

Welcome to
SAPC
Cost Report Orientation
for Fiscal Year 2014-15



Substance Abuse Prevention and Control

www.publichealth.lacounty.gov/sapc

DRUG MEDI-CAL

1000 S. Fremont Avenue
Building A-9 East, 3rd Floor,
North Wing Unit 34
Alhambra, CA 91803

COST REPORTING UNIT

Lisa Lee

(626) 299-4165

lislee@ph.lacounty.gov

Alex Domond

(626) 299-4156

adomond@ph.lacounty.gov

Terry Yang

(626-299-4158

Tyang@ph.lacounty.gov

Zenaida Arenas

(626) 299-4584

zarenas@ph.lacounty.gov

Rhona Laurie

(626) 299-4167

rarzu@ph.lacounty.gov

NOTE: FOR DMC INQUIRIES PLEASE CONTACT:

Lorena Craig

(626) 299-3226

lcraig@ph.lacounty.gov

Christina Ruiz

(626) 299-4175

cruiz@ph.lacounty.gov

Emily Chan

(626) 299-4173

emchan@ph.lacounty.gov

Hoda Bitar

(626) 299-4177

hbitar@ph.lacounty.gov

Jun Yan

(626) 299-4194

junyan@ph.lacounty.gov

Medi-Cal Eligibility Website:

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



Topics of Discussion

1. Type of Forms/Worksheets
2. Instructions for Completing the Forms
3. Common Errors
4. Deadline

Types of Cost Report Forms

➤ Drug Medi-Cal (Non-NTP)

Data Entry Sheet for –

- 1) Outpatient Drug Free (ODF) Group
- 2) Outpatient Drug Free (ODF) Individual
- 3) Intensive Outpatient Treatment (IOT) – Formerly Day Care Rehabilitative (DCR)
- 4) Residential Services (RES)

➤ Narcotic Treatment Program (NTP)

- 1) Worksheet **7990NTP-NP** (or Program Cost Summary) is required for **ALL** Narcotic Treatment Programs.
- 2) Worksheet **7895NTP-NP** (or Report of Expenditure and Revenue) is required **ONLY** when the program has both Non-DMC and DMC funding sources.

Drug Medi-Cal Data Entry Sheet

INSTRUCTIONS FOR COMPLETING DMC DATA ENTRY SHEETS FOR ODF-GROUP/INDIVIDUAL, IOT AND RESIDENTIAL

ODF – Group Counseling – Non-Perinatal

➤ *Header Page*

Enter the Contract Agency name, Doing Business As (DBA) if applicable, Facility Address, Contract Number, Provider 4-digit DMC Number, Approved for Agency by, Contact person Information and all other pertinent information

Drug Medi-Cal Data Entry Sheet

INSTRUCTIONS FOR COMPLETING DMC DATA ENTRY SHEETS FOR ODF- GROUP/INDIVIDUAL, IOT AND RESIDENTIAL

➤ Data Entry Sheet

A. Heading

All information are automatically linked from header page.

B. Cost Information

Columns 1-3: for each line expense, enter the total cost for each applicable cost center.

Please note that the entry for column 3 is only required when you provide Non-DMC/DMC services at the same site/location. This cost must agree with your Non-DMC cost report.

Drug Medi-Cal Data Entry Sheet

INSTRUCTIONS FOR COMPLETING DMC DATA ENTRY SHEETS FOR ODF- GROUP/INDIVIDUAL, IOT AND RESIDENTIAL

➤ [Data Entry Sheet](#) (cont.)

C. Fees and Insurance

Columns 4-6: Enter the participants fees, insurance, Medicare and Other Third Party payment to applicable column.

❖ **Please note, this excludes County Reimbursement**

INSTRUCTIONS FOR COMPLETING DMC DATA ENTRY SHEETS FOR ODF- GROUP/INDIVIDUAL, IOT AND RESIDENTIAL

➤ *Data Entry Sheet* (cont.)

✓ D. Unit Information

Please note that the total submitted units should correspond with your monthly billings. That information can be obtained from your Encounter Billing System (EBS).

Boxes 7 & 9: Enter Group Face to Face Visits information, if applicable (Private/Non-DMC Public Funded).

