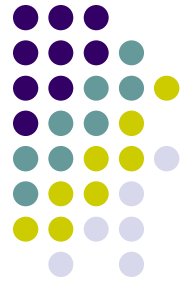


Alcohol and Drug Program Administration

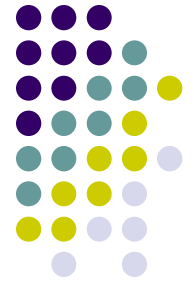


www.publichealth.lacounty.gov/adpa

NON-DRUG MEDICAL (NNA)

**1000 S. Fremont Ave.
Building A-9 East, 3rd Floor – Unit 34
Alhambra, CA. 91803**



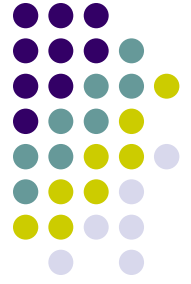


COST REPORT ORIENTATION

NON DRUG MEDI-CAL FUNDED CONTRACTS

FISCAL YEAR 2008-2009

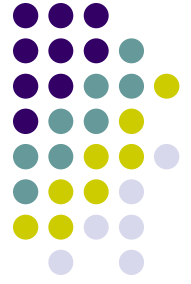
VERY IMPORTANT



SUBMITTING YOUR COST REPORT:

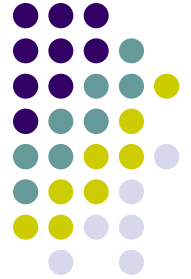
- **PLEASE MAKE SURE THE UNIT OF SERVICE SUBMITTED AGREE WITH THE PDR. FAILURE TO DO SO WILL IMPACT YOUR COST SETTLEMENT. (PLEASE REPORT ANY DISCREPANCIES TO EDITA MENDOZA AT 626-299-3206).**
- **ALL COST REPORT MUST PROVIDE UNIT OF SERVICE OR STAFF HOURS. THIS INCLUDES NON-PROVISION RATE CONTRACT.**
- **ATTACH THE MOST CURRENT BUDGET SUMMARY TO COST REPORT (COST REPORT WILL BE CONSIDERED INCOMPLETE WITHOUT SAID DOCUMENT).**
- **SEND SIGNED ORIGINAL COST REPORT WITH A COPY BY MAIL FOR ALL ACTIVE CONTRACTS WITH AND WITHOUT ACTIVITIES.**

Topics of Discussion



1. Objectives
2. Source Documents
3. Type of Contracts
4. Type of Forms
5. Instructions for Completing the Forms
 - ODF (Outpatient Drug Free) Form
 - Regular- Non ODF Form
 - Prop 36
 - Cal-WORKS
6. Common Errors
7. Deadline

Objectives



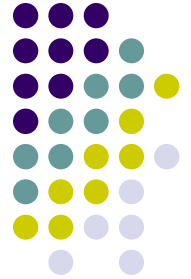
- A. To help you complete your cost report timely and accurately
- B. To inform of any changes for FY 2008-09
- C. To answer your questions and concerns



Source Documents

1. CONTRACT BUDGET (Line Item Contract)
2. PERFORMANCE DATA REPORT (PDR)
3. TEN PERCENT (10%) GROSS BUDGET ADJUSTMENT WORKSHEET (Budget Line Item Shifting Worksheet). This applies to Non-Provisional rate contract only and has to document with cost Line item budget when submitting cost report.

Type of Contracts (FFS, PR, NPR)



1. Fee for Service (FFS)

- Contracts are reimbursed for units of service rendered multiplied by the contract unit rate up to the maximum contract amount.

2. Cost Reimbursement Provisional Rate (PR)

- Contracts are reimbursed based on the lesser amount of actual cost or contract amount. The negotiated provisional rate is an approximation provided for processing provider's monthly claims for reimbursement.



Type of Contract, cont.

3. Cost Reimbursement Non-Provisional Rate (NPR) Line Item

- Costs are reimbursed for actual costs in accordance with the line items, as provided in the budget/contract.

