Substance Abuse Annual Cost Report Training

FY 2019/2020

Cost Report Training provides general instructions for completing your annual cost report. If further assistance is required, please contact us at <u>costreport@ruhealth.org</u> to set up a meeting with our reviewers.

Questions should be typed into the chat box located to the right of the screen. If you have any questions during or after the presentation, please submit them via e-mail at: <u>costreport@ruhealth.org</u>



Please place your phones on mute.



Presentation and training resources will be posted on our website at www.rcdmh.org

**General Cost Report Information:** According to contract with RUHS – BH (SA):

"...final payments (if applicable) to the Contractor shall not be made by the County until receipt of a properly prepared Cost Report."

A Properly Prepared Cost Report signifies that :

Contractor has submitted two signed sets of the finalized Cost
 Report with <u>all changes agreed upon by both County and</u>
 <u>Contractor.</u>

 Contractor has included <u>all documents</u> necessary for County to review

\*Disclaimer: The County will have the right to hold future invoices if the Cost Report submitted is not complete or contains errors/issues that remain unresolved.

### Note on Financial Statements:

- •If <u>audited Financial Statements are not available by the</u> <u>date of submission</u>, send the un-audited Financial Statements used to prepare the Cost Report.
- If your Financial Statements vary from your Cost Report figures, please submit all supporting schedules to trace numbers from Financial Statements to Cost Report forms.
- If your fiscal year is not the same as Riverside County's (July 1, 2019 through June 30, 2020) it is necessary to submit multiple financial statements.

**EXAMPLE:** On a January through December calendar year basis, submit one financial statement from July 1, 2019 through December 31, 2019 and another financial statement from January 1, 2020 through June 30, 2020.

### **Response to COVID-19:**

- The County intends to comply with the Department of Health Care Services (DHCS) guidelines and instructions for the COVID-19 pandemic.
- For Direct Service Providers, please be prepared to submit two (2) separate cost reports for FY19/20.
  - 1. July 1, 2019 February 29, 2020
    - Settled as per your 19/20 Contract Exhibit C
  - 2. March 1, 2020 June 30, 2020
    - Settled at Actual Cost
- We will also need corresponding financial statements for both periods to verify cost report totals.

#### What to submit to Riverside University Health System – Behavioral Health (SA):

Please email to costreport@ruhealth.org:

•Financial Statements and other supporting schedules that tie to the Cost Report Schedules.

Electronic copy of Cost Report Schedules

•A schedule of your **Published Charges** (the rates you charge the public).

**TWO (2) original signed** sets of complete Cost Report Schedules with original signatures in **BLUE** ink for each cost report once agreed upon by County and Contractor.

#### How many Cost Reports do I need to complete?

Complete a separate set of Cost Report schedules for **EACH**:

Substance Abuse CADDS your agency has with Riverside County, as per contract Exhibit C.

Cost Reports submitted with CADDS/contracts combined are not considered properly completed and you will be contacted by your accountant for revision.

 Please be advised that some contracts may contain more than one CADDS and that one contract does not necessarily equate to one cost report.

#### **Enabling Macros:**

#### YOU MUST "ENABLE MACROS" IN ORDER FOR THESE FORMS TO WORK!

When opening up the Cost Report Schedules in Excel versions 2003 and earlier, a pop up will ask whether to enable macros.

Microsoft Excel	×
K:\Cont_CR\FY 0809\Forms & Instructions\Mental Health Cost Report Schedules FY0809.xls contains macros.	
Macros may contain viruses. It is always safe to disable macros, but if the macros are legitimate, you might lose some functionality.	
Disable Macros Enable Macros More Info	

#### Enabling Macros (cont.):

You may also need to adjust the Security Level in order for the Macros to run properly.