Boxes 10 & 12: Enter Group Sessions provided during the year, if applicable (Private Pay, DMC and Non-DMC/Public Funded).

Boxes 9 and 12 are required only if you provide Non-DMC/DMC services at the same site and location

INSTRUCTIONS FOR COMPLETING DMC DATA ENTRY SHEETS FOR ODF- GROUP/INDIVIDUAL, IOT AND RESIDENTIAL

- Unit Information (Continue)
- **Group Face-to-Face Visits** are the number of individuals in the group attending the group counseling session.
- **Group Sessions** are the number of sessions held for providing group counseling. Group counseling shall be conducted with **no less than four (4) and no more than ten (10) clients** at the same time.
- **Staff Hours** are direct treatment service hours (Counseling Hours).
- **Group Counseling - 90 minutes per session**
- **Individual Counseling - 50 minutes per session**
- **Individual Face-to-Face Visits** are the number of individuals attending the individual counseling session.
- **Note** – If you reported cost for any cost center, then you must have unit information for that cost center.

**INSTRUCTIONS FOR COMPLETING
DMC DATA ENTRY SHEETS FOR
ODF- GROUP/INDIVIDUAL, IOT AND RESIDENTIAL**

Data Entry Sheet (cont.)

Box 13: Enter the amount of units submitted. It should equal to your total monthly billings (see your EBS)
(box 13 linked to box 8)

Box 14: Enter the number of group sessions provided
(box 14 linked to 11)

Box 15: Enter the number of denied units if known, otherwise leave blank

E. Revenue From Drug Medi-Cal Units of Service

Box 16: These cells are formula driven. No entry is required.



ODF - Group Cost Report Form Illustration

INSTRUCTIONS FOR COMPLETING DMC DATA ENTRY SHEETS FOR ODF- GROUP/INDIVIDUAL, IOT AND RESIDENTIAL

➤ ODF-INDIVIDUAL, IOT AND RESIDENTIAL

- Instructions for completing data entry sheet for all other modalities are the same as ODF-Group except for the Units of Service information.

	<u>Group</u>	<u>Individual</u>	<u>IOT</u>	<u>Residential</u>
Group Face to Face Visits	X			
Group Sessions	X			
Staff Hours	X	X		
Individual Face to Face Visits		X		
Intensive Outpatient Treatment			X	
Residential Days				X

INSTRUCTIONS FOR COMPLETING PERINATAL DMC DATA ENTRY SHEETS FOR ODF- GROUP/INDIVIDUAL, IOT AND RESIDENTIAL

Instructions for completing the Perinatal forms for the above modalities are the same as for Non-Perinatal except for the unit of service rates.

Customarily, the unit rate for Perinatal is higher than Non-Perinatal.

(Please see instructions for Drug Medi-Cal Non-Perinatal).

NTP Forms Instructions

Drug Medi-Cal Program Cost Summary

Header Page

Enter the Contract Agency name, Doing Business As (DBA) if applicable, Facility Address, Contract Number, Provider 4-digit DMC Number, Approved for Agency by, Contact person Information and all other pertinent informations

NTP Forms Instructions

Drug Medi-Cal Program Cost Summary

Form **7990NTP-NP**

➤ **Cost Summary Page**
Heading

- All information are automatically linked from Header page.

NTP Forms Instructions

Drug Medi-Cal Program Cost Summary

Form 7990NTP-NP(cont.)

Units of Service

Column (1-3) Enter the total submitted/Denied/Approved Minor Consent Non-Title XIX for each service provided (e.g.Methadone, Individual Counseling, and Group Counseling).

Column (4) Final UOS – This reflects the total of column 1 through 3. This is formula driven. No entry required.

Box (5) Total Program Units

Enter the total number of Methadone Units issued during the fiscal year for the entire program (Non-DMC, DMC, and Private Pay).

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•
Box (6) Share of Costs (SOC)

Enter total revenue such as Share of Cost, Insurance amounts, Medicare and other third party payment, if applicable. This revenue excludes county reimbursement

NTP Forms Instructions

Drug Medi-Cal Program Cost Summary

➤ Form [7990NTP-NP](#) (cont.)