The contract provision allows providers to revise a total amount of all existing line item(s) by a maximum of 10% of the gross budget without prior written approval from the ADPA Director, provided that any increase in any line item(s) is offset by a corresponding decrease in the other line item(s) of the budget or as provided in the contract.



Type of Forms

1. ODF (Outpatient Drug Free)
2. Non-ODF (DCH and Residential)
3. Prop 36 ODF (Outpatient Drug Free)
4. Prop 36 Non-ODF
5. Cal-WORKS - ODF
6. Cal-WORKS - Non-ODF

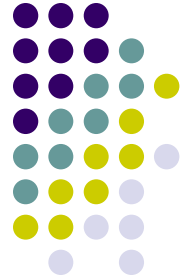
Type of Forms (ODF, Non-ODF)



- *ODF form and Non-ODF form are very similar except that in the...*
- *ODF form, Expenditures MUST be allocated into:*
 - ***Individual (IND) and***
 - ***Group (GRP)***
- *Units of service SHOULD be reported as follows:*

ODF Form Instructions

UNITS OF SERVICE OVERVIEW



1. **ONTPDTEX:** Reported as “Slot Day.” Whereas, slot day is one “face to face” day of service, provided to a client by staff licensed to prescribe and administer medication.

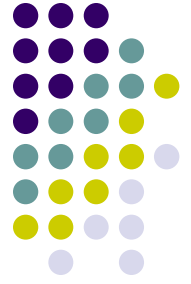
2. **Service Staff Hours:** For ODF, this is the direct service hours only (Counseling Hours).
 - **Group Counseling** – **90 minutes per session**
 - **Individual Counseling** – **50 minutes per session**

3. **Individual Face to Face Visits:** The number of individuals attending individual counseling sessions.

4. **Group Face-to-Face Visits:** The total number of individuals in the group attending group sessions.

5. **Group Sessions:** The total number of sessions held for providing group counseling during the year.

ODF Form and Non-ODF Form Instructions



SCHEDULE P1 – SALARIES AND EMPLOYEE BENEFITS

1. HEADING: Check type of program. Fill in agency name and mode of service and the date the schedule was prepared.
2. TITLE OF POSITION (A): List each staff personnel working on the contract by title. Exclude those members for whom no taxes or employee benefits were paid. Non-employee expenditures should be shown on Schedule P4, page 1 of 2, on the line for Consultants.
3. MONTHLY SALARY (B): For each position (A) indicate the monthly salary based on a 40 hours work-week as if the individual had worked for the company 100% of the time.
4. PERCENTAGE OF TIME EMPLOYED BY AGENCY (C): Indicate the total percentage of time an employee worked for the organization. Full time = 100%, half time = 50%, quarter time = 25% (number of hours per week divided by 40). This percentage should not exceed 100% or 40 hours per week.
5. PERCENTAGE OF TIME SPENT ON CONTRACT SERVICES (D): Percentage of time spent on this contract.

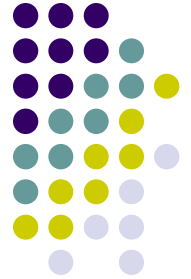
ODF Form and Non-ODF Form Instructions



SCHEDULE P1 – SALARIES AND EMPLOYEE BENEFITS

6. PERCENTAGE OF TIME SPENT ON DIRECT SERVICES (E): Percentage of time charged to this contract based on column (B). Direct services are those that deal directly with clients.
7. TOTAL ANNUAL SALARY (F): Enter amounts from financial records of this position.
8. ACTUAL EXPENDITURES ODF IND (G): Actual cost from payroll or general ledger charged to ODF Individual Services.
9. ACTUAL EXPENDITURES ODF GRP (H): Actual cost from payroll or general ledger charged to ODF Group Services.
10. COUNTY APPROVED BUDGET (I): Enter the amount for each position from the latest County Approved Budget for the specific contract.

