



SUBSTANCE USE DISORDER (SUD) COST REPORT TRAINING

Presented by:
Audits and Investigations
Cost Report Monitoring & DMC Audits

April 2022

HOUSEKEEPING

Recommend opening cost report template to follow along
5 minute breaks/questions

Chat box for questions during presentation, note slide number
Raise hand for questions – at end of presentation

FAQ
PowerPoint
Recorded

INTRODUCTIONS

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OVERVIEW

- Purpose
- Overview of Settlement Process
- State Plan Cost Report Overview
- DMC-ODS Cost Report Overview
- Best Practices
- Cost Report Updates
- Timelines and Due Dates
- SUDCRS Information
- Resources

PURPOSE OF ANNUAL COST REPORT

Block Grant and DMC Reporting

- Reconcile provisional payments made to county with actual costs.
- Document state/federal fund expenditures
 - Substance Abuse Prevention and Treatment Block Grant (SABG)
 - State General Fund (SGF)
 - Drug Medi-Cal Federal Financial Participation (FFP)
 - Behavioral Health Subaccount (2011 Realignment)
- Provide mandated service and expenditure data to oversight agencies; cost report data needed for:
 - Developing annual DMC reimbursement rates (State Plan only)
 - Provider fiscal audits
 - Statewide evaluation purposes

SETTLEMENT PROCESS SNAPSHOT

- Required by Law
 - HSC 11852.5 and WIC 14124.24
- Contractual Requirements
 - CPE Protocol Exhibit AA (DMC-ODS)
- DHCS releases annual forms, instructions, and reporting system
- Cost Report Submission
 - Due Annually by November 1*
- Block Grant Settlement
 - Preliminary and Interim reconciliation of allocation and payment amounts versus reported expenditures
- DMC Interim Settlement
 - Reconcile Payments and Approved Costs, UOS Reconciliation (approved & denied); Interim Payments and Recoupments
- Final Settlement (Audit Process)

SUBMISSION REQUIREMENTS

Required by law (HSC 11852.5 and WIC 14124.24)

Who – All counties and direct providers

What – Report annual costs/expenditures for SUD services (DMC and non-DMC)

When – Annually by November 1 (unless extension granted by DHCS)

How – Web-based SUD Cost Report System (SUDCRS) and Excel workbook for DMC providers

*Note: as referenced in BHIN 21-018 and WIC 14124.24(g)(1), beginning FY2019-20, contracted NTP providers are required to submit legal entity cost reports directly to DHCS by November 1st following the close of each fiscal year. The NTP providers are still responsible for submitting to the county the NTP data in the cost report submission with the performance reports provided to the counties

COMPLETE SUBMISSION

What is a Complete Submission?

- Signed Cost Report Certifications (Tab 1)
- Signed County Certification
- Completed Cost Report Templates in Excel
- Annual County Administrative Reimbursement Form (all DMC counties)
- Complete and submitted SUDCRS Data

REPORTING SUD FUNDING SOURCES

- County must report state/federal funds expended for SUD services, pursuant to their state-county contract:
 - SABG Block Grant
 - State General Fund (SGF)
 - Drug Medi-Cal Federal Financial Participation (FFP)
 - Behavioral Health Subaccount (2011 Realignment, BHS)
- DMC providers must report overall costs incurred related to SUD services at each location, from all funding sources (DMC and non-DMC)



QUESTIONS-1

STATE PLAN DMC SERVICES

- Outpatient Drug Free (ODF)
 - Individual
 - Group
- Intensive Outpatient Treatment (IOT)
- Residential (Perinatal Only)
- Narcotic Treatment Program (NTP)
 - Dose
 - Individual
 - Group
- Naltrexone

CCR Title 22: 51341.1

STATE PLAN (SPA) COST SETTLEMENT

Reimbursement Methodology

- Uniform Rates
 - Lower of State Maximum Allowance (SMA), customary charge or actual costs
- Units of Service
 - Whole Units
 - No Fractional Units
- Funding
 - Federal Share (FFP Title 19 & 21)
 - State/Local Share (SGF, BHS, County Funds)

SPA COST SETTLEMENT

Settlement Methodology

- County/provider aggregates costs into the cost report template for all rendered treatment services
- Direct and Indirect costs are entered by Service Type cost centers.
 - ODF, IOT, RES, NTP, Other SUD Services, Non SUD Services
- DHCS uses each provider's cost report to determine the lower of actual cost, usual/customary charge, or state maximum allowance (SMA)
- Rate Cap Determination (the total approved units x the lower of cost or customary charge or SMA)
 - Reimbursement rate cannot exceed SMA
 - Maximum Allowable Reimbursement
- Costs over rate cap must be covered by other funds
 - Other Funds: Behavioral Health Subaccount, County Funds
- Interim Settlement
 - Over or underpayments of federal funds and SGF are based on this reconciliation

DRUG MEDICAL ORGANIZED DELIVERY SYSTEM (ODS) SERVICES

All State Plan Services plus...

- ASAM (Levels of Care)
- Residential (Non-Peri; Perinatal)
- Case Management
- Expanded NTP (MAT)
 - Buprenorphine, Disulfiram, Naloxone
- Withdrawal Management
- Recovery Services
- Physician Consultation
- Partial Hospitalization

DMC-ODS COST SETTLEMENT

Reimbursement Methodology

- County Specific Rates
 - Negotiated Rates (except for NTP)
 - Reimbursed based on Actual Allowable Costs
 - CPE Protocol – Attachment AA
 - Special Terms and Conditions (STCs')
 - » DMC-ODS Financing
- Units of Service
 - Incremental and Daily Rates
 - 15 Minute Increments
- Funding
 - Federal share (FFP Title 19 & 21)
 - State/local share (SGF, BHS, County Funds)


DMC-ODS COST SETTLEMENT 2

Settlement Methodology

- County/provider aggregates costs into cost report template for all rendered DMC-ODS services.
 - Provider cost reports are used to determine the DMC-ODS expenditures
 - Whether the amount was the lower of cost or usual/customary charge.
- DHCS reconciles the county cost with the payments made to the county.
 - **"Interim Settlement"** means temporary settlement of actual allowable costs or expenditures reflected in the Contractor's year-end cost settlement report.
- Payments at negotiated rates shall be settled to lower of actual cost or customary charge.
 - DMC-ODS Boilerplate
 - Exhibit B - Budget Detail and Payment Provisions; Section 1; F. Subcontractor Funding Limitations

STATE PLAN VS ODS RATE AND UNIT DIFFERENCES

State Plan	DMC-ODS Waiver
Rates set by DHCS (state maximum allowance-SMA)	Interim rates set by county, approved by DHCS. SMA does not apply (except for NTP)
Separate rates for group/individual and perinatal/non-perinatal	No rate differences between group/individual and peri/non-peri
Units of service vary by service type	Unit for most services is 15 minutes
Fractional units not allowed	County can bill in minutes and track in their system in minutes. For cost reporting, minutes need to be converted to units (divide minutes by 15). May result in fraction.



COST REPORT SETTLEMENT PROCESS

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SABG)

- Reconcile SABG allocation amounts to payments and verify that set-asides and other categorical requirements were met
- For non-DMC counties, cost report review is complete; interim settlement letter is prepared and invoicing occurs
- For DMC counties, a preliminary settlement letter reflecting only SABG funds is prepared, invoicing will occur after DMC interim settlement is completed

COST SETTLEMENT PROCESS-1

- Comparison of provider/county DMC cost reports with entries made by county in SUDCRS
- Ensure all DMC programs that billed for services are reflected on cost report and all DMC-related information in SUDCRS is consistent with supporting information on the DMC sets
- If there are data entry errors or missing sets, DHCS notifies county to make corrections

COST SETTLEMENT PROCESS-2

- Settlement forms are generated from DMC payment system
- Review DMC units billed, paid, and disallowed
- Necessary corrections and adjustments to the county's cost report data are made; changes are posted in the SUDCRS
- Interim settlement letter is prepared and is sent with reports that represents DHCS's complete settlement of the county cost report
- Invoice or payment requests forwarded to the Local Governmental Financing Division for processing



QUESTIONS-2



NAVIGATING THE COST REPORT TEMPLATES

COST REPORT ENTRIES

- **Provider Info**
- **Overall Cost Summary**
- **Data Entry Tabs**
 - Overall Detailed Costs
 - Enter All Your Costs
 - Detailed Adjustments
 - Unreimbursable Costs
 - Allocate Cost to Specific Service Types
 - Cost Allocation
 - Allocation, Cost Per Unit, Rate Cap, Allowable Costs
 - Reimbursed Units
 - Enter Approved and Denied Unit Totals
 - Funding Lines and Amounts

PROVIDER INFORMATION

Substance Use Disorder ODS Waiver Cost Report Provider Information and Certification Fiscal Year 2017-18

COUNTY OF SITE LOCATION	County Name
PROVIDER NAME	ABC Treatment
DBA	
SITE ADDRESS	5555 Anywhere Street
SITE CITY, STATE, ZIP	California City, CA 55555
SITE BUSINESS PHONE NUMBER	916-555-5555
ADMIN. ADDRESS (if different than site address)	
ADMIN. CITY, STATE, ZIP (if different than site address)	
DRUG MEDI-CAL PROV. NO. (4 digit)	5555
PROVIDER NO. (6 digit)	555555
NATIONAL PROVIDER IDENTIFICATION (NPI) NO. (10 digit)	5555555555
NAME OF CONTACT PERSON	John Smith
PHONE NUMBER OF CONTACT PERSON	555-5555
NAME OF PERSON SIGNING CERTIFICATION STATEMENT	Jane Doe

PROVIDER CERTIFICATION

CERTIFICATION STATEMENT

Intentional misrepresentation or falsification of any information contained in this request resulting in reimbursement by the Department of Health Care Services may be punishable by fine and/or imprisonment under federal and state laws (42 CFR, Section 1003.102 - "Basis for Civil Money Penalties and Assessments", 18 U.S.C. 1347 - "Health Care Fraud"; California Welfare and Institutions Code 14123.25 - "Civil Penalties for Fraudulent Claims"; and Title 22 California Code of Regulations 51485.1 - "Civil Money Penalties")

For Purposes of this certification, "provider" is a County Operated or Publicly Owned/Operated Drug Medi-Cal substance use disorder service provider as defined in W&I Code Section 14105.95.

Certification by Officer or Administrator of the Drug Medi-Cal Substance Use Disorder Service Provider

I, _____ certify under penalty of perjury as follows:

Public funds for services provided have been expended as necessary for Federal Financial Participation (FFP) pursuant to the requirements of Section 1903(w) of the Social Security Act and 42 C.F.R. § 433.50 *et seq.* for allowable costs.

