

# 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 15/16

SUBMISSION DATE: 08/15/2016

REPORTING UNIT/PROVIDER NAME ABC Services, Inc

FISCAL RU NUMBER/PROVIDER NUMBER: 33AB01

LEGAL ENTITY NUMBER: 1100

## 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 cost centers 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.

<u>MD/SFC</u>	<u>UNITS</u>	<u>DRUG MCAL RT</u>	<u>WEIGHTED</u>	<u>WEIGHTED</u>
		<u>RCMAR</u>	<u>AVERAGE</u>	<u>PERCENTAGE</u>
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%
	<u>286,097</u>		<u>\$ 754,542.59</u>	<u>100.00%</u>

## Methodology: Weighted Avg Allocation

Weighted Average Calculation for ABC Services, Inc.  
 FY 15/16 Cost Report

Total Contract Cost: \$ 707,262.18  
 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%	x \$ 707,262.18 =	\$141,159.74	$\frac{\$135,099.44}{57,101}$	= \$2.47
15/10-59:	207,837	$\frac{207,837}{286,097}$	= 72.65%	x \$ 707,262.18 =	\$513,795.15	$\frac{\$676,897.88}{207,837}$	= \$2.47
15/60:	15,582	$\frac{15,582}{286,097}$	= 5.45%	x \$ 707,262.18 =	\$38,520.36	$\frac{\$36,866.60}{15,582}$	= \$2.47
15/70:	5,577	$\frac{5,577}{286,097}$	= 1.95%	x \$ 707,262.18 =	\$13,786.94	$\frac{\$13,195.03}{5,577}$	= \$2.47
	<u>286,097</u>		<u>100.00%</u>		<u>\$707,262.18</u>		

**\*Results in flat CPU\***

**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	$\frac{\$115,344}{\$754,543}$	= 15.29%
15/10-59:	207,837 x \$2.61	= \$542,455	$\frac{\$542,455}{\$754,543}$	= 71.89%
15/60:	15,582 x \$4.82	= \$75,105	$\frac{\$75,105}{\$754,543}$	= 9.95%
15/70:	5,577 x \$3.88	= \$21,639	$\frac{\$21,639}{\$754,543}$	= 2.87%
	<u>286,097</u>	<u>\$754,543</u>		<u>100.00%</u>

**\*(Units x Rate) / Total Weighted Cost = Md&SFC Split %\***

Md/Sfc Split	Md&SFC Split % x Total Contract 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
		<u>\$707,262.18</u>		

# Schedule 2 - Expenses

**SCHEDULE 2 - EXPENSES BY LINE ITEMS**  
NON-HOSPITAL PROVIDER FOR  
CONTRACTED COUNTY SERVICES

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH  
FINAL Y/E COST REPORT FOR: FY 15/16

MODES	Description	Service Func. Code	Units of Measure
24 hr. svcs. - 05	Hosp. Inpatient	10-18	Days
	Adult Crisis Res. Adult Residential	40-49 65-69	Days 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
O/P Svcs. - 15	Case Management	01-09	Minutes
	M/H Svcs.	10-19,30-59	Minutes
	PEI	60-69	Minutes
Outreach - 45	Crisis Intervention	70-79	Minutes
	MH Promotion Comm Client Svcs	10-19 20-29	Hours Hours

