

I. General Instructions to DMC-ODS Interim Rate Template

The budget template document is designed 1) to help calculate the County's interim DMC rates for Federal Financial Reimbursement and 2) to inform AOD of your costs as we are shifting to a cost reimbursement program.

The template is meant to capture the following information:

A. Total Agency Costs for FY 16/17

You must provide your total agency's costs, either based on actual costs or budgeted costs. Your costs must include all Personnel costs by FTE and other costs such as Services and Supplies.

B. Cost Breakdown and Justification

Costs must be broken down by DMC approved Treatment modalities/programs; non-DMC approved Treatment programs modalities; Administrative and Other Costs. You must provide a justification for your cost allocation methodologies.

1. For Residential Treatment Providers

You will need to submit additional documents if you are a residential treatment provider:

a) Scaled Floor plan

Clearly indicate percentage of area for Treatment, non-Treatment and multi-purpose spaces.

b) Schedule for multi-purpose space

For multi-use spaces (i.e. group therapy and dining room), provide a schedule with the percentage of time for Treatment and non-treatment services.

C. Additional DMC Certification Cost

If you have additional costs for Drug Medi-Cal Certification not already included in your budget estimates, include on a separate worksheet. Provide justification for cost allocation. If you've already factored these costs, please disregard. Do NOT include living wage increase estimates.

D. Administrative or Indirect Rate Allocation (not both)

Include your indirect rate allocation or administrative costs allocation to your programs but not both. Calculate this step after your DMC Certification Cost increases.

E. Units of Service

Calculate units of service, either for the daily rate (e.g. Residential and IOP) or fifteen minute (e.g. Case Management, Outpatient). You should prepare backup documents for this rate calculation.

F. Revenue

Include a sheet of all revenue sources by program. Apply the allocation of revenue to program costs (i.e. DMC or not-DMC related). This will be used to calculate the estimate federal funding due (FFP) by modality but not for the rate development.

G. Final Interim Rate Calculation:

Your final rate will be the allowable costs divided by the units of service. Your interim rate will be factored into the county interim rate submissions and to set a base rate for your contract. This will be the same rate for private and Medi-Cal providers.

All information below pertains to the DMC-ODS Budget Model Sample Template Worksheets. You may substitute worksheets with your own internal documentation as long as it captures the information required as defined above.

II. Cover

No data needed. Cover is for printed reports.

III. Questions to Provider Worksheet

This sheet provides a location for questions to and from the provider with AOD. We may ask specific questions here to you here; you may inform us of errors or problems you've identified; or we can share information. This will help track and back and forth conversations and changes required.

IV. AgencyInfo Worksheet

Answer all cells in light purple. It provides information on the budgetary unit.

A. Part I

- Agency**
Name of your agency. This, along with the NPI and budgeting period, will be copied to all other pages
- NPI(s)**
National Provider Identifier(s), EID, or other agency identifier.

3. **Budgeting Period**
Should define state fiscal year for the defined budget.
4. **Prepared By**
The person in agency who can answer questions about the document. May be the actual person who completed the document **or** the person who can attest to the accuracy of the information.
5. **Signature, Date, Title, Contact Phone Number**
Should be for the person whose name appears on the **Prepared By** cell.
Signature only required on printed version.
6. **Methodology for Rate Development:**
Select all that apply.

B. Part II

1. **Budget Unit Names**
Budget Unit names should list *each* cost center identified in your agency whose cost (partial or total) will be included in San Mateo DMC-ODS funding including your administrative unit. If Budget Units may defined as your whole agency (e.g. *Community Agency*), a specific location (e.g. *San Mateo Residential Site*), or a programmatic unit (e.g. *Case Management*). The budget units should match your agency's financial records.

If your agency has cost center(s) that will not be included for San Mateo DMC-ODS funding, you may lump them together into **"Other Programs"**.

Insert Budget Unit Name Lines as necessary.
2. **Included in San Mateo DMC-ODS Funding?**
Answer **"Yes"** if budget unit's costs (partial or total) will be included in the rate development for San Mateo DMC-ODS funding. Answer **"No"** if none of the budget unit's costs will be included in the rate development for San Mateo DMC-ODS funding.

V. Salary and Benefits Worksheet

Answer all cells in light purple. If you add lines to this page, make sure all the total lines in green add up. If the total final column doesn't equal the original totals, the cell will be highlighted in red (this may happen if due to rounding errors as well). You may hide or minimize any columns or rows that do not pertain to your agency.

A. Budget Unit 1, 2, 3...

Budget Units should match those listed under the AgencyInfo tab.

B. Staff Title, Staff Classification

List **ALL** staff included in the budget unit, including administrative staff and those who participate in other programs. You may aggregate classifications, and by certification/registration status. For Other Program Unit(s) that will **not** be included in the rate development for San Mateo DMC-ODS funding, do not list individual staff or classifications but provide the aggregate S&B.

1. Total FTE

Include the FTE for the staff person in this budget unit. For staff who work full time in a budget unit, the value should be 1.0. For staff that work part time or have their time split between budget units, it will be some fraction less than 1.0

2. Total Salary and Benefits

Include the total salary and benefits for each staff person identified for this budget unit. For Other Program Unit(s) that will **not** be included in the rate development for San Mateo DMC-ODS funding, total all the salary and benefits.

C. Notes on allocation methodology

Include a short description on how staff time was allocated for staff's whose time is under more than one program.

