



# Instructions for Amending Cost Reports using Fiscal Year 2013/14 Time Survey Data

- On Schedule 2A, copy and paste the "Averaged" percentages to each corresponding column for each employee. (note: Use command Paste special then value to get valid results)

County: 0 Program Name: PUBLIC GUARDIAN Reporting Period: From: July 1, 2010 To: June 30, 2011				Schedule 2A				
Employee Name	Rate	Meter	Classification	SALARY SURVEY				Totals
				TCM	Other/ Direct/ MAA	Gen Admin	PTO	
<b>Time Surveyed to TCM</b>	<b>Add Time Surveyed Lines</b>							
Doe, Jane	Direct Support to C.M.		TCM	8.46%	16.92%	67.98%	6.64%	100.00%
Smith, Sam	Case Manager (C.M.)		TCM	48.02%	10.07%	21.88%	20.03%	100.00%
Buck, Monty	Case Manager (C.M.)		TCM	9.66%	17.87%	61.51%	10.96%	100.00%
Her, Shelby	Case Manager (C.M.)		TCM	32.81%	25.17%	42.02%	0.00%	100.00%
								ERROR: Not 100%
								ERROR: Not 100%
								ERROR: Not 100%
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								ERROR: Not 100%
								ERROR: Not 100%
								ERROR: Not 100%
<b>Averaged</b>	<b>Add Averaged Lines</b>			31.29%	12.37%	44.58%	11.76%	100.00%
			TCM	31.29%	12.37%	44.58%	11.76%	100.00%
			TCM	31.29%	12.37%	44.58%	11.76%	100.00%
			TCM	31.29%	12.37%	44.58%	11.76%	100.00%
			TCM	31.29%	12.37%	44.58%	11.76%	100.00%
			TCM	31.29%	12.37%	44.58%	11.76%	100.00%
			TCM	31.29%	12.37%	44.58%	11.76%	100.00%
			TCM	31.29%	12.37%	44.58%	11.76%	100.00%
<b>Admin &amp; NTCM</b>	<b>Add Admin &amp; NTCM Lines</b>							
					100.00%	0.00%		100.00%
					0.00%	100.00%		100.00%
					0.00%	0.00%		0.00%

- On Worksheet A, verify the amount in Line 7, Column 4 equals zero.

WORKSHEET A TCM RATE DEVELOPMENT CALCULATION				County: Program Name:	Reporting Period: From: July 1, 2011 To: June 30, 2012			
Cost Center	SALARIES & EMPLOYEE BENEFITS 1	ALL OTHER OPERATING & CONTRACTOR COSTS 2	SUBTOTAL (Col 1 + 2) 3	WORKSHEET C RECLASS OF NON-TCM SURVEY COST 4	SUBTOTAL (Col 3 + 4) 5	WORKSHEET D ADJUSTMENT INCREASE (DECREASE) 6	NET EXPENSES (Col 5 + 6) 7	
1. LGA-TCM CLASSES COSTS	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!	
2. CONTRACTOR TCM COSTS - NON SPECIFIC	XXXXXX	\$0	\$0	\$0	\$0	\$0	\$0	
3. CONTRACTOR TCM COSTS - SPECIFIC	XXXXXX	\$0	\$0	\$0	\$0	\$0	\$0	
4. TOTAL TCM COSTS (Lines 1,2,3)	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!	
5. NON-TCM COSTS	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!	
6. OVERHEAD (Administrative & Facility Costs)	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!	
7. TOTAL COSTS (Sum of lines 4,5,6)	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!	
8. TOTAL TCM COSTS (Col 7, Line 4)	#DIV/0!							
9. Total NON-TCM Costs (Col 7, Line 5)	#DIV/0!							
10. Total Cost of All Services Excluding Overhead	#DIV/0!							
11. Percentage of TCM Cost (Line 8 divided by Line 10)	#DIV/0!							
12. Overhead Applicable to TCM Service (Line 6, Col 7 Line 11)	#DIV/0!							
13. Allowable Case Manager Cost (Line 8 + Line 12)	#DIV/0!							
14. Total Reported TCM Encounters (Medi-Cal plus non Medi-Cal)	0							
15. Cost Per Encounter (Line 13 divided by Line 14)	#DIV/0!							
16. Total Allowable Case Manager Costs	#DIV/0!							
17. Known TCM cost increases	XXXXXX							
18. Funding Adjustments (From Worksheet B)	\$0							
19. Adjusted Allowable Case Managers Costs (Line 16 Plus Line 17 Minus Line 18)	#DIV/0!							
20. Billable Rate Per Encounter For Current Year (Line 19 Divided by Line 14)	#DIV/0!							
21. Total Projected Medi-Cal Only Encounters for Current Year	0							
22. Maximum Medi-Cal Reimbursement for Current Year (Line 20 x Line 21)	#DIV/0!							

Authorized Signature, Title (Signature in Blue ink)

Optional Preparer Signature

# Instructions for Amending Cost Reports using Fiscal Year 2013/14 Time Survey Data

- i. If Line 7, Column 4 shows an imbalance of one or two dollars, balance it to zero by entering an opposite amount on Schedule 2D at the bottom of the column titled Total Other/ Direct/ MAA Salary & PTO (i.e., for \$1 on Worksheet A, enter -\$1 on Schedule 2D).