The expenditures claims have not previously been, nor will be, claims at any other time to receive Federal Funds under Medicaid or any other program.

The provider acknowledges that the information is to be used for claiming Federal funds and understands that misrepresentation of information constitutes a violation of Federal and State law.

The provider acknowledges that all funds expended pursuant to W&I Code Section 14105.95 are subject to review and audit by the Department of Health Care Services (DHCS).

The provider acknowledges and understands that DHCS must deny payments for any claim submitted under W&I Code Section 14105.95, if it determines that the certification is not adequately supported for purposes of Federal Financial Participation.

That I am the responsible person of the subject Drug Medi-Cal Substance Use Disorder and am duly authorized to sign this certification and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are to be true, correct, and in compliance with Section 14105.95 of the California Welfare and Institutions Code.

Date of Signature

Signature of Officer or Administrator

OVERALL COST SUMMARY

Department of Health Care Services		
FY 2017-18 ODS Waiver Cost Report - Overall Cost Summary		
COUNTY	County Name	
PROVIDER NAME	ABC Treatment	
DRUG MEDI-CAL PROVIDER NO. (4 digits)	5555	
PROVIDER NUMBER (6 digits)	555555	
NATIONAL PROVIDER IDENTIFICATION (NPI) NO. (10 digit)	5555555555	
Cost Center Totals		Percentage of Total
- Outpatient Treatment Services	223,870.22	4.90%
- Partial Hospitalization (PH) Services	922,132.10	20.20%
- Intensive Outpatient Treatment (IOT)	922,132.10	20.20%
- Residential Services	922,132.10	20.20%
- Narcotic Treatment Program (NTP)	803,012.75	17.59%
- Other SUD Services	385,863.27	8.45%
- Non SUD Services	385,863.27	8.45%
	4,565,005.79	100.00%
Breakout between SUD and Non-SUD		
- Total SUD Services	4,179,142.53	91.55%
- Non SUD Services	385,863.27	8.45%
	4,565,005.79	100.00%

OVERALL DETAILED COSTS-1

SPA

Department of Health Care Services												
FY 2018-19 Cost Report - Overall Detailed Costs												
SCHEDULE OF EXPENDITURES FOR DIRECT COSTS, Part A.	From Accounting Records Total	Indirect	Outpatient Drug Free Cost Center	Intensive Outpatient	Residential Cost Center	Narcotic Treatment	Naltrexone Cost Center	Other SUD Services Cost	Non-SUD Services Cost	TOTAL	OVERALL TOTAL	
			Direct	Direct	Direct	Direct	Direct	Direct	Direct	Direct		
Personnel Services												
Salary and Wages		0								0	0	
Employee Benefits		0								0	0	
Equipment, Materials and Supplies												
Depreciation - Equipment		0								0	0	
Maintenance - Equipment		0								0	0	
Medical, Dental and Laboratory Supplies		0								0	0	
Membership Dues		0								0	0	

ODS

Department of Health Care Services												
FY 2018-19 ODS Waiver Cost Report - Overall Detailed Costs												
SCHEDULE OF EXPENDITURES FOR DIRECT COSTS, Part A.	From Accounting Records Total	Indirect	Outpatient Treatment Cost Center	Partial Hospitalization Cost Center	Intensive Outpatient Treatment Cost Center	Residential Cost Center	Narcotic Treatment Program Cost Center	Naltrexone Cost Center	Other SUD Services Cost Center	Non-SUD Services Cost Center	TOTAL	OVERALL TOTAL
			Direct	Direct	Direct	Direct	Direct	Direct	Direct	Direct	Direct	
Personnel Services												
Salary and Wages		0.00									0.00	0.00
Employee Benefits		0.00									0.00	0.00
Equipment, Materials and Supplies												
Depreciation - Equipment		0.00									0.00	0.00
Maintenance - Equipment		0.00									0.00	0.00
Medical, Dental and Laboratory Supplies		0.00									0.00	0.00
Membership Dues		0.00									0.00	0.00

OVERALL DETAILED COSTS-2

SCHEDULE OF EXPENDITURES FOR DIRECT COSTS. Part A.		
		Cost Assignment Explanations
5		
6		
7		
8	Personnel Services	
9	Salary and Wages	Time Sheets (Payroll), Labor statistics, Time studies-Indirect-multiple programs or admin
10	Employee Benefits	Percent of Direct salaries or actual from payroll records
11	Equipment, Materials and Supplies	
12	<i>Depreciation - Equipment</i>	Identify as Indirect - could be direct based on usage which would be time consuming
13	<i>Maintenance - Equipment</i>	Identify as Indirect - could be direct based on usage which would be time consuming
14	<i>Medical, Dental and Laboratory Supplies</i>	Identify as Indirect - could be direct based on usage which would be time consuming
15	<i>Membership Dues</i>	Identify as Indirect - could be direct based on usage which would be time consuming
16	<i>Rent and Lease Equipment</i>	Identify as Indirect - could be direct based on usage which would be time consuming
17	Clothing and Personal Supplies	Identify as Indirect - could be direct based on usage which would be time consuming
18	Food	Invoices
19	Laundry Services and Supplies	Invoices
20	<i>Small Tools and Instruments</i>	Identify as Indirect - could be direct based on usage which would be time consuming
21	<i>Training</i>	Identify as Indirect - could be direct based on usage which would be time consuming
22	<i>Miscellaneous Supplies</i>	Identify as Indirect - could be direct based on usage which would be time consuming
23	Operating Expenses	
24	Communications	Phone Invoices
25	<i>Depreciation - Structures and Improvements</i>	Depreciation Records, Occupancy or identify as indirect
26	Household Expenses	Invoices
27	<i>Insurance</i>	Invoices or identify as indirect
28	<i>Interest Expense</i>	Bank and other statements - identify as indirect
29	<i>Lease Property Maintenance, Structures, Improvements and Grounds</i>	Occupancy or identify as indirect
30	<i>Maintenance - Structures, Improvements, and Grounds</i>	Invoices, Occupancy or identify as indirect
31	Miscellaneous Expense	Invoices
32	<i>Office Expense</i>	Invoices-identify as indirect
33	<i>Publications and Legal Notices</i>	Invoices-identify as indirect
34	<i>Rents & Leases - Land, Structure, and Improvements</i>	Lease Records, occupancy or identify as indirect
35	<i>Taxes and Licenses</i>	Tax Returns, Invoices, identify as indirect
36	Drug Screening and Other Testing	Invoices
37	<i>Utilities</i>	Occupancy or identify as indirect
38	<i>Other</i>	Invoices
39	Professional and Special Services	
40	Pharmaceutical	Invoices
41	Drug - Methadone (NTP Only)	Invoices
42	Dosing - Medication Assisted Treatment (NTP Only)	Invoices
43	Professional and Special Services	Invoices
44	Transportation	
45	<i>Transportation</i>	Travel claims, vehicle mileage logs or identify as indirect
46	Travel	Travel claims, vehicle mileage logs
47	<i>Gas, Oil, & Maintenance - Vehicles</i>	Travel claims, vehicle mileage logs or identify as indirect
48	Rents & Leases - Vehicles	Travel claims, vehicle mileage logs
49	<i>Depreciation - Vehicles</i>	Travel claims, vehicle mileage logs or identify as indirect
50	Other Costs	
51	<i>Indirect Costs</i>	Identify as Indirect-This would be administrative overhead in multiple site programs
52		
53	Indirect Cost Rate	
54	Percent of Direct Costs	

SPA Outpatient Drug Free (ODF) MODALITIES

ODF Non Perinatal	ODF Perinatal
ODF Individual Non Perinatal	ODF Individual Perinatal
ODF Group Non Perinatal	ODF Group Perinatal

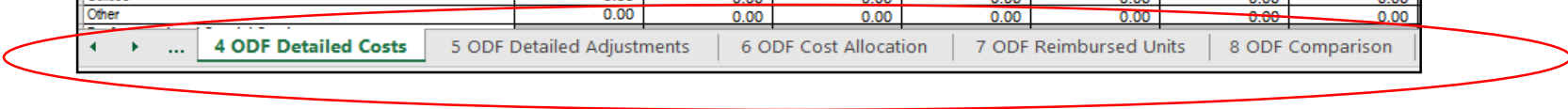
ODS

OUTPATIENT TREATMENT (OT)

OT Non Perinatal	OT Perinatal
OT Individual Non Perinatal	OT Individual Perinatal
OT Group Non Perinatal	OT Group Perinatal
OT Case Management Non Perinatal	OT Case Management Perinatal
OT Physician Consultation Non Perinatal	OT Physician Consultation Perinatal
OT Recovery Services - Individual Non Perinatal	OT Recovery Services - Perinatal
OT Recovery Services - Group Non Perinatal	OT Recovery Services - Perinatal
OT Recovery Services - Recovery Monitoring/Substance Abuse Assistance Non Perinatal	OT Recovery Services - Recovery Monitoring/Substance Abuse Assistance Perinatal
OT Recovery Services - Case Management Non Perinatal	OT Recovery Services - Case Management Perinatal
OT IWM - Ambulatory Withdrawal Management w/o Extended On-site Monitoring Non Perinatal	OT IWM - Ambulatory Withdrawal Management w/o Extended On-site Monitoring Perinatal
OT 2WM - Ambulatory Withdrawal Management with Extended On-site Monitoring Non Perinatal	OT 2WM - Ambulatory Withdrawal Management with Extended On-site Monitoring Perinatal
OT Medication Assisted Treatment Non Perinatal	OT Medication Assisted Treatment Perinatal
OT Medication Assisted Treatment - Dosing Buprenorphine Non Perinatal	OT Medication Assisted Treatment - Dosing Buprenorphine Perinatal
OT Medication Assisted Treatment - Dosing Disulfiram Non Perinatal	OT Medication Assisted Treatment - Dosing Disulfiram Perinatal
OT Medication Assisted Treatment - Dosing Naloxone Non Perinatal	OT Medication Assisted Treatment - Dosing Naloxone Perinatal
OT Medication Assisted Treatment - Dosing Vivitrol Non Perinatal	OT Medication Assisted Treatment - Dosing Vivitrol Perinatal
OT Medication Assisted Treatment - Dosing Acamprosate Non Perinatal	OT Medication Assisted Treatment - Dosing Acamprosate Perinatal

