Schedule 1

SCHEDULE 1 - METHODOLOGY NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH FINAL Y/E COST REPORT FOR: FY XX/XX

| SUBMISSION DATE: | 8/15/20XX | |
|-----------------------------------|-------------------|--|
| REPORTING UNIT/PROVIDER NAME | ABC Services, Inc | |
| FISCAL RU NUMBER/PROVIDER NUMBER: | 33AB01 | |
| LEGAL ENTITY NUMBER: | 123 | |

DESCRIPTION/EXPLANATION OF METHODOLOGY

 A) Provide an explanation of the methodology used to separate Riverside County contract costs/revenues from non-Riverside County contract costs/revenues. Provide sufficient detail, including additional pages and/or worksheets, if needed, to fully describe how the segregation(s) are determined.
If your agency has multiple contracts with the Riverside County Department of Mental Health, provide a separate Schedule 1 to explain the methodology used with each contract.

| A system of <u>cost centers</u> is used to keep program costs separate from one another. This allows all revenue and expense items pertaining to any one particular program to be segregated from all other programs. |
|---|
| Methodology: Direct Allocation |

B) Provide an explanation of the methodology used to distribute costs/revenues to the Mode/Sfc within the contract. Attached additional pages and/or worksheets, as needed, to fully describe the methodology.

Revenue and expenses are distributed proportionately based on the weighted average method of computation, except for Flexible Spending and Start Up costs which are directly allocated. Please see below computation based on weighted average.

| | | DRUG | G MCAL RT | WEIGHTED | WEIGHTED |
|----------|---------|----------|-------------|------------------|------------|
| MD/SFC | UNITS | <u>F</u> | <u>CMAR</u> | AVERAGE | PERCENTAGE |
| 15/01 | 57,101 | \$ | 2.02 | \$ 115,344.02 | 15.29% |
| 15/10-59 | 207,837 | \$ | 2.61 | \$ 542,454.57 | 71.89% |
| 15/60 | 15,582 | \$ | 4.82 | \$ 75,105.24 | 9.95% |
| 15/70 | 5,577 | \$ | 3.88 | \$ 21,638.76 | 2.87% |
| - | 286,097 | | | \$ 754,542.59 | 100.00% |

Methodology: Weighted Avg Allocation

| Weighted Average Calculation for ABC Services, Inc. | Total Contract Cost: | \$ 707,262.18 |
|---|----------------------|------------------|
| FY XX/XX Cost Report | Total Units: | 286,097 |
| | | |

INCORRECT - Weighted Average based on Units Only

| | Units | Units/Total Units | Md/Sfc Split | Md&SFC Split % x Total Contract Cost | Cost Split | Cost Split / Units per Md&Sfc | CPU | |
|-----------|---------|-----------------------------|-----------------|---|---------------|----------------------------------|--------|------------------------------|
| 15/01: | 57,101 | $\frac{57,101}{286,097}$ = | 19.96% > | < \$ 707,262.18 = | \$141,159.74 | \$ <u>135,099.44</u> 57,101 = | \$2.47 | |
| 15/10-59: | 207,837 | $\frac{207.837}{286,097}$ = | 72.65% > | < \$ 707,262.18 = | \$513,795.15 | <u>\$676.897.88</u> 207,837 = | \$2.47 | <u>*Results in flat CPU*</u> |
| 15/60: | 15,582 | $\frac{15,582}{286,097}$ = | 5.45% > | < \$ 707,262.18 = | \$38,520.36 | $\frac{\$36,866.60}{15,582}$ = | \$2.47 | |
| 15/70: | 5,577 | <u>5,577</u> 286,097 = | 1.95% > | < \$ 707,262.18 = | \$13,786.94 | <u>\$13,195.03</u> 5,577 = | \$2.47 | |
| | 286,097 | | 100.00% | | \$707,262.18 | _ | | |

CORRECT - Weighted Average based on Published Charge/SMA/Negotiated Rate per unit

| | Units | Rate | Weighted Cost | (Units x Rate) / Total Weighted Cost | | Md/Sfc Split | | |
|-----------|-----------|--------|------------------|---|---|-----------------|---|---|
| 15/01: | 57,101 x | \$2.02 | = \$115,344 | <u>\$115,344</u> \$754,543 | = | 15.29% | е | |
| 15/10-59: | 207,837 x | \$2.61 | = \$542,455 | <u>\$542,455</u> \$754,543 | = | 71.89% | f | *(Units x Rate) / Total Weighted Cost = Md&SFC Split %* |
| 15/60: | 15,582 x | \$4.82 | = \$75,105 | <u>\$75,105</u> \$754,543 | = | 9.95% | ġ | |
| 15/70: | 5,577 x | \$3.88 | = \$21,639 | <u>\$21.639</u> \$754,543 | = | 2.87% | ĥ | |
| _ | 286,097 | | \$754,543 | . , | | 100.00% | | - |

| Md/Sfc Split | | C Split % x Total ontract Cost | Cost Split | Cost Split / Units per Md&Sfc | CPU |
|-----------------|------|-----------------------------------|---------------|----------------------------------|--------|
| 15.29% | x \$ | 707,262.18 | \$108,116.45 | $\frac{\$103,474.77}{57,101} =$ | \$1.89 |
| 71.89% | x \$ | 707,262.18 | \$508,463.82 | $\frac{\$486,634.36}{207,837}$ = | \$2.45 |
| 9.95% | x \$ | 707,262.18 | \$70,399.07 | $\frac{\$67,376.68}{15,582}$ = | \$4.52 |
| 2.87% | x \$ | 707,262.18 | \$20,282.85 | $\frac{\$19,412.07}{5,577} =$ | \$3.64 |
| | | | \$707,262.18 | | |