“Some Medi-Cal beneficiaries must meet a specified SOC for medical expenses before Medi-Cal will pay claims for services provided in that month. The SOC amount is determined by the county Welfare Department and is based on the beneficiary’s family’s income and living arrangement.

The monthly SOC may change at any time if the individual’s (or family’s) income increases or decreases, or the family’s living arrangement changes”

(ADP Bulletin 99-39).

NTP Forms Instructions

Drug Medi-Cal Fiscal Detail

Report of Expenditures and Revenues - DETAIL

- Form **7895NTP-NP**
- ❖ (Use this form **only** if you provide DMC/Non-DMC service at same site/location)
This form has 2 parts, Detail and Summary.

DETAIL –

Heading - All information are automatically linked from header page.

Expenses

- Column (1) It reflects the total of Column (2) through (5). This is formulated. No entry required.
- Column (2-5) For each line expense, enter the total cost for each applicable cost center (Detox, Private Pay, Drug Medi-Cal and/or Non-DMC Public Funded).
- Column (6) It reflects the total of column (4) and (5), no entry required.
- Column (7) It reflects the total of column (3) and (6), no entry required.

NTP Forms Instructions

Drug Medi-Cal Fiscal Detail

Report of Expenditures and Revenues - SUMMARY

Form [7895NTP-NP](#) (cont.)

SUMMARY –

Heading –

All Information are automatically linked from header page.

Gross Cost –

Columns A-G: Data are automatically carried from DETAIL PAGE

Revenue –

Lines H and I: For each line, enter the revenue applicable to each cost center (Detox, Private Pay, Medi-Cal and/or Non-DMC/Public). These exclude County reimbursement.

Units of Services –

Lines M1 through M6: Enter the units of service in the applicable column. Please note that the uos entered in column D must match the Final UOS in column 5 (Form 7990 NTP-AD).

Perinatal Narcotic Treatment Program

Form **7990NTP-P & 7895NTP-P**

- Instructions for completing the Narcotic Treatment Program Perinatal forms are the same as for NTP-Non-Perinatal except for the unit of service rates. Customarily, the unit rate for Perinatal is higher than Alcohol & Drug.

(Please see instructions for NTP-Non-Perinatal).

Common errors

When auditing your cost reports we find these errors:

Cost report was not submitted by site –

If you have multiple sites under same contract number, you must submit cost report for each site.

Header Page

- (1) 4-digit DMC number does not match with facility address.
 - (2) Contract numbers are incorrect.
 - (3) Cost Report /CARE Certification pages are not signed.
 - (4) Missing contact information.
- ✓ Please make sure the Header Page is filled out completely and correctly. The contact information is very important in case we have questions concerning the cost report.

Common Errors (cont.)

Cost Information

- The Non-DMC Cost informations are left blank.
(Information required for agency who provide both Non-DMC/DMC services at same site & location)
- ✓ Please ensure the Non-DMC cost data are completely fill-out for both Data Entry Sheet and NTP 7895 forms when required.

Common Errors (cont.)

Unit Information

- Units of service do not match with billings (EBS). This might be caused by the supplemental units which do not reflect correctly in the cost report or EBS.
- Number of group sessions are left blank on the Data Entry Sheet.

Please ensure units of service agree with EBS and group sessions are posted to the appropriate sheets and columns.

Common Errors (cont.)

Revenue/Fees (Share of Costs)

- County reimbursement is being reported under Share of Cost.
- This amount should exclude County reimbursement.

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

- www.publichealth.lacounty.gov/sapc

Deadline

SUBMIT FY 2014-15 COST REPORT BY
AUGUST 15, 2015

TO:
COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
1000 S. FREMONT AVE. BLDG. A-9 EAST
3RD FLOOR NORTH WING UNIT 34
ALHAMBRA, CA 91803

1. MAIL ORIGINAL COST REPORT FOR ALL ACTIVE CONTRACTS.
2. ATTACH **SIGNED** CARE CERTIFICATION.
3. ATTACH **SIGNED** COST REPORT CERTIFICATION.
4. PLEASE **DO NOT STAPLE OR BIND** COST REPORT.