ODF Form and Non-ODF Form Instructions

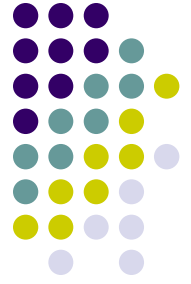


SCHEDULE P2 – FACILITY RENT/LEASE OR DEPRECIATION

I. RENT/LEASE

1. FACILITY ADDRESS: Please provide complete address.
2. TOTAL ANNUAL RENT/LEASE (A): Enter actual rent/lease from financial records for the contract period.
3. TOTAL GROSS SQUARE FOOTAGE (B): Enter actual square footage of the facility.
4. COST PER SQUARE FOOT (C): Divide column (A) by column (B).
5. PROGRAM SQUARE FOOTAGE (D) and (E): Enter square footage charged to Individual and Group Services.
6. ACTUAL EXPENDITURES-ODF Individual (F): Multiply column (C) by column (D). This amount should agree with your financial records.
7. ACTUAL EXPENDITURES-ODF Group (G): Multiply column (C) by column (E). This amount should agree with your financial records.
8. COUNTY APPROVED BUDGET (H): Amount from the latest County Approved Budget.

ODF Form and Non-ODF Form Instructions



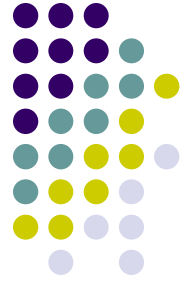
SCHEDULE P2 – FACILITY RENT/LEASE OR DEPRECIATION, cont.

II. FACILITY OWNED

1. ACTUAL EXPENDITURES (I): Enter amount of actual depreciation charged to ODF Individual Services.
2. ACTUAL EXPENDITURES (J): Enter amount of actual depreciation charged to ODF Group Services.
3. COUNTY OF APPROVED BUDGET(K): Post the amount from the latest County Approved Budget
4. FILL IN columns (A) through (H): **Do not include land in facility cost.** Calculate depreciable cost (E) as: facility cost (B), increased by facility improvement (C), less salvage value (D).

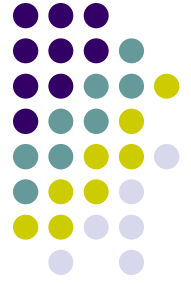
ODF Form and Non-ODF Form Instructions

SCHEDULE P3 – EQUIPMENT AND OTHER ASSET LEASES



1. DESCRIPTION OF LEASES (A): The Los Angeles County, Department of Public Health encourages the leasing of items classified as Fixed Assets Equipment. For this column, itemize those assets classified as fixed assets, equipment or any asset regardless of classification costing over \$5,000 per leased unit and has an expected service life of more than three years. Leased items costing less than the above must be itemized in the Miscellaneous Services and Supply Items section of Schedule P4, page 2.
2. VALUE OF EQUIPMENT (B): Enter the lesser of the purchase price or market value of the leased equipment.
3. NUMBER OF ITEMS (C): Enter the actual number of leased items from column (A).
4. ACTUAL EXPENDITURES ODF IND (D): Enter the actual cost for leased equipment and/or other assets charged to the ODF Individual services.
5. ACTUAL EXPENDITURES ODF GRP (E): Enter the actual cost for leased equipment and/or other assets charged to ODF Group services.
6. COUNTY APPROVED BUDGET (F): Enter the amount from the latest County Approved Budget.

ODF Form and Non-ODF Form Instructions



SCHEDULE P4 – SERVICE, SUPPLIES & EQUIPMENT DEPRECIATION

1. ACTUAL EXPENDITURES-ODF IND (B): For each item in column (A) indicate the actual cost to your agency applicable to ODF Individual Services.
2. ACTUAL EXPENDITURES-ODF GRP (C): For each item in column (A) indicate the actual cost to your agency applicable to ODF Group Services.
3. ITEM (A): Review this column for appropriateness and accuracy in terms of service and supplies used by your agency. Please note that space is provided for bookkeeping fees which are separate from consultant services.
4. COUNTY APPROVED BUDGET (D): Enter the amount from the latest County Approved Budget.

SCHEDULE P4, PAGE 2

5. MISCELLANEOUS SERVICE AND SUPPLY ITEM (A): In this column, itemize expenditures not found under column (A), page 1, including leased equipment not included in Schedule P3 because of the program cost limitations.
6. ACTUAL EXPENDITURES-ODF IND (B): Enter the actual cost of miscellaneous services and supply items listed in column (A) for ODF Individual Services.