Schedule 2 - Expenses

| | E 2 - EXPENSES BY LINE ITEMS PITAL PROVIDER FOR | | | RIVERSIDE COUNTY D | | ENTAL HEALTH | MODES 24 hr. svcs 05 | Description | Service Func. Code 10-18 | Units of Measure Days | | | | | | | | | | | | | |
|-----------|--|-----------|-----------------------------|-----------------------------|----------------------------|----------------|-------------------------|---------------------------------------|-----------------------------|--------------------------|----------------|------------------------|---------------------------|----------------|------------------------|------------------------|----------------|----------------|----------------|----------------|----------------|----------------|-------------|
| | TED COUNTY SERVICES | | | | | | 2411.300303 | Adult Crisis Res. | 40-49 | Days | | | | | | | | | | | | | |
| | | | | | | | | Adult Residential | 65-69 | Days | | | | | | | | | | | | | |
| | | | | | | | Day svcs 10 | Crisis Stabilization | 20-29 | Hours | | | | | | | | | | | | | |
| SUBMISSI | ON DATE: | 8/15/20XX | | - | | | | Day Tx 1/2 day Day Tx full day | 81-84 85-89 | Hours Hours | | | | | | | | | | | | | |
| REPORTI | NG UNIT/PROVIDER NAME: | | ABC Services, | Inc | | | | Day Rhab 1/2 day Day Rhab full day | 91-94 95-99 | Hours | | | | | | | | | | | | | |
| FISCAL RI | J NUMBER/PROVIDER NUMBER: | | 33AB01 | | | | O/P Svcs 15 | Case Management | 01-09 | Minutes | | | | | | | | | | | | | |
| | | | | | | | | M/H Svcs. | 10-19,30-59 | Minutes | | | | | | | | | | | | | |
| LEGAL E | NTITY NUMBER: | | 123 | | | | PEI | Medication Spt. | 60-69 | Minutes | | | | | | | | | | | | | |
| | | | | | | | 0.1.1.15 | Crisis Intervention | 70-79 | Minutes | | | _ | | | | | | | | | | |
| | | | | | | | Outreach - 45 | MH Promotion | 10-19 20-29 | Hours | | е | f | | g | h | | | | | | | |
| | | | | | | | | Comm Client Svcs | 20-29 | Hours | | 15.29% | 71.89% | | 0 9.95% | | | | | | | | |
| | | | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (1) | (J) | (K) | (1) | 9.95% (M) | 2.87% (N) | (O) | (P) | (Q) | (R) | (S) | (T) | |
| | | Г | | Describe Methodology | (0) | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology |
| - | | | | on Schedule 1a | | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | Total |
| | | | | LESS: | TOTAL | 05 | 05 | 05 | 05 | 10 | 10 | 15 | 15 | 15 | 15 | 15 | 45 | 45 | 60 | 60 | 60 | Start Up | Mode: ALL |
| | | | PROVIDER | UNALLOWABLE | ALLOWABLE | 10-18 | 30-39 | 40-49 | 65-69 | 20-29 | 85-89 | 01-09 | 10-59 | 58 | 60-69 | 70-79 | 10-19 | 20-29 | 70 | 71 | 72 | | SFC: ALL |
| 3 | SALARIES & BENEFITS | | TOTAL COSTS | COSTS | COSTS | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs |
| | Salaries | | \$2,050,829.95 | \$1,654,969.26 | \$395,860.69 | | | | | | | \$60,513.70 | \$284,591.54 | | \$39,402.96 | \$11,352.49 | | | | | | | \$0.00 |
| 3b | Benefits | | \$369,274.39 | \$298,019.47 | \$71,254.92 | | | | | | | \$10,892.47 | \$51,226.47 | | \$7,092.53 | \$2,043.45 | | | | | | | \$0.00 |
| 3c | Payroll Taxes | | \$111,137.09 | \$91,899.09 | \$19,238.00 | | | | | | | \$2,940.84 | \$13,830.55 | | \$1,914.90 | \$551.71 | | | | | | | \$0.00 |
| 3d | Other | <u> </u> | \$85,135.00 | \$68,593.00 | \$16,542.00 | | | | | | | \$2,528.71 | \$11,892.35 | | \$1,646.55 | \$474.39 | | | | | | | \$0.00 |
| 3x | TOTAL SALARIES & BENEFITS | a | \$2,616,376.43 | \$2,113,480.82 | \$502,895.61 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$76,875.72 | \$361,540.92 | \$0.00 | \$50,056.94 | \$14,422.03 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 4 | OPERATING EXPENSES | | | | | | | | | | | | | | | | | | | | | | |
| 4a | Professional Svcs/Contracts | | \$25,952.79 | \$20,397.25 | \$5,555.54 | | | | | | | \$849.25 \$320.22 | \$3,993.98 | | \$552.98 | \$159.32 | | | | | | | \$0.00 |
| | Office Supplies/Expense | | \$18,741.11 | \$16,646.35 | \$2,094.76 | | | | | | | | \$1,505.96 | | \$208.51 | \$60.07 | | | | | | | \$0.00 |
| | Utilities/Telephone | | \$148,501.62 | \$119,654.27 | \$28,847.35 | | | | | | | \$4,409.78 | \$20,738.89 | | \$2,871.39 | \$827.28 | | | | | | | \$0.00 |
| | Vehicle Maint./Transportation | | \$47,335.86 | \$40,361.23 | \$6,974.63 | | | | | | | \$1,066.18 | \$5,014.19 | | \$694.24 | \$200.02 | | | | | | | \$0.00 |
| | Rent/Occupancy* | | \$450,673.09 | \$429,743.26 | \$20,929.83 | | | | | | | \$3,199.46 | \$15,046.84 | | \$2,083.30 | \$600.23 | | | | | | | \$0.00 |
| | Insurance | | \$49,418.13 \$717.107.92 | \$45,537.86 \$611.388.03 | \$3,880.27 \$105.719.89 | | | | | | | \$593.16 \$7,350.95 | \$2,789.60 \$34,570.97 | | \$386.23 \$4,786.50 | \$111.28 \$1.379.05 | | | | | \$57.632.42 | | \$0.00 |
| | Other Operating Expense | – h | | | | 6 0.00 | | \$ 0.00 | \$ 0.00 | A 0.00 | 6 0.00 | | | * 2.00 | | | A 0.00 | * 2.22 | #0.00 | 6 0.00 | | | |
| 4x | TOTAL OPERATING EXPENSES | N | \$1,457,730.52 | \$1,283,728.25 | \$174,002.27 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$17,789.01 | \$83,660.43 | \$0.00 | \$11,583.16 | \$3,337.25 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$57,632.42 | \$0.00 | \$0.00 |
| 5 | OTHER EXPENSE | | | | | | | | | | | | | | | | | | | | | | |
| 5a | Depreciation* | - | \$28,071.75 | \$28,071.75 | \$0.00 | | | | | | | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | | | | | | | \$0.00 |
| | Amortization | | \$7,803.84 | \$7,803.84 | \$0.00 | | | | | | | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | | | | | | | \$0.00 |
| | Indirect Administration | <u> </u> | 534,297.73 | 446,301.01 | \$87,996.72 | | | | | | | 13,451.72 | 63,262.46 | | 8,758.97 | 2,523.57 | | | | | | | \$0.00 |
| | Other | | \$0.00 | \$0.00 | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | | | | | | | \$0.00 |
| 5x | TOTAL OTHER | | \$570,173.32 | \$482,176.60 | \$87,996.72 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$13,451.72 | \$63,262.46 | \$0.00 | \$8,758.97 | \$2,523.57 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 6x | GROSS COST | u | \$4,644,280.27 | \$3,879,385.67 | \$764,894.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$108,116.45 | \$508,463.81 | \$0.00 | \$70,399.07 | \$20,282.85 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$57,632.42 | \$0.00 | \$0.00 |

