

Welcome to

SAPC

DRUG MEDI-CAL

Cost Report Orientation (2ND)

for Fiscal Year 2015-16

Substance Abuse Prevention and Control

www.publichealth.lacounty.gov/sapc

DRUG MEDI-CAL

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Alhambra, CA 91803

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Medi-Cal Eligibility Website:

www.medi-cal.ca.gov/Eligibility/login.asp



Cost Report Forms and Instructions can be downloaded from Substance Abuse Prevention and Control website:

- www.publichealth.lacounty.gov/sapc
- Click “Provider Information and SAPC Program Resources” on the left side.
- Click “Cost Reporting” under Finance
- Click Red Highlighted for DMC Forms

Topics of Discussion

1. Instructions for completing
FY 2015-16 Non-NTP DMC
Cost Report Form
2. Deadline – January 20, 2017



DRUG MEDI-CAL COST REPORT FROM

There are 18 tabs in the form, choose applicable tabs that apply to your contract.

Tab Identification:

Tab 1	Provider Information and Certification
Tab 2	Overall Cost Summary
Tab 3	Overall Detailed Costs
Tab 4	Outpatient Drug Free (ODF) Detailed Costs
Tab 5	ODF Detailed Adjustments
Tab 6	ODF Cost Allocation
Tab 7	ODF Reimbursed Units
Tab 8	ODF Comparison
Tab 9	Intensive Outpatient Treatment (IOT) Detailed Costs
Tab 10	IOT Detailed Adjustments
Tab 11	IOT Cost Allocation
Tab 12	IOT Reimbursed Units
Tab 13	IOT Comparison
Tab 14	Residential Detailed Costs
Tab 15	Residential Detailed Adjustments
Tab 16	Residential Cost Allocation
Tab 17	Residential Reimbursed Units
Tab 18	Residential Comparison

Note! Only cells with yellow highlight require data entry.

Tabs that need data entries:

ODF – Tab's 1,3,5,6 &7

IOT – Tab's 1,3,10,11 &12

RES – Tab's 1,3,15,16 &17

All of the other tabs are formulated and do not require data entry.

Unit related Information - **MANDATORY**

(Use ODF as an example)

- 1) Session Information: (Tab #6, cell D29 and F29)
Get information from your daily roster. Enter # of Group sessions in Tab # 6, cell D29 and F29
- 2) Length of Session : (Tab #6, row 30)
Individual – 50 minutes
Group – 90 minutes
IOT – 180 minutes
- 3) Units Information: (Tab # 7)
Enter data from either, (1) State Reconciliation Report, (2) SAPC e- PDR, or (3) Provider's billings.

DEFINITIONS

Direct Cost – Tab 3: Costs which are directly incurred, consumed, expended and identifiable for the delivery of the specific covered service, objective or cost center. This may include salaries, wages, employee benefits, direct materials, equipment, supplies, professional services and transportation that are directly acquired, consumed, or expended for the delivery of the specific covered service or objective.

Indirect Cost – Tab 3: Costs incurred for a common or joint objective benefiting more than one cost center or objective, and are not readily identifiable and assignable to the cost center or objectives specifically benefited, without effort disproportionate to the particular cost center or objective.

DMC unreimbursable Costs – Tab 5: Costs that are not reimbursable or allowable in determining the provider's allowable costs in accordance to the California's Medicaid State Plan, Federal and State laws and regulations, including 2 CFS part 200 Subpart E, CMS Non-Institutional Reimbursement policy and California Code of Regulations Titles 9 and 22. (see next slide for specific details regarding allowable costs)



ALLOWABLE COSTS (FEDERAL REGISTER (FR) § 200.420)

The FR establishes the allowability of certain items in determining allowable costs, and factors that affect the allowability of costs.

The factors affecting allowability of costs are referenced in FR: § 200.403 & Appendix XI, FR: Compliance Supplement.