COST REPORT WORKBOOK TABS

Department of Health Care Services							
Outpatient Drug Free (ODF) - Detailed Costs							
COUNTY	0						
PROVIDER NAME	0						
DRUG MEDI-CAL PROVIDER NO. (4 digits)	0						
PROVIDER NUMBER (6 digits)	0						
NATIONAL PROVIDER IDENTIFICATION (NPI) NO. (10 digits)	0						
COST ALLOCATION WORKSHEET PART I	ODF Cost Center from Overall Detailed Costs	DMC Unreimbursable Costs	Direct Costs	Net ODF Cost Center Balance	ODF Individual Non-Perinatal	ODF Group Non Perinatal	ODF Individual Perinatal
					0.00%	0.00%	0.00%
Personnel Services							
Salary and Wages	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Equipment, Materials and Supplies							
Depreciation - Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maintenance - Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical, Dental and Laboratory Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Membership Dues	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rent and Lease Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Clothing and Personal Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Food	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Laundry Services and Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Small Tools and Instruments	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Operating Expenses							
Communications	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation - Structures and Improvements	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Household Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Lease Property Maintenance, Structures, Improvements and Grounds	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maintenance - Structures, Improvements, and Grounds	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Office Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Publications and Legal Notices	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rents & Leases - Land, Structure, and Improvements	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Taxes and Licenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Drug Screening and Other Testing	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00



DETAILED COSTS

SPA

Department of Health Care Services										
Outpatient Drug Free (ODF) - Detailed Costs										
COUNTY	0									
PROVIDER NAME	0									
DRUG MEDI-CAL PROVIDER NO. (4 digits)	0									
PROVIDER NUMBER (6 digits)	0									
NATIONAL PROVIDER IDENTIFICATION (NPI) NO. (10 digit)	0									
COST ALLOCATION WORKSHEET PART I										
	ODF Cost Center from Overall Detailed Costs	DMC Unreimbursable Costs	Direct Costs	Net ODF Cost Center Balance	ODF Individual Non-Perinatal	ODF Group Non Perinatal	ODF Individual Perinatal	ODF Group Perinatal	Total ODF	
					0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Personnel Services										
Salary and Wages	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Equipment, Materials and Supplies										
Depreciation - Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maintenance - Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical, Dental and Laboratory Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Membership Dues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

ODS

Department of Health Care Services											
Outpatient Treatment (OT) - Detailed Costs											
COUNTY	0										
PROVIDER NAME	0										
DRUG MEDI-CAL PROVIDER NO. (4 digits)	0										
PROVIDER NUMBER (6 digits)	0										
NATIONAL PROVIDER IDENTIFICATION (NPI) NO. (10 digit)	0										
COST ALLOCATION WORKSHEET PART I											
	OT Cost Center from General Ledger	DMC Unreimbursable Costs	Direct Costs	Net OT Cost Center Balance	OT Individual Non-Perinatal	OT Group Non Perinatal	OT Case Management Non Perinatal	OT Physician Consultation Non Perinatal	OT Recovery Services - Individual Non Perinatal	OT Recovery Services - Group Non Perinatal	OT Recovery Services - Recovery Monitoring / Substance Abuse Assistance Non Perinatal
					0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Personnel Services											
Salary and Wages	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Equipment, Materials and Supplies											
Depreciation - Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maintenance - Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DETAILED ADJUSTMENTS (Unreimbursable Costs)

SPA

Department of Health Care Services																	
Outpatient Drug Free (ODF) - Detailed Adjustments for DMC Unreimbursable & Direct Costs																	
COUNTY		0															
PROVIDER NAME		0															
DRUG MEDI-CAL PROVIDER NO. (4 digits)		0															
PROVIDER NUMBER (6 digits)		0															
NATIONAL PROVIDER IDENTIFICATION (NPI) NO. (10 digit)		0															
		ODF Individual Non Perinatal				ODF Group Non Perinatal				ODF Individual Perinatal				ODF Group Perinatal			
		A.	B.	C.	D.	A.	B.	C.	D.	A.	B.	C.	D.	A.	B.	C.	D.
		PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC	TOTAL
1	DMC UNREIMBURSABLE COSTS																
	Personnel Services																
a.	Salary and Wages				0.00				0.00				0.00				0.00
b.	Employee Benefits				0.00				0.00				0.00				0.00
	Equipment, Materials and Supplies																
c.	Depreciation - Equipment				0.00				0.00				0.00				0.00

ODS

Department of Health Care Services																
Outpatient Treatment (OT) - Detailed Adjustments for DMC Unreimbursable & Direct Costs																
COUNTY		0														
PROVIDER NAME		0														
DRUG MEDI-CAL PROVIDER NO. (4 digits)		0														
PROVIDER NUMBER (6 digits)		0														
NATIONAL PROVIDER IDENTIFICATION (NPI) NO. (10 digit)		0														
		OT Individual Non Perinatal				OT Group Non Perinatal				OT Case Management Non Perinatal						
		A.	B.	C.	D.	A.	B.	C.	D.	A.	B.	C.				
		PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC				
1	DMC UNREIMBURSABLE COSTS															
	Personnel Services															
a.	Salary and Wages				0.00				0.00							
b.	Employee Benefits				0.00				0.00							
	Equipment, Materials and Supplies															
c.	Depreciation - Equipment				0.00				0.00							
d.	Maintenance - Equipment				0.00				0.00							

DETAILED ADJUSTMENTS (Allocate Direct Costs)

SPA

	PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC	TOTAL	
2	DIRECT COSTS																
	Personnel Services																Total
a.				0.00				0.00				0.00				0.00	0.00
b.				0.00				0.00				0.00				0.00	0.00
	Equipment, Materials and Supplies																
c.				0.00				0.00				0.00				0.00	0.00
d.				0.00				0.00				0.00				0.00	0.00
e.				0.00				0.00				0.00				0.00	0.00
f.				0.00				0.00				0.00				0.00	0.00
g.				0.00				0.00				0.00				0.00	0.00
h.				0.00				0.00				0.00				0.00	0.00
i.				0.00				0.00				0.00				0.00	0.00
j.				0.00				0.00				0.00				0.00	0.00

ODS

	PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC	TOTAL	PRIVATE	DMC	NON-DMC
2	DIRECT COSTS										
	Personnel Services										
a.				0.00				0.00			
b.				0.00				0.00			
	Equipment, Materials and Supplies										
c.				0.00				0.00			
d.				0.00				0.00			
e.				0.00				0.00			
f.				0.00				0.00			
g.				0.00				0.00			
h.				0.00				0.00			
i.				0.00				0.00			
j.				0.00				0.00			
k.				0.00				0.00			
l.				0.00				0.00			
m.				0.00				0.00			

COST ALLOCATION-1

The cost report identifies direct cost categories for each modality and establishes a standard methodology of percentage of total direct cost to allocate indirect costs.

Providers must have a cost allocation plan that identifies, accumulates, and distributes allowable direct and indirect costs and identifies the allocation method(s) used for distribution of indirect costs.

- **Direct Costs**
 - Direct cost allocation methodology must assign costs to a particular cost objective based on the benefit received by that cost objective.
 - Methodology must produce an equitable distribution of cost —document method on Overall Detailed Cost tab.
- **Indirect Costs**
 - The DMC workbook allocates indirect costs using a standard methodology: percentage of direct costs.

COST ALLOCATION-2 (Private & Non-DMC Units)

SPA

13.	UNITS OF SERVICE	PRIVATE	DMC BILLED	DMC DENIED	NET DMC (DMC Billed Less DMC Denied = Approved DMC Units)	NON DMC	DMC DENIED	NET NON DMC (Non DMC Plus DMC Denied)	TOTAL (PRIVATE, DMC, AND NON-DMC)	TOTAL (DMC AND NON-DMC ONLY)
	a. ODF Individual Non Perinatal		0	0	0		0	0	0	0
	b. ODF Group Non Perinatal		0	0	0		0	0	0	0
	c. ODF Individual Perinatal		0	0	0		0	0	0	0
	d. ODF Group Perinatal		0	0	0		0	0	0	0

ODS

41.	UNITS OF SERVICE	PRIVATE	DMC BILLED	DMC DENIED	NET DMC (DMC Billed Less DMC Denied = Approved DMC Units)	NON DMC	DMC DENIED	NET NON DMC (Non DMC Plus DMC Denied)	TOTAL (PRIVATE, DMC, AND NON-DMC)	TOTAL (DMC AND NON-DMC ONLY)
	a. OT Individual Non Perinatal		0.00	0.00	0.00		0.00	0.00	0.00	0.00
	b. OT Group Non Perinatal		0.00	0.00	0.00		0.00	0.00	0.00	0.00
	c. OT Case Management Non Perinatal		0.00	0.00	0.00		0.00	0.00	0.00	0.00
	d. OT Physician Consultation Non Perinatal		0.00	0.00	0.00		0.00	0.00	0.00	0.00
	e. OT Recovery Services - Individual Non Perinatal		0.00	0.00	0.00		0.00	0.00	0.00	0.00
	f. OT Recovery Services - Group Non Perinatal		0.00	0.00	0.00		0.00	0.00	0.00	0.00
	g. OT Recovery Services - Recovery Monitoring / Substance Abuse Assistance Non Perinatal		0.00	0.00	0.00		0.00	0.00	0.00	0.00

COST ALLOCATION-3

SPA

6.	ALLOCATE COSTS BETWEEN SERVICE/PROGRAM TYPES	ODF I NP	ODF G NP	ODF I P	ODF G P	Total
a.	Enter ODF Group sessions	0		0		
b.	Enter time length of session					
c.	Direct/Indirect staff hours	0.00	0.00	0.00	0.00	0.00
d.	Computer percentages	0.00%	0.00%	0.00%	0.00%	0.00%
e.	Allocate costs	0.00	0.00	0.00	0.00	0.00

ODS

6.	ALLOCATED COSTS BETWEEN DIFFERENT MODALITIES	IOT NP	IOT CM NP	IOT PC NP	IOT RS I NP
a.	IOT Units of Services	0.00	0.00	0.00	0.00
b.	DMC Billing Unit of Services: 15 Minutes, Per Day, or Dosing	15.00	15.00	15.00	15.00
c.	Direct/Indirect staff hours	0.00	0.00	0.00	0.00
d.	Compute percentages	0.00%	0.00%	0.00%	0.00%
e.	Direct Dosing costs or Allocated Non Dosing costs	0.00	0.00	0.00	0.00