SCHEDULE 2A - BOARD & CARE CALCULATION NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH FINAL Y/E COST REPORT FOR: FY XX/XX

| SUBMISSION DATE: | 01/00/1900 |
|-----------------------------------|------------|
| REPORTING UNIT/PROVIDER NAME: | 0 |
| FISCAL RU NUMBER/PROVIDER NUMBER: | 0 |
| LEGAL ENTITY NUMBER: | 123 |

| Building related costs | A Jual FY1516 Stual Cost | C Alloc % to Board & Care | FY151 | = A * C I6 Board & Care |
|-----------------------------|------------------------------------|---------------------------------|-------|-------------------------------|
| Facility Lease | \$ 274,596 | 57% | | 156,942 |
| Property Taxes | \$ - | 57% | | - |
| Property Insurance | \$ 7,598 | 57% | | 4,343 |
| Housekeeping | \$ 5,812 | 57% | | 3,322 |
| Laundry | \$ 10 | 100% | | 10 |
| Dietary | \$ 30,464 | 100% | | 30,464 |
| Sub-total | | | \$ | 195,080 |
| Plus Indirect Costs (15%) | | | | 29,262 |
| Total | | | \$ | 224,342 |
| Total Board & Care | \$ 224,342 | | | |
| Licensed Bed Capacity | \$ 15 | | | |
| Patient Days | 5,475 | | | |
| Board and Care cost per day | \$ 40.98 | | | |

*See Square Footage Calculation Below

| Offices/Units | Facility Sq Footage | Board & Care Sq Footage | Treatment Sq Footage | Other |
|----------------------------------|------------------------|----------------------------|-------------------------|-------|
| Offices | 1,000 | - | 1,000 | - |
| Group Rooms | 250 | - | 250 | - |
| Kitchen | 500 | 500 | - | - |
| Medical Records | 112 | - | 112 | - |
| General Storage | 180 | 80 | 100 | - |
| Conference Room | - | - | - | - |
| Space not used by CRT | - | - | - | - |
| Commen Areas | 1,400 | 616 | 784 | - |
| Bedrooms | 1,200 | 1,200 | - | - |
| Resident's Showers and Restrooms | 600 | 600 | - | - |
| Total Facility | 5,242 | 2,996 | 2,246 | - |
| % of Facility | | 57% | 43% | 0% |