SUBMISSION DATE: 08/15/2016  
REPORTING UNIT/PROVIDER NAME: ABC Services, Inc  
FISCAL RU NUMBER/PROVIDER NUMBER: 33AB01

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	Methodology	
																					Total	
	PROVIDER TOTAL COSTS	LESS: UNALLOWABLE COSTS	TOTAL ALLOWABLE COSTS	05	05	05	05	10	10	15	15	15	15	15	45	45	60	60	60	60	Start Up	Mode: ALL
				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	Costs	SFC: ALL	
				Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs
3	<b>SALARIES &amp; BENEFITS</b>																					
3a	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	\$85,135.00	\$68,593.00	\$16,542.00						\$2,528.71	\$11,892.35		\$1,646.55	\$474.39								\$0.00
3x	<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$2,616,376.43</b>	<b>\$2,113,480.82</b>	<b>\$502,895.61</b>	\$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	\$0.00
4	<b>OPERATING EXPENSES</b>																					
4a	Professional Svcs/Contracts	\$25,952.79	\$20,397.25	\$5,555.54						\$849.25	\$3,993.98		\$552.98	\$159.32								\$0.00
4b	Office Supplies/Expense	\$18,741.11	\$16,646.35	\$2,094.76						\$320.22	\$1,505.96		\$208.51	\$60.07								\$0.00
4c	Utilities/Telephone	\$148,501.62	\$119,654.27	\$28,847.35						\$4,409.78	\$20,738.89		\$2,871.39	\$827.28								\$0.00
4d	Vehicle Maint./Transportation	\$47,335.86	\$40,361.23	\$6,974.63						\$1,066.18	\$5,014.19		\$694.24	\$200.02								\$0.00
4e	Rent/Occupancy*	\$450,673.09	\$429,743.26	\$20,929.83						\$3,199.46	\$15,046.84		\$2,083.30	\$600.23								\$0.00
4f	Insurance	\$49,418.13	\$45,537.86	\$3,880.27						\$593.16	\$2,780.60		\$386.23	\$111.28								\$0.00
4g	Other Operating Expense	\$717,107.92	\$611,388.03	\$105,719.89						\$7,350.95	\$34,570.97		\$4,786.50	\$1,379.05						\$57,632.42		\$0.00
4x	<b>TOTAL OPERATING EXPENSES</b>	<b>\$1,457,730.52</b>	<b>\$1,283,728.25</b>	<b>\$174,002.27</b>	\$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	\$0.00	\$57,632.42	\$0.00	\$0.00
5	<b>OTHER EXPENSE</b>																					
5a	Depreciation*	\$28,071.75	\$28,071.75	\$0.00						\$0.00	\$0.00		\$0.00	\$0.00								\$0.00
5b	Amortization	\$7,803.84	\$7,803.84	\$0.00						\$0.00	\$0.00		\$0.00	\$0.00								\$0.00
5c	Indirect Administration	\$34,297.73	\$446,301.01	\$87,996.72						\$13,451.72	\$63,262.46		\$8,758.97	\$2,523.57								\$0.00
5d	Other	\$0.00	\$0.00	\$0.00						\$0.00	\$0.00		\$0.00	\$0.00								\$0.00
5x	<b>TOTAL OTHER</b>	<b>\$570,173.32</b>	<b>\$482,176.60</b>	<b>\$87,996.72</b>	\$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	\$0.00
6x	<b>GROSS COST</b>	<b>\$4,644,280.27</b>	<b>\$3,879,385.67</b>	<b>\$764,894.60</b>	\$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	\$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 15/16

SUBMISSION DATE: 01/00/1900

REPORTING UNIT/PROVIDER NAME: 0

FISCAL RU NUMBER/PROVIDER NUMBER: 0

	A	C	D = A * C
	Annual FY1516	Alloc % to Board	FY1516 Board &
Building related costs	Actual Cost	& Care	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
<b>Total</b>			<b>\$ 224,342</b>

  

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	-	-	-	-
Common 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%

**INSTRUCTIONS:**

- 1.) Building related costs - Column A - enter expense categories related to board and care. In column B - enter the percentage allocation for board and care.
- 2.) In cell B30, enter the total Licensed Bed capacity and, in cell B31, enter the total number of patient days.
- 3.) Offices/Units - Column A - enter all of the office/unit description. Column B - enter the total square footage for all of the offices/units in Column A. Column C - E - enter the square footage that is applicable to Board & Care, Treatment, and Other.