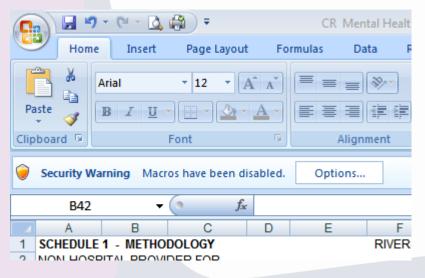
1. In Excel, select: Tools I Macro Security

Kicrosoft Excel	Security ?X
Eile Edit View Insert Format Tools Data Window Help     Protection     Macro        Macro        Macro        Macro        Macro        Macro        Macro        Macro        Macro        Macro <td><ul> <li>Security Level Trusted Sources</li> <li>High. Only signed macros from trusted sources will be allowed to run. Unsigned macros are automatically disabled.</li> <li>Medium. You can choose whether or not to run potentially unsafe macros.</li> <li>Low (not recommended). You are not protected from potentially unsafe macros. Use this setting only if you have virus scanning software installed, or you are sure all documents you open are safe.</li> </ul></td>	<ul> <li>Security Level Trusted Sources</li> <li>High. Only signed macros from trusted sources will be allowed to run. Unsigned macros are automatically disabled.</li> <li>Medium. You can choose whether or not to run potentially unsafe macros.</li> <li>Low (not recommended). You are not protected from potentially unsafe macros. Use this setting only if you have virus scanning software installed, or you are sure all documents you open are safe.</li> </ul>
2. Set Security Level to Medium.	No virus scanner installed. OK Cancel

#### Enabling Macros (cont.):

When opening up the Cost Report Schedules in Excel 2007, you may need to change settings in order to enable macros.

1. In Excel, if you receive a Security Warning, Macros have been disabled, click the Options button.



#### 2. Select Enable this content and click OK.



#### **Compliance Reminders**

- To help determine allowable and disallowable cost for cost reporting the most commonly used, but not limited to, tools are the OMB A-87 and A-122.

- Federal compliance for grant recipients limits the salaries of an individual at a rate that is not in excess of the Executive Salary Level II Schedule for the reporting year. Please see <a href="https://grants.nih.gov/grants/policy/salcap\_summary.htm">https://grants.nih.gov/grants/policy/salcap\_summary.htm</a>

\* Disclaimer County does have the right to determine allowable and disallowable cost.

