total Healthy Families Direct Service Gross Reimbursement | | | | 225,100 | | | | | | | | | |
| 8 | Healthy Families Administrative Reimbursement Limit | | | | 22,510 | | | | | | | | | |
| 9 | Healthy Families Administration | | | | 50,000 | | | | | | | | | |
| 10 | Healthy Families Administrative Reimbursement | | | | 22,510 | | | | 14,632 | | | 14,632 | | |
| SD/MC Net Reimbursement for MAA | | | | | | | | | | | | | | |
| 11 | Medi-Cal Admin. Activities Svc Functions 01 - 09 | 47,000 | | | 47,000 | 23,500 | | | | | | | 23,500 | |
| 12 | Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 | | | | | | | | | | | | | |
| 13 | Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) | 28,529 | | | 28,529 | | | | | 21,397 | | 21,397 | | |
| 14 | Utilization Review-Skilled Prof. Med. Personnel (County Only) | | | | 100,000 | | | | | 75,000 | | 75,000 | | |
| 15 | Other SD/MC Utilization Review (County Only) | | | | 80,000 | 40,000 | | | | | | 40,000 | | |
| 16 | SD/MC Net Reimbursement for Direct Services | | 138,525 | 4,803,357 | 4,941,882 | | 2,470,941 | | | | | 2,470,941 | | |
| 16A | | | 54,645 | 3,458,643 | 3,513,288 | | | 1,756,644 | | | | 1,756,644 | | |
| 17 | Enhanced SD/MC Net Reimb. (Children) | | | | | | | | | | | | | |
| 17A | | | 23,088 | 6,438 | 29,526 | | | | 19,192 | | | 19,192 | | |
| 18 | Enhanced SD/MC Net Reimb. (Refugees) | | | | | | | | | | | | | |
| 19 | Total SD/MC Reimbursement Before Excess FFP | | | | | | | | | | | 4,806,673 | | |
| 20 | Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC | | | | | | | | | | | | | |
| 21 | Total SD/MC Reimbursement (FFP) | | | | | | | | | | | 4,806,673 | | |
| 22 | Contract Limitation Adjustment | | | | | | | | | | | | | |
| 23 | Adjusted Total SD/MC Reimbursement (FFP) | | | | | | | | | | | 4,806,673 | | |
| 24 | Healthy Families Net Reimbursement | | | 380 | 380 | | | | 247 | | | 247 | | |
| 24A | | | | 225,100 | 225,100 | | | | 146,315 | | | 146,315 | | |
| 25 | Total Healthy Families Reimbursement Before Excess FFP | | | | | | | | | | | 161,194 | | |
| 26 | Amount Negotiated Rates Exceed Costs - Healthy Families | | | | | | | | | | | | | |
| 27 | Total Healthy Families Reimbursement | | | | | | | | | | | 161,194 | | |

| STATE SHARE OF SD/MC COST | |
|-------------------------------------|------------------|
| Line 6: Column D minus Column E | 400,000 |
| Line 10: Column D minus Column H | 7,879 |
| Line 11: Column D minus Column E | 23,500 |
| Line 12: Column D minus Column E | |
| Line 13: Column D minus Column I | 7,132 |
| Line 14: Column D minus Column I | 25,000 |
| Line 15: Column D minus Column E | 40,000 |
| Line 16: Column D minus Column F | 2,470,941 |
| Line 16A: Column D minus Column G | 1,756,644 |
| Line 17: Column D minus Column H | |
| Line 17A: Column D minus Column H | 10,334 |
| Line 18: Column D minus Column H | |
| Line 24: Column D minus Column H | 133 |
| Line 24A: Column D minus Column H | 78,785 |
| TOTAL STATE SHARE SD/MC COST | 4,820,348 |

| CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY | | | SUMMARY COST REPORT | | | | | | | | DEPARTMENT OF MENTAL HEALTH | |
|--|--|------------------------------------|-----------------------|------------------------------------|--|---------------------------|-------------------------------------|-----------------------------------|------------------|----------------------------------|-----------------------------|-------------|
| SUMMARY FUNDING SOURCES MH 1992_SUM (07/07) | | | | | | | | | | | Fiscal Year 2006-2007 | |
| County: MY COUNTY County Code: 87 | | | | | | | | | | | | |
| Legal Entity: | Legal Entity No.: | A | B | C | D | E | F | G | H | I | J | CROSSCHECKS |
| All Reporting Legal Entities | | Admin/ Research & Evaluation | Utilization Review | Direct Services/MAA | | | | | | | Total Legal Entity | |
| | | | | Mode 05 - Hospital Inpatient | Mode 05 - Other 24 Hour Services | Mode 10 - Day Services | Mode 15 - Outpatient Services | Mode 45 - Outreach Services | Mode 55 - MAA | Mode 60 - Support Services | | |
| 1 | Gross Cost | 1,200,000 | 250,000 | 323,225 | | 3,898,510 | 7,400,250 | 120,000 | 105,000 | 646,050 | 13,943,035 | |
| 2 | Adjustments | | | | | | | | | | | |
| 3 | Adjusted Gross Cost | 1,200,000 | 250,000 | 323,225 | | 3,898,510 | 7,400,250 | 120,000 | 105,000 | 646,050 | 13,943,035 | OK |
| Funding Sources | | | | | | | | | | | | |
| Grants | | | | | | | | | | | | |
| 4 | SAMHSA Grants | | | | | | | | | | | |
| 5 | PATH Grants | 50,000 | | | | | | | | | 50,000 | |
| 6 | RWJ Grants | | | | | | | | | | | |
| 7 | Other Grants | | | | | | | | | | | |
| 8 | Total Grants Accrued | 50,000 | | | | | | | | | 50,000 | OK |
| 9 | Patient Fees | | | | | | | | | | | |
| 10 | Patient Insurance | | | | | | | | | | | |
| 11 | Regular SD/MC (FFP only) | 400,000 | 115,000 | 111,592 | | 1,456,110 | 2,679,075 | | 44,897 | | 4,806,673 | |
| 12 | Healthy Family - Fed share | 14,632 | | | | 143,325 | 3,237 | | | | 161,194 | |
| 13 | Medicare - Fed. Share | | | | | | | | | | | |
| 14 | Conservatorship Admin. Fees | | | | | | | | | | | |
| 15 | State General Fund-State Share | 100,000 | | 75,000 | | 654,500 | | | | | 829,500 | |
| 16 | State General Fund-County Match | | | | | | | | | | | |
| 17 | SGF-Managed Care - Outpatient | | | | | | 500,000 | | | | 500,000 | |
| 18 | 05-06 Rollover - Managed Care - Outpatient | | | | | | 35,000 | | | | 35,000 | |
| 19 | BPSDT SD/MC - State Share Est. | | | | | 212,750 | 100,000 | | | | 312,750 | |
| 20A | 05-06 SGF Rollover | | | | | | | | | | | |
| 20B | Other Revenue | 50,000 | | | | | | | | | 50,000 | |
| 21 | Realignment Funds/MOE* | 397,010 | 135,000 | 111,633 | | 1,131,825 | 4,032,938 | 120,000 | 60,103 | 646,050 | 6,634,559 | |
| 22 | Prior Years - MHSA | | | | | | | | | | | |
| 23 | MHSA | 18,775 | | | | 50,000 | | | | | 68,775 | |
| 24 | County Overmatch | 119,584 | | 25,000 | | 250,000 | 50,000 | | | | 444,584 | |
| 25 | CALWORKS | 50,000 | | | | | | | | | 50,000 | |
| 26 | Total Funding Sources | 1,200,001 | 250,000 | 323,225 | | 3,898,510 | 7,400,250 | 120,000 | 105,000 | 646,050 | 13,943,035 | OK |

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

Line 3 = Line 24? OK OK

Amt. to Balance to Line 3: 1 0 0 0 0 0 0 0 0 0 0

[Show / Hide SGF Managed Care \(DMH Only\)](#)

| CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY | | DEPARTMENT OF MENTAL HEALTH |
|---|--|------------------------------|
| REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES MH 1994 (07/07) | | Fiscal Year 2006-2007 |
| COUNTY OF: MY COUNTY COUNTY CODE: 87 DATE COMPLETED: 7/30/2007 | | |
| | | A |
| | | State General Fund |
| <i>FY 2005-2006 Rollover</i> | | |
| 1) | FY 2005-2006 SGF Mental Health Contingency Reserve | 50,000 |
| | Less | |
| 2a) | FY 2005-2006 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2006-2007 | (15,000) |
| | Less | |
| 2b) | FY 2005-2006 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2006-2007 | (35,000) |
| 3) | Total SGF Mental Health Contingency Reserve | 0 |
| <i>FY 2006-2007 Allocation</i> | | |
| 4) | FY 2006-2007 SGF Managed Care Allocation | 2,500,000 |
| | Plus | |
| 5) | FY 2005-2006 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3) | 0 |
| | Less | |
| 6) | FY 2006-2007 FFS/MC Expenditures Acute Inpatient Hospital Days | (75,000) |
| | Less | |
| 7) | FY 2006-2007 FFS/MC Expenditures Inpatient Hospital Administrative Days | (75,000) |
| | Less | |
| 8) | FY 2006-2007 FFS/MC Expenditures Outpatient Mental Health Services | (250,000) |
| | Less | |
| 9) | Other FY 2006-2007 State General Fund Expenditures Other Mental Health Services | (250,000) |
| | Less | |
| 10) | FY 2006-2007 State General Fund Mental Health Contingency Reserve | |
| | Total | |
| 11) | FY 2006-2007 Unexpended/Uncommitted State General Fund Balance | 1,850,000 |
| Summary Flow | | |