# 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 15/16

SUBMISSION DATE: 08/15/2016

REPORTING UNIT/PROVIDER NAME: ABC Services, Inc

FISCAL RU NUMBER/PROVIDER NUMBER: 33AB01

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
PEI	M/H Svcs.	10-19,30-59	Minutes
	Medication Spt.	60-69	Minutes
	Crisis Intervention	70-79	Minutes
Outreach - 45	MH Promotion	10-19	Hours
	Comm Client Svcs	20-29	Hours

	REVENUE TYPES	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	Methodology			
		PROVIDER TOTAL REVENUES	LESS: NON-CONTRACT REVENUES	TOTAL CONTRACT REVENUES	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Methodology on Schedule 1b	Total	
		Revenues	Revenues	Revenues	05	05	05	05	10	10	15	15	15	15	15	15	45	45	60	60	60	60	Start Up	Mode: ALL	
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	<b>TOTAL REVENUE</b>	<b>\$4,109,982.54</b>	<b>\$3,433,084.66</b>	<b>\$676,897.88</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$94,664.73</b>	<b>\$445,201.35</b>	<b>\$0.00</b>	<b>\$61,640.10</b>	<b>\$17,759.28</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$57,632.42</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# 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 15/16**

SUBMISSION DATE: 08/15/2016

REPORTING UNIT/PROVIDER NAME: ABC Services, Inc

FISCAL RU NUMBER/PROVIDER NUMBER: 33AB01

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 UNITS/ADJ	TOTAL CONTRACT UNITS (including Medi-Cal)
7	<b>UNIT TYPES</b>					
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
7l	Outreach 45	MH Promotion	10-19			-
7m	Outreach 45	Comm Client Svcs	20-29			-
<b>TOTAL UNITS</b>				<b>1,096,648</b>	<b>810,551</b>	<b>286,097</b>



# SCHEDULE 5 - SUMMARY AND REIMBURSEMENT

**SCHEDULE 5 - SUMMARY REPORT OF EXPENDITURES/REVENUES BY MODE/SFC**  
 NON-HOSPITAL PROVIDER FOR  
 CONTRACTED COUNTY SERVICES

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH  
 FINAL Y/E COST REPORT FOR: FY 15/16

SUBMISSION DATE: 08/15/2016

Click One <----> **TYPE OF CONTRACT:** **TYPE OF ORGANIZATION** <----> Click One

REPORTING UNIT/PROVIDER NAME: ABC Services, Inc

- Actual Cost w/o Medi-Cal Units
- Actual Cost w/ Medi-Cal Units
- 100% Medi-Cal
- OIMD
- Neg. Net Amount
- Negotiated Rate
- OPEI

- Non-Profit
  - Profit
- ACCOUNTING METHOD** <----> Click One
- Cash
  - Modified Accrual
  - Accrual

FISCAL RU NUMBER/PROVIDER NUMBER: 33AB01

	MODE OF SERVICE CODE	SERVICE FUNCTION CODE	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	TOTAL	Check Figure Mode: ALL Svc Fun. ALL
			05	05	05	05	10	10	15	15	15	15	15	15	45	45	60	60	60		
			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			

EXPENSES																					
3	Salaries & Benefits	\$0.00	\$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	\$502,895.61	\$0.00
4	Operating Expenses	\$0.00	\$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	\$174,002.27	\$0.00
5	Other	\$0.00	\$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	\$87,996.72	\$0.00
6x	<b>GROSS COST</b>	\$0.00	\$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	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$1.89	\$2.45	\$0.00	\$4.52	\$3.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	
8a	Published Charge per Unit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	
8b	Rate Cap	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$0.00	\$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	\$0.00
11	Donation Income	\$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	\$0.00	\$0.00	\$0.00	\$0.00
12	Program Fees	\$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	\$0.00	\$0.00	\$0.00	\$0.00
13	Food Stamps	\$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	\$0.00	\$0.00	\$0.00	\$0.00
14	Rental Income	\$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	\$0.00	\$0.00	\$0.00	\$0.00
15	Other Income	\$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	\$0.00	\$0.00	\$0.00	\$0.00
16x	<b>TOTAL REVENUES</b>	\$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	\$0.00	\$0.00	\$0.00	\$0.00