A. Compliance Supplement Requirements Part 3 reads in part:

1. Except where otherwise authorized by statute, cost must meet the following general criteria in order to be allowable under Federal awards:
 - a. Be necessary and reasonable for the performance of the award, and be allocable under the principles in 2 CFR part 200, subpart “E.”
 - b. Conform to any limitations or exclusions set forth in 2 CFR part 200, subpart “E.”

ALLOWABLE COSTS (FEDERAL REGISTER (FR) § 200.420) (continued)

- c. Be consistent with policies and procedures that apply uniformly to both federally financed and other activities of your agency.
- d. Be accorded consistent treatment, ,i.e. a cost may not be treated as an direct cost if any other cost for the same purpose in like circumstances has been allocated as an indirect cost.
- e. Be determined in accordance with generally accepted accounting principles.
- f. Not be included as a cost or used to meet cost sharing or matching requirements in either the current or a prior period.
- g. Be adequately documented.

ALLOWABLE COSTS (FEDERAL REGISTER (FR) § 200.420) (continued)

2. Except where otherwise authorized by statute, cost must meet the following general criteria in order to be allowable under Medi-Cal:
 - a. **Must be treatment related. (Provider Reimbursement Manual, Chapter 21, section 2102.3).**

B. The FR: § 200.420 – 200.475.

1. Identifies consideration for selected items of cost.
2. Use the FR as an aid to determine allowable cost, which will indirectly identify unreimbursable cost.

INSTRUCTIONS FOR ENTERING DATA INTO TABS

Tab 3: Detailed Costs

Column B: Enter the total cost (direct and indirect) from the agency's general ledger for that site for each applicable line item from rows 9 through 49.

Columns D through H:

These columns are for "Direct Cost Only." Enter the agency's direct cost that are attributable to each cost center for each applicable line item from rows 9 through 49.

Column D, E, F - are for SAPC DMC contracts.

Column G - is for other SAPC SUD contracts which are for treatment other than DMC.(i.e. CW,Prevention,etc..)

Tab 3: Detailed Costs (continued)

- Column H - are for Non-SUD, e.g DUI, Mental Health, Non-SAPC contracts
- Column K - Enter an explanation of how direct costs were identified to each applicable line item (rows 9 through 49).
- Row 51 - The worksheet is set up to compute the indirect cost (Column C) using the percentage of direct cost for each applicable expense category.

Tab 5: Detailed Adjustments for DMC Unreimbursable and Direct Costs.

This worksheet provides the detail breakout of cost for each of the cost centers between the different ODF services, i.e. ODF Individual Non-Perinatal, ODF Group Non-Perinatal, ODF Individual Perinatal, and ODF Group Perinatal.

This worksheet is divided in two sections,

- (1) DMC Unreimbursable Costs, and
- (2) Direct Costs

Tab 5: Detailed Adjustments for DMC Unreimbursable & Direct Costs (continued)

(1) DMC Unreimbursable Costs will be determined as follows:

Private: These are costs associated with private pay patients.

- Enter all cost applicable to private pay patients.

Non-DMC: These are cost that are not treatment related. See

“Attachment I” for definitions of non-treatment related costs.

- Enter all cost applicable to non-treatment related costs. These cost are unreimbursable costs

Tab 5: Detailed Adjustments for DMC Unreimbursable & Direct Costs (continued)

(2) Direct Costs will be determined as follows:

Private: These are costs associated with private pay patients.

- Enter all cost applicable to private pay patients.

DMC: These are costs for additional services which are DMC treatment related, i.e. if agency provided perinatal child care education expense, that cost should be reported in this column.

The key in identifying additional services will be in the contract. Additional services are those services which are not identified in the contract.

- Enter all cost applicable to DMC additional services which are not DMC treatment related.

Tab 5: Detailed Adjustments for DMC Unreimbursable & Direct Costs (continued)

Non-DMC: These are program funded with NNA funding stream (that is not DMC). For example, SAPT, County funds and others.

SAPC does not have any funding in this category, therefore this column will be zero.

Tab 6: ODF Cost Allocation Worksheet

This worksheet identifies the detail of costs between the different ODF services, and between Private Pay, DMC and Non-DMC costs. This worksheet will calculate the maximum allowable reimbursement cost for DMC service, which will identify the bottom line for determination of the “Lower of Cost or Charges.”

