



# Alcohol and Drug Program Administration

[www.publichealth.lacounty.gov/adpa](http://www.publichealth.lacounty.gov/adpa)

**DMC**

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



# **COST REPORT ORIENTATION**

## **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).
- ATTACH THE MOST CURRENT BUDGET SUMMARY TO COST REPORT (COST REPORT WILL BE CONSIDERED INCOMPLETE WITHOUT SAID DOCUMENT).
- EMAIL YOUR COST REPORT FOR REVIEW.
- SEND SIGNED ORIGINAL COST REPORT WITH A COPY BY MAIL FOR ALL ACTIVE CONTRACTS WITH AND WITHOUT ACTIVITIES.



# Topics of Discussion

1. Objectives
2. Type of Forms/Worksheets
3. Instructions for Completing the Forms
  - 7990NTP-AD and 7895NTP-AD  
(**Narcotic Treatment Program-Alcohol and Drug**)
  - 7990NTP and 7895NTP-P  
(**Narcotic Treatment Program-Perinatal**)
  - Data Entry Sheet  
(DCH, ODF Individual, ODF Group, RS)
4. Common Errors
5. DMC & NNA Combined – example
6. Deadline



# Objectives

1. To help you complete your cost report timely and accurately
2. To inform of any changes for FY 2008–09
3. To answer your questions and concerns
4. Backup documentation required



## Type of Forms/Worksheets

- Forms 7990NTP-AD and 7895NTP-AD  
Narcotic Treatment Program (NTP) for Alcohol and Drug (AD)
- Forms 7990NTP-AD and 7895NTP-P  
Narcotic Treatment Program for Perinatal (NTP-P)
- Data Entry Sheet  
Day Care Rehabilitative (DCR), Outpatient Drug Free (ODF)  
Individual and Group, and Residential Services (RS)



# Instructions

## *7990NTP-AD* and *7895NTP-AD*

- Worksheet *7990NTP-AD* is required for ALL Narcotic Treatment Programs.
- Worksheet *7895NTP-AD* is ONLY required when the program has both NNA and DMC funding sources.
- Do not enter information in the cells where a zero (“0”) is located; these areas will be automatically calculated.



# Instructions

➤ Worksheet [7990NTP-AD](#)

A. Heading

Enter County Name, Provider Name, Contract Period, Date Prepared, Contract number, Medi-Cal Provider number (4-digit), and CADDSS Provider number (6-digit).



# Instructions

➤ Worksheet [7990NTP-AD](#), cont.

## B. Number of Units of Service

Enter the total Units of Service submitted, denied, or adjusted for the Fiscal Year in the columns for Submitted UOS, Denied UOS, and Adjusted UOS (Disallowed) respectively.

Enter the total approved/final Units of Service for the time period between July thru September and October thru June in the appropriate columns.



# Instructions

➤ Worksheet [7990NTP-AD](#), cont.

C. Total Program – Meth. Units

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

D. Share of Cost (SOC) amount - Enter Share of Cost amount.

“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 or 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).



# Instructions

- Worksheet [7895NTP-AD](#) (page 1)  
(Use this form **only** if the program **has both NNA & DMC funding**)
  - A. Enter the Heading Information.
  - B. Enter Total Expenses for each applicable cost center in Lines A thru G and County Administration in Line G1. Totals will be automatically calculated from Page 2 data.
  - C. Enter Total Revenues collected for each cost center in Lines H and I.
  - D. Enter the Units of Service provided for each applicable cost center in Lines M1 through M6.



# Instructions

➤ Worksheet [7895NTP-AD \(page 2\)](#)

E. Expenses

For each line expense, enter the total cost for each applicable cost center (Detox, Private Pay, Drug Medi-Cal and/or NNA Public Funded).

F. Indirect Costs

Enter the Indirect Cost for each applicable cost center.

G. DMC Administration

Under the Medi-Cal COLUMN (D), enter the total amount of County Administration (10% of Proposed Drug Medi-Cal rate).