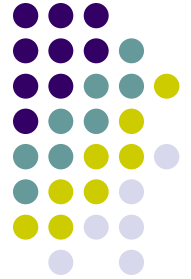
ODF Form and Non-ODF Form Instructions



SCHEDULE P4, PAGE 2, cont.

7. ACTUAL EXPENDITURES-ODF GRP (C): Enter the actual cost of miscellaneous service and supply items listed in column (A) for ODF Group Services.
8. COUNTY APPROVED BUDGET (D): Enter the amount from the latest County Approved Budget.
9. DEPRECIATION FOR EQUIPMENT/FIXED ASSETS (A): *In accordance with the “Fixed Assets Classification Guidelines developed by the County Auditor-Controller Accounting Division,” the County of Los Angeles, Alcohol & Drug Program Administration will not pay for the initial outlay of funds for items classified as fixed assets and equipment. However, agencies may depreciate such fixed assets, and equipment over a period of not less than three years from the date of purchase and charge depreciation expense to the contract for the appropriate amount. Depreciation is limited to cover those periods the contract is in effect and over the periods benefited.*
10. UNIT COST (B): Enter the cost of the items listed in column (A).
11. NUMBER OF ITEMS (C): Indicate the actual number of items identified in column (A).
12. ACTUAL EXPENDITURES-ODF IND (D): Enter the actual depreciation cost charged to ODF Individual Services.
13. ACTUAL EXPENDITURES-ODF GRP (E): Enter the actual depreciation cost charged to ODF Group Services.
14. COUNTY APPROVED BUDGET (F): Enter the amount from the latest County Approved Budget. 18

ODF Form and Non-ODF Form Instructions



SCHEDULE P5 – ADMINISTRATIVE OVERHEAD

Administrative Overhead, as defined in the “State Department of Alcohol & Drug Programs Audit Assistance Guide” are indirect costs that were incurred for a common or joint purpose benefiting more than one cost objective, and not readily assignable to a specific cost objective.

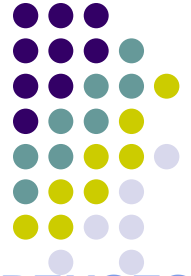
These Costs involve:

- A. Salaries, wages, and employee benefits of administrative personnel whose effort benefits more than one cost objective.
- B. Operational costs and maintenance costs which benefit more than one cost objective.

SUGGESTED METHODS TO CALCULATE THE PROGRAM’S ADMINISTRATIVE OVERHEAD EXPENSE:

ODF Form and Non-ODF Form Instructions

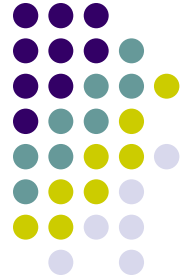
SCHEDULE P5, cont.



I. ADMIN. O.H. EXPENSE AS A PERCENTAGE OF TOTAL AGENCY EXPENSES

1. TOTAL DIRECT AGENCY EXPENSE: Enter the total direct expenses for the agency.
2. ADMINISTRATIVE OVERHEAD RATE: Divide the total administrative expense by total agency expenses.
3. PROGRAM EXPENSES (A1) and (A2): Transfer amounts from lines 1 through 4 for ODF Individual and ODF Group, from the Cost Report Summary Page to Col. (A1) and (A2) respectively.
4. INDIRECT ADMINISTRATIVE EXPENSE POOL: Enter the administrative expenses of the agency.
5. TOTAL DIRECT PROGRAM EXPENSES: Add lines 1 through 4.
6. ACTUAL EXPENDITURES-ODF IND (B): Multiply Total Program Expenses col. (A1) by the Administrative Overhead Rate. Post amount to line 5, column (1), on the Summary Page.
7. ACTUAL EXPENDITURES ODF GRP (C): Multiply Total Program Expenses col. (A2) by the Administrative Overhead Rate. Post amount to line 5, column (2), on the Summary Page.
8. COUNTY APPROVED BUDGET (D): Enter the amount from the latest County Approved Budget.