Section 6: Row a. (row 29) Enter the ODF number of Group sessions for each of the following areas:

- a. ODF Group - Non Perinatal (ODF G NP)
- b. ODF Group - Perinatal (ODF G P)

Tab 6: ODF Cost Allocation Worksheet(continued)

Section 6: Row b. (row 30) Enter the length of session's time for each of the following areas:

- a. ODF Individual – Non Perinatal (ODF I NP)
- b. ODF Group – Non Perinatal (ODF G NP)
- c. ODF Individual – Perinatal (ODF I P)
- d. ODF Group – Perinatal (ODF G P)

Note! If the length is less than 50 minutes (Individual) or 90 minutes (Group), this will trigger an adjustment to the State Maximum Allowance (SMA).

If the length is greater than 50 minutes (Individual) or 90 minutes (Group), the higher amount will be used to compute direct staff hours, and in no cases will the reimbursement exceed the SMA.

Tab 6: ODF Cost Allocation Worksheet(continued)

Section 13: Row a: Enter the number of units for Private and Non-DMC for ODF Individual – Non Perinatal.

Section 13: Row b: Enter the number of units for Private and Non-DMC for ODF Group – Non Perinatal.

Section 13: Row c: Enter the number of units for Private and Non-DMC for ODF Individual – Perinatal.

Section 13: Row d: Enter the number of units for Private and Non-DMC for ODF Group – Perinatal.

Section 14: Row d: Refer to next slide(slide # 22) for rate schedule to enter the SMA in each of the following areas:

- a. ODF Individual – Non Perinatal (ODF I NP)
- b. ODF Group – Non Perinatal (ODF G NP)
- c. ODF Individual – Perinatal (ODF I P)
- d. ODF Group – Perinatal (ODF G P)

FY 2015-16 DMC RATES

Regular DMC

Description	Unit of Service (UOS)	FY 2015-16 UOS Rate
Narcotic Treatment Program (NTP) - Methadone Dosing	Daily	\$11.44
NTP - Individual Counseling	One 10-minute Increment	\$13.39
NTP - Group Counseling	One 10-minute Increment	\$3.02
Intensive Outpatient Treatment (IOT)	Face-to-Face Visit	\$58.30
Outpatient Drug Free (ODF) Individual Counseling	Face-to-Face Visit (Per Person)	\$66.93
ODF Group Counseling	Face-to-Face Visit (Per Person)	\$27.14

Perinatal DMC

Description	Unit of Service (UOS)	FY 2015-16 UOS Rate
Narcotic Treatment Program (NTP) - Methadone Dosing	Daily	\$13.58
NTP - Individual Counseling	One 10-minute Increment	\$21.17
NTP - Group Counseling	One 10-minute Increment	\$5.79
Intensive Outpatient Treatment (IOT)	Face-to-Face Visit	\$81.22
Perinatal Residential (RES)	Daily	\$99.97
Outpatient Drug Free (ODF) Individual Counseling	Face-to-Face Visit (Per Person)	\$105.90
ODF Group Counseling	Face-to-Face Visit (Per Person)	\$52.11



Tab 7: Units Information:

Enter data from either -

- (1) State Reconciliation Report,
- (2) SAPC e-PDR, or
- (3) Provider's billings

If units are different from your record, please contact
Christina Ruiz at (626) 299-4175.

Deadline

SUBMIT FY 2015-16 DMC COST REPORT BY
JANUARY 20, 2017

TO:

County Of Los Angeles
Department of Public Health
Substance Abuse Prevention and Control
Cost Reporting Unit
1000 S. Fremont Ave., Building A-9 East
3rd Floor, North Wing, Unit # 34
Alhambra, CA 91803

1. SEND ELECTRONIC FILES TO YOUR ASSIGNED STAFF
2. MAIL ORIGINAL COST REPORT TO THE ABOVE ADDRESS.
3. PLEASE **DO NOT STAPLE OR BIND** COST REPORT.