# Instructions

## *Narcotic Treatment Program - Perinatal*

### ➤ *NTP-P*

Instructions for Narcotic Treatment Program Perinatal are same as for NTP-Alcohol and Drug. (Please see instructions for NTP-AD).



# Instructions

*DCH, ODF-IND/GRP, RES (A&D, Perinatal )*

➤ *Data Entry Sheet*

A. Heading

Enter the County Name, Provider Name, Contract Period, Medi-Cal Provider number (4-digit), CADDs Provider number (6-digit), and Contract number.

B. Cost Information

Enter the specific cost information for Private Pay, Drug Medi-Cal, and NNA/Public Funded Program.



# Instructions

## *DCH, ODF-IND/GRP, RES (A&D, Perinatal )*

### ➤ Data Entry Sheet, cont.

#### C. Fees, Insurance, Unit Information

Enter the specific unit information for Private Pay, Drug Medi-Cal, and NNA/Public Funded Program.

- Service 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.



# Instructions

## *DCH, ODF-IND/GRP, RES (A&D, Perinatal )*

➤ *Data Entry Sheet*, cont.

C. Fees, Insurance, Unit Information, cont.

- 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, only one of whom needs to be a Medi-Cal beneficiary.
- Daycare Days are the number of days a client received day care habilitative services.
- Residential Days are the number of days a client received residential treatment services.



# Instructions

## *DCH, ODF-IND/GRP, RES (A&D, Perinatal )*

### ➤ Data Entry Sheet, cont.

#### D. Reconciliation of Claims (Units)

- Enter the total Units of Service Submitted for the reporting periods of July thru September and October thru June.
- Enter the total Units of Service Denied and Adjusted/Erroneous (Disallowed) for the reporting periods.
- If applicable, please identify Units for Minor Consent and Non-Minor Consent.



# Common Errors

## 1. Authorized Signature

- Please make sure the Signature Page is completely filled out with contact person's name, email address and phone/fax number in case we have questions concerning your cost report. Also, the Signature Page must be signed by the facility's authorized person and should be submitted along with your Drug Medi-Cal forms and backup schedules.
- The signature confirms that all information is correct and corresponds to the Agency's financial records.



## Common Errors, cont.

### 2. Cost Information

- Please enter the costs and units information in the applicable cost center. If you also provided Non-Drug Medi-Cal (i.e. NNA) under same site, you need to enter NNA cost under column “NNA/Public Funded”, this NNA cost must agree with your NNA cost report.
- There are three types of cost centers
  - a. Drug Medi-Cal
  - b. Private Pay
  - c. NNA/Public Funded :  
NNA/Public Funded Contracts are Non Medi-Cal, Non-Private Pay Funded Contracts.



## Common Errors, cont.

3. The costs from the NNA Funded Contracts will be combined with the Drug Medi-Cal Costs.
  - In accordance to the Health & Safety Code, Section 11818(2)(A) “Providers that receive a combination of Medi-Cal funding and other federal or state funding for the same service element and location shall be reimbursed for actual costs as limited by Medi-Cal reimbursement requirements, as specified in Title XIX of the Federal Social Security Act 42 U.S.C. 1396 et seq.), the Medicaid State plan, subdivisions (c) and (d) of Section 51516 of Title 22 of the CCR”.



## Common Errors, cont.

### 4. Food Expenses

The California Code of Regulations, Title 22, §51341.1 (d)(4)(c), states that “Room and Board shall not be reimbursable through the Medi-Cal program.” (Drug Medi-Cal Programs).

### 5. Share of Cost

The Share of Cost amount is not the County reimbursement.



## Common Errors, cont.

### 6. Unit Information

- Please always provide the unit information. If you reported cost for each Cost Center, then that Cost Center must have unit information reported.
- Incorrect units reported will very likely result in a negative impact on your Drug Medi-Cal cost settlement amount.
- For Group services, please provide number of group sessions.