COST ALLOCATION-4

SPA

14.	Cost Per Unit of Service	ODF I NP	ODF G NP	ODF I P	ODF G P	
a.	Total Cost Per Unit of Service (Including Private Pay)	0.00	0.00	0.00	0.00	
b.	DMC Only Cost Per Unit of Service	0.00	0.00	0.00	0.00	
c.	Prorated Statewide Maximum Allowance (SMA Rate)	0.00	0.00	0.00	0.00	
d.	Statewide Maximum Allowable (SMA) Rate or Customary Charges					
15.	Maximum Allowed	ODF I NP	ODF G NP	ODF I P	ODF G P	
a.	DMC Maximum Allowed IF Lowest Amount Based on Total Cost per UOS	0.00	0.00	0.00	0.00	
b.	DMC Maximum Allowed IF Lowest Amount Based on DMC Only Cost per UOS	0.00	0.00	0.00	0.00	
c.	Maximum Allowed IF Lowest Based on Prorated or Usual/Customary Rate)	0.00	0.00	0.00	0.00	
d.	DMC Maximum Allowed IF Lowest Based on SMA Rate	0.00	0.00	0.00	0.00	
	DMC Allowed CPU	0.00	0.00	0.00	0.00	
	DMC Reimbursement Allowed	0.00	0.00	0.00	0.00	0.00

ODS

42.	COST PER UNIT OF SERVICE	OT I NP	OT G NP	OT CM NP	OT PC NP	OT RS I NP	OT RS G NP	OT RS RM SAA NP	OT RS CM NP
a.	Total Cost Per Unit of Service (Including Private Pay & Non DMC)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b.	Provider's Customary Charge								
43.	DMC ALLOWABLE COST	OT I NP	OT G NP	OT CM NP	OT PC NP	OT RS I NP	OT RS G NP	OT RS RM SAA NP	OT RS CM NP
a.	DMC Maximum Allowable Cost Based on Total Cost per Unit of Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b.	DMC Maximum Allowable Cost Based on Provider's Customary Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44.	DMC ALLOWABLE COST ELIGIBLE FOR REIMBURSEMENT	OT I NP	OT G NP	OT CM NP	OT PC NP	OT RS I NP	OT RS G NP	OT RS RM SAA NP	OT RS CM NP
a.	Total DMC Per Unit of Service Cost Eligible for Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b.	Total DMC Allowable Cost Eligible for Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

SPA REIMBURSEMENT EXAMPLE (Lower of Actual Costs)

Cost Per Unit of Service	ODF I NP	ODF G NP	ODF I P	ODF G P	
Total Cost Per Unit of Service (Including Private Pay)	29.76	53.57	29.76	53.57	
DMC Only Cost Per Unit of Service	29.76	53.57	29.76	53.57	
Prorated Statewide Maximum Allowance (SMA Rate)	30.89	79.44	81.93	38.56	
Statewide Maximum Allowable (SMA) Rate or Customary Charges	30.89	79.44	81.93	38.56	
Maximum Allowed	ODF I NP	ODF G NP	ODF I P	ODF G P	
DMC Maximum Allowed IF Lowest Amount Based on Total Cost per UOS	297.62	535.71	297.62	535.71	
DMC Maximum Allowed IF Lowest Amount Based on DMC Only Cost per UOS	297.62	535.71	297.62	535.71	
DMC Maximum Allowed IF Lowest Based on Prorated or Usual/Customary Rate)	308.90	794.40	819.30	385.60	
DMC Maximum Allowed IF Lowest Based on SMA Rate	308.90	794.40	819.30	385.60	
	ODF I NP	ODF G NP	ODF I P	ODF G P	
DMC Allowed CPU	29.76	53.57	29.76	38.56	
DMC Reimbursement Allowed	297.62	535.71	297.62	385.60	1,516.55
DMC Reimbursement Allowed	297.62	535.71	297.62	385.60	1,516.55
DMC Allowed CPU	29.76	53.57	29.76	38.56	
	ODF I NP	ODF G NP	ODF I P	ODF G P	

SPA REIMBURSEMENT EXAMPLE (SMA Rate)

Cost Per Unit of Service	IOT NP	IOT P	
Total Cost Per Unit of Service (Including Private Pay)	75.76	75.76	
DMC Only Cost Per Unit of Service	75.76	75.76	
Prorated Statewide Maximum Allowance (SMA Rate)	0.00	0.00	
Statewide Maximum Allowable (SMA) Rate or Customary Charges	58.53	87.21	
Maximum Allowed	IOT NP	IOT P	
DMC Maximum Allowed IF Lowest Amount Based on Total Cost per UOS	757.58	757.58	
DMC Maximum Allowed IF Lowest Amount Based on DMC Only Cost per UOS	757.58	757.58	
DMC Maximum Allowed IF Lowest Based on Usual/Customary Rate)	0.00	0.00	
DMC Maximum Allowed IF Lowest Based on SMA Rate	585.30	872.10	
	IOT NP	IOT P	
DMC Allowed CPU	58.53	75.76	
DMC Reimbursement Allowed	585.30	757.58	1,342.88
DMC Reimbursement Allowed	282.30	121.28	1,342.88
DMC Allowed CPU	28.23	12.12	
	IOT NP	IOT P	

ODS REIMBURSEMENT EXAMPLE (Allowable Actual Cost)

COST PER UNIT OF SERVICE	OT I NP	OT G NP	OT CM NP	OT PC NP	OT RS I NP
Total Cost Per Unit of Service (Including Private Pay & Non DMC)	0.08	0.11	0.14	0.18	0.21
Provider's Customary Charge	0.10	0.12	0.15	0.19	0.22
DMC ALLOWABLE COST	OT I NP	OT G NP	OT CM NP	OT PC NP	OT RS I NP
DMC Maximum Allowable Cost Based on Total Cost per Unit of Service	204.98	297.38	388.90	480.29	571.62
DMC Maximum Allowable Cost Based on Provider's Customary Charge	264.10	320.88	406.05	520.60	610.28
DMC ALLOWABLE COST ELIGIBLE FOR REIMBURSEMENT	OT I NP	OT G NP	OT CM NP	OT PC NP	OT RS I NP
Total DMC Per Unit of Service Cost Eligible for Reimbursement	0.08	0.11	0.14	0.18	0.21
Total DMC Allowable Cost Eligible for Reimbursement	204.98	297.38	388.90	480.29	571.62
Total DMC Allowable Cost Eligible for Reimbursement	504.88	581.38	388.80	480.58	217.82
Total DMC Per Unit of Service Cost Eligible for Reimbursement	0.08	0.11	0.14	0.18	0.21
DMC ALLOWABLE COST ELIGIBLE FOR REIMBURSEMENT	OT I NP	OT G NP	OT CM NP	OT PC NP	OT RS I NP

ODS REIMBURSEMENT EXAMPLE (Customary Charge/Interim Rate)

COST PER UNIT OF SERVICE	OT I NP	OT G NP
Total Cost Per Unit of Service (Including Private Pay & Non DMC)	138.64	138.64
Provider's Customary Charge	100.00	100.00
DMC ALLOWABLE COST	OT I NP	OT G NP
DMC Maximum Allowable Cost Based on Total Cost per Unit of Service	4,575.11	4,575.11
DMC Maximum Allowable Cost Based on Provider's Customary Charge	3,300.00	3,300.00
DMC ALLOWABLE COST ELIGIBLE FOR REIMBURSEMENT	OT I NP	OT G NP
Total DMC Per Unit of Service Cost Eligible for Reimbursement	100.00	100.00
Total DMC Allowable Cost Eligible for Reimbursement	3,300.00	3,300.00
Total DMC Allowable Cost Eligible for Reimbursement	3,300.00	3,300.00
Total DMC Per Unit of Service Cost Eligible for Reimbursement	100.00	100.00
DMC ALLOWABLE COST ELIGIBLE FOR REIMBURSEMENT	OT I NP	OT G NP

REIMBURSED UNITS TAB

SPA

Department of Health Care Services					
Outpatient Drug Free (ODF) - Reimbursed Units					
COUNTY	0				
PROVIDER NAME	0				
DRUG MEDI-CAL PROVIDER NO. (4 digits)	0				
PROVIDER NUMBER (6 digits)	0				
NATIONAL PROVIDER IDENTIFICATION (NPI) NO. (10 digit)	0				
Approved DMC Units of Service from Reconciliation					
Unit Description	Aid Code Group Abbreviations	ODF Individual Non Perinatal	ODF Group Non Perinatal	ODF Individual Perinatal	ODF Group Perinatal
DMC Fed 50% T19 - Regular	REG				
DMC SGF 100% T19 - Regular for Undocumented Individuals < age 19	REGSB75				
DMC BHS 100% - Minor Consent Clients	MC				
DMC Fed 100% - Refugee	RRP				
DMC Fed 88% T21 - MCHIPE	MCHIPE				
DMC SGF 100% T21 - MCHIP for SB 75	MCHIPSB75				
DMC Fed 88% T21 - MCHIPE Health Services Program Transition	MCHIPE				

ODS

Department of Health Care Services							
Outpatient Treatment (OT) - Reimbursed Units							
COUNTY	0						
PROVIDER NAME	0						
DRUG MEDI-CAL PROVIDER NO. (4 digits)	0						
PROVIDER NUMBER (6 digits)	0						
NATIONAL PROVIDER IDENTIFICATION (NPI) NO. (10 digit)	0						
Unit Description	Aid Code Group Abbreviations	OT Individual Non Perinatal	OT Group Non Perinatal	OT Case Management Non Perinatal	OT Physician Consultation Non Perinatal	OT Recovery Services - Individual Non Perinatal	OT Recovery Services - Group Non Perinatal
DMC Fed 50% T19 - Regular	REG						
DMC SGF 100% or BHS 100% T19 - Regular for Undocumented Individuals < age 19	REGSB75						
DMC BHS 100% - Minor Consent Clients	MC						
DMC Fed 100% - Refugee	RRP						
DMC Fed 88% T21 - MCHIPE	MCHIPE						
DMC SGF 100% or BHS 100% T21 - MCHIP for Undocumented Individuals < age 19	MCHIPSB75						
DMC Fed 88% T21 - MCHIPE Health Services Program Transition	MCHIPE						