### Cost Report Instructions & Sample

### Navigating the Schedules

#### **General Information on Completing** the Schedules:

					SC	HEDU	JLE	5 - SU	MM	ARY	AND	REI	NBUR	RSEN	MENT							1:
	EXPEN NON-HE	NULES - SUMMARY REPORT OF KOTURES/REVENUES BY MODISPC CORTAL RECYCLER FOR RACTED COUNTY SERVICES		RAVENUE CONNY OF ANTINE OF MEXTAL HEALTH PANAL THE COST REPORT FOR PT 20202															din			
	SUBMIS	SSION DATE: BYIS/20X	x	_	Click One>	TYPE OF CONTRACT		TYPE OF ORGANIZA	NON	< Click One												
	REPOR	RTING UNITPROVIDER NAME:	ABC Services, In	c	_	<ul> <li>Actual Cost w/o Me</li> <li>Actual Cost w/ Med</li> </ul>	-Cel Units	2 Non-Profit														
	FISCAL	RUNUMBER PROVDER NUMBER:	234801			C 100% Med-Cal		ACCOUNTING METH	00	< Click One												
		INTITY NUMBER	123		-	G Neg. Net Amount G Negotiated Rate		Modified Accrual Accrual														
					-	O PE																
			(1)	8	(2)	(0)	(8)	(6)	Ø	(4)	8	(19)	00	(12)	(13)	040	(15)	(10)	(17)		Check Roure	12
	1	MODE OF SERVICE CODE SERVICE FUNCTION CODE	10-16	20-39	40-49	05	10 25-29	10	01-09	15	15	15	15	15-19	45 25-39	20	20	72	Start Up	TOTAL	Mode: ALL Six Pun ALL	
		D/Data																				
	3	Salaries & Decella	50.0	0 \$0.0			\$0.00	\$0.00	\$76,675,72		\$0.00	\$50,056,94	\$14,402.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$502,695,61	\$0.00	
	4	Opening Exercises	800				2000	80.00	\$17,769,01	563,000,43	800	\$11,500,16	\$3 337 25 \$0 503 57	200	50.00	50.00	2000	\$57,632,42 \$6,00	2000	\$174.000.27 \$87.996.72	\$0.00	
	<b>6</b> 4	GROSS COST	\$0.0				\$0.00		\$100,116.45		\$0.00	\$70,399,07	\$20,282.85	\$0.00	\$0.00	\$0.00	\$0.00	\$57,632.42	\$0.00		\$0.00	
		•																				
	7	Total Units of Service						-	\$7,101	207,627		15,582	5,577								\$0.00	
		Cost per Unit of Service Published Charge per Unit	\$0.0 \$0.0				\$0.00	\$0.00 \$0.00	\$1.69	\$2.45	\$0.00	\$4.52	\$3.64	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00	#01/01 \$0.00	\$0.00			
	60	Rate Cap	\$0.0				\$0.00	\$0.00	\$2.02		\$0.00	\$4.82	\$2.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
		REVENUES																				
	10	Granta Income	50.0				\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$6.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	11	Donation Income	\$0.0 \$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	\$0.00	\$0.00	
	13	Program Fees Food Stamps	\$0.0	0 90.0			\$0.00	\$0.00	\$6.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	14	Rental income	\$0.0	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	
	15	Cober Income TOTAL REVENUES	50.0				\$0.00	\$0.00 \$0.00	200		8.00	\$0.00	80.00	50.00	50.00	\$0.00	50.00	\$0.00	\$0.00	\$0.00	\$0.00	
HEDULES - ESPE	184	TOTAL REVENUES	30.0	0 200	6 \$0.0	a 20100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	30.00	\$0.00	\$0.00	SULL	\$0.00	\$0.00	
WHORPITAL PROVE WTRACTED COUNTY	17	NET COST	\$0.0	0 \$0.0	90.00	\$0.00	\$0.00	\$0.00	\$100,110.45	\$508,463.81	\$0.00	\$70,399.07	\$20,282.85	\$0.00	\$0.00	\$0.00	\$0.00	\$57,632.42	\$0.00	\$754,654.00	\$0.00	
ALL HALL INCOMENT																						
	18	Maximum Contract Amount Unaliovable Medi-Cal Cost (From Schedule 7)	\$0.0 \$0.0				\$0.00	\$0.00 \$0.00	\$111,000.00		\$0.00	\$40,000.00	\$25,000.00	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00	\$80,000.00	\$0.00	\$765,000.00		
the subscription of the latter		ACTUAL COST CONTRACTS ONLY:	90.0	40.0	90.0	90.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	30.00	90.00		
EMISION DATE:	25e	Calculation: Lower of (Line 17 less Line 19) or Lin	e 18 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108,118.45	\$508,403.81	\$0.00	\$70,399.07	\$20,282.65	\$0.00	\$0.00	\$0.00	\$0.00	\$57,632.42	\$0.00	\$754,094.00		
	21	UESS Payment received from County																		\$702,595,24		
PORTING UN SPRICE		Adhetment (For County use only)			-															\$0.00		
SCAL RUININGER PS	22a	Balance Due to County # 21+Reimburgement)		_	_																	
Charles They make the Party of	225	Balance Due to Provider (f 21-Reimbursement)																		\$82,299,38		