17	<b>NET COST</b>	\$0.00	\$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	\$0.00
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18	Maximum Contract Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$111,000.00	\$509,000.00	\$0.00	\$80,000.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$60,000.00	\$0.00	\$785,000.00	\$0.00
19	Unallowable Medi-Cal Cost (From Schedule 7)	\$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	\$0.00	\$0.00	\$0.00	\$0.00
<b>ACTUAL COST CONTRACTS ONLY:</b>																					
20a	Calculation: Lower of (Line 17 less Line 19) or Line 18	\$0.00	\$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	\$0.00
21	LESS: Payment received from County																			\$702,595.24	
	Adjustment (For County use only)																			\$0.00	
22a	Balance Due to County (if 21>Reimbursement)																			\$0.00	
22b	Balance Due to Provider (if 21<Reimbursement)																				\$62,299.36

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 15/16

SUBMISSION DATE: 08/15/2016

REPORTING UNIT/PROVIDER NAME: ABC Services, Inc

FISCAL RU NUMBER/PROVIDER NUMBER 33AB01

**Nominal Fee Provider Determination**  
Please answer the following questions:

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 6/30/2016**

Cost Report Line #	Description	July 2014 - June 2015	County Contract	Non-County Contract	15/01-09	15/10-59	15/60	15/70	Client Flex Support
<b>Revenue</b>									
9	County Contract Income	2,822,745.01	764,894.60	2,057,850.41					
10	Grants Income	562,387.00		562,387.00					
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	<b>TOTAL REVENUE</b>	<b>4,644,280.27</b>	<b>764,894.60</b>	<b>3,879,385.67</b>	<b>108,116.45</b>	<b>508,463.81</b>	<b>70,399.07</b>	<b>20,282.85</b>	<b>57,632.42</b>
<b>Expenses</b>									
<b>Salaries &amp; Benefits</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	<b>Salaries</b>	<b>2,050,829.95</b>	<b>395,860.69</b>	<b>1,654,969.26</b>	<b>60,513.70</b>	<b>284,591.54</b>	<b>39,402.96</b>	<b>11,352.49</b>	
3b	<b>Benefits Health/Line Insurance</b>	<b>369,274.39</b>	<b>71,254.92</b>	<b>298,019.47</b>	<b>10,892.47</b>	<b>51,226.48</b>	<b>7,092.53</b>	<b>2,043.45</b>	
	FICA	60,321.09	11,875.82	48,445.27					
	Unemployment Insurance	50,816.00	7,362.18	43,453.82					
3c	<b>Payroll Taxes</b>	<b>111,137.09</b>	<b>19,238.00</b>	<b>91,899.09</b>	<b>2,940.84</b>	<b>13,830.55</b>	<b>1,914.90</b>	<b>551.71</b>	
	Workers Comp	85,135.00	16,542.00	68,593.00					
3d	<b>Other</b>	<b>85,135.00</b>	<b>16,542.00</b>	<b>68,593.00</b>	<b>2,528.71</b>	<b>11,892.35</b>	<b>1,646.55</b>	<b>474.39</b>	
3x	<b>Total Salaries &amp; Benefits</b>	<b>2,616,376.43</b>	<b>502,895.61</b>	<b>2,113,480.82</b>	<b>76,875.72</b>	<b>361,540.92</b>	<b>50,056.94</b>	<b>14,422.03</b>	
<b>Operating Expenses</b>									
	Attorney Fees	1,079.42		1,079.42					
	Consultant Fees	6,075.77	3,581.58	2,494.19					
	Payroll Svc Fee	11,706.21	399.96	11,306.25					
	Audit Fees	7,091.38	1,574.00	5,517.38					
4a	<b>Professional Services</b>	<b>25,952.79</b>	<b>5,555.54</b>	<b>20,397.25</b>	<b>849.25</b>	<b>3,993.98</b>	<b>552.98</b>	<b>159.32</b>	
	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	<b>Office Supplies</b>	<b>18,741.11</b>	<b>2,094.76</b>	<b>16,646.35</b>	<b>320.22</b>	<b>1,505.96</b>	<b>208.51</b>	<b>60.07</b>	
	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	<b>Utilities/Telephone</b>	<b>148,501.62</b>	<b>28,847.35</b>	<b>119,654.27</b>	<b>4,409.78</b>	<b>20,738.89</b>	<b>2,871.39</b>	<b>827.28</b>	
	Vehicle Lease	16,382.61	-	16,382.61					
	Vehicle Ops (Gas/Oil)	21,310.62	5,647.16	15,663.46					
	Vehicle Tires/Repairs	5,613.19	682.98	4,930.21					
	Vehicle Interest	1,396.55	475.65	920.90					
	Vehicle Registration	2,632.89	168.84	2,464.05					
4d	<b>Vehicle Maint/Transportation</b>	<b>47,335.86</b>	<b>6,974.63</b>	<b>40,361.23</b>	<b>1,066.18</b>	<b>5,014.19</b>	<b>694.24</b>	<b>200.02</b>	