Reconciliation Report

Drug Medi-Cal Overall Reconciliation											
ODS_INDICATOR = 'Y', SERVICE_FISCAL_YEAR = '1718', CONTRACT_NUMBER =											
Unit Information as of 21-MAR-22											
Service Fiscal Year:1718 ODS_INDICATOR:Y CONTRACT_COUNTY: Contract Number:											
DMC #	SUB_SRV_GROUP	Program C	LEVEL_OF_CARE	Approv	Denied	EXPAN	DRUG_	SERVIC	AID_CC	SRV_AE	REVIATION
	ODF	20	1.0 Outpatient	1,063.00	4	N		201710	REG		ODS/ODFI
	ODF	20	1.0 Outpatient	1,046.00	22	N		201709	REG		ODS/ODFI
	ODF	20	1.0 Outpatient	1,497.00	10	N		201708	REG		ODS/ODFI
	ODF	20	1.0 Outpatient	1,093.00	12	N		201707	REG		ODS/ODFI
	ODF	20	Recovery Support Services	0.7333	0	N		201806	REG		ODS/ODFG/RS
	ODF	20	Recovery Support Services	1.0667	0	N		201805	REG		ODS/ODFG/RS
	ODF	20	1.0 Outpatient	69.5997	0	N		201806	REG		ODS/ODFG
	ODF	20	1.0 Outpatient	49.5337	0	N		201805	REG		ODS/ODFG
	ODF	20	1.0 Outpatient	36.9998	0	N		201804	REG		ODS/ODFG
	ODF	20	1.0 Outpatient	832	0	N		201803	REG		ODS/ODFG
	ODF	20	1.0 Outpatient	39.8669	0	N		201802	REG		ODS/ODFG

REGULATIONS FOR SUBMITTING NEW UNITS

22 CA ADC § 51008 BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

The rule states "bills for service provided pursuant to the Medi-Cal Program (Welfare and Institutions Code, Division 9, Part 3, Chapter 7), shall be received by the fiscal intermediary, or otherwise as designated by the Director, not later than the sixth month following the month of service. "(d) A request for adjustment or reconsideration of an adjudicated claim must be received by the fiscal intermediary not later than six months following the date of payment or denial of the claim by the fiscal intermediary. If favorable resolution of a claim is not obtained, a grievance or complaint concerning the processing or payment of the claim must be filed in accordance with Section 51015."

REIMBURSED UNITS- (Funding Lines and Amounts)

OT Individual Non Perinatal

Non DMC Program Amounts/Program Codes				
Unit Description	Aid Code Group Abbreviations	Funding Line Number	Non-DMC Funding Amount	# of Units
Various (per service and program code)	Not Applicable	Various	31.93	35.00
Private Pay (Program Code 94)				
Unit Description	Aid Code Group Abbreviations	Funding Line Number	Non-DMC Funding Amount	# of Units
Private Pay (Program Code 94)	Not Applicable	Various	10.06	1.00
DMC Program Codes (90, 97, 98, 99, 100)				
Unit Description	Aid Code Group Abbreviations	Funding Line Number	DMC Funding Amount	# of Units
DMC Fed 50% T19 - Regular	REG	200-b	0.03	1.00
DMC BHS 50% - Regular	REG	101a-b	0.05	
DMC SGF 100% T19 - Regular SB 75	REGSB75	204-b	0.39	5.00
DMC Fed 100% - Refugee	RRP	200-c	1.16	15.00
DMC Fed 88% T21 - MCHIPE	MCHIPE	202-d	1.36	20.00
DMC BHS 12% - MCHIPE	MCHIPE	102a-d	0.19	
DMC SGF 100% T21 - MCHIP for SB 75	MCHIPSB75	204-d	1.94	25.00
DMC Fed 88% T21 - MCHIPE Healthy Families Pro	HFE	202-e	2.04	30.00
DMC BHS 12% - MCHIPE Healthy Families Progra	HFE	102a-e	0.29	
DMC Fed 65% T19 - BCCTP	BCCTP	200-f	1.76	35.00
DMC BHS 35% - BCCTP	BCCTP	101a-f	0.96	
DMC Fed 65% T21 - Pregnancy Only	AWPO	200-g	2.01	40.00
DMC BHS 35% - Pregnancy Only	AWPO	101a-g	1.09	
DMC Fed 88% T21 - MCHIPE Targeted Low Incom	TLICE	202-h	3.41	50.00
DMC BHS 12% - MCHIPE Targeted Low Income C	TLICE	102a-h	0.47	
DMC SGF 100% T19 - Targeted Low Income SB 7	TLICSB75	204-h	4.27	55.00
DMC Fed 94% T19 - Low Income Health Program	LIHP 95/5	206-i	4.37	60.00
DMC SGF 4% T19 - Low Income Health Program	LIHP 95/5	103a-i	0.29	
DMC Fed 93% T19 - Low Income Health Program	LIHP 94/6	218-i	4.69	65.00
DMC SGF 7% T19 - Low Income Health Program	LIHP 94/6	118a-i	0.35	
DMC Fed 88% T21 - Medi-Cal Access Program	MCAP	202-j	4.78	70.00
DMC BHS 12% - Medi-Cal Access Program	MCAP	102a-j	0.65	
DMC Fed 50% T19 - Hospital Presumptive Eligibilit	HPE	200-k	2.91	75.00
DMC BHS 50% - Hospital Presumptive Eligibility	HPE	101a-k	2.91	
DMC Fed 88% T21 - Hospital Presumptive Eligibilit	HPEMCHIPE	202-m	5.46	80.00
DMC BHS 12% - Hospital Presumptive Eligibility M	HPEMCHIPE	102a-m	0.75	
DMC BHS 12% - Hospital Presumptive Eligibility	HPE	105a-w	0.12	
DMC Fed 88% T21 - Hospital Presumptive Eligibilit	HPE	305-w	2.48	90.00
DMC BHS 50% - Hospital Presumptive Eligibility	HPE	101a-k	2.91	

REIMBURSED UNITS TAB

ODS

OT Individual Non Perinatal				
Non DMC Program Amounts/Program Codes				
Unit Description	Aid Code Group Abbreviations	Funding Line Number	Non-DMC Funding Amount	# of Units
Various (per service and program code combinations)	Not Applicable	Various	0.00	0.00
Private Pay (Program Code 94)				
Unit Description	Aid Code Group Abbreviations	Funding Line Number	Non-DMC Funding Amount	# of Units
Private Pay (Program Code 94)	Not Applicable	Various	0.00	0.00
DMC Share of Cost (non CW/MC)	Not Applicable	84		
Insurance (non CW/MC)	Not Applicable	85		
Various (per service and program code combinations)	Not Applicable	Various	0.00	
			0.00	0.00
DMC Program Code 92				
Unit Description	Aid Code Group Abbreviations	Funding Line Number	DMC Funding Amount	# of Units
DMC BHS 100% - Minor Consent Clients	MC	101a-mc	0.00	0.00
DMC Share of Cost (non CW/MC)	Not Applicable	84		
Insurance (non CW/MC)	Not Applicable	85		
Various (per service and program code combinations)	Not Applicable	Various	0.00	
			0.00	0.00
Program Code 87				
Unit Description	Aid Code Group Abbreviations	Funding Line Number	DMC Funding Amount	# of Units
DMC BHS 100% - CalWorks Trafficking Victim	CWTCVAPT	101a-cw	0.00	0.00
DMC Share of Cost (non CW/MC)	Not Applicable	84		
Insurance (non CW/MC)	Not Applicable	85		
Various (per service and program code combinations)	Not Applicable	Various	0.00	
			0.00	0.00
		Total OT Individual Non Peri Funding	0.00	
		Total DMC Reimbursable Funding	0.00	



QUESTIONS-3



AUDITS & INVESTIGATIONS

DRUG MEDICAL/BLOCK GRANT

Presented by Abimbola Taiwo

Index

1. Accrual and Actual Basis
2. Allowable Cost – ODS & SPA
3. Interim Rate/Customary Charge
4. Indirect and Direct Costs
5. Share of Costs
6. Allocating Costs /Walkthrough Residential
7. Overall Detailed Cost Tab
8. Documentation Delays
9. DocuSign

Question 1

1. Can we report on an accrual basis as opposed to actual basis?

Answer 1

- Yes, accrual basis is the preferred method with certain limitations. Actual or cash basis is also acceptable.

42 CFR 413.24(a) states:

- “Principle. Providers receiving payment on the basis of reimbursable cost must provide adequate cost data. This must be based on their financial and statistical records which must be capable of verification by qualified auditors. The cost data must be based on an approved method of cost finding and on the accrual basis of accounting, except for-
- 1) Governmental institutions which operate on a cash basis method of accounting. Cost data based on such basis of accounting will be acceptable, subject to appropriate treatment of capital expenditures.
- (2) Costs of qualified defined benefit pension plans shall be reported on a cash basis method of accounting, as described at § 413.100(c) (2) (vii) (D) for cost reporting periods beginning on or after October 1, 2011.”
- Associated liabilities related with accrued expenses reported in the cost report must be liquidated with certain exceptions. Please consult your CPA for this exception. If accrued expenses are not liquidated, it will allow County/provider to exaggerate or maximize costs that could lead to overpayment. Audit will uncover this if the provider is meet the risk factor in the audit selection process.

Answer 1 cont.

- The definition of accrual basis of accounting and where to look for the limitations are stated in **42 CFR 413.24(b)(2)** as follows:
- “Accrual basis of accounting. As used in this part, the term accrual basis of accounting means that revenue is reported in the period in which it is earned, regardless of when it is collected; and an expense is reported in the period in which it is incurred, regardless of when it is paid. (See § 413.100 paragraph(c)(2)IV, regarding limitations on allowable accrued costs in situations in which the related liabilities are not liquidated timely.)”

Question 2

2. Please explain how to determine allowable costs:
- a) SPA (State Plan Amendment) reimbursements.
 - b) ODS.

Answer 2

According to SUD Cost Report User Manual, Chapter 6 Drug Medi-Cal (DMC), Section 2:

- “The allowable costs must be determined in accordance with Medicare cost reimbursement principles in 42 Code of Federal Regulations (CFR) Part 413, CMS-Pub. 15-1, Section 1861 of the Federal Social Security Act (42 USC, Section 1395x); 2 CFR Part 200 Subpart E, CMS non-institutional reimbursement policy, and in DMC regulations contained in California Code of Regulations, Title 9 and Title 22.

- Specifically:

For SPA:

2a. 51516.1” Lower of cost or SMA or customary Charge applies

For ODS:

2b. Lower of cost or customary charge applies

- Source: ODS Pilot contract
- [MCBHD \(ca.gov\)](http://www.mcbhd.ca.gov)

Question 3

3. What is an Interim rate/customary charge?

Answer 3

- Customary charge is a provider's published rate while interim rate is a rate developed by the County , approved DHCS. It is usually developed from prior period cost report. (rate based upon the Provider's historical actual cost as determined in the Provider's most recently filed Cost Report).
- The interim rate approximates, but does not need to equal, actual cost. Interim rates shall be established on an annual basis.
- DHCS give final approval and incorporated in DHCS/County/provider Contract.