Schedule 2A

Schedule 3 - Revenues

SCHEDULE 3 - REVENUES BY SOURCE NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH FINAL Y/E COST REPORT FOR: FY XX/XX

| SUBMISSION DATE: | 8/15/20XX |
|----------------------------------|-------------------|
| REPORTING UNIT/PROVIDER NAME: | ABC Services, Inc |
| FISCAL RU NUMBER/PROVIDER NUMBER | 33AB01 |
| LEGAL ENTITY NUMBER: | 123 |

| MODES | Description | Service Func. Code | Units of Measure |
|----------------|----------------------|--------------------|------------------|
| 24 hr. svcs 05 | Hosp. Inpatient | 10-18 | Days |
| | Adult Crisis Res. | 40-49 | Days |
| | Adult Residential | 65-69 | Days |
| Day svcs 10 | Crisis Stabilization | 20-29 | Hours |
| | Day Tx 1/2 day | 81-84 | Hours |
| | Day Tx full day | 85-89 | Hours |
| | Day Rhab 1/2 day | 91-94 | Hours |
| | Day Rhab full day | 95-99 | Hours |
| O/P Svcs 15 | Case Management | 01-09 | Minutes |
| | M/H Svcs. | 10-19,30-59 | Minutes |
| PEI | Medication Spt. | 60-69 | Minutes |
| | Crisis Intervention | 70-79 | Minutes |
| Outreach - 45 | MH Promotion | 10-19 | Hours |
| | Comm Client Svcs | 20-29 | Hours |

| f 71.89% | | 9 ,95% |
|--------------------|-----|---------------|
| (K) | (1) | (M) |

| | | | | | | | | | | | e | f 71.89% | | g 9.95% | h 2.87% | | | | | | | |
|----|------------------------|----------------|----------------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------------|----------------|-------------------|-------------------|----------------|----------------|----------------|----------------|----------------|----------------|-------------|
| | | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (1) | (J) | (K) | (L) | (M) | (N) 2.07 /0 | (O) | (P) | (Q) | (R) | (S) | (T) | |
| | | | Describe Methodology | | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology | Methodology |
| | | | on Schedule 1a | | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | on Schedule 1b | Total |
| | | PROVIDER | LESS: | TOTAL | 05 | 05 | 05 | 05 | 10 | 10 | 15 | 15 | 15 | 15 | 15 | 45 | 45 | 60 | 60 | 60 | Start Up | Mode: ALL |
| | | TOTAL | NON-CONTRACT | CONTRACT | 10-18 | 30-39 | 40-49 | 65-69 | 20-29 | 85-89 | 01-09 | 10-59 | 58 | 60-69 | 70-79 | 10-19 | 20-29 | 70 | 71 | 72 | | SFC: ALL |
| | REVENUE TYPES | REVENUES | REVENUES | REVENUES | Revenues | Revenues | Revenues | Revenues | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs | Costs |
| 9 | County Contract Income | \$2,288,447.28 | \$1,611,549.40 | \$676,897.88 | | | | | | | \$94,664.73 | \$445,201.35 | | \$61,640.10 | \$17,759.28 | | | | | \$57,632.42 | | \$0.00 |
| 10 | Grants Income | \$562,387.00 | \$562,387.00 | \$0.00 | | | | | | | | | | | | | | | | | | \$0.00 |
| 11 | Donations Income | \$159,763.68 | \$159,763.68 | \$0.00 | | | | | | | | | | | | | | | | | | \$0.00 |
| 12 | Program Fees | \$964,852.00 | \$964,852.00 | \$0.00 | | | | | | | | | | | | | | | | | | \$0.00 |
| 13 | Food Stamps | \$37,867.61 | \$37,867.61 | \$0.00 | | | | | | | | | | | | | | | | | | \$0.00 |
| 14 | Rental Income | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | | | \$0.00 |
| 15 | Other Income | \$96,664.97 | \$96,664.97 | \$0.00 | | | | | | | | | | | | | | | | | | \$0.00 |
| 16 | TOTAL REVENUE | \$4,109,982.54 | \$3,433,084.66 | \$676,897.88 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$94,664.73 | \$445,201.35 | \$0.00 | \$61,640.10 | \$17,759.28 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$57,632.42 | \$0.00 | \$0.00 |

Schedule 4

SCHEDULE 4 - UNITS NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH FINAL Y/E COST REPORT FOR: FY XX/XX

| SUBMISSION DATE: | 8/15/20XX | |
|------------------|-----------|--|
| | | |

REPORTING UNIT/PROVIDER NAME:

FISCAL RU NUMBER/PROVIDER NUMBER:

33AB01

ABC Services, Inc

123

LEGAL ENTITY NUMBER:

| MODES | Description | Service Func. Code | Units of Measure | | |
|----------------|----------------------|--------------------|------------------|--|--|
| 24 hr. svcs 05 | Hosp. Inpatient | 10-18 | Days | | |
| | SNF/IMD | 30-39 | Days | | |
| | Adult Crisis Res. | 40-49 | Days | | |
| | Adult Residential | 65-69 | Days | | |
| Day svcs 10 | Crisis Stabilization | 20-29 | Hours | | |
| | Day Tx full day | 85-89 | Hours | | |
| O/P Svcs 15 | Case Management | 01-09 | Minutes | | |
| | M/H Svcs. | 10-59 | Minutes | | |
| | Medication Spt. | 60-69 | Minutes | | |
| | Crisis Intervention | 70-79 | Minutes | | |
| Outreach - 45 | MH Promotion | 10-19 | Hours | | |
| | Comm Client Svcs | 20-29 | Hours | | |

| | | | | (A) | (B) | (C) |
|----|---------------|----------------------|-------------|-------------------------|-----------------------|-------------------------|
| | | | | | | |
| | | | | PROVIDER TOTAL UNITS | LESS: NON-CONTRACT | TOTAL CONTRACT UNITS |
| 7 | UNIT TYPES | | | | UNITS/ADJ | (including Medi-Cal) |
| 7a | 24 hr svcs 05 | Hosp Inpatient | 10-18 | | | - |
| 7b | 24 hr svcs 05 | SNF/IMD | 30-39 | | | - |
| 7c | 24 hr svcs 05 | Adult Crisis Res | 40-49 | | | - |
| 7d | 24 hr svcs 05 | Adult Res | 65-69 | | | - |
| 7e | Day svcs 10 | Crisis Stabilization | 20-29 | | | - |
| 7f | Day svcs 10 | Day Tx full day | 85-89 | | | - |
| 7g | O/P Svcs 15 | Case Management | 01-09 | 751,228 | 694,127 | 57,101 |
| 7h | O/P Svcs 15 | M/H Svcs | 10-59 | 255,864 | 48,027 | 207,837 |
| 7i | O/P Svcs 15 | M/H Svcs-TBS | 58 | | | - |
| 7j | O/P Svcs 15 | Medication Spt. | 60-69 | 72,228 | 56,646 | 15,582 |
| 7k | O/P Svcs 15 | Crisis Intervention | 70-79 | 17,328 | 11,751 | 5,577 |
| 71 | Outreach 45 | MH Promotion | 10-19 | | | - |
| 7m | Outreach 45 | Comm Client Svcs | 20-29 | | | - |
| | | | TOTAL UNITS | 1,096,648 | 810,551 | 286,097 |

SCHEDULE 5 - SUMMARY AND REIMBURSEMENT

| NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES | |
|---|------------|
| SUBMISSION DATE: 8/15/20XX Click One> TYPE OF | CONTRACT |
| | ost w/o Me |

| | | 8/15/20XX ABC S | Services, Inc | Cli | ick One> | TYPE OF CONTRACT: O Actual Cost w/o Medi Actual Cost w/ Medi- O 100% Medi-Cal | i-Cal Units | TYPE OF ORGANIZA Non-Profit Profit ACCOUNTING METH | | < Click One | | | | | | | | | | | |
|--------|---|--------------------|---------------|--------|----------|--|-------------|---|--------------|--------------|------------------|-------------|-------------|--------|------------------|--------|--------|-------------|------------------|------------------------|--------------|
| FISCAL | RU NUMBER/PROVIDER NUMBER: | 3 | 3AB01 | | | O IMD | | Cash | UD | < Click Une | | | | | | | | | | | |
| | | | | | | O Neg. Net Amount | | Modified Accrual | | | | | | | | | | | | | |
| LEGAL | ENTITY NUMBER: | | 123 | | | O Negotiated Rate O PEI | | Accrual | | | | | | | | | | | | | |
| | | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | | Check Figure |
| 1 | MODE OF SERVICE CODE | | 05 | 05 | 05 | 05 | 10 | 10 | 15 | 15 | 15 | 15 | 15 | 45 | 45 | 60 | 60 | 60 | Start Up | TOTAL | Mode: ALL |
| 2 | SERVICE FUNCTION CODE | | 10-18 | 30-39 | 40-49 | 65-69 | 20-29 | 85-89 | 01-09 | 10-59 | 58 | 60-69 | 70-79 | 10-19 | 20-29 | 70 | 71 | 72 | | | Svc Fun. ALL |
| | EXPENSES | | | | | | | | | | | | | | | | | | | | |
| 3 | Salaries & Benefits | | \$0.00 | \$0.00 | \$0.00 | | \$0.0 | | \$76,875.72 | \$361,540.92 | \$0.00 | \$50,056.94 | \$14,422.03 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$502,895.61 | \$0.00 |
| 4 | Operating Expenses | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$17,789.01 | \$83,660.43 | \$0.00 | \$11,583.16 | \$3,337.25 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$57,632.42 | \$0.00 | \$174,002.27 | \$0.00 |
| 5 | Other | | \$0.00 | \$0.00 | \$0.00 | | \$0.0 | | \$13,451.72 | | \$0.00 | \$8,758.97 | \$2,523.57 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$87,996.72 | \$0.00 |
| 6x | GROSS COST | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$108,116.45 | \$508,463.81 | \$0.00 | \$70,399.07 | \$20,282.85 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$57,632.42 | \$0.00 | \$764,894.60 | \$0.00 |
| | | | | | | | | | | | | | | | | | | | | | |
| 7 | Total Units of Service | | - | - | - | - | - | - | 57,101 | 207.837 | - | 15.582 | 5.577 | - | - | | | | | | \$0.00 |
| 8 | Cost per Unit of Service | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$1.89 | | \$0.00 | \$4.52 | \$3.64 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | #DIV/0! | \$0.00 | | |
| 8a | Published Charge per Unit | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$2.02 | \$2.61 | \$0.00 \$0.00 | \$4.82 | \$3.88 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 8b | Rate Cap | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$2.02 | \$2.61 | \$0.00 | \$4.82 | \$3.88 | \$0.00 | \$0.00 \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| | REVENUES | | | | | | | | | | | | | | | | | | | | |
| 10 | Grants Income | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 11 | Donation Income | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 12 | Program Fees | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 \$0.00 | \$0.00 | \$0.00 |
| 13 | Food Stamps | | \$0.00 | \$0.00 | \$0.00 | | \$0.0 | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 14 | Rental Income | | \$0.00 | \$0.00 | \$0.00 | | \$0.0 | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 15 | Other Income | | \$0.00 | \$0.00 | \$0.00 | | \$0.0 | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | \$0.00 |
| 16x | TOTAL REVENUES | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 17 | NET COST | | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$108,116.45 | \$508,463.81 | \$0.00 | \$70,399.07 | \$20,282.85 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$57,632.42 | \$0.00 | \$764,894.60 | \$0.00 |
| | | | | | | | | | | | | | | | | | | | | | |
| 18 | Maximum Contract Amount | | \$0.00 | \$0.00 | \$0.00 | | \$0.0 | | \$111,000.00 | | \$0.00 | \$80,000.00 | \$25,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | \$785,000.00 | |
| 19 | Unallowable Medi-Cal Cost (From Sch | edule 7) | \$0.00 | \$0.00 | \$0.00 | 0 \$0.00 | \$0.0 | 0 \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | ACTUAL COST CONTRACTS ONLY: | | | | | | | | | | | | | | | | | | | | |
| 20a | Calculation: Lower of (Line 17 less Line | e 19) or Line 18 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$108,116.45 | \$508,463.81 | \$0.00 | \$70,399.07 | \$20,282.85 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$57,632.42 | \$0.00 | \$764,894.60 | |
| 21 | LESS:Payment received from County Adjustment (For County use only) | | | | | | | | | | | | | | | | | | | \$702,595.24 \$0.00 | |
| 22a | Balance Due to County (if 21>Reimbur | rsement) | | | | | | | | | | | | | | | | | | \$0.00 \$0.00 | |
| | | , | | | | | | | | | | | | | | | | | | \$62.299.36 | |
| 22b | Balance Due to Provider (if 21 <reimbu< td=""><td>ursement)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$02,299.36</td><td></td></reimbu<> | ursement) | | | | | | | | | | | | | | | | | | \$02,299.3 6 | |