# DMC & NNA Combined Cost Per Unit (Sample #1)

DMC COMBINED WITH NNA			
<b>Scenario 1: Statewide max. allowable rate is higher than total combined DMC/NNA cost per unit rate</b>			
	D/MC	NON D/MC	TOTAL
Type of Contract	FFS-DMC	FFS - Staff Hours	No. of Ind. Visits reported per
Contract Amount	\$ 14,964	\$ 79,448	
Total Program Gross Costs	\$ 5,066 (1)	\$ 82,256 (1)	\$ 87,322 (A)
UNITS OF SERVICE (UOS)			
Staff Hours		2,755	2,755
Individual Visits	71	4,943	5,014 (B)
Adjustments:			
DMC Denied Units	(10)		(10)
Adjusted UOS	61	4,943	5,004
Statewide Net Allowable Rate/NNA Contract Rate	\$ 57.51	\$ 40.17	
Total Combined Cost Per Unit	\$ 17.42 (2)		
Total DMC Cost Per Combined Cost Per Unit	\$ 1,062 (3)		
DMC/NNA Maximum Allowed Cost	\$ 3,508 (4)	\$ 110,668 (4)	
DMC/NNA Allowed Cost	\$ 1,062 (5)	\$ 79,448 (6)	
YTD Amount Paid	\$ 4,083	\$ 79,448	
<b>BALANCE DUE PROVIDER/(COUNTY)</b>	<b>\$ (3,021)</b>	<b>\$ -</b>	
(1) From provider's cost reports. (2) Total Program Costs (A) divided Total Units of Services (B). (3) Adjusted UOS x Total Combined Cost Per Unit. (4) Adjusted UOS x Statewide Net Allowable Rate/NNA Contract Rate. (5) Lesser of DMC Cost per Combined Cost Per Unit or Maximum Allowed Cost. (6) Contract Maximum Obligation.			

# DMC & NNA Combined Cost Per Unit (Sample #2)

DMC COMBINED WITH NNA						
Scenario 2: Statewide maximum allowable rate is lower than total combined DMC/NNA cost per unit rate						
	D/MC		NON D/MC		TOTAL	
Type of Contract	FFS-DMC		FFS - Staff Hours		If the # of Ind. Visits reported	
Contract Amount	\$ 14,964		\$ 79,448			
Total Program Gross Costs	\$ 5,066	(1)	\$ 82,256	(1)	\$ 87,322	(A)
UNITS OF SERVICE (UOS)						
Staff Hours			2,755		2,755	
Individual Visits	71		1,343		1,414	(B)
Adjustments:						
DMC Denied Units	(10)				(10)	
Adjusted UOS	61		1,343		1,404	
Statewide Net Allowable Rate/NNA Contract Rate	\$ 57.51		\$ 40.17			
Total Combined Cost Per Unit	\$ 61.76				(2)	
Total DMC Cost Per Combined Cost Per Unit	\$ 3,767				(3)	
DMC/NNA Maximum Allowed Cost	\$ 3,508	(4)	\$ 110,668	(4)		
DMC/NNA Allowed Cost	\$ 3,508	(5)	\$ 79,448	(6)		
YTD Amount Paid	\$ 4,083		\$ 79,448			
<b>BALANCE DUE PROVIDER/(COUNTY)</b>	<b>\$ (575)</b>		<b>\$ -</b>			
(1) From provider's cost reports.						
(2) Total Program Costs (A) divided Total Units of Services (B).						
(3) Adjusted UOS x Total Combined Cost Per Unit.						
(4) Adjusted UOS x Statewide Net Allowable Rate/NNA Contract Rate.						
(5) Lesser of DMC Cost per Combined Cost Per Unit or Maximum Allowed Cost.						
(6) Contract Maximum Obligation.						



# Deadline

SUBMIT COST REPORT FY 2008-09 BY

**AUGUST 31, 2009**

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

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



# COST REPORTING UNIT

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**NOTE:** FOR DMC INQUIRIES PLEASE CONTACT:

- Christina Ruiz (626) 299-4175 cruiz@ph.lacounty.gov
- Hoda Bitar (626) 299-4177 hbitar@ph.lacounty.gov
- Medi-Cal Eligibility Website: [WWW.medi-cal.ca.gov/Eligibility/login.asp](http://WWW.medi-cal.ca.gov/Eligibility/login.asp)

Jun, 2009