#### I certify under penalty of perjury that the information contained on these documents is the and accurate.

	Director's Signature Date					Director's Telephone No. Name of Person to Contact Regarding CR (Print) Contact Person's Telep							on's Telephone No.		Contact Person's Mailing Address							Methodology		
																						Schedule 1b	Total	
																						Start Lto	Hale: AL	
		Photo I have been a	201			Director's Ernell Add			Contact Person's Ernell Address				Contact Person's Fex No.					Conte	SPC: ALL					
3	SALARIES &					Director's Email Acc	No. of Concession, Name		Contact Person's Error Accress				Contact Person's Fax No.				Remittance To - Mailing Address						Costs	
34	Salartes Hanafta Paytot Taues Coller TOTAL SALA																						10.00	
30	Received																					20.00		
36	Playtol Taxan																30.00							
34	COM																						20.00	
24	TOTAL SALA																					30.00	30.00	
4	OPERATING		_																					
44	Professional State/Carls	In it	\$25,952,79	200,397,25	25,505,54							2848-25	23,893,84		2052.98	\$158.32							30.00	
40	Other Running Former		218,741,11	210.040.35	\$2,054,78							2005 20	21,505,90		2008.51	10.000							10.00	
40	Latter exhore		\$148,501.82	\$118,854,27	\$28,847.35							\$4,428.79	220,738.89		\$2,871.39	\$827.38							30.00	
41	Vehicle Marit /Transport	Caller.	347,225,86	340,361,23	30,874,62							\$1,000.18	201014-19		30434	200.02							30.00	
de l	Rent Coursesor		\$450,873,09	\$409,743,28	200,809,82							22,199,45	215.048.84		\$2,040,30	2000.20							10.00	
er -	Insurance		348,418,13	345.537.80	23,880,27							2543.16	22,368,80		2348.23	\$111,28							10.00	
40	Other Operating Expense		\$717,107.82	\$811,388.03	\$105,718.89							\$7,350.95	18,572,87		\$4,798.50	\$1,379.05					357,632.42		30.00	
44	TOTAL OPERATING E	LIPERAEL	\$1,457,790,52	\$1,283,728,25	\$174,002,27	30.00	30.00	30.00	30.00	10.00	30.00	217,399,01	363,000,43	30.00	211.563.18	\$3,207,25	30.00	30.00	30.00	30.00	357,632,42	30.00	10.00	
5	OTHER EXPENSE																							
5a	Depreciption		\$28,071.75	208.071.75	30.00							30.00	\$2.00		30.00	30.00							30.00	
50	Amongation		27 803 84	27 803.84	20.00							30.00	30.00		30.00	2 520 57							10.00	
50	Indirect Administration	~	534,297,73	640,301,01	387,896,72							18,451,72	63,262,46		8,758,87								10.00	
54	C00w		30.00	30.00	30.00							\$0.00	\$0.00		30.00	\$0.00							10.00	
1x	TOTAL OTHER		2570 173 22	3482 178.80	107,000,72	10.00	30.00	30.00	30.00	10.00	30.00	213.451.72	303,202,48	10.00	28,758,87	\$2 529.57	30.00	30.00	30.00	30.00	30.00	30.00	10.00	
		-																						
ex.	GROSS COST	0	24,664,280,27	23,879,385,87	1764,894,80	30.00	30.00	30.00	30.00	30.00	30.00	\$108,118,45	3508.453.81	30.00	120 399 27	200 292 85	30.00	30.00	30.00	30.00	357,633,42	30.00	30.00	
-			and the second se					1000	dia ata												and the lat	dia ata		

ALTH: 00700

### **Cost Report Overview: Schedule 1**

**SCHEDULE 1-METHODOLOGY:** The County needs to know how your agency is breaking out expenses and revenues (1) between County and non-County programs and (2) the various service types provided. There are three allocation methods which are generally used:

•Direct Allocation: Costs is tracked at the level of the individual program and/or service type provided.

•<u>Unit Based Allocation</u>: Weighted average based on actual units provided multiplied by their rates.

•<u>Time Study</u>: Weighted Average based on hours worked on County services.

### **Cost Report Overview: Schedule 2**

**SCHEDULE 2-EXPENSES:** The County will need your agency to break out the total and county expenses by the line items provided on the Schedule 2 form. Your agency will also need to allocate the expense across each service type provided based on the break-out explained in Schedule 1.

Expenses found on this form should match the expenses on the financial statements provided to the County using the methodology on Schedule 1. Please provide a way for the reviewer to tell what expenses were placed under each line item so the reviewer could determine if it was appropriately allocated.

### **Cost Report Overview: Schedule 2A**

**SCHEDULE 2A-BOARD & CARE:** The County will need your agency to break out the total and county building related expenses by the line items provided on the Schedule 2A form. Your agency will also need to provide the total and county related square footage of your facility to determine the board and care cost per day.

### **Cost Report Overview: Schedule 3**

**SCHEDULE 3-REVENUES:** The County will need your agency to break out the total and county revenues by the line items provided on the Schedule 3 form. Your agency will also need to allocate the revenue across each service type provided based on the break-out explained in Schedule 1.

Revenues found on this form should match the revenue on the financial statements provided to the County using the methodology on Schedule 1.

### **Cost Report Overview: Schedule 4**

**SCHEDULE 4-UNITS**: Total and County units provided by your agency should be tracked by your agency and will be required to be input on this form. Your units entered on this form should match the unit documentation provided as well as agree with the County units on file.

\*We will be sending out a preliminary unit report soon for your reconciliation in order to identify any discrepancies ahead of time.

#### Service Reconciliation Process: Utilizing County Reports

The following information is to aid in the service (unit) reconciliation process for Providers. Reconciling service units throughout the year will allow changes to be made in a timely manner, therefore making the final cost report schedules easier to complete. A determination has been made that the following reports, reviewed in the order listed, can simplify this process.