Question 4

4. What are direct and indirect costs in relation to SUD cost reports? Can you give examples based on cost report line items?

Answer 4

According to the **SUD Cost Report User Manual**, “Direct costs” means those that are directly incurred, consumed, expended and identifiable for the delivery of a specific covered service, objective, or cost center.

- Ex: Salary directly related to a cost center, equipment directly related to a cost center

According to the **SUD Cost Report User Manual**, “Indirect Costs” means those costs: a) incurred for a common or joint objective benefitting more than one cost center or objective, and b) are not readily identifiable and assignable to the cost center or objectives specifically benefited.

- Ex: Rent for a building that includes multiple services, administration

Question 5

5. Please explain your understanding of Share of Costs and what process should the counties be doing to follow regulations regarding Share of Cost?

Answer 5

- According to **SUD Cost Report User Manual**, ““Share of Cost” means the monthly amount Medi-Cal requires a beneficiary to pay (or incur an obligation to pay) for services before Medi-Cal begins to pay.”
- **The California Code of Regulations, Title 22, Section 50651 - Share of Cost –General States:**
- “Share of cost shall be determined and processed in accordance with the requirements of this article.”
- **The California Code of Regulations, Title 22, Section 50655 - Record of Health Care Costs -Share of Cost States:**
- “(a) The Record of Health Care Costs -Share of Cost, form MC 177S, shall be used to verify that health care costs have been obligated or paid by the beneficiary in an amount equal to the share of cost. The form shall be used for all beneficiaries who have a share of cost, except as specified in (b).
- (b) Form MC 177S shall not be used for beneficiaries who meet both of the following conditions:
 - (1) Are in long-term care.
 - (2) Have a share of cost which is less than or equal to the monthly cost of care at the Medi-Cal reimbursement rate for the long-term care facility.”

Question 6

6. For a DMC-ODS cost report, what methods are acceptable for allocating costs to services within a program?

For example, how will a residential program allocate costs that determine bed day rate and case management rate?
(Walkthrough Residential cost.)

Answer 6 (1)

- Staff Hours are the proper basis of allocating program costs. Staff hours are derived from unit of service times program treatment duration. Percentages of cost allocation are derived from the converted staff hours.
- To convert unit to staff hours, Provider must comply with ASAM criteria in manner.
Consistent with ASAM treatment criteria.
- The **ASAM Criteria**, formerly known as the ASAM patient placement criteria, is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of substance use disorders. The **ASAM Criteria** relies on a comprehensive set of guidelines for level of care placement, continued stay, and transfer/discharge of patients with addiction, including those with co-occurring conditions. The **ASAM Criteria** uses a multidimensional patient assessment to direct medical management and the structure, safety, security, and intensity of treatment services.
- The **Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Standard Terms and Conditions (STCs)** require licensed AOD facilities to deliver care in a manner consistent with the ASAM treatment criteria. The STCs also require DHCS to develop a process to assign participating AOD facilities a provisional level of care (LOC) designation.

Answer 6 (2) cont.

SB 823 enacted California HSC Section 11834.015, requiring DHCS to adopt the ASAM treatment criteria or an equivalent evidence-based standard as the minimum standard of care for all licensed AOD facilities. To ensure that all licensed AOD facilities are capable of delivering care consistent with the ASAM treatment criteria and meet all of DHCS' requirements, DHCS developed the following DHCS LOC.

Designations:

- DHCS Level 3.1 – Clinically Managed Low-Intensity Residential Services,
- DHCS Level 3.2 – Clinically Managed Residential Withdrawal Management,
- DHCS Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential Services, and
- DHCS Level 3.5 – Clinically Managed High-Intensity Residential Services.

Answer 6 (3) cont.

“Unit of Service” means:

- A) For case management, intensive outpatient treatment, outpatient services, Naltrexone treatment services, and recovery services contact with a beneficiary in 15-minute increments on a calendar day.
- B) For additional medication assisted treatment, physician services that includes ordering, prescribing, administering, and monitoring of all medications for substance use disorders per visit or in 15-minute increments.
- C) For physician consultation services, consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists in 15-minute increments.
- D) For residential services, providing 24-hour daily service, per beneficiary, per bed rate.
- E) For withdrawal management per beneficiary per visit/daily unit of service.

Walkthrough Answer

We disagree with weighted average in residential cost allocation:

- Definition of ASAM Level 3.1 and 3.3, and perinatal residential is redefined by ASAM.

How to calculate ODS unit of service:

- **Individual:** for individual counseling, one unit of service is equal to a 15-minute increment + Documentation + Travel Time
- $\text{Number of Minutes} + \text{Transportation} + \text{Documentation} / 15 \text{ minutes} = \text{Unit of Service Per Beneficiary.}$

EXAMPLE

- Session/15 minutes equal UOS
- Travel will require trip logs and the destinations including start and end time.
- $(45 + 30 + 15) / 15 = 6$ Units Individual could be intake, crisis collateral and discharge
- The number of units eligible for reimbursement is computed to be 6 per the above computation.

Walkthrough (1) Cont.

Group: For group counseling, one or more therapists/counselors treat two or more beneficiaries at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served.

EXAMPLE

- Number of Minutes for Group Session + travel time / Number of beneficiaries in the group = Total minutes per beneficiary + documentation time
- $(90+30)/12=10 + 5) = 15$ minutes = 1 unit
- Interpretation is 90-min of group session plus 30 minutes of travels divided by number of people within the group regardless funding private pay or DMC or Non DMC . – Allowable minutes person; then documentation of 5 minutes to arrive at the billable minute per group session.

IOT

- Structured programming services are provided to beneficiaries a minimum of nine hours with a maximum of nineteen hours a week for adults, and a minimum of six hours with a maximum of nineteen hours a week for adolescents One unit of service is equal to a 15-minute increment. Claims may be submitted with either minutes or fractional units of service. Units of service for group counseling should be calculated using the same formula as described in outpatient service.

Walkthrough (2) cont.

Residential Treatment (ASAM Level 3.1, 3.3, and 3.5)

- This treatment is a non-institutional, 24-hour non-medical, short-term program that provides rehabilitation services which includes intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention, treatment planning, transportation services, and discharge services. Residential services may be provided to non-perinatal and perinatal beneficiaries in
- Audit will demonstrate DHCS cost report.

Food and lodging are excluded from the residential treatment components as unreimbursable costs for DMC residential. Component of residential treatments are:

- Residential Treatment (ASAM Level 3.1, 3.3, and 3.5)
- This treatment is a non-institutional, 24-hour non-medical, short-term program that provides rehabilitation services which includes intake, individual and group counseling, Patient education, family therapy, safeguarding medications, collateral services, crisis Intervention, treatment planning, transportation services, and discharge services. Residential services may be provided to non-perinatal and perinatal beneficiaries in Facilities with no bed capacity limit. Authorization limitations are outlined in MHSUDS IN 16-042.100 In order for residential treatment to be reimbursed on a daily basis, the Service provided must include a required structured activity on the date of billing as Outlined in MHSUDS IN18.

Question 7

7. Should the Overall Detailed Cost Tab contain the same cost data as the Detailed Adjustment Worksheet detailed cost?

Answer 7

No, This worksheet (**Overall Detailed Costs worksheet** - Tab 3) requires the provider to enter all necessary data related to all direct and indirect costs being reported. This worksheet must reflect all costs incurred by the provider related to their SUD services and it must demonstrate the allocation methodologies used by the provider (in accordance with applicable cost reimbursement standards) to distribute their costs across various cost centers while **Detailed Adjustments Worksheet** allows the provider to enter the breakout of costs from the program's general ledger for each of the cost categories for Direct and unreimbursable costs between the different services.

For each level of care/modality provided, the provider must break out their costs between the various types of service/program (such as individual or group, perinatal or non perinatal). These two tabs are different and should not contain the same costs information.

Question 8

8. How will the auditors handle documentation delays?

Answer 8

- The auditor's will work with the auditee within reason. Typically, the auditor will request information and give a deadline for the auditee to submit that information/documentation. Should the auditee miss this deadline, they will be given another opportunity to submit documentation with another due date. If the second deadline is missed then the auditor will work with the information readily available in order to complete the audit. It is worth noting that failure to submit documentation in a timely fashion could result in a delay of audit finding.
- Disallowance should be resolved within the 15-calendar days given after the exit conference. Then afterwards appeal is available to the County.

Question 9

9. What exactly is DocuSign and do we have to participate in this process?

Answer 9

- FAB will request that providers sign an annual consent form (wavier) for the electronic service of audit reports. The signed consent form will include the provider's email address and additional names and email addresses as needed. The 60-day time period for providers to file an appeal begins when FAB sends the audit report email to the provider. The annual consent form for the electronic service of audit reports is for the convenience of both parties and participation is voluntary.
- Should the auditee not want to participate in DocuSign, per **Government Code, Section 11505 and CCR, Title 22, Sections 51016**, this requires the Financial Audits Branch (FAB) to issue audit reports via certified mail. CCR, Title 22, Section 51022 allows providers to file an appeal within 60 days after receiving the certified mail audit report.



THANK YOU



QUESTIONS-4



ENTERING DATA INTO SUDCRS

SUDCRS ACCESS-1

- Access SUDCRS through the Behavioral Health Information System (BHIS) Portal at:
 - <http://appdir.dhcs.ca.gov/bhis/Pages/default.aspx>
- Home page for log-in, portal messages and links/resources
- CRS Main Page – Dashboard
 - Main tabs for Data Entry and Reports
 - Informational and tracking data

SUDCRS ACCESS-2



☰ What's new

Attention CSI and CaOMS Tx Users:

If you are having issues logging in to File Transfer or System Documentation for CSI or CaOMS Tx, please follow the steps described [here](#).

If you have any questions, please send an email to BHIS@dhcs.ca.gov.

We apologize for any inconvenience.

🔗 Links

[Contact Us](#)

[Approver certification forms](#)

[Frequently Asked Questions \(FAQ\)](#)

[BHIS Staging Website](#)

SUDCRS USER ROLES

- **Approver:** Designated by county administrator and enrolled by DHCS. Has independent authority to approve county user access requests (including vendors).
- **Analyst:** Can perform data entry and run reports. Once data entry is complete and no error messages exist, informs Supervisor.
- **Supervisor:** Responsible for reviewing and submitting data to DHCS. Can perform same functions as Analyst but is the only user who can submit data to DHCS.