ODF Form and Non-ODF Form Instructions

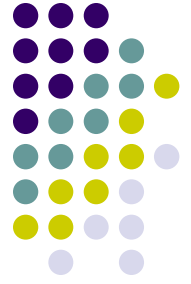


SCHEDULE P5, cont.

II. ADMIN. O.H. EXPENSE AS A PERCENTAGE OF TOTAL DIRECT AGENCY SALARIES

1. TOTAL PROGRAM SALARIES: Post Total Salary from col. (G) plus col. (H) on Schedule P1, page 1. **DO NOT INCLUDE EMPLOYEE BENEFITS.**
2. TOTAL AGENCY SALARIES: Enter the total salaries paid by the agency.
3. ADMINISTRATIVE OVERHEAD RATE: Total Program Salaries divided by Total Agency Salaries.
4. ADMINISTRATIVE EXPENSE POOL: Enter total administrative expenses by Individual and Group Counseling Services for the agency.
5. ACTUAL EXPENDITURES-ODF IND (B) AND ODF GRP (C): Administrative Expense Pool for ODF Individual and ODF Group multiplied by Administrative Overhead Rate respectively.
6. COUNTY APPROVED BUDGET (D): Enter the latest County Approved Budget.

ODF Form and Non-ODF Form Instructions



SCHEDULE P5, cont.

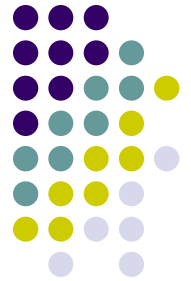
III. OTHER METHOD USED TO CALCULATE THE PROGRAM'S ADMIN O.H. EXPENSE

If you use other method, explain the method and attach all worksheets used to calculate Administrative Overhead Expense. Please note that:

- **Actual expenditures must be identified separately between Individual and Group Services.**
- Manually Post Total to line 5, column (1) and (2), on the Summary Page.
- Also post the amount from the latest County Approved Budget and the Variance to line 5, columns (3) and (4), respectively.
- (Please read detailed instructions attached to Forms).

ODF Form and Non-ODF Form Instructions

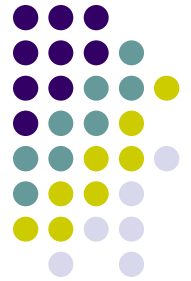
SUMMARY PAGE



1. COMPLETE Agency Contact Information.
2. TOTAL EXPENSES from the Schedules are automatically transferred to the Summary page.
3. REVENUE SECTION:
 - Participant/Client Fees are fees collected from clients during the Fiscal Year.
 - Excess Fees Carryover are client fees collected during last Fiscal Year 2007-08 in excess of budgeted projection, but were not spent during the same Fiscal Year and therefore, carryover to this Fiscal Year 2008-09.

ODF Form and Non-ODF Form Instructions

SUMMARY PAGE, cont.

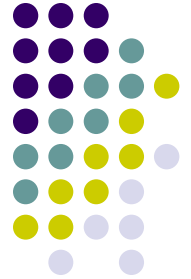


REVENUE SECTION, cont.

- **Excess Fees Carry Forward** are client fees collected during the Fiscal Year 2008-09 in excess of budgeted projection, but not spent during Fiscal Year 2008-09, therefore are carried forward to the next Fiscal Year 2009-10.
- **Any fees carried forward** are subject to the review of the County Program Advisory Board and the approval of both the County Board of Supervisors and the State Department of Alcohol and Drug Program. This amount should be included in the budget for FY 2009-10 excess fees carryover calculation.

ODF Form Instructions (ADP)

SUMMARY PAGE, cont.



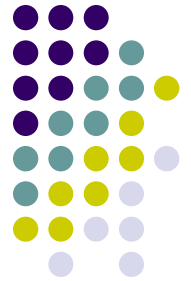
UNITS OF SERVICE : (MANDATORY, DO NOT LEAVE BLANK) (See detailed instructions attached to Forms)

1. **Total Staff Hours/Slot Days:** The available staff hours spent providing services.
2. **Total Service Staff Hours (Counseling Hours):** The direct treatment service staff hours for Individual Visits and Group Sessions.
3. **Total Individual Face-to-Face Visits:** The number of **Individual** participants.
4. **Total Group Visits:** The number of participants in **Group Sessions**.
5. **Total Group Sessions:** The **Group Sessions** provided during year.