• Includes all services entered into the ELMR Billing System whether in DRAFT or FINALIZED mode. These services may not yet be approved by Invoice Processing Unit (IPU) for payment. If there are discrepancies on this report, please send an email to ELMR Support@ruhealth.org. **PVD 2004**  Includes all services entered into the ELMR Billing System that have been finalized. This report shows what IPU has approved or denied. Use the "IPU DENIAL REASON CODE" Report for the description. If the service can be re-billed, make the correction and bill again during the next month's billing cycle. If you are unsure if a service can be re-billed or have questions regarding the denial, contact IPU at ELMR PIF@ruhealth.org or (951) 358-**PVD 2002** 7797, option 6. All approved units will be used during the cost report settlement process. • The MHS 3011 Report can be found in the RDS system and shows all approved services provided by your Agency. This report further details Medi-Cal services regarding what has not been billed, what has been billed then denied, and those that were re-billed. Services that do not show a claim number have not yet been billed to the State. Contact your designated authorizing personnel for more information on non-billed services and/or denials. Medi-Cal denials should also be listing in the V&R Report. If you have guestions regarding non-billable **MHS 3011** services, please contact ELMR PIF@ruhealth.org. All approved units will be used during the cost report settlement process. • If you provide Medi-Cal services, the Void & Replace Report is sent to you on a monthly basis and identifies all denied Medi-Cal services and the reason for denial. Use the State's Short-Doyle Specialty Mental Health Services Claim Adjustment Reason Code (CARC) publication attached for further description. If you are unsure how to V&R correct a denied service, contact the designated authorizing personnel. Questions regarding the report can be Report forwarded to the Patient Accounts HelpDesk at (951) 358-6900, opt 3 or send an email to Billing Support@ruhealth.org.

### **Cost Report Overview: Schedule 5**

**SCHEDULE 5-SUMMARY REPORT:** The Schedule 5 automatically gathers the information input into the other schedules to provide you with a summary report.

At the top of the page, you will need to select your:

- Contract Type
- Organization Type (profit or non-profit)
- Accounting Method (cash, accrual, or modified accrual)

At the bottom of the page, please input your agency's contact information.

#### State Forms Requirements

Upon the settlement of your cost report, the County will be sending you your Final State Forms. We will need you to:

- 1. Certify/Sign the State Form
- 2. Return to RUHS BH (SA)

#### **Due Date:**

### Substance Abuse

-Saturday, August 1st, 2020

Cost Report Schedules and Instructions will be emailed soon and will also be available on the Department of Mental Health website at:

#### http://www.rcdmh.org/Doing-Business/Provider-Connect

Under the Contractor Cost Reports header on the right side of the screen.

1. How many cost reports should each contractor complete?

- One for each CADDS.

2. What is the first thing you need to do when opening the cost report forms?

- Enable Macros

- 3. What color are the cells that need to be completed? - Green
- 4. What rate should a correct weighted average calculation be based on?

-Published Charge, RCMAR, Drug Medi-Cal Rate, Negotiated Rate [Md & SFC Split %=(Units x Rate) / Total Weighted Cost]

## 5. Why is it important to select the correct type of contract on the top of Schedule 5?

- It will affect how the settlement is calculated

6. What is the due date for the cost reports? Substance Abuse

August 1st, 2020

7. What is the correct color of ink for signatures on the cost report?

- Blue

#### 8. Who is responsible for signing the cost report?

- The Director, Administrator or CEO (or designee)

## 9. What do you need to submit to RUHS - BH at cost report time?

- Cost Report electronically submitted to RUHS - BH

- Appropriate Financials and Supporting Documentation
- 2 signed hard copies of each cost report schedule once agreed upon by County and Contractor

#### 10. What's New?

- Direct Service Providers who are reimburse based on Actual Cost, must submitted two (2) separate cost reports and financial documents for the following periods:
- July 1, 2019 February 29, 2020
- March 1, 2020 June 30, 2020

#### 11. What do you do with the state forms?

-You will sign them, certify them and mail them back to RUHS – BH (SA)

#### **Compliance**

- 12. What minimum guidance tools are most commonly used when determining allowable and disallowable cost for cost reporting?
  - OMB A-87 and A-122 (these 2 are the most common but not limited by RUHS).

### 13. What is the allowable rate cap that an Executive Salary is not to exceed?

The salary of an individual is not to exceed the rate that is outlined on the Executive Salary Schedule for the reporting year. Also known as Level II Executive Salary rate. Please see

https://grants.nih.gov/grants/policy/salcap\_summary.htm

# QUESTIONS