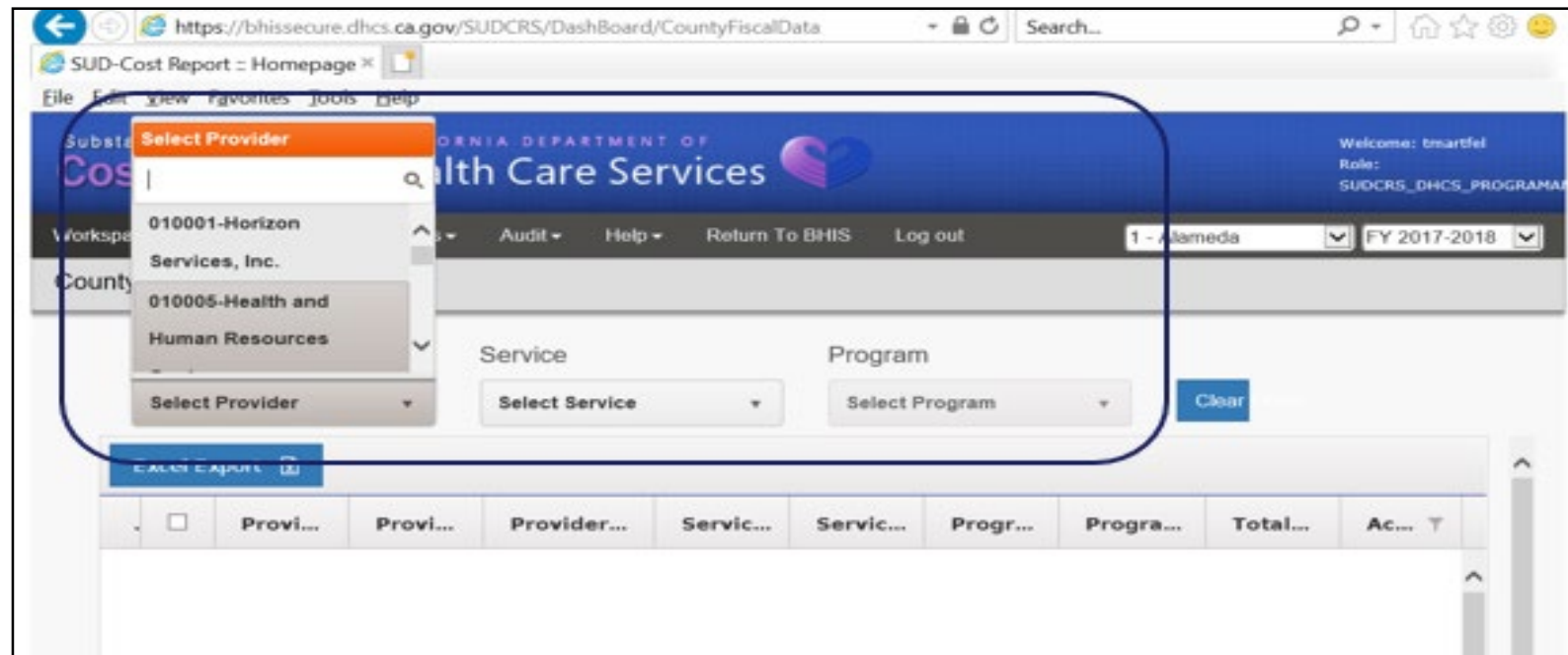
SUDCRS DATA ENTRY-1

- Select "County Fiscal Data"

The screenshot displays the SUDCRS web application interface. The browser address bar shows the URL <https://bhissecur.dhcs.ca.gov/SUDCRS/>. The page header includes the text "Substance Use Disorder Cost Report" and "CALIFORNIA DEPARTMENT OF Health Care Services". A navigation menu is visible with the following items: Workspace, Data Entry (highlighted), Reports, Audit, Help, Return To BHIS, and Log out. A dropdown menu is open under "Data Entry", with "County Fiscal Data" circled in blue. Other items in the dropdown include "FMAB Fiscal Data", "Advances / Adjustments", and "DataEntryLog". The page also shows a "Dashboard" section with "County Fiscal Data" and "FMAB Fiscal Data" links, and a "County Data Status" table. A "Contact Details" table is also visible, listing counties: Alameda, Alpine, Amador, Butte, and Calaveras. The table has columns for County, Name, Phone, and Email. The URL at the bottom of the page is <https://bhissecur.dhcs.ca.gov/SUDCRS/DashBoard/CountyFiscalData?Len>.

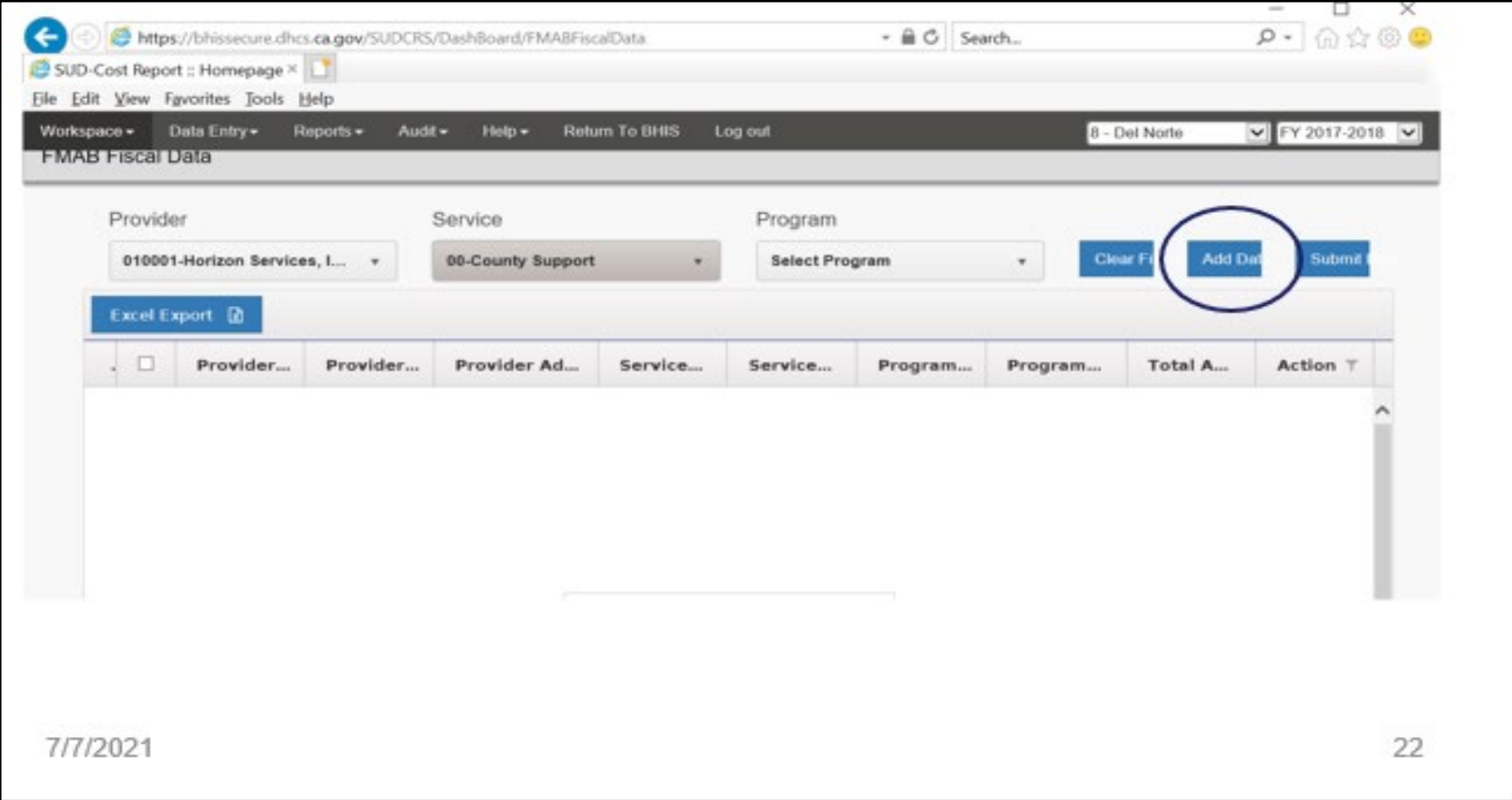
SUDCRS DATA ENTRY-2

- Select provider, service type/code, and program code from drop down boxes.



SUDCRS DATA ENTRY-3

- Click "Add Data"



The screenshot displays a web browser window with the URL <https://bhisssecure.dhcs.ca.gov/SUDCRS/DashBoard/FMABFiscalData>. The page title is "SUD-Cost Report :: Homepage". The navigation menu includes "Workspace", "Data Entry", "Reports", "Audit", "Help", "Return To BHIS", and "Log out". The current user is identified as "B - Del Norte" and the fiscal year is "FY 2017-2018".

The main content area is titled "FMAB Fiscal Data" and features three dropdown menus for "Provider" (010001-Horizon Services, I...), "Service" (00-County Support), and "Program" (Select Program). To the right of these menus are buttons for "Clear F...", "Add Data" (circled in blue), and "Submit". Below the filters is an "Excel Export" button and a table with the following headers: Provider..., Provider..., Provider Ad..., Service..., Service..., Program..., Program..., Total A..., and Action T.

The date "7/7/2021" is displayed in the bottom left corner, and the page number "22" is in the bottom right corner.

SUDCRS DATA ENTRY-4

- If the record already exists, a prompt will display to:
 - "Edit" the existing record and the "Add Data" will not display.

The screenshot shows the SUDCRS Data Entry interface. At the top, there is a navigation bar with the text "Substance Use Disorder Cost Report" and "CALIFORNIA DEPARTMENT OF Health Care Services". Below this is a menu bar with options like "Workspace", "Data Entry", "Reports", "Audit", "Help", "Return To BHES", and "Log out". The main content area is titled "FMAB Fiscal Data" and contains a form with three dropdown menus: "Provider" (with "Select Provider" button), "Service" (with "Select Service" button), and "Program" (with "Select Program" button). There are also "Clear Filter" and "Submit" buttons. Below the form is an "Excel Export" button and a table. The table has columns for "Provider", "Service", "Program", and "Total Amount". The first row in the table is highlighted in blue, and the "Edit" button in the "Action" column is circled in blue. The second row is also visible.

Provider	Service	Program	Total A...	Action
[Redacted]	00	County Support 1	\$60,832...	Edit Delete Comment
[Redacted]	00	County Support 3	\$19,296...	Edit Delete Comment

SUDCRS DATA ENTRY-5

- Select funding lines from drop down box (service and program codes selected will determine access to appropriate funding lines).