1. Outpatient

All outpatient service staff for adult and youth may be grouped together if cost separation is not feasible.

2. Recovery Services

3. Case Management and Physician Consultation-

Case management and Physician consultation services are reimbursed at fifteen minute increment. These services may be provided unbundled from residential treatment (Residential), intensive outpatient (IOP) and other daily rate program service rates. If possible, carve out the costs of case management and physician consultation from these other programs. For agencies unable to provide actual or estimated carve outs from IOP and Residential, the county will apply the county's mental health case management and physician consult rate.

4. Intensive Outpatient

All IOP costs will be grouped together. As noted below case management and physician consultation costs should be carved out of the IOP costs.

5. Withdrawal Management (all levels)

Include withdrawal costs for all levels: 1-WM, 2-WM, 3.2 WM

6. **Residential Treatment**
Make sure to split residential Treatment costs from non-treatment Board and Care costs. Group residential treatment costs for all ASAM levels: 3.1, 3.3, and 3.5. We'll prorate the rate for 3.1, 3.3, and 3.5 after the final rate calculation.
7. **Residential non-Treatment-**
Board and Care type costs for residential treatment. This will not be paid through the Drug Medi-Cal rate by the county. Accurate division of costs is important.
8. **Other Non-DMC AOD Reimbursed Programs**
These include costs that are not allowable under the Drug Medi-Cal rate development but are reimbursed by San Mateo County's AOD Program. Examples include; Food and Transport for Outpatient/Intensive Outpatient; MAT, etc. AOD will include these costs in its payment to your agency.
9. **Other Services**
Other program costs include those paid for by non-AOD dollars, such grant funded program, DUI, CPS funded program, Probation funded program, Prop 36, prevention match, etc. AOD will not include these costs in its payment to your agency.
10. **General and Administration**
These are general administrative staff whose costs are allocated across the budget unit. You do not need to use this column – you may opt to allocate the costs yourself or allow the automatic allocation tab to calculate. However, provide a note on your allocation methodology. There is no cap on administrative costs but will be monitored.

D. Allocated FTE and Allocated S&B

Allocate the FTE for each staff person across the various treatment and non-treatment costs. This will automatically allocate the costs for that staff person.

1. **General Admin Budget Unit**
If you have an exclusive General Admin unit whose costs will be allocated by an indirect rate, include them here.
2. **Other Services S&B**
These costs are paid for by a non-San Mateo County Provider, such as a private payor or another county.

3. **Total FTE and Total Allocated S&B**
The total FTE across the various columns should total the FTE for that staff person in that budget unit. Otherwise, the incorrect final total FTE at the far right will be highlighted in red.

E. The total S&B should match the agency's budget or financial statements.

We will NOT request copies of your approved budget at this time. However, you should keep this documentation in your backup files in case of a state audit.

VI. Services and Supplies Worksheet

A. Budget Unit 1, 2, 3...

Budget Units should match those listed under the AgencyInfo tab.

1. **Expenses**
These are the total non-S&B expenses for the budget unit. These include both allowable and non-allowable expenses as defined by the Federal Super-circular.
2. **Direct Charge or Allocated Expense**
Expenses that are allocated should be evenly divided across all the participating budget unit programs. Rent, Mortgage, and/or lease costs associated with Residential Treatment, please provide the following back-up documentation
 - a) **Scaled Floor plan**
Clearly indicate percentage of area for Treatment, non-Treatment and multi-purpose spaces.
 - b) **Schedule for multi-purpose space**
For multi-use spaces (i.e. group therapy and dining room), provide a schedule with the percentage of time for Treatment and non-treatment services.

VII. Summary Total Worksheet

This Tab simply calculated the sum of all the Salaries and Benefits and the Services and Supplies by budget unit, and then sums this value up. If you're manipulated the prior two worksheets, please verify the links are all accurate. The total should match your budget (for projected) or General Ledger.

VIII. DMC Certification Costs Worksheets

Put Yes or No in the purple box by the question, “Are these additional costs to meet certification requirements (not already in your budget)?” If you select Yes, enter your additional costs required for certification below. If you select No, the boxes will grey on and you can move to the next sheet.

IX. Admin Allocation Worksheet

This tab allows you to allocate your administrative costs after the DMC Certification Costs have been included. You may either allocate your administrative costs by program costs, by an approved indirect rate, or another rate, such as by FTE. Copy your costs from Row1 column 2 into the appropriate row. If you select allocation by cost (row 2), the worksheet will automatically do the calculation for you. If you have an approved indirect rate and you select row 3, include the percentage in your methodology. You may only select one allocation methodology. Your final costs will be at the bottom.

X. Units of Service Worksheets

The Final Costs will be carried over from the Admin Reallocation Worksheet. Provide your units of service for each program. You may provide justification for these units of service in a supporting document. If you have a residential rate, indicate if you currently are or will be certified for ASAM levels 3.1, 3.3, or 3.5.

XI. Residential Treatment and Non-Treatment Guidelines, DMC Cost Examples Worksheets

These worksheets are for informational purposes only. There may be other allowable costs not listed on these sheets. The Residential Treatment and Non-Treatment provides guidelines of costs that can be considered solely Treatment, solely non-Treatment (board and care type costs), and treatment and non-treatment, which requires justification.

The DMC Cost Examples worksheet provides examples of additional cost your agency may incur to meet certification requirements.

XII. Questions?

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