| | | |
|---|---|------------------------------------|
| CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY | | DEPARTMENT OF MENTAL HEALTH |
| REPORT OF MENTAL HEALTH SERVICES ACT (MHSA) DISTRIBUTION AND EXPENDITURES MH 1995 (07/07) | | Fiscal Year 2006-2007 |
| COUNTY OF: MY COUNTY COUNTY CODE: 87 DATE COMPLETED: 7/30/2007 | | |
| <i>Prior Years Balance</i> | | A |
| 1) | Prior Years Mental Health Services Act Balance | \$ 2,605,000 |
| 2) | Less Prior Years Mental Health Services Act Expenditures | |
| 3) | <i>Total</i> <i>Prior Years Unexpended Mental Health Services Act Balance</i> | \$ 2,605,000 |
| <i>FY 2006-2007 Distribution</i> | | |
| 4) | FY 2006-2007 Mental Health Services Act Distribution | \$ 1,500,000 |
| 5) | Plus: Interest Earned on Mental Health Services Act FY 2006-2007 | \$ 15,000 |
| 6) | Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3) | \$ 2,605,000 |
| 7) | Less FY 2006-2007 Mental Health Services Act Expenditures | \$ 68,775 |
| 8) | Total FY 2006-2007 Unexpended Mental Health Services Act Funding | \$ 4,051,225 |
| 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. | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">Summary Flow</div> | | |

| | | | |
|--|------------------|------------------------------------|-------------------------------|
| CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY | | DEPARTMENT OF MENTAL HEALTH | |
| YEAR-END COST REPORT | | Fiscal Year 2006-2007 | |
| MH 1940 (07/07) | | | |
| COUNTY OF: | MY COUNTY | FISCAL YEAR ENDING | |
| COUNTY CODE: | 87 | JUNE 30, 2007 | |
| ADDRESS: | Direct Cost Road | | |
| | 0 | | |
| | 0 | | |
| PREPARED BY: | Eymeka | PHONE: (999) 999-9999 | Date Completed: July 30, 2007 |

| NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS | A | B | C | |
|--|---------------------------|-------------------------------|---------------|----|
| | STATE GENERAL FUND | M/C & HF/FED SHARE | TOTAL | |
| 1. TOTAL EXPENDITURE | \$ 4,124,821 | \$ 9,818,214 | \$ 13,943,035 | OK |
| 2. LESS: REVENUE | (3,390,321) | (4,850,348) | (8,240,668) | |
| 3. SUBTOTAL | 734,500 | 4,967,867 | 5,702,367 | |
| 4. LESS: COUNTY SHARE (PER MH 1909) | (0) | | (0) | |
| 5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT | 734,500 | 4,967,867 | 5,702,367 | OK |
| 6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL 2) | 595,000 | | 595,000 | |
| 7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT | \$ 1,329,500 | \$ 4,967,867 | \$ 6,297,367 | |
| FUNDING SOURCES: 4440- | | | | |
| 8. OTHER FUNDS | 0 | 4,372,867 | \$ 4,372,867 | |
| 9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT | 764,500 | 550,000 | \$ 1,314,500 | |
| 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 | 65,000 | 45,000 | 110,000 | |
| 13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE | 500,000 | 0 | 500,000 | |
| 14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7) | \$ 1,329,500 | \$ 4,967,867 | \$ 6,297,367 | |
| 15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE | \$ 150,000 | | \$ 150,000 | |
| 16. EPSDT SD/MC - STATE SHARE ESTIMATE | \$ 312,750 | | \$ 312,750 | |
| Summary_Flow | OK | OK | OK | |

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940 (07/07)**

**DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2006-2007**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services and the Mental Health Services Act (MHSA) in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1096 of the Government Code and with respect to MHSA funding, certify that the County is in compliance with California Code of Regulations, Title 9, Division 1, Chapter 14, Article 4, Section 3410, Non-Supplant and Article 5, Section 3500, Non-Supplant Certification and Reports; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and WIC Section 5891 and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with the law.

Date: _____

Signature: _____

Local Mental Health Director

Executed at _____, California

I CERTIFY under penalty of perjury that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts.

Date: _____

Signature: _____

Title _____

(County Auditor-Controller or City Finance Officer)

Executed at _____, California

Date Uploaded: _____

Upload ID: _____

Upload File Name: _____

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 YEAR-END COST REPORT
 MH 1940S (07/07)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2006-2007

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

| | |
|---|----------|
| 1. County Claim for Reimbursement | _____ |
| 2. Adjustments | \$ _____ |
| A. Rollover of Unexpended Funds | |
| 1) Community Services - Other Treatment | _____ |
| 2) Adult System of Care | _____ |
| 3) Children's Mental Health Services | _____ |
| 4) Mental Health Services - AB 3632 | _____ |
| 5) Other Rollover | _____ |
| B. Managed Care FFS Inpatient & Cont. Res. | _____ |
| C. Managed Care Additional Funds | _____ |
| D. Other | _____ |
| Subtotal (Lines 1 & 2) | \$ _____ |
| 3. Less Claims Paid to Date | _____ |
| 4. NET COUNTY COSTS SUBJECT TO REIMBURSEMENT | \$ _____ |

Date: _____ Signature: _____

FOR DMH ACCOUNTING USE ONLY

| | |
|--|----------|
| 5. Special Adjustments | \$ _____ |
| a) State Hospital Changes | _____ |
| b) Audit Adjustment | _____ |
| c) Other | _____ |
| 6. NET REIMBURSEMENT DUE COUNTY (STATE) | \$ _____ |

Date: _____ Signature: _____

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

MH1979/1992 Reconciliation by Legal Entity

MH 1979_1992_RECON (07/07)

Fiscal Year 2006-2007

County: MY COUNTY
County Code: 87

| A | B | C | D | E |
|-------------------------------|----------------------------|-------------------------|-------------------------|-----------------|
| Legal Entity Name | Legal Entity Number | MH1979 Total FFP | MH1992 Total FFP | Variance |
| Chald, Inc | 00087 | \$4,877,920 | \$4,877,920 | \$0 |
| Children Rescue Network | 00877 | \$89,947 | \$89,947 | \$0 |
| Mental Health Foundation, Inc | 00887 | \$0 | \$0 | \$0 |
| | | \$4,967,867 | \$4,967,867 | \$0 |

| CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY | | DEPARTMENT OF MENTAL HEALTH | |
|---|-------------|--|--------------------|
| Total Medi-Cal Costs from MH1979_Sum | | | |
| MH_EPSDT | | Fiscal Year 2006-2007 | |
| County: MY COUNTY | | | |
| County Code: 87 | | | |
| Inpatient Costs | Line | | |
| | 16 | Direct Services 7/1 - 9/30 | \$138,525 |
| | 16A | Direct Services 10/1 - 6/30 | \$54,645 |
| | 17 | Enhanced Children 7/1 - 6/30 | \$0 |
| | 17A | Enhanced Children 10/1 - 6/30 | \$23,088 |
| | 18 | Enhanced Refugees 7/1 - 6/30 | \$0 |
| | | Subtotal Inpatient SD/MC Costs | \$216,258 |
| | 20 | Amount NR Exceed Costs - SD/MC & Enh. SD/M | \$0 |
| | | Less 25% of NR exceeds costs | \$0 |
| | | Total Inpatient Costs | \$216,258 |
| Outpatient Costs | | | |
| | 16 | Direct Services 7/1 - 9/30 | \$4,803,357 |
| | 16A | Direct Services 10/1 - 6/30 | \$3,458,643 |
| | 17 | Enhanced Children 7/1 - 6/30 | \$0 |
| | 17A | Enhanced Children 10/1 - 6/30 | \$6,438 |
| | 18 | Enhanced Refugee 7/1 - 6/30 | \$0 |
| | | Subtotal Outpatient SD/MC Costs | \$8,268,438 |
| | 20 | Amount NR Exceed Costs - SD/MC & Enh. SD/M | \$0 |
| | | Less 25% of NR exceeds costs | \$0 |
| | | Total Outpatient Costs | \$8,268,438 |
| Admin/UR/MAA | | | |
| | 6 | Admin | \$800,000 |
| | 14 | UR/Skilled | \$100,000 |
| | 15 | UR/Other | \$80,000 |
| | 11 + 12 | MAA/50% | \$47,000 |
| | 13 | MAA/75% | \$28,529 |
| | | Total Admin/UR/MAA | \$1,055,529 |
| | | Grand Total | \$9,540,224 |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

InPatient/Outpatient Summary 2006-2007

MHINOUT (07/07)

Fiscal Year 2006-2007

County: MY COUNTY
 County Code: 87

| A | B | C | D | E | F | G | H | I |
|--------------------------|---------------------|-----------------------------------|-------------------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------|---|
| | | Inpatient Column E | | | Outpatient Column K | | | Total |
| Legal Entity Name | Legal Entity Number | MH1968 M/C Reim. 7/1-9/30 Line 21 | MH1968 M/C Reim. 10/1-6/30 Line 21a | MH1968 M/C Reim. Refuge Line 22 | MH1968 M/C Reim. 7/1-9/30 Line 21 | MH1968 M/C Reim. 10/1-6/30 Line 21a | MH1968 M/C Reim. Refuge Line 22 | Inpatient/Outpatient M/C Reimbursable Costs |
| Chald, Inc | 00087 | \$138,525 | \$87,733 | \$0 | \$4,712,357 | \$3,396,693 | \$0 | \$8,335,308 |
| Children Rescue Network | 00877 | \$0 | \$0 | \$0 | \$91,000 | \$88,388 | \$0 | \$179,388 |
| Mental Health Foundation | 00887 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | \$138,525 | \$87,733 | \$0 | \$4,803,357 | \$3,485,081 | \$0 | \$8,514,696 |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH

MH1992 Detail 2006-2007

MH1992Detail (07/07)