ALWAYS MAKE SURE THAT THE UNITS REPORTED ARE ACCURATE

ODF Form Instructions (Prop 36)

SUMMARY PAGE, cont.



UNITS OF SERVICE: (MANDATORY, DO NOT LEAVE BLANK)

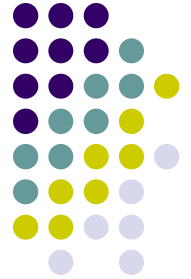
(See detailed instructions attached to Forms)

1. **Clients Served (# of SACPA Clients):** Total of **SACPA client served**. Do not count the same client more than once. (Substance Abuse and Crime Prevention Act of 2000 (SACPA)).
2. **Total Staff Hours:** If counseling services were provided and the Contract rate is for **Staff Hours**, enter the number of staff hours and continue filling information on lines 13b-13e. If no participants and only Outreach Services were provided enter staff hours and leave lines 13b-13e blank. (See instructions).
3. **Total Service Staff Hours:** The total direct service staff hours (Counseling Hrs).
4. **Total Individual Face-to-Face Visits:** The number of **Individual** participants.
5. **Total Group Visits:** The number of participants in **Group Sessions**.
6. **Total Group Sessions:** The **Group Sessions** provided.

ALWAYS MAKE SURE THAT THE UNITS REPORTED ARE ACCURATE

ODF Form Instructions (Cal-Works)

SUMMARY PAGE, cont.



UNITS OF SERVICE: (MANDATORY, DO NOT LEAVE BLANK)
(See detailed instructions attached to Forms)

1. **Total Service Hours Orientation and Outreach:** The available hours spent providing services.
2. **Total Service Staff Hours (Counseling Hours):** The total direct treatment service staff hours.
3. **Total Individual Face-to-Face Visits:** The number of **Individual** participants.
4. **Total Group Visits:** The number of participants in **Group Sessions**.
5. **Total Group Sessions:** The **Group Sessions** provided. The number of group sessions reported in line 13e will be the number of the cost center's clients that participated in the group sessions. (Please read the detailed instructions).

ALWAYS MAKE SURE THAT THE UNITS REPORTED ARE ACCURATE



Non-ODF Form Instructions

SUMMARY PAGE, cont.

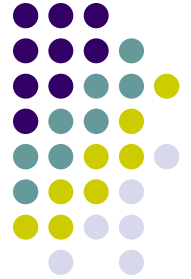
UNITS OF SERVICE: (MANDATORY, DO NOT LEAVE BLANK)

(See detailed instructions attached to Forms)

1. **Staff Hours:** The available staff hours spent providing services.
2. **Bed Days:** The number of bed days available for services.
3. **Visit Days:** The number of days the clients received Day Care Habilitative Services.

ALWAYS MAKE SURE THAT THE UNITS REPORTED ARE ACCURATE

Non-ODF Form Instructions (Prop 36)



SUMMARY PAGE, cont.

UNITS OF SERVICE: (MANDATORY, DO NOT LEAVE BLANK)
(See detailed instructions attached to Forms)

Substance Abuse and Crime Prevention Act of 2000 (SACPA)

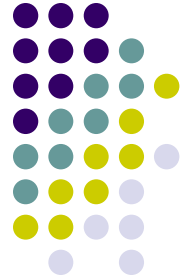
1. **SACPA Hours**
2. **Clients Served (# of SACPA Clients)**
3. **SACPA Visits**
4. **Slots Days**
5. **SACPA Bed Days**

ALWAYS MAKE SURE THAT THE UNITS REPORTED ARE
ACCURATE

Non-ODF Form Instructions

Cal-Works Program

SUMMARY PAGE, cont.