The screenshot displays the SUDCRS Data Entry interface. At the top, the browser address bar shows the URL: <https://bhissecure.dhcs.ca.gov/SUDCRS/DashBoard/FMABFiscalData#>. The page title is "SUD-Cost Report :: Homepage". The navigation menu includes "Workspace", "Data Entry", "Reports", "Audit", "Help", "Return To BHIS", and "Log out". The current user is "8 - Del Norte" and the fiscal year is "FY 2017-2018".

The main form area has three dropdown menus: "Provider", "Service", and "Program". The "Service" dropdown is currently set to "County Support" and the "Program" dropdown is set to "1-Non Perinatal". A "Clear F" button is visible next to the "Program" dropdown.

A dropdown menu is open under the "Service" dropdown, showing a list of funding lines. The first item is "101(BHS - Substance Use Disorder)". Other items include "50-17(SABG Discretionary - Fed. Cat. 93.959 - FFY 2017 Award)" and "50-17r(SABG Discretionary - Fed.". The dropdown menu is circled in blue.

Below the dropdown menu, there is a table with columns: "AMOUNT", "INDIVIDUAL_UOS", "NTP DOSING", "NTP GROUP", and "No". The table has several rows, each starting with a "Select Line Item" dropdown menu.

The date "11/12/2021" is visible in the bottom left corner, and the number "24" is visible in the bottom right corner.

SUDCRS DATA ENTRY-6

- Manually enter Amounts, Unit Counts, Individual Units of Service, and NTP Dosing and NTP Group (if applicable).

The screenshot shows a web application interface for SUDCRS Data Entry. The browser address bar displays the URL: <https://bhisssecure.dhcs.ca.gov/SUDCRS/DashBoard/FMABFiscalData#>. The page title is "SUD-Cost Report :: Homepage". The navigation menu includes "Workspace", "Data Entry", "Reports", "Audit", "Help", "Return To BHIS", and "Log out". The current user is "S - Del Norte" and the fiscal year is "FY 2017-2018".

The form displays the following information:

- Provider: 010001-Horizon Services, I...
- Service: 00-County Support
- Program: 1-Non Perinatal
- Clear Filter button
- Print PDF button
- Service Code: 00, Program Code: 1, Program Description, Hours

Line Number	AMOUNT	INDIVIDUAL_UOS	NTP DOSING	NTP GROUP	Na
101(BHS - Substance Use Disorde...	345				
Select Line Item					
Select Line Item					

The AMOUNT field for line 101 is highlighted with a blue oval. The date 7/7/2021 is displayed in the bottom left corner, and the page number 25 is in the bottom right corner.

SUDCRS DATA ENTRY-7

- Visit Days, Total Individual Sessions, and total of the Individual Units of Service must match.

The screenshot displays the SUDCRS Data Entry interface. The browser address bar shows the URL: <https://bhisssecure.dhcs.ca.gov/SUDCRS/Dashboard/FMABFiscalData#>. The page title is "SUD-Cost Report :: Homepage". The navigation menu includes "Workspace", "Data Entry", "Reports", "Audit", "Help", "Return To BHIS", and "Log out". The current user is "B - Dal Norte" and the fiscal year is "FY 2017-2018".

The main content area shows a "Print PDF" button and a table with the following columns: "Line Number", "AMOUNT", "INDIVIDUAL_UOS", "NTP DOSING", "NTP GROUP", and "Ni". The table is currently empty, and the total row shows \$0, 0, 0, 0, 0. A blue circle highlights the "Per Person (Rate Cap:76.91)" field, and a blue oval highlights the total row.

Line Number	AMOUNT	INDIVIDUAL_UOS	NTP DOSING	NTP GROUP	Ni	
Select Line Item						
Select Line Item						
Select Line Item						
Select Line Item						
Total:		\$0	0	0	0	0

Summary statistics:

Total Indiv Sessions:		Total Non-NTP Dosing:		DUI Profit Surplus:	
Total NTP Doses:		Cost Per Unit:		Excess Fee Commission:	

SUDCRS DATA ENTRY-8

- If this is non-DMC portion of a DMC set, check the “Included in DMC Set” box.

Workspace ▾ Data Entry ▾ Reports ▾ System Administration ▾ Audit ▾ Help ▾ Return To BHIS Log out 8 - Del Norte FY 2017-2018

FMAB Fiscal Data

Provider: Service: Program:

Provider Code:080808 Service Code:33 Program Code:3 Program Description: Hours:
 Del Norte County Alcohol and Drug Program
 540 H Street,Crescent City:95531

Line Number	AMOUNT	INDIVIDUAL_UOS	NTP DOSING	NTP GROUP	Non NTP Dosing	Action
<input type="text" value="Select Line Item"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
<input type="text" value="Select Line Item"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
<input type="text" value="Select Line Item"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
<input type="text" value="Select Line Item"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
Total:	\$19312	0	0	0	0	

Total Indiv Sessions: Total Non-NTP Dosing: DUI Profit Surplus:

Total NTP Doses: Cost Per Unit: Excess Fee Carryover: Included In DMC Set

Total Group Sessions: Total # of People: Excess DUI Profit Surplus:

SUDCRS DATA ENTRY-9

- Click "**Check It**" before exiting the provider record:

The screenshot displays the SUDCRS Data Entry interface. At the top, the browser address bar shows the URL: <https://bhsecure.dhcs.ca.gov/SUDCRS/DashBoard/FMABFiscalData#>. The page title is "SUD-Cost Report :: Homepage". The navigation menu includes "Workspace", "Data Entry", "Reports", "Audit", "Help", "Return To BHIS", and "Log out". The current user is "8 - Del Norte" and the fiscal year is "FY 2017-2018".

Line Number	AMOUNT	INDIVIDUAL_UOS	NTP DOSING	NTP GROUP	Nr
Select Line Item					
Select Line Item					
Select Line Item					
Select Line Item					
Total:		\$0	0	0	0

Summary fields:

Total Indiv Sessions:	<input type="text"/>	Total Non-NTP Dosing:	<input type="text"/>	DUI Profit Surplus:	<input type="text"/>
Total NTP Doses:	<input type="text"/>	Cost Per Unit:	<input type="text"/>	Excess Fee Carryover:	<input type="text"/>
Total Group Sessions:	<input type="text"/>	Total # of People:	<input type="text"/>	Excess DUI Profit Surplus:	<input type="text"/>

Buttons: [Check It](#) [Comments](#)

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SUDCRS DATA ENTRY-10

- Error messages must be cleared before moving forward
- To delete a line select "Delete" under the Action column on the far right side
- To continue data entry, go to Provider, Service, and Program from the drop down menus at the top and select "Add Data"
- Select "Clear Filters" to go back to the main data screen

SUDCRS DATA ENTRY COMPARISON TAB

Non DMC Funding Information					
Non DMC Program Codes					
Type of Information	Cost Allocation ODF I NP	SUDCRS Fiscal Detail	Cost Allocation ODF G NP	SUDCRS Fiscal Detail	Cost Allocation ODF I P
Non DMC Staff Hours	0		0		0
Non DMC Total Costs	0.00		0.00		0.00
Non DMC Individuals	0		0		0
DMC Funding Information					
DMC Program Codes					
Type of Information	Cost Allocation ODF I NP	SUDCRS Fiscal Detail	Cost Allocation ODF G NP	SUDCRS Fiscal Detail	Cost Allocation ODF I P
DMC Total Costs	0.00		0.00		0.00
DMC Per Person (Individuals)	0		0		0
Type of Information	Reimbursed Units ODF I NP	SUDCRS Fiscal Detail	Reimbursed Units ODF G NP	SUDCRS Fiscal Detail	Reimbursed Units ODF I P
Share of Cost	0.00		0.00		0.00
Insurance	0.00		0.00		0.00



QUESTIONS-5

ELECTRONICALLY SUBMIT COST REPORT FORMS TO DHCS

- All cost report documents must be submitted electronically to the following email address:
 - **AODCOSTREPORT@DHCS.CA.GOV**
- Documents that require a 'wet' signature (county and provider certifications, county admin claims) should be signed utilizing DocuSign® or Adobe Acrobat prior to submission (if using an electronic signature)

BEST PRACTICES-1

- Complete template first before entering cost data into SUDCRS
- Use Reimbursed Units tab for SUDCRS Data Entry using the units from Reconciliation Report on Reimbursed Units tab to calculate Allowable Allocation Costs on Cost Allocation Tab
- Use comparison tab to identify and correct errors prior to submission
- Dual Submissions
 - Counties who provided SPA and DMC-ODS services in same fiscal year must submit 2 sets of cost reports
- On-time submission of county cost reports
- Respond to requested cost report corrections timely

BEST PRACTICES-2

What is a Complete Submission?

- **SIGNED** Cost Report Certifications (Tab 1)
- Completed Settlement Forms
- Annual County Administrative Reimbursement Form
- Complete SUDCRS Data
 - Press **SUBMIT** in SUDCRS
- Keep Password Updated on SUDCRS

COST REPORT UPDATES

- **FY 18/19**
 - New 93% / 7% Funding Splits (FFP and SGF)
 - Added Funding Lines
 - MAT Combo Service
 - Buprenorphine-Naloxone
- **FY 19/20**
 - Intensive Outpatient Services
 - Separated Billing Codes (Info Notice 19-031)
 - COVID Rates (Info Notice 20-023)
 - Settlement of ODS to allowable cost (During COVID PHE)
 - Info Notice 20-041
 - New NTP Cost Report Template (Non-County Providers)
 - Reporting at Legal Entity
 - Submitted Directly to DHCS (Info Notice 19-005, 21-018)

SUD COST REPORT SUPPORT

- **Annual Mail Outs:** Reconciliation reports by aid code group, Cost Report Manual, Funding Lines Combinations, Program/Service codes, policy changes
- **Supplemental Resources:** FAQs, archived webinars, PowerPoint presentations, policy letters
- **Assigned Analyst Support:** Respond to questions/issues, feedback on errors

RESOURCES

- Cost Report Questions
 - Email: AODCostReport@dhcs.ca.gov or Assigned County Analyst
- DHCS Website
 - www.dhcs.ca.gov
- SUDCRS Support
 - SUDCRSsupport@dhcs.ca.gov

The background of the slide is a purple-tinted image featuring a medical stethoscope on the right side and a line graph with a grid on the left side. The graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The text 'QUESTIONS-6' is centered in the upper half of the slide in a white, bold, sans-serif font.

QUESTIONS-6

Thank You For Your Participation