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Cost Report Line #	Description	July 2014 - June 2015	County Contract	Non-County Contract	15/01-09	15/10-59	15/60	15/70	Client Flex 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					
<b>4e</b>	<b>Rent &amp; Occupancy</b>	<b>450,673.09</b>	<b>20,929.83</b>	<b>429,743.26</b>	<b>3,199.46</b>	<b>15,046.84</b>	<b>2,083.30</b>	<b>600.23</b>	
	Liability Insurance	35,250.40	2,495.23	32,755.17					
	Vehicle Insurance	14,167.72	1,385.04	12,782.68					
<b>4f</b>	<b>Insurance</b>	<b>49,418.13</b>	<b>3,880.27</b>	<b>45,537.86</b>	<b>593.16</b>	<b>2,789.60</b>	<b>386.23</b>	<b>111.28</b>	
	Program Supplies	120,935.21	6,523.87	114,411.34					
	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	-	8,025.81					
	Client Housing Subsidy	27,264.87	-	27,264.87					
	Ambulance	550.54	-	550.54					
<b>4g</b>	<b>Other Operating Expense</b>	<b>717,107.92</b>	<b>105,719.89</b>	<b>611,388.03</b>	<b>7,350.95</b>	<b>34,570.97</b>	<b>4,786.50</b>	<b>1,379.05</b>	<b>57,632.42</b>
<b>4x</b>	<b>Total Operating Expense</b>	<b>1,457,730.52</b>	<b>174,002.27</b>	<b>1,283,728.25</b>	<b>17,789.01</b>	<b>83,660.43</b>	<b>11,583.16</b>	<b>3,337.25</b>	<b>57,632.42</b>
	<b>Other Expense</b>								
	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					
<b>5a</b>	<b>Depreciation</b>	<b>28,071.75</b>	<b>-</b>	<b>28,071.75</b>					
	Loan Fee Amortization	486.65	-	486.65					
	Leasehold Amortization	7,317.19	-	7,317.19					
<b>5b</b>	<b>Amortization</b>	<b>7,803.84</b>	<b>-</b>	<b>7,803.84</b>					
	Indirect Admin	534,297.73	87,996.72	446,301.01					
<b>5c</b>	<b>Other</b>	<b>534,297.73</b>	<b>87,996.72</b>	<b>446,301.01</b>					
<b>5x</b>	<b>Total Other Expense</b>	<b>570,173.32</b>	<b>87,996.72</b>	<b>482,176.60</b>	<b>13,451.72</b>	<b>63,262.46</b>	<b>8,758.97</b>	<b>2,523.57</b>	
<b>6x</b>	<b>GROSS COST</b>	<b>4,644,280.27</b>	<b>764,894.60</b>	<b>3,879,385.66</b>	<b>108,116.45</b>	<b>508,463.82</b>	<b>70,399.07</b>	<b>20,282.85</b>	<b>57,632.42</b>
	<b>NET INCOME (LOSS)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.01</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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