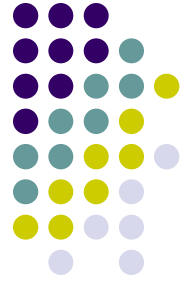


UNITS OF SERVICE: (MANDATORY, DO NOT LEAVE BLANK)
(See detailed instructions attached to Forms)

1. **Total Service Hour:** The hour worked where **Orientation & Outreach** activities were provided directly to Cal-WORKS and GAIN recipients, or
2. **Service Day:** One “face to face” day of service provided to a client lasting a minimum of 3 hours per day.
3. **Total Units of Services:** Staff Hours or Resident Day or Day Care Day.
4. **Residential Services (RS) or Residential Day:** A 24 hour period during which, a specified licensed bed is assigned and occupied by a registered participant.

ALWAYS MAKE SURE THAT THE UNITS REPORTED ARE ACCURATE

Common Errors:



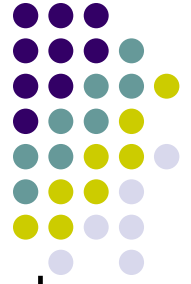
1. Summary Page

- Incorrect contract number.
- Provider # does not match with facility address
- Missing County Approved Budget Information
- Authorized Signature
- The signature confirms that all information is correct and corresponds to the Agency's financial records.
- Please make sure that the Summary Page is signed by the authorized person and completely filled out with contact person's name, email address and phone/fax number in case we need to call for questions concerning your cost report.

2. Schedule P2 Facility Rent/Lease

- **Missing Facility Address-**
Please fill out the service facility address where the services were provided at. If multiple facilities, then please submit separate rent/lease schedules for each facility.

Common Errors, cont.



3. Revenue

- Participant/Client Fees collected from participants/clients and spent during this 2008-09 Fiscal Year.
- Please do not include County Reimbursement as Revenue.

4. Private Funding/Public Assist./Other Prov. Revenue

- Indicate only actual revenue collected during this Fiscal Year.

5. Units of Service Information

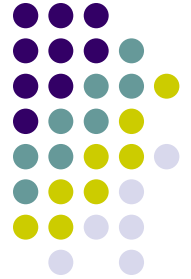
- Missing units information
- Units do not match with billing.
- Please always provide the unit information The unit information on the Summary Page can be obtained from the Performance Data Report.



Common Errors, cont.

6. Units of Service Information, cont.

- If there are units that were not disclosed on your monthly claim for reimbursement but should be charged to this contract, include these units in the cost report and submit supplemental claims to CRU.
- Supplemental claims units will be reimbursed at the cost report settlement.
- For Cost Reimbursement Line-Item Non-Provisional rate (NPR) the actual units of service/staff hours in accordance to the contract modality is required for reporting purposes.

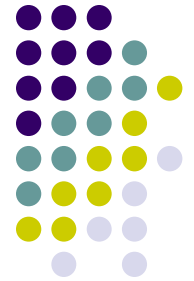


Mandatory

- A. *All cost reports, including cost reimbursement line item contracts (NPR) must have the units of service reported before submission. **PLEASE DO NOT LEAVE THIS LINE BLANK.***

- B. *Fill in the information for the latest County Approved Budget column on the Summary Page.*

- C. *All issues or changes pertaining to this Fiscal Year cost report should be submitted to County by the end of **September 2009.** **There will not be any concessions after the final submission to the State.***



DEADLINE

SUBMIT COST REPORT FY 2008-09 BY

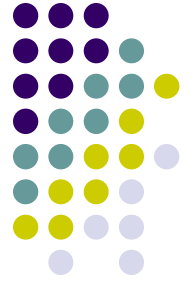
AUGUST 31, 2009

- ✓ SEND COST REPORT ORIGINAL AND COPY,
- ✓ AND ALL WORKING PAPERS AS APPLICABLE TO:

TO:

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
ALCOHOL AND DRUG PROGRAM ADMINISTRATION
1000 S. FREMONT AVE.
BUILDING A-9 EAST, 3rd FLOOR, NORTH WING, UNIT 34
ALHAMBRA, CA 91803

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Jun, 2009