I certify under penalty of perjury that the information

contained on these documents is true and accurate.

| Director's Signature | Date | Director's Telephone No. | Name of Person to Contact Regarding CR (Print) | Contact Person's Telephone No. | Contact Person's Mailing Address |
|-----------------------------------|------|--------------------------|--|--------------------------------|----------------------------------|
| | | | | | |
| Director's Name (Print) and Title | | Director's Email Address | Contact Person's Email Address | Contact Person's Fax No. | Remittance To - Mailing Address |

Schedule 6 - Nominal Fee Provider

SCHEDULE 6 - NOMINAL FEE PROVIDER DETERMINATION NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH FINAL Y/E COST REPORT FOR: FY XX/XX

| SUBMISSION DATE: | 8/15/ | 20XX | |
|-------------------------|-----------|-------------------|---|
| REPORTING UNIT/PROVIDER | NAME: | ABC Services, Inc | |
| FISCAL RU NUMBER/PROVID | ER NUMBER | 33AB01 | _ |
| LEGAL ENTITY NUMBER: | | 123 | |

| Nominal Fee | Provider Detern | nination | |
|-------------|-----------------|----------|---|
| Yes | No | | |
| X | | 1. | Does your legal entity have a published schedule of its full (non-discounted) charges? |
| X | | 2. | Are your legal entity's revenues for patient care based on application of published charge schedule? |
| X | | 3. | Does your legal entity maintain written policies for its process of making patient indigence determinations? |
| X | | 4. | Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures? |

COMPLETED BY:

TITLE OR POSITION:

FINANCIALS FOR COST REPORT FISCAL YEAR ENDING 6/30/20XX

| Cost Report | | July 2019 - | County | Non-County | 15/01-09 | 15/10-59 | 15/60 | 15/70 | Client Flex |
|--------------|--------------------------------|--------------|---------------|-----------------------|--------------|--------------|-------------|-------------|-------------|
| Line # | Description | June 2020 | Contract | Contract | 15/01 05 | 15,10 55 | 13/00 | 15/70 | Support |
| | Revenue | 0 000 745 04 | 704 004 00 | 0.057.050.44 | | • | | | |
| 9 | County Contract Income | 2,822,745.01 | 764,894.60 | 2,057,850.41 | | f f | g | h | |
| 10 | Grants Income | 562,387.00 | | 562,387.00 | e e | | D | | |
| 11 | Donations Income | 159,763.68 | | 159,763.68 | \$2.02 | \$2.61 | \$4.82 | \$3.88 | |
| 12 | Program Fees | 964,852.00 | | 964,852.00 | 57,101 | 207,837 | 15,582 | 5,577 | |
| 13 | Food Stamps | 37,867.61 | | 37,867.61 | \$115,344.02 | \$542,454.57 | \$75,105.24 | \$21,638.76 | |
| 15 | Other Income | 96,664.97 | | 96,664.97 | 15.29% | 71.89% | 9.95% | 2.87% | |
| 16 | TOTAL REVENUE | 4,644,280.27 | 764,894.60 | 3,879,385.67 | 108,116.45 | 508,463.81 | 70,399.07 | 20,282.85 | 57,632.42 |
| Expenses | | | | | | | | | |
| Salaries & B | | | | | | | | | |
| | Salaries - Regular | 1,998,350.95 | 386,503.32 | 1,611,847.63 | | | | | |
| | Salaries - Overtime | 52,479.00 | 9,357.37 | 43,121.63 | | | | | |
| 3a | Salaries | 2,050,829.95 | 395,860.69 | 1,654,969.26 | 60,513.70 | 284,591.54 | 39,402.96 | 11,352.49 | |
| 3b | Benefits Health/Line Insurance | 369,274.39 | 71,254.92 | 298,019.47 | 10,892.47 | 51,226.48 | 7,092.53 | 2,043.45 | |
| | FICA | 60,321.09 | 11,875.82 | 48,445.27 | | | | | |
| | Unemployment Insurance | 50,816.00 | 7,362.18 | 43,453.82 | | | | | |
| 3c | Payroll Taxes | 111,137.09 | 19,238.00 | 91,899.09 | 2,940.84 | 13,830.55 | 1,914.90 | 551.71 | |
| 50 | = | 111,137.03 | 13,230.00 | 31,033.03 | 2,340.04 | 10,000.00 | 1,514.50 | 551.71 | |
| | Workers Comp | 85,135.00 | 16,542.00 | 68,593.00 | | | | | |
| 3d | Other | 85,135.00 | 16,542.00 | 68,593.00 | 2,528.71 | 11,892.35 | 1,646.55 | 474.39 | |
| 3x | Total Salaries & Benefits | 2,616,376.43 | 502,895.61 | 2,113,480.82 | 76,875.72 | 361,540.92 | 50,056.94 | 14,422.03 | |
| On creting F | | | | | | | | | |
| Operating E | | 1 070 40 | | 1,079.42 | | | | | |
| | Attorney Fees | 1,079.42 | 2 5 0 1 5 0 | 2,494.19 | | | | | |
| | Consultant Fees | 6,075.77 | 3,581.58 | | | | | | |
| | Payroll Svc Fee Audit Fees | 11,706.21 | 399.96 | 11,306.25 5,517.38 | | | | | |
| 4- | = | 7,091.38 | 1,574.00 | | 0.40.05 | 2 002 00 | 550.00 | 450.00 | |
| 4a | Professional Serv ices | 25,952.79 | 5,555.54 | 20,397.25 | 849.25 | 3,993.98 | 552.98 | 159.32 | |
| | Office Supplies | 4,990.75 | 1,635.68 | 3,355.07 | | | | | |
| | Equipment-Expendable | 769.44 | 205.62 | 563.82 | | | | | |
| | Software/Web Design | 10,605.41 | 167.82 | 10,437.59 | | | | | |
| | Postage | 2,375.52 | 85.64 | 2,289.88 | | | | | |
| 4b | Office Supplies | 18,741.11 | 2,094.76 | 16,646.35 | 320.22 | 1,505.96 | 208.51 | 60.07 | |
| | = | | 2,000 | | | ., | | | |
| | Telephone | 68,603.64 | 16,368.00 | 52,235.64 | | | | | |
| | Waste/Water | 62,207.92 | 6,758.05 | 55,449.87 | | | | | |
| | Equipment-Lease | 14,511.85 | 4,400.15 | 10,111.70 | | | | | |
| | Equipment-Repair & Maint | 3,178.21 | 1,321.15 | 1,857.06 | | | | | |
| 4c | Utilities/Telephone | 148,501.62 | 28,847.35 | 119,654.27 | 4,409.78 | 20,738.89 | 2,871.39 | 827.28 | |
| | Vehicle Lease | 16,382.61 | | 16,382.61 | | | | | |
| | Vehicle Ops (Gas/Oil) | | - E 647.46 | 15,663.46 | | | | | |
| | · · · / | 21,310.62 | 5,647.16 | | | | | | |
| | Vehicle Tires/Repairs | 5,613.19 | 682.98 | 4,930.21 | | | | | |
| | Vehicle Interest | 1,396.55 | 475.65 | 920.90 | | | | | |
| 4.4 | Vehicle Registration | 2,632.89 | 168.84 | 2,464.05 | 4 000 40 | E 01 1 10 | | 000.00 | |
| 4d | Vehicle Maint/Transportation | 47,335.86 | 6,974.63 | 40,361.23 | 1,066.18 | 5,014.19 | 694.24 | 200.02 | |
| | | | | | | | | | |