SALARIES AND BENEFITS								
County:		0						
Program Name:		PUBLIC GUARDIAN						
Reporting Period:		From: July 1, 2010 To: June 30, 2011						
								Schedule 2D
OPERATING EXPENSES ALLOCATION								
Employee Name	Rate	Rate	Classification	Multiplier	Total TCM Salary & PTO	Total Other/ Direct/ MAA Salary & PTO	Total Gen Admin Salary & PTO	Total Contr
Time Surveyed to TCM		Add Time Surveyed Lines						
Das, Jane	Direct Support to C.M.		TCM	0.350320	7,579	15,159	60,904	83,642
Smith, Sam	Care Manager (C.M.)		TCM	0.350320	74,600	15,644	33,991	124,234
Buck, Monty	Care Manager (C.M.)		TCM	0.350320	11,445	21,172	72,875	105,492
Har, Shelby	Care Manager (C.M.)		TCM	0.350320	9,059	6,950	11,602	27,611
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.350320	0	0	0	0
				0.000000	0	0	0	0
				0.350320	0	0	0	0
				0.000000	0	0	0	0
				0.000000	0	0	0	0
				0.000000	0	0	0	0
				0.000000	0	0	0	0
				0.000000	0	0	0	0
Averaged		Add Averaged Lines						
			TCM	0.000000	0	0	0	0
			TCM	0.000000	0	0	0	0
			TCM	0.000000	0	0	0	0
			TCM	0.000000	0	0	0	0
			TCM	0.000000	0	0	0	0
			TCM	0.000000	0	0	0	0
			TCM	0.000000	0	0	0	0
			TCM	0.000000	0	0	0	0
Admin & NTCM		Add Admin & NTCM Lines						
				0.000000	0	0	0	0
				0.350320	0	598,101	0	598,101
				0.350320	0	0	1,072,339	1,072,339
				0.000000	0	0	0	0
				0.000000	0	0	0	0
				0.000000	0	0	0	0
<b>TOTALS</b>					<b>102,683</b>	<b>657,025</b>	<b>1,251,711</b>	<b>2,011,419</b>
					To Worksheet C1 Line 1 Col 1	To Worksheet C1 Line 5 Col 2	To Worksheet C1 Line 6 Col 1	

# Instructions for Amending Cost Reports using Fiscal Year 2013/14 Time Survey Data

5. On Worksheet A, verify the amount in Line 7, Column 7 remains the same as total amount as the originally submitted Cost Report.

WORKSHEET A TCM RATE DEVELOPMENT CALCULATION		County:		Reporting Period:		To: June 30, 2012	
Cost Center	SALARIES & EMPLOYEE BENEFITS	ALL OTHER OPERATING & CONTRACTOR COSTS	SUBTOTAL (Col 1 + 2)	WORKSHEET C RECLASS OF NON-TCM SURVEY COST	SUBTOTAL (Col 3 + 4)	WORKSHEET D ADJUSTMENT INCREASE (DECREASE)	NET EXPENSES (Col 5 + 6)
	1	2	3	4	5	6	7
1. LGA-TCM CLASSES COSTS	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!
2. CONTRACTOR TCM COSTS - NON SPECIFIC	XXXXXX	\$0	\$0	\$0	\$0	\$0	\$0
3. CONTRACTOR TCM COSTS - SPECIFIC	XXXXXX	\$0	\$0	\$0	\$0	\$0	\$0
4. TOTAL TCM COSTS (Lines 1,2,3)	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!
5. NON-TCM COSTS	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!
6. OVERHEAD (Administrative & Facility Costs)	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!
7. TOTAL COSTS (Sum of lines 4,5,6)	\$0	\$0	\$0	#DIV/0!	#DIV/0!	\$0	#DIV/0!
8. TOTAL TCM COSTS (Col 7, Line 4)	#DIV/0!						
9. Total NON-TCM Costs (Col 7, Line 5)	#DIV/0!						
10. Total Cost of All Services Excluding Overhead	#DIV/0!						
11. Percentage of TCM Cost (Line 8 divided by Line 10)	#DIV/0!						
12. Overhead Applicable to TCM Service (Line 6, Col 7*Line 11)	#DIV/0!						
13. Allowable Case Manager Cost (Line 8 + Line 12)	#DIV/0!						
14. Total Reported TCM Encounters (Medi-Cal plus non Medi-Cal)	0						
15. Cost Per Encounter (Line 13 divided by Line 14)	#DIV/0!						
16. Total Allowable Case Manager Costs	#DIV/0!						
17. Known TCM Cost Increases	XXXXXX						
18. Funding Adjustments (From Worksheet B)	\$0						
19. Adjusted Allowable Case Managers Costs (Line 16 Plus Line 17 Minus Line 18)	#DIV/0!						
20. Billable Rate Per Encounter For Current Year (Line 19 Divided by Line 14)	#DIV/0!						
21. Total Projected Medi-Cal Only Encounters for Current Year	0						
22. Maximum Medi-Cal Reimbursement for Current Year (Line 20 * Line 21)	#DIV/0!						

6. Once every step is complete, save the amended Cost Report.
- a. Name the newly revised Cost Report by:
    - i. Year of the Cost Report
    - ii. LGA Name
    - iii. Abbreviated TCM Program Name
      1. 2011 Cost Report
        - a. (PH, AP, LINK, COMM, PG, OP)
      2. 2012 and 2013 Cost Reports:
        - a. (CH, FA, IR, NO, and CD)
    - iv. Cost Report (CR)
    - v. Type "Revised"
  - b. Example: A Cost Report for FY 2011/12 for Santa Cruz Public Health would be named as such: **2012 Santa Cruz PH AA CR Revised.xls**.

7. Email the amended Cost Report to the following email address:  
dhsaitcm@dhcs.ca.gov.