Fiscal Year 2006-2007

County: MY COUNTY
 County Code: 87

| A | B | C | D | E | F | G | H | I |
|-------------------------------|---------------------|--------------------------|------------------------------|--------------------------|-----------------------|----------------------------------|---------------------------------|---------------------------------|
| Legal Entity Name | Legal Entity Number | MH1992 Adjustment Line 2 | MH1992 Adj Gross Cost Line 3 | MH1992 SD/MC FFP Line 11 | MH1992 HF FFP Line 12 | MH1992 SGF - State Share Line 15 | MH1992 SGF-County Match Line 16 | MH1992 SGF-Managed Care Line 17 |
| Chald, Inc | 00087 | \$0 | \$13,167,835 | \$4,716,973 | \$160,947 | \$829,500 | \$0 | \$500,000 |
| Children Rescue Network | 00877 | \$0 | \$387,600 | \$89,700 | \$247 | \$0 | \$0 | \$0 |
| Mental Health Foundation, Inc | 00887 | \$0 | \$387,600 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | \$0 | \$13,943,035 | \$4,806,673 | \$161,194 | \$829,500 | \$0 | \$500,000 |

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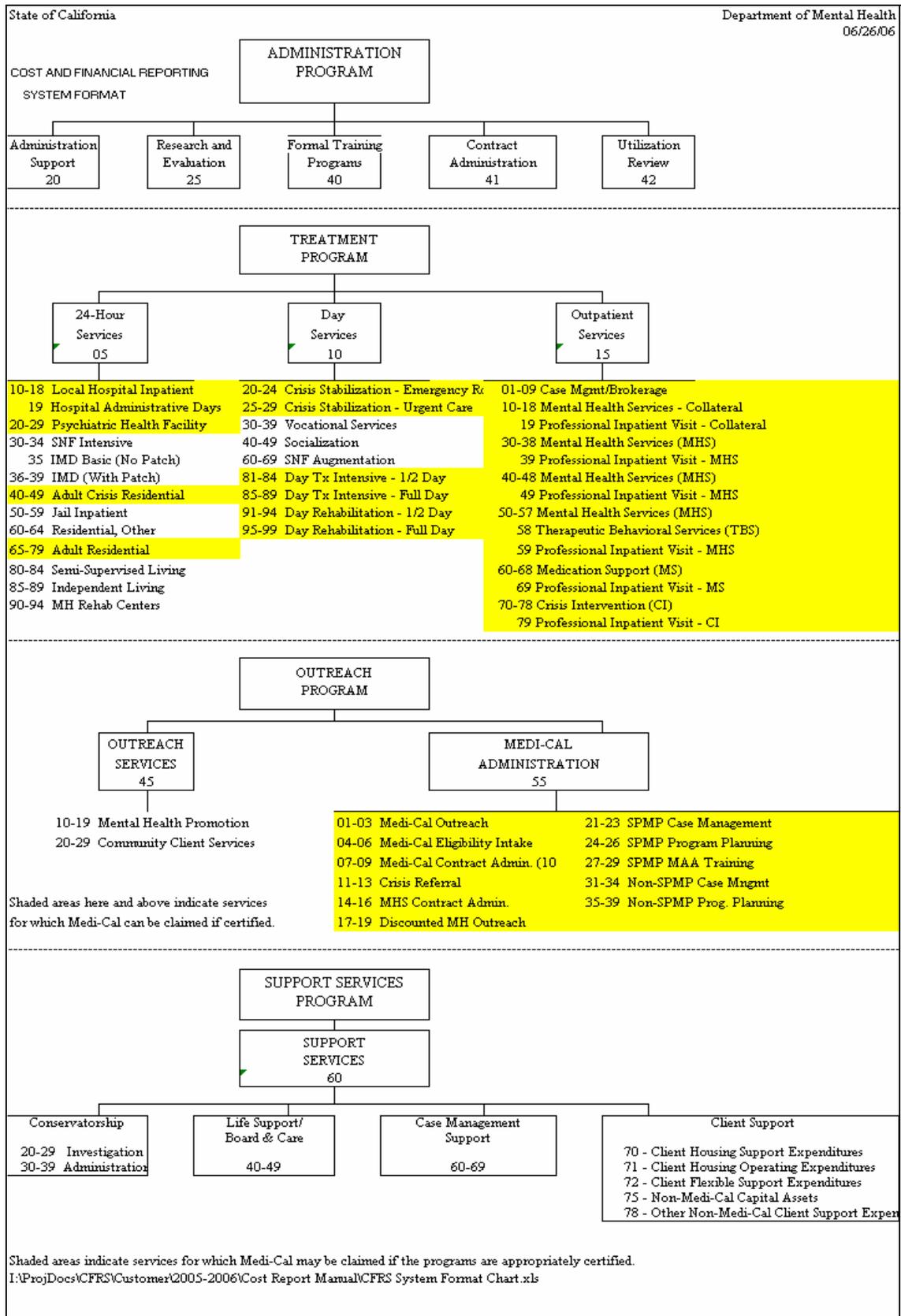
APPENDIX E

CFRS System Format

FY 2006-2007 SD/MC Statewide Maximum Allowance

FY 2006-2007 Statewide Allocation Worksheet

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| FISCAL YEAR 2006-07 SHORT-DOYLE/MEDI-CAL MAXIMUM REIMBURSEMENT RATES July 1, 2006 through June 30, 2007 | | | | | |
|---|----------------------|---------------------|-----------------------|-----------------|--|
| | MODE OF SERVICE CODE | | SERVICE FUNCTION CODE | TIME BASE | SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE |
| | CR/DC Code | SD/MC Claiming Code | | | |
| SERVICE FUNCTION | | | | | |
| A. 24-HOUR SERVICES | 05 | | | | |
| Hospital Inpatient | | 07, 08, 09 | 10-18 | Client Day | \$995.74 |
| Hospital Administrative Day | | 07, 08, 09 | 19 | Client Day | 7/1/06 - 7/31/06 \$299.80 8/1/06 - 6/30/07 \$310.68 |
| Psychiatric Health Facility (PHF) | | 05 | 20-29 | Client Day | \$540.08 |
| Adult Crisis Residential | | 05 | 40-49 | Client Day | \$304.55 |
| Adult Residential | | 05 | 65-79 | Client Day | \$148.55 |
| B. DAY SERVICES | 10 | 12, 18 | | | |
| Crisis Stabilization | | | | | |
| Emergency Room | | | 20-24 | Client Hour | \$94.54 |
| Urgent Care | | | 25-29 | Client Hour | \$94.54 |
| Day Treatment Intensive | | | | | |
| Half Day | | | 81-84 | Client 1/2 Day | \$144.13 |
| Full Day | | | 85-89 | Client Full Day | \$202.43 |
| Day Rehabilitation | | | | | |
| Half Day | | | 91-94 | Client 1/2 Day | \$84.08 |
| Full Day | | | 95-99 | Client Full Day | \$131.24 |
| C. OUTPATIENT SERVICES | 15 | 12, 18 | | | |
| Case Management, Brokerage | | | 01-09 | Staff Minute | \$2.02 |
| Mental Health Services | | | 10-19 | Staff Minute | \$2.61 |
| | | | 30-59 | Staff Minute | \$2.61 |
| Medication Support | | | 60-69 | Staff Minute | \$4.82 |
| Crisis Intervention | | | 70-79 | Staff Minute | \$3.88 |

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2006-2007

COMMUNITY MENTAL HEALTH SERVICES
ALLOCATION WORKSHEET
REVISION NUMBER 0

STATEWIDE

| PROGRAM | CURRENT ALLOCATION | ADJUSTMENT | TOTAL ALLOCATION |
|--|--------------------|------------|--------------------|
| Community Services - Other Treatment | \$1,500,000 | \$0 | \$1,500,000 |
| Adult System of Care | | \$0 | \$0 |
| Children's Mental Health Services | | \$0 | \$0 |
| Community Services: Other Treatment for Mental Health Managed Care | (\$2,500,000) | \$0 | (\$2,500,000) |
| <i>Managed Care Subset</i> | \$2,500,000 | \$0 | \$2,500,000 |
| Mental Health Services AB 3632 | \$500,000 | | \$500,000 |
| TOTAL COMMUNITY SERVICES | \$4,500,000 | \$0 | \$4,500,000 |

PROGRAM DATA BY FUND SOURCES

| | | | |
|--|--------------------|------------|--------------------|
| 4440-101-0001(1) Community Services - Other Treatment | \$1,500,000 | \$0 | \$1,500,000 |
| 4440-101-0001(2) Adult System of Care | \$0 | \$0 | \$0 |
| 4440-101-0001(3) Children's Mental Health Services | \$0 | \$0 | \$0 |
| 4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care | (\$2,500,000) | \$0 | (\$2,500,000) |
| <i>Managed Care Subset</i> | \$2,500,000 | \$0 | \$2,500,000 |
| 4440-104-0001 Mental Health Services AB 3632 | \$500,000 | \$0 | \$500,000 |
| TOTAL FUND SOURCES | \$4,500,000 | \$0 | \$4,500,000 |

PURPOSE: Final FY 2006-07 Allocation

DATE: _____

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APPENDIX F

Submittal File to DMH

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Submittal File to DMH

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Introduction

The FY 2006-2007 Cost Report packaging, naming conventions, automated desk edits, error correction cycle, and submittal process to DMH are described in this section.

The cost report will be distributed to the counties via the DMH Information Technology Web Server (ITWS). Counties are required to download the appropriate cost report template(s) from ITWS and distribute the template(s) to their contract provider legal entities by any method that will not change the electronic format of the template(s). The contract provider legal entities, after the completion of their cost reports, must return them to their county for review, verification, and approval. The counties are required to package these cost reports and submit the package to DMH through the ITWS electronic submission process

COST REPORT FILES

The cost report files for this year remain an Excel based spreadsheet application. There will be two sets of Cost Report spreadsheet automations:

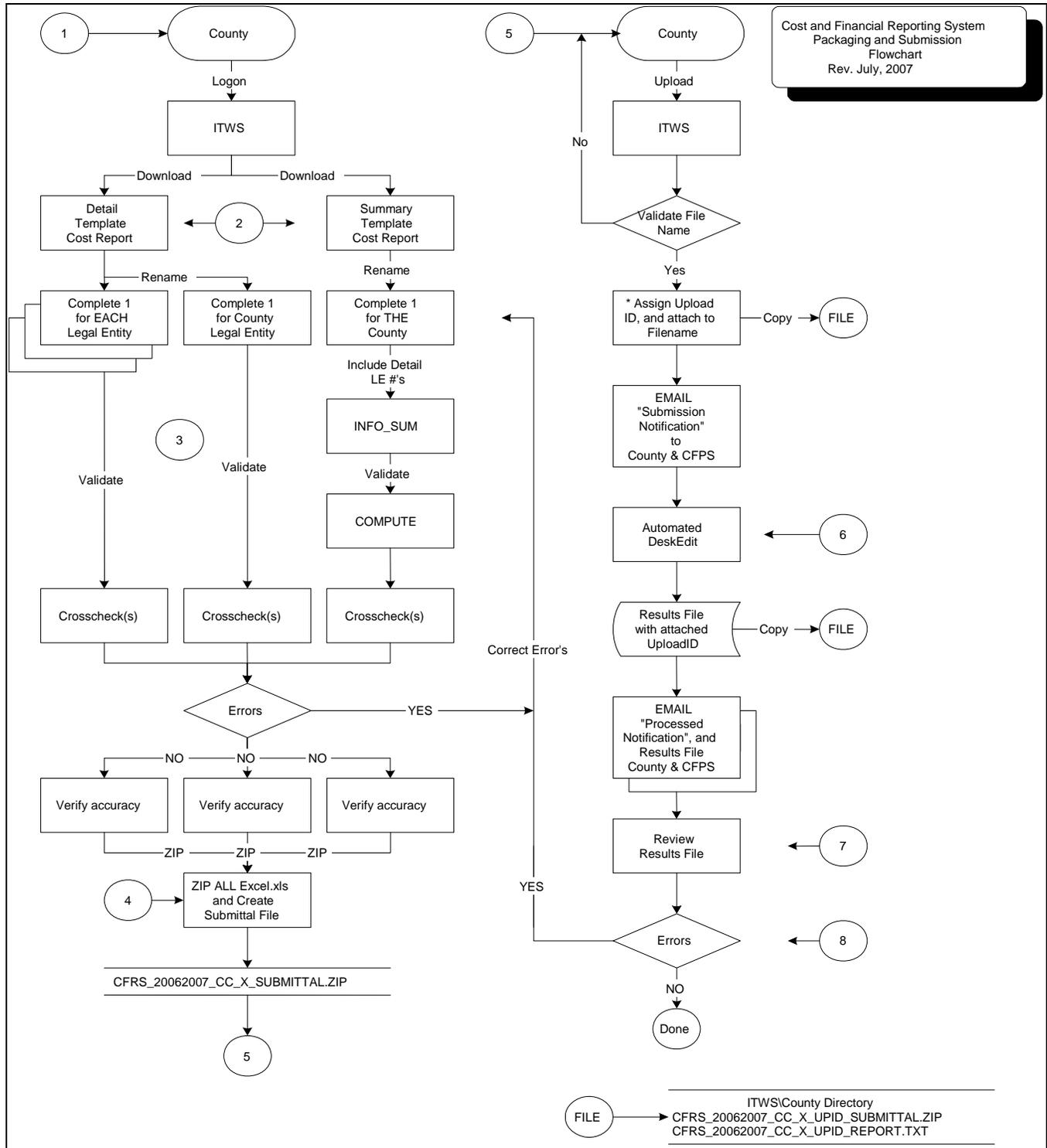
1. A Detail Cost Report for Legal Entities (contract or county), Medi-Cal and Non-Medi-Cal; and
2. A Summary Cost Report for each county or local mental health agency linking information from all legal entities.

SUBMITTAL FILE

The county Submittal File is the “package” that the county submits to DMH. The completed detail cost reports and the summary county cost report are combined into a single “package” called a “submittal file”. This packaging is completed through an archiving process called zipping. (Zipping gets its name from a product, or multitude of products, which combine files, called PKZIP. Further description and product information can be found at <http://www.pkware.com> and/or your local county information technology group.)

The submittal file (zipped file) is uploaded (submitted) to DMH ITWS. The name of the submittal file must conform to the submittal file naming conventions. See the sections on File Naming Conventions. Files not conforming to the specified naming conventions cannot be processed by DMH.

Business Processes and Automated Desk Edits Cycle



- Step 1. Logon to ITWS
- This requires enrollment to ITWS and permission to access the Cost and Financial Reporting System (CFRS). We also recommend that you request permission to access the Provider / Legal Entity System.
- Step 2. Download the Cost Report Template(s)
- The Detail Cost Report Template is:
CFRS_20062007_CC#####X_Detail_Template.xls
 - The Summary Cost Report Template is:
CFRS_20062007_CC00000X_Summary_Template.xls
- NOTE:** There may be additional information attached to the names of these file to describe the versions that are currently being used. Please download the most recent version of these files; i.e., _(V1.80 & V2.80).
- Step 3. Rename and complete the Cost Report(s)
- RENAME and CREATE a COPY of the Detail Cost Report Template for:
 - 1 for EACH Contract Provider Legal Entity
 - 1 for the County Legal Entity
 - RENAME and CREATE a COPY of the Summary Cost Report Template for:
 - 1 for The County Only
 - Complete these cost reports according to the instructions in the manual.
- Step 4. ZIP ALL excel.xls and create Submittal File
- ALL cost report files (.xls) must be Zipped together into a submittal file (.zip). This ZIP file is also called an archive. Use the ZIP utility (i.e., PKZIP) to accomplish this.
 - Note, you must create the name of this submittal file according to the naming conventions specified in this section.
- Step 5. Upload/Submit the Cost Report package to ITWS
- Logon to ITWS and go to the CFRS system.
 - Select FUNCTIONS > UPLOAD, and specify the name of the submittal file that was created from the ZIP step for submission to DMH.
 - ITWS will return a confirmation message stating a successful upload process.
 - You and CRFS will also receive an email notification stating that the file has been successfully received by DMH.
 - The email will entail specific information regarding your email, and also an accompanying Upload ID number, which indicates this file in the CFRS system. Please note this Upload ID number for further notices and reports.

- Step 6. Automated DMH Desk Edits.
- DMH will automatically process the Submittal ZIP file and perform the automated desk edits on the cost reports.
 - You will receive an email stating that the file has been processed through the automated desk edits. The results of the automated desk edits will be attached. The attached RESULTS FILE is a TEXT file and will be named according to the submittal file that was uploaded. The name of the RESULTS FILE will include the Upload ID number that was assigned when the submittal file was received by DMH.
 - You can also logon to ITWS to review the RESULTS text file. Use the Upload ID number assigned to the submittal file to find the appropriate RESULTS text file.
- Step 7. Review the Results File
- The Results File will include any processing errors found by the automated Desk Edit for all Detail Cost Reports and the Summary Cost Report.
- Step 8. Correct any errors
- The county corrects the errors listed in the Results File.
 - After corrections to the cost reports are completed, ALL cost report files (.xls) must again be Zipped together into a submittal file (.zip), see Step 4. The submittal file (zipped file) is uploaded to DMH ITWS, see Step 5.
- Step 9. Repeat Step 4 through Step 8 until the Results File contains no errors.
- Step 10. Finished

NOTE: After completing Step 5, the Upload/Submit step, the accompanying email that you receive specifies the Upload ID number of the submittal file. This Upload ID number must be used on the MH1940 that is sent to DMH. It is the “binding” number, which details when your cost report is actually received by DMH. You must submit one hard copy of the cost report (summary and county detail only) and an original signed MH 1940 certification package to DMH within 10 (ten) business days of the first submission of your cost report.

Cost Report Template Files

The FY 2006-2007 Cost Report Templates are downloaded by the county from DMH ITWS. Remember, there are two templates:

- A template for the Detail Cost Report. RENAME and create a COPY of the Detail Cost Report template for EACH Legal Entity (contract or county), Medi-Cal and Non-Medi-Cal. Name the files according to the naming conventions specified in this section.
- A template for the Summary Cost Report. RENAME and create a copy of the Summary Cost Report template. Name the file according to the naming conventions specified in this section. The Summary Cost Report is to be completed by the County Only.

These files are located on ITWS have the following name:

- CFRS_20062007_CC#####X.XLS_(V1.80)_Detail_Template.XLS
 - This is the Detail Cost Report.
 - The '#####' will be replaced by the number associated with the Legal Entity.
- CFRS_20062007_CC00000X.XLS_(V2.80)_Summary_Template.XLS
 - This is the Summary Cost Report
 - The '00000' denotes a Summary Cost Report. It must remain as '00000' as it indicates the Summary Cost Report to be complete by the County.

NOTE: These files reflect a version number that is used internally when creating the Cost Reports. These files are the templates to be used for completing the Cost Reports, and the versions and names are for identification purposes.

File Naming Conventions - Detail Cost Report(s)

All naming conventions for **DETAIL** Cost Reports follow this format:

CFRS_20062007_CC#####X.XLS

Where:

| | |
|--------------|---|
| CC | County Code |
| ##### | 5-digit number which identifies the legal entity # of the cost report for which the file is being submitted. Check your Legal Entity File for correct Legal Entity numbers of your providers that you are using. |
| X | "B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and or DMH use. |

LEGAL ENTITY NUMBERS

Legal Entity numbers are assigned by DMH by the type of Legal Entity they represent. These are essentially encoded with the 5-character Legal Entity numbering system of the Legal Entity File. Your 5-character Legal Entity numbers will resemble the following format. These are general rules and you should contact the DMH Statistics and Data Analysis (SDA) group if you have further questions or problems about these designations.

| | |
|--------------|---|
| <i>00000</i> | A Legal Entity number with 5 zeroes indicates that this is a Summary County Cost Report. This is very important!!! |
| <i>000##</i> | A Legal Entity number with 3 leading zeroes indicates that this is the County Legal Entity. Example, 00087 would indicate the County Legal Entity for County 87. |
| <i>00F87</i> | A Legal Entity number with 2 leading zeroes, then an “F” and a number, indicates that this is the FFS (Fee for Service) Legal Entity for the county. Example, 00F87 would indicate the FFS Legal Entity for County 87. |
| <i>AFC##</i> | A Legal Entity number with “AFC” as the preceding 3 characters indicates that this is an Administrative Services Organization (ASO) Legal Entity. The remaining 2 characters indicates that County Code. Example, AFC87 would indicate the ASO Legal Entity for County 87. |
| <i>HFP##</i> | A Legal Entity number with “HFP” as the preceding 3 characters indicates that this is a Healthy Families (Fee-For-Service) inpatient services and is used to claim all HFP inpatient services that occur in hospitals settings that would be fee-for-service if used for Medi-Cal children. |
| <i>#####</i> | Any other number is the 5-digit number which identifies the Legal Entity number. Check your Legal Entity File for correct Legal Entity numbers of the providers that you are using. |

File Naming Conventions - Summary Cost Report

All naming conventions for the SUMMARY Cost Reports follow this format:

CFRS_20062007_CC#####X.XLS

Where:

| | |
|--------------|--|
| CC | County Code |
| 00000 | 5-zeroes. This must be specified. |
| X | "B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use. |

File Naming Conventions - Submittal File

All naming conventions for **SUBMITTAL** Package follow this format:

CFRS_20062007_CC_X_SUBMITTAL.ZIP

Where:

| CC | County Code |
|----|---|
| X | "B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use. |

NOTE: If you need help using ZIP, or more formally known as PKZIP, please see <http://www.pkware.com> for instructions on using this and other ZIP products.

Further, when this file is uploaded to ITWS, it will be assigned an internal Upload ID (UpID) number. This UpID number will be referenced in all documentation regarding this file. You will also receive an email describing this and its newly renamed file.

Example:

1. CFRS_20062007_87_B_SUBMITTAL.ZIP

The cost reports uploaded for a sample county 87. You will receive email confirmation of this submission, and it will entail the Upload ID that was assigned when this file was uploaded. This number will now be in the name of the file in your county directory on ITWS and all reference documentation regarding this upload will be specified.

2. CFRS_20062007_87_B_7070_SUBMITTAL.ZIP

This is how the file will look with the Upload ID specified as part of the renamed file. This will be automatically be done by DMH and will look this way on ITWS.

Desk Edits Results File

After you have UPLOADED your Cost Report submittal file to ITWS, you will receive the following electronic communication from DMH:

1. An instant notification from ITWS saying your file was successfully uploaded.
2. Also, you will receive an email notification in your Inbox stating that DMH received your file as well.

In the meantime, DMH will be processing your uploaded submittal file and when done, the following will happen:

1. Notify you via an email notification in your Inbox stating that DMH has processed your file and the results of this process are available for viewing (or downloading) on ITWS.
2. Next, you need to Logon to ITWS to view the file and determine if the automated desk edit processing is successful or not.
3. If NOT, then make necessary corrections on your local copies of the cost reports, re-ZIP into a new Submittal File, and re-Upload to ITWS.
4. Cost report is not considered ACCEPTED, until all errors on both the detail and summary cost reports pass the automated edits.

The attached report file returned to you in the email will be named according to the following format. It will also be on ITWS with the same name as:

CFRS_20062007_CC_X_UPID_REPORT.TXT

Where:

| | |
|-------------|--|
| <i>CC</i> | County Code |
| <i>X</i> | <p>“B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete)</p> <p>“F”inal Settlement, (i.e., after any SD/MC adjustments)</p> <p>“Z” for Audits,</p> <p>“T” for Test files and/or DMH use.</p> |
| <i>UPID</i> | Upload ID that was assigned when your submittal file was uploaded to ITWS. |

Example:

CFRS_20062007_87_B_7070_REPORT.TXT

NOTE: This is a text document. Use Notepad or a similar product to open and read its content.

The Cost Report submission, editing and correction cycles will produce files of different types. These files may be Notification and Return Files, or possible Error files as well. These files are created by the DMH Cost and Financial Reporting System (CFRS) and placed on the DMH ITWS servers so the counties may download them, examine them, and determine if any corrective or continuing action needs to be taken. Also, any errors that they may have submitted in the Cost Report submission package will be listed here as well.

After a cost report has been submitted, the CFRS will process the submission package and will create the files on the ITWS server within one day after DMH receives a CFRS submittal file.

File Naming Conventions – Samples

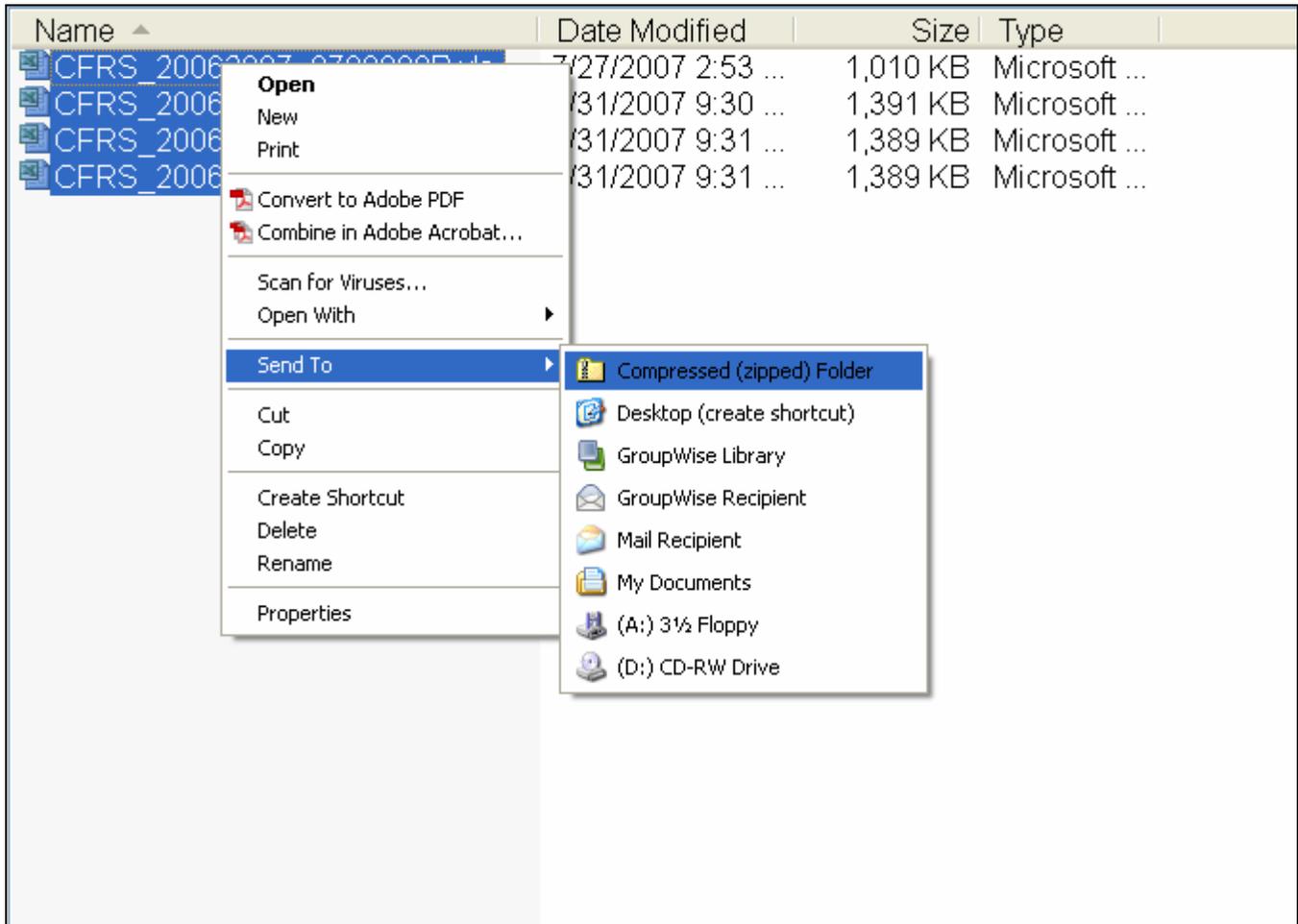
The Detail and Summary Cost Reports are built and named according to the naming conventions. Reminder, the Summary Cost Report contains the list of the Legal Entities that are being submitted as part of the Cost Report package.

This example would represent a sample of names for cost reports to be submitted as part of the submittal package to DMH ITWS:

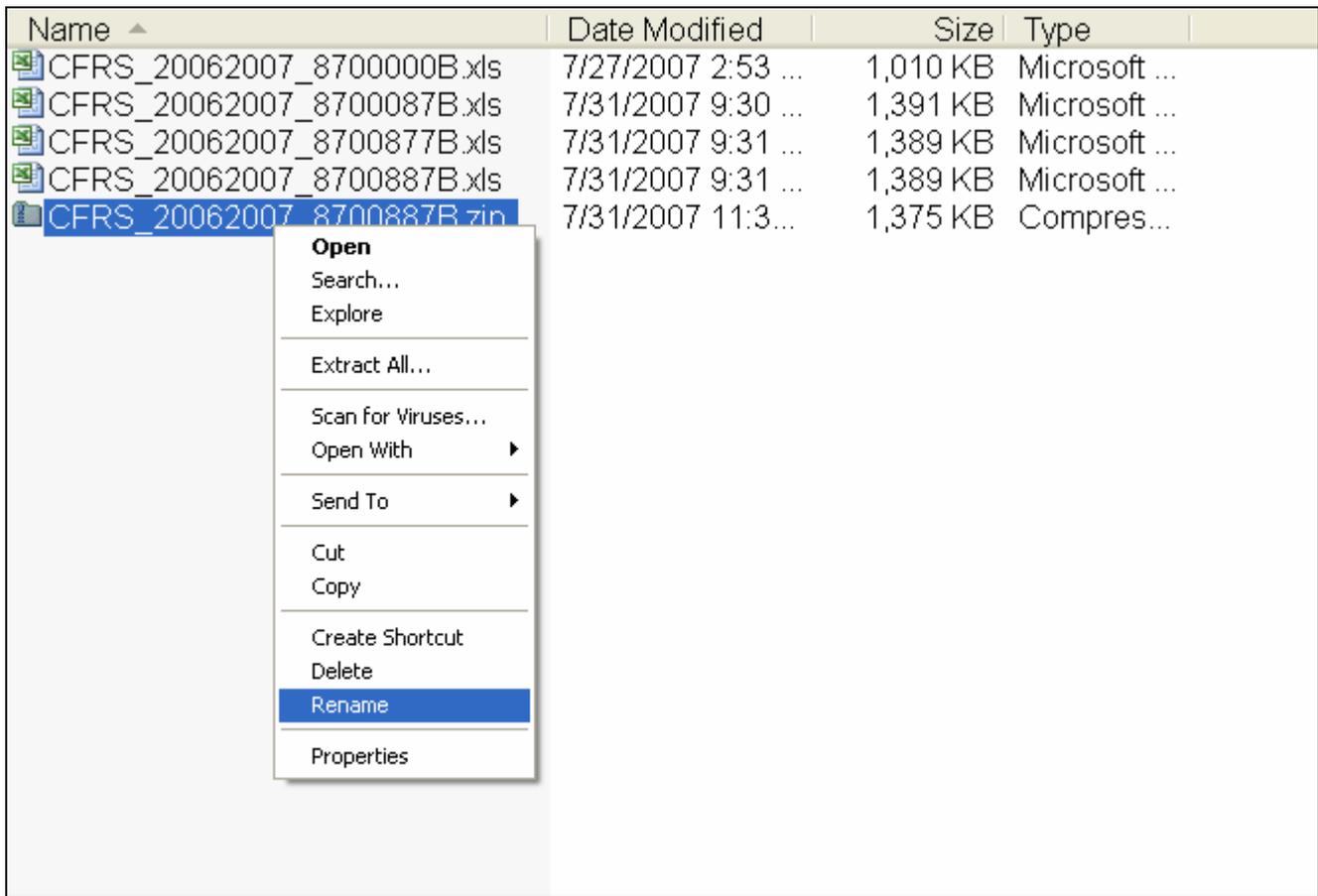
| | |
|----------------------------|---|
| CFRS_20062007_8700000B.XLS | Summary County Cost Report for County 87. Notice all 0's (Zeroes) in the file name and only the County Code is present |
| CFRS_20062007_8700087B.XLS | Detail Cost Report for County 87 Legal Entity. Notice the 3 0's (Zeroes) in the file name and then the County Code is present. |
| CFRS_20062007_8700877B.XLS | Detail Cost Report for Legal Entities by #. Notice the Legal Entity number is used here. “ “ “ “ “ “ “ “ |
| CFRS_20062007_8700887B.XLS | |
| CFRS_20062007_8700755B.XLS | |
| CFRS_20062007_8700205B.XLS | |
| CFRS_20062007_8700223B.XLS | |
| CFRS_20062007_8700227B.XLS | |
| CFRS_20062007_8700249B.XLS | |
| CFRS_20062007_8700269B.XLS | |
| CFRS_20062007_8700277B.XLS | |
| CFRS_20062007_8700279B.XLS | |

| Name ▲ | Date Modified | Size | Type |
|--|--------------------|----------|---------------|
|  CFRS_20062007_8700000B.xls | 7/27/2007 2:53 ... | 1,010 KB | Microsoft ... |
|  CFRS_20062007_8700087B.xls | 7/31/2007 9:30 ... | 1,391 KB | Microsoft ... |
|  CFRS_20062007_8700877B.xls | 7/31/2007 9:31 ... | 1,389 KB | Microsoft ... |
|  CFRS_20062007_8700887B.xls | 7/31/2007 9:31 ... | 1,389 KB | Microsoft ... |

Example of Windows directory (Folder) with all the County Cost Reports in one location.



Example showing that all files need to be ZIPPED together and processed into a ZIP file. You will need to name the ZIP file according to your naming conventions as specified in this appendix.



Rename file CFRS_20062007_87_B_Submittal.Zip

| Name ^ | Date Modified | Size | Type |
|--|--------------------|-----------|----------------|
|  CFRS_20062007_8700000B.xls | 7/27/2007 2:53 PM | 1,010 ... | Microsoft E... |
|  CFRS_20062007_8700087B.xls | 7/31/2007 9:30 AM | 1,391 ... | Microsoft E... |
|  CFRS_20062007_8700877B.xls | 7/31/2007 9:31 AM | 1,389 ... | Microsoft E... |
|  CFRS_20062007_8700887B.xls | 7/31/2007 9:31 AM | 1,389 ... | Microsoft E... |
|  CFRS_20062007_87_B_Submittal.zip | 7/31/2007 11:38 AM | 1,375 ... | Comprese... |

See the section on File Naming conventions for the ZIP Submittal File for how this file should be named.

- This ZIP file (a.k.a, the SUBMITTAL file) is what needs to be sent to DMH
- Logon to DMH ITWS, and UPLOAD (i.e., SUBMIT) this file to the Cost Reporting System.

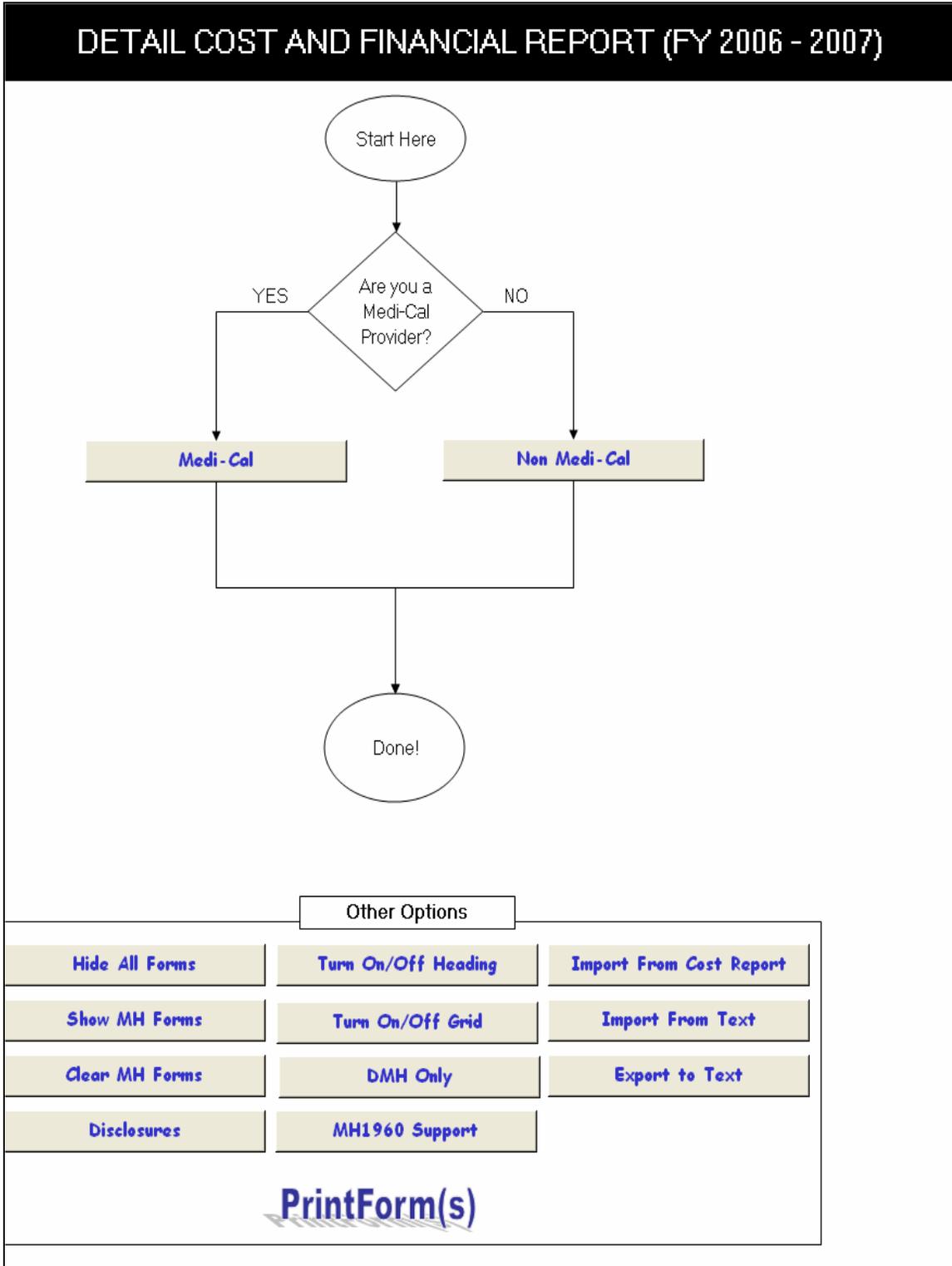
No text this page.

APPENDIX G

Cost Report Forms Printing Procedures

No text this page.

STEP 1 – Click PrintForm(s) once.



STEP 2 – Check forms and schedules below to print.

Are you a Medi-Cal Provider?

YES NO

Print Forms

Select Forms to Print

| | | |
|--|---|--|
| <input type="checkbox"/> HOME | <input type="checkbox"/> MH1963 | <input type="checkbox"/> MH1966_MODE60 |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> MH1964 | <input type="checkbox"/> MH1969_INST |
| <input type="checkbox"/> Non Medi-Cal | <input type="checkbox"/> MH1966_HOSPINPT | <input type="checkbox"/> MH1968 |
| <input type="checkbox"/> MH1900_INFO | <input type="checkbox"/> MH1966_MODE5(OTHR) | <input type="checkbox"/> MH1969 |
| <input type="checkbox"/> MH1901_Schedule_A | <input type="checkbox"/> MH1966_MODE10 | <input type="checkbox"/> MH1979 |
| <input type="checkbox"/> MH1901_Schedule_B | <input type="checkbox"/> MH1966_MODE15_(1) | <input type="checkbox"/> MH1991 |
| <input type="checkbox"/> MH1901_Schedule_C | <input type="checkbox"/> MH1966_MODE15_(2) | <input type="checkbox"/> MH1992_INST |
| <input type="checkbox"/> MH1960 | <input type="checkbox"/> MH1966_MODE55 | <input type="checkbox"/> MH1992 |
| <input type="checkbox"/> MH1961 | <input type="checkbox"/> MH1966_MODE45 | |
| <input type="checkbox"/> MH1962 | | |

Select Relevant Forms

Number of Copies 1

Select All Deselect All Print Cancel

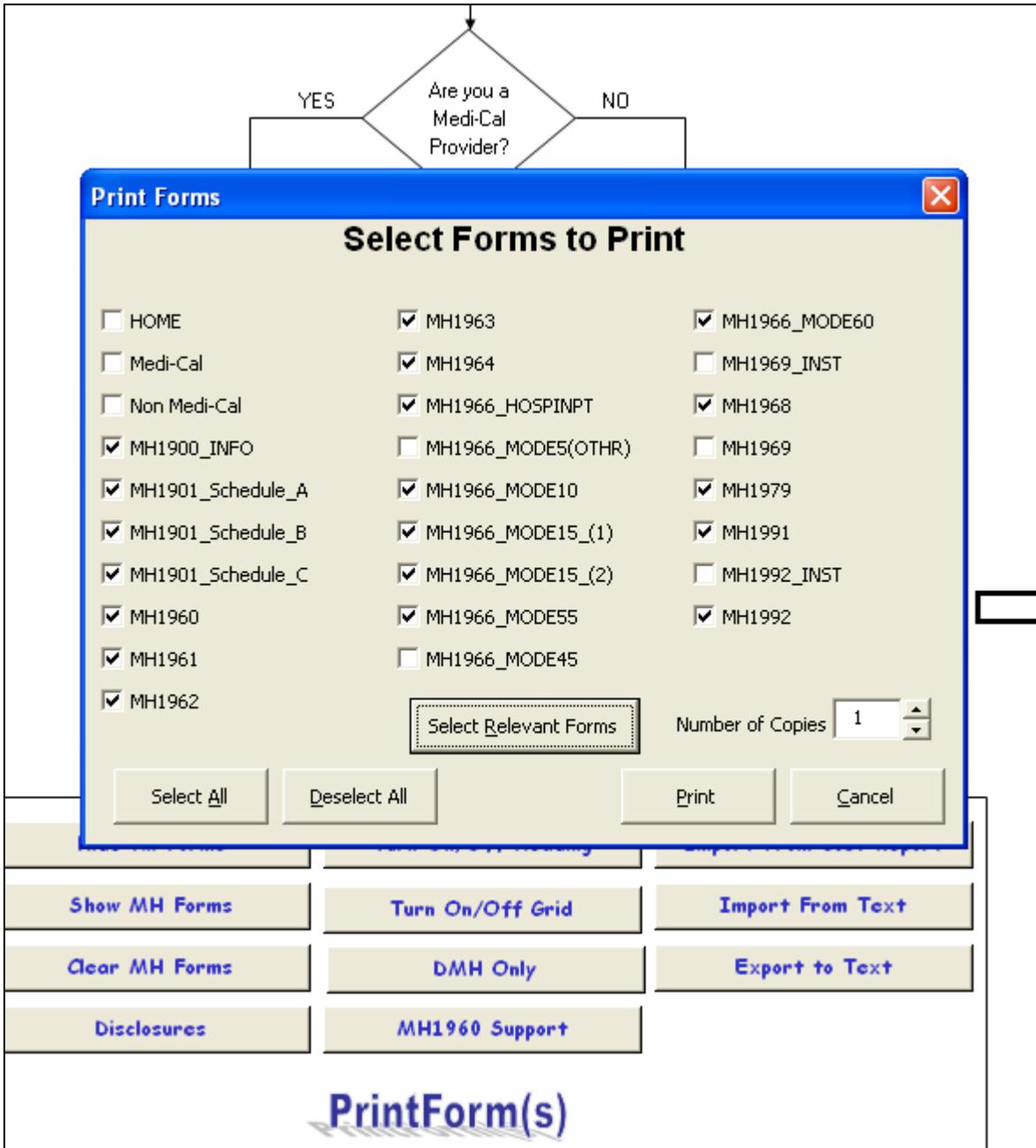
Show MH Forms Turn On/Off Grid Import From Text

Clear MH Forms DMH Only Export to Text

Disclosures MH1960 Support

PrintForm(s)

STEP 3 – On the “Select Forms to Print” window below, click “Select Relevant Forms” button to print selected schedules and forms on completed cost report.



STEP 4 – Click “Select All” to select all forms and schedules to print.

STEP 5 – Click the number of copies list box to print more than one page.

STEP 6 – Click “Deselect All” to clear selections on the Select Forms to Print Window.

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APPENDIX H

Frequently Asked Questions

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FREQUENTLY ASKED QUESTIONS

- 1. Q: Where do I report Therapeutic Behavioral Services (TBS)**
A: Therapeutic Behavioral Services should be reported on MH 1901 Schedule B as Settlement Type TBS, Mode 15, Service Function 58. On MH 1901 Schedule C, report amounts you paid TBS providers under the “Eligible Direct Costs” column E. These amounts automatically populate MH1966, Program 2.
- 2. Q: Are there definitions somewhere for the service functions?**
A: The Client and Services Information (CSI) System Data Dictionary includes the definitions of mode of service and service functions. It is available on the ITWS. If you do not have approved access, you can request additional membership with the ITWS Administrator and ask for CSI access or contact the CSI unit directly via email at Tom.Wilson@dmh.ca.gov.
- 3. Q: What are some examples of categorical funding?**
A: Categorical funds can only be spent for the purposes for which they were specifically appropriated. Examples of categorical funding are 4440-101-0001(1.5), Children’s Mental Health Services and 4440-104-0001, Mental Health Services to Special Education Pupils (AB 3632). The local mental health appropriation in the Governor’s Budget Act is structured to accommodate expenditure reporting under the California Fiscal Information System (CFIS). State General Fund dollars appropriated by the Governor’s Budget Act are categorized according to the CFIS subcategories. The Department controls expenditures to the various appropriation items categorized in accordance with CFIS.
- 4. Q: What units should be reflected on the cost report? Should it be taken from the claims?**
A: Report total units of service provided to your client base. These units would include both Medi-Cal and non-Medi-Cal. Note also that these units come from different funding sources.
- 5. Q: Who audits the cost reports?**
A: The State Department of Mental Health (SDMH) has a fiscal audit section with the responsibility to perform annual fiscal audit of the counties cost report.
- 6. Q: How should the county report grants such as the Homeless Grant?**
A: Mental Health Services provided with Grant funding are to be reported in the cost report as along with all other mental health services. The only identification to the state will be as a funding source in MH 1992 (under appropriate grant line). This would be Line 5 for a PATH grant.
- 7. Q: Do Non-Medi-Cal providers have to submit a cost report?**
A: Yes, counties are required to file a cost report for each of its non-Medi-Cal providers.

8. **Q: Do CalWorks funds come from both Alcohol and Drug and Mental Health Departments? Do counties have to report both substance abuse and mental health services on the Cost Report?**
A: 1. The primary funding source for the CalWorks program is the Federal Temporary Assistance for Needy Families (TANF). The State Department of Social Services administers this fund. CalWorks may pertain to both Drug and Alcohol Programs and mental health activities.
2. Counties are to report *ONLY* mental health services provided with CalWorks funds in the DMH Cost Reports along with other mental health services provided. The CalWorks units (non-Medi-Cal) should be identified as CAW settlement type on MH 1901 Schedule B. The "Eligible Direct Cost" column should be used to report CalWorks related costs on MH 1901 Schedule C. The CalWorks revenue should be reported on MH 1992, funding source Line 23.
9. **Q: What do I do if I do not see the "Enable Macro" screen when we pull up the program?**
A: In Excel, click Tools; Options; General; check Macro virus protection; click ok. To enable this screen each time you open the files, check Always ask before opening workbooks with macros.
10. **Q: What do we send to our providers and how do they get access to the program?**
A: Download the *files* from the DMH ITWS and either e-mail or save them on *diskette* and forward to your providers. Your *contract* providers are not allowed direct access to the DMH ITWS.
11. **Q: What if providers do not have the Excel program?**
A: The state is only supporting the cost report spreadsheet in the EXCEL software at this time. It is the county's responsibility to work with each provider to ensure they have access to the EXCEL software.
12. **Q: When will the final version of the cost report be ready on the Web site?**
A: The final versions of both the detail legal entity and county summary cost reports are posted on the DMH ITWS website annually following our fall trainings.
13. **Q: Is MH 1900, Section II for inpatient hospital only or outpatient as well?**
A: Enter both inpatient and outpatient contract providers Medi-Cal Direct Service Gross Reimbursement here.
14. **Q: What are crossover units?**
A: Crossover units are units of service for those clients covered by both Medi-Cal and Medicare.
15. **Q: Can you override the prompting?**
A: No.

- 16. Q: Why is EPSDT blocked out in the first three columns of MH 1992?**
A: EPSDT is a children's, direct service, non-hospital inpatient cost for special Medi-Cal aid categories. The first two columns are not direct service cost centers and the third column is for hospital inpatient services.
- 17. Q: Do managed care organizations and fee-for-service providers have to fill out a cost report?**
A: 1. Organizational providers are required to complete a cost report.
2. For individual and group fee-for-service providers, the county will report the actual payments made to these providers as costs to the county, under Program 2. To do this, report units of service as you would for other programs on MH 1901 Schedule B. Report costs on MH 1901 Schedule C on column E (Eligible Direct Costs). These costs automatically populate MH 1966, Program 2.
- 18. Q: Do I submit signatures on the MH 1940 electronically?**
A: No, signatures will be submitted in a hard copy separately before the cost reports are accepted as being filed.
- 19. Q: When is the cost report considered late?**
A: The cost report will be considered late if not received by January 2nd.
- 20. Q: Can we only show the tabs at the bottom that we want the contractors to fill out?**
A: What the counties want their contractors to see will be a decision made by the county.
- 21. Q: Do you have to continuously save the document while inputting the information?**
A: You do not have to save continuously. However, it is recommended.
- 22. Q: Do I have to include the county under the listing of all legal entity names on the MH 1900 Summary Information Worksheet?**
A: Yes, include all legal entities including the county legal entity on the MH 1900 Summary Information Worksheet.
- 23. Q: Why are some of the cells on the worksheets hidden?**
A: These cells are hidden because they are temporary storage areas when you are working on the cost report, and are not necessary for viewing purposes.
- 24. Q: What is the appropriate method to report a county who is contracting with another county for services?**
A: 1. The primary county funding the services reflects the county contract provider on MH 1960, Line 3 (Less: Payments to Contract Providers – County Only).
2. The contracted county providing the services is required to complete a cost report.
- 25. Q: When a county has contracted with another county to provide services, who claims the FFP and who reports the CSI?**
A: 1. The primary county funding the services reports the CSI.
2. The contracted county providing the services claims the FFP.

- 26. Q: Where in the Cost Report should expenditures related to the Cultural Competence Plan be reported?**
- A.** All Mental Health Plans (MHPs) should report all mental health expenditures including Cultural Competence in its cost report. MHPs may report Cultural Competence expenditures under general administrative costs in the cost report.
- 27. Q: Can the County use a blended rate if the county changes its billing rate mid year?**
- A.** Yes, the County can use a blended (weighted) rate during the mid-year. Please refer to the Local Program Financial Support Instruction Manual, **Page 20** regarding Published Charge.
- 28. Q: If a county provides a separate support schedule for the published charge, what amount is reflected on the MH 1901 Schedule A for the service function?**
- A.** Counties must provide the following information on the separate support schedule for the published charge: (1) each service function; (2) the time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; and (5) total published charges for each service function (published charge per unit multiplied by the units of service).
- Please refer to the Cost Program Financial Support Instruction Manual, **Page 20** regarding Published Charge.
- 29. Q: Please define the term “patch” and describe Medi-Cal with patch and Medi-Cal without patch.**
- A:**
1. Patch refers to the additional reimbursement rate per day for Special Treatment Program (STP) above the basic Nursing Facility – Level B basic rate in an Institution for Mental Disease (IMD).
 2. The Cost and Financial Reporting System Instruction manual FY 2003-2004, Appendix F-3 identifies the correct terms, (IMD Basic and IMD) which should be used instead of the expressions Medi-Cal with patch and Medi-Cal without patch.

APPENDIX I

False Claims Act Desk Notes

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FALSE CLAIM

A “false claim” is a claim for payment for services or supplies that were not provided specifically as presented or for which the provider is otherwise not entitled to payment. Examples of false claims for services or supplies that were not provided specifically as presented include, but are not limited to:

- A claim for service or supply that was never provided.
- A claim indicating a higher level of service than was actually provided.

CLAIMS-RELATED LIABILITY

A. Civil Liability

1. False Claims Act (31 U.S.C & 3729)

- (a) Prohibits presenting a false claim, making a false statement to get paid
- (b) Level of intent required for liability: actual knowledge, reckless disregard of truth, deliberate ignorance of truth
- (c) Exposure: three times amount of damage plus \$5,000 - \$ 10,000 per claim

2. Civil Monetary Penalties Act (42 U.S.C. & 1320a-7a)

- (a) Imposes penalties for filing or causing to be filed a false claim
- (b) Requires knowledge, reckless disregard, or deliberate ignorance
- (c) Penalty of up to \$10,000 per violation plus three times amount of false claim

3. Que Tam (Whistle Blower) Actions (31 U.S.C. & 3730)

- (a) Allows any person to bring False Claims Act case on behalf of the United States
- (b) Bars cases on information that has been publicly disclosed unless the person bringing action is original source of the information (direct and independent knowledge of information and voluntarily provided the information to government before filing the action)
- (c) Qui Tam plaintiff receives 15% - 25% of recovery if government proceeds with action, 25% - 30% if government does not proceed with action

B. Criminal Liability

1. Medicare and Medicaid fraud and abuse provisions (42 U.S.C. & 1320A-7B)
 - (a) Bars knowing and willful making of a false statement of material fact in a claim for payment to federal health care program
 - (b) Penalty: up to \$25,000 fine and five years imprisonment
2. False Claims (18 U.S.C. & 287)
 - (a) Makes criminal the submission of false claims to United States
 - (b) Penalty: up to 5 years imprisonment plus fine
3. False Statements (18 U.S.C. & 1001)
 - (a) Prohibits making knowing and willful false statements, concealing a material fact, and using a false writing
 - (b) Penalty: up to 5 years imprisonment plus fine
4. Mail Fraud and Wire Fraud (18 U.S.C. §§ 1341 and 1343)
5. Money Laundering (18 U.S.C. §§ 1956, 1957)
6. Conspiracy to Defend United States or to Submit False Claims (18 U.S.C §§ 286 and 371)

C. Administrative Sanctions

1. Exclusion from program participation (42 U.S.C. & 1320A-7)
2. Mandatory Exclusions
 - (a) Conviction of criminal offense relating to delivery of item or service under Medicare or a state health care program, neglect or abuse of patient, health care fraud or other financial misconduct, unlawful manufacture or distribution of controlled substance
 - (b) Five year minimum exclusion

3. Permissive exclusions

- (a) Fifteen different grounds
- (b) Examples include excessive charges, unnecessary services, submission of false claims, kickback violations, failure to disclosure ownership information, failure to grant immediate access to records

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APPENDIX J**SD/MC Billing & Claiming Information Contact**

For SD/MC billing and claiming questions contact IT. The contact person is John Glabas at (916) 654-2709. His email address is: John.Glabas@dmh.ca.gov

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APPENDIX K

Cost and Financial Reporting System (CFRS) Acronyms

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| Cost and Financial Reporting System (CFRS) Acronyms |
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| | |
|--------------------|---|
| AB | Assembly Bill |
| ASO | Administrative Services Organization |
| ASOC | Adults System of Care |
| CCR | California Code of Regulations |
| CALWORKS | California Work Opportunity and Responsibility to Kids |
| CC | County Code |
| COE | California Department of Education |
| CFIS | California Fiscal Information System |
| CFRS | Cost and Financial Reporting System |
| CMHDA | California Mental Health Directors Association |
| CMS | Centers for Medicare and Medicaid Services |
| CONREP | Forensic Conditional Release Program |
| COWCAP A-87 | Countywide Cost Allocation Plan (County overhead) |
| CSI | Client Services Information System |
| CSOC | Children's System of Care |
| CSRV | Community Services |
| DHCS | Department of Health Care Services |
| DHS | Department of Health Services (Now called DHCS) |
| DMH | Department of Mental Health |
| EOB | Explanation of Balance |
| EPSDT | Early and Periodic Screening, Diagnosis and Treatment |
| FEMA | Federal Emergency Management Administration |
| FFP | Federal Financial Participation |
| FFS/MC | Fee-for-Service Medi-Cal |
| FFY | Federal Fiscal Year (10/1 to 9/30) |
| FI | Fiscal Intermediary |
| FTE | Full Time Equivalent (Staff) |
| FY | Fiscal Year |
| GC | Government Code |
| HCFA | Health Care Financing Administration (Now called CMS) |
| HF | Healthy Families |
| HFP | Healthy Families Program |
| HIPAA | Health Insurance Portability and Accountability Act |
| HMO | Health Maintenance Organization |
| IA | Interagency Agreement |
| IEP | Individualized Education Plan |
| IMD | Institution for Mental Disease |
| ISA | Integrated Services Agency |
| IT | Information Technology |
| ITWS | Information Technology Web Service |
| LCC | Lower of Cost or Charges (Federal Reimbursement Policy) |

| | |
|------------------|--|
| LOC | Level of Care |
| LE | Legal Entity |
| MAA | Medi-Cal Administrative Activities |
| MC | Medi-Cal |
| MCP | Managed Care Plan |
| MEDI-MEDI | Medicare/Medi-Cal |
| MHP | Mental Health Plan |
| MHS | Mental Health Services |
| MHSA | Mental Health Services Act |
| MOE | Maintenance of Effort |
| MOU | Memorandum of Understanding |
| NFP | Nominal Fee Provider |
| NIMH | National Institute of Mental Health |
| NR | Negotiated Rate |
| PATH | Projects for Assistance in Transition from Homelessness |
| PC | Published Charge |
| PHF | Psychiatric Health Facility |
| PRV/LE | Provider/Legal Entity |
| QA | Quality Assurance |
| RFA | Request for Application |
| RWJ | Robert Wood Johnson (refers to grants issued by this foundation) |
| SAMHSA | Substance Abuse and Mental Health Services Administration Block Grant (Federal) |
| SB | Senate Bill |
| SD | Short-Doyle |
| SDA | Short-Doyle Act |
| SD/MC | Short-Doyle/Medi-Cal |
| SED | Seriously Emotionally Disturbed |
| SEP | Special Education Pupils |
| SF | Service Function |
| SFC | Service Function Code |
| SFY | State Fiscal Year |
| SGF | State General Fund |
| SMA | Statewide Maximum Allowances |
| SNF | Skilled Nursing Facility |
| SOC | Systems of Care |
| SPMP | Skilled Professional Medical Personnel |
| TBS | Therapeutic Behavioral Services |
| TCM | Targeted Case Management |
| UMDAP | Uniform Method of Determining Ability to Pay |
| UPID | Upload Identification |
| UR | Utilization Review |
| VLF | Vehicle License Fees |
| WIC | Welfare and Institutions Code |

APPENDIX L

Cost Report Instruction Manual Index

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