| Cost Repor | rt | July 2019 - | County | Non-County | | | | | Client Flex |
|----------------|--------------------------------|----------------------------|--------------------------|----------------------------|-----------------------|-------------------------------|-----------------------|----------------------|------------------------|
| Line # | Description | June 2020 | Contract | Contract | 15/01-09 | 15/10-59 | 15/60 | 15/70 | Support |
| | | | | | | | | | |
| | Building Lease | 314,207.01 | 16,575.19 | 297,631.82 | | | | | |
| | Building Interest | 41,128.21 | 781.59 | 40,346.62 | | | | | |
| | Building Repairs & Maintenance | 95,337.88 | 3,573.05 | 91,764.83 | | | | | |
| 4e | Rent & Occupancy | 450,673.09 | 20,929.83 | 429,743.26 | 3,199.46 | 15,046.84 | 2,083.30 | 600.23 | |
| | = | 100,010100 | 20,020.00 | 120,1 10120 | | 10,010101 | | | |
| | Liability Insurance | 35,250.40 | 2,495.23 | 32,755.17 | | | | | |
| | Vehicle Insurance | 14,167.72 | 1,385.04 | 12,782.68 | | | | | |
| 4f | Insurance | 49,418.13 | 3,880.27 | 45,537.86 | 593.16 | 2,789.60 | 386.23 | 111.28 | |
| . . | = | 43,410.13 | 5,000.27 | 43,337.00 | 393.10 | 2,705.00 | 500.25 | 111.20 | |
| | Program Supplies | 100 005 01 | 6 500 07 | 114,411.34 | | | | | |
| | | 120,935.21 | 6,523.87 | | | | | | |
| | Food Supplies | 122,977.30 | 9,114.85 | 113,862.45 | | | | | |
| | Household Supplies | 34,841.82 | 2,651.69 | 32,190.13 | | | | | |
| | Business Supplies | 3,645.02 | - | 3,645.02 | | | | | |
| | Medication/Lab Cost | 151,656.06 | 12,687.58 | 138,968.48 | | | | | |
| | Travel | 10,351.58 | 6,395.26 | 3,956.32 | | | | | |
| | Mileage | 34,977.85 | 2,476.35 | 32,501.50 | | | | | |
| | Dues/Membership | 1,894.84 | 278.19 | 1,616.65 | | | | | |
| | Misc Expense | 2,151.19 | 1,793.47 | 357.72 | | | | | |
| | Training/Conf Fees | 15,575.50 | 2,593.14 | 12,982.36 | | | | | |
| | Furniture/Fixtures | 36,218.72 | 3,470.57 | 32,748.15 | | | | | |
| | Bank Fees | 48.98 | _ | 48.98 | | | | | |
| | Licenses | 2,893.18 | 102.50 | 2,790.68 | | | | | |
| | Flex Spending Account | 143,099.42 | 57,632.42 | 85,467.00 | | | | | 57,632.42 |
| | Client Assistance | 8,025.81 | 01,002.42 | 8,025.81 | | | | | 07,002.42 |
| | Client Housing Subsidy | 27,264.87 | - | 27,264.87 | | | | | |
| | | | - | 550.54 | | | | | |
| A | Ambulance | 550.54 | 405 740 00 | | 7 250 05 | 34,570.97 | 4 700 50 | 4 070 05 | E7 000 40 |
| 4g 4x | Other Operating Expense | 717,107.92 1,457,730.52 | 105,719.89 174,002.27 | 611,388.03 1,283,728.25 | 7,350.95 17,789.01 | <u>34,570.97</u> 83,660.43 | 4,786.50 11,583.16 | 1,379.05 3,337.25 | 57,632.42 57,632.42 |
| ŧX | Total Operating Expense | 1,457,750.52 | 174,002.27 | 1,203,720.23 | 17,709.01 | 03,000.43 | 11,565.16 | 3,337.25 | 57,032.42 |
| Other Expe | nse | | | | | | | | |
| | Building Depreciation | 15,331.38 | - | 15,331.38 | | | | | |
| | Equipment Depreciation | 674.92 | - | 674.92 | | | | | |
| | Furniture/Fixt Depreciation | 250.83 | _ | 250.83 | | | | | |
| | Vehicle Depreciation | 11,814.62 | - | 11,814.62 | <u> </u> | | - | | |
| 5a | Depreciation | 28,071.75 | - | 28,071.75 | - | - | | | |
| Ja | | 20,0/1./3 | - | 20,0/1./5 | | | | | |
| | | 400.05 | | 406 65 | | | | | |
| | Loan Fee Amortization | 486.65 | - | 486.65 | | | | | |
| - 1. | Leasehold Amortization | 7,317.19 | - | 7,317.19 | | - | | - | |
| 5b | Amortization = | 7,803.84 | - | 7,803.84 | - | - | - | - | |
| | ladiraat Adaais | EDA 007 70 | 97 000 70 | 146 204 04 | | | | | |
| - - | Indirect Admin | 534,297.73 | 87,996.72 | 446,301.01 | | | | | |
| 5c | Other _ | 534,297.73 | 87,996.72 | 446,301.01 | 40.454.55 | | | | |
| ōx | Total Other Expense | 570,173.32 | 87,996.72 | 482,176.60 | 13,451.72 | 63,262.46 | 8,758.97 | 2,523.57 | |
| | _ | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | 4 4 4 4 4 4 4 4 7 | 764 804 60 | 3,879,385.66 | 108,116.45 | 508,463.82 | 70,399.07 | 20,282.85 | 57,632.42 |
| 6x | GROSS COST | 4,644,280.27 | 764,894.60 | 3,879,383.00 | 100,110.45 | J00,40J.02 | 10,000.01 | | |
| 6x | GROSS COST | 4,644,280.27 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |