

Weighted Average Calculation

Total Contract Cost \$ 707,262.18
 Total Units 286,097

INCORRECT - Weighted Average Based on Units ONLY!

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)						
Mode/Service Function Code	Units	÷ Units Divided Total Units	=	UOS Split %	× Take Contract Cost x's UOS Split %	=	Cost Per MD/SFC	÷	Units	=	Cost Per Unit (CPU)		
15/07	57,101	÷	286,097	=	19.96%	×	\$ 707,262.18	=	\$ 141,159.74	÷	57,101	=	\$ 2.47
15/10-59	207,837	÷	286,097	=	72.65%	×	\$ 707,262.18	=	\$ 513,795.15	÷	207,837	=	\$ 2.47
15/57													
15/58	15,582	÷	286,097	=	5.45%	×	\$ 707,262.18	=	\$ 38,520.36	÷	15,582	=	\$ 2.47
15/60	5,577	÷	286,097	=	1.95%	×	\$ 707,262.18	=	\$ 13,786.94	÷	5,577	=	\$ 2.47
	286,097				100%				\$ 707,262.18				

Results in Flat CPU for each SFC

Weighted Average Calculation

Total Contract Cost \$ 707,262.18
 Total Units 286,097

CORRECT - Weighted Average Based on Published Charges/SMA/Negotiated Rate per Unit

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)								
Mode/Service Function Code	Units	X	Rate	=	Weighted Cost	÷	Weighted Cost Divided by Total Weighted Cost	=	Cost Split %	X	Take Contract Cost x's Cost Split %	=	Cost Per MD/SFC	÷	Units	=	Cost Per Unit (CPU)
15/07	57,101	x	\$ 2.20	=	\$ 125,622.20	÷	\$ 791,645.60	=	15.87%	x	\$ 707,262.18	=	\$ 112,231.83	÷	57,101	=	\$ 1.97
15/10-59	207,837	x	\$ 2.85	=	\$ 592,335.45	÷	\$ 791,645.60	=	74.82%	x	\$ 707,262.18	=	\$ 529,196.98	÷	207,837	=	\$ 2.55
15/57																	
15/58	15,582	x	\$ 2.85	=	\$ 44,408.70	÷	\$ 791,645.60	=	5.61%	x	\$ 707,262.18	=	\$ 39,675.07	÷	15,582	=	\$ 2.55
15/60	5,577	x	\$ 5.25	=	\$ 29,279.25	÷	\$ 791,645.60	=	3.70%	x	\$ 707,262.18	=	\$ 26,158.30	÷	5,577	=	\$ 4.69
	286,097			=	\$ 791,645.60			=	100%			=	\$ 707,262.18				

FINANCIALS FOR COST REPORT

e f g h

15.87% 74.82% 5.61% 3.70%

Cost Report Line #	Description	Column A	Column B	Column C		e	f	g	h	Check Figure
		Total Provider Cost	Non-County Contract	RUHS-BH Contract Cost		15/07	15/10-59	15/58	15/60-69	
REVENUE										
9	County Contract Income	2,822,745.01	2,130,482.83	692,262.18		109,851.55	517,973.48	38,833.62	25,603.52	
10	Grants Income	562,387.00	562,387.00	-						
11	Donations Income	159,763.68	159,763.68	-						
12	Program Fees	964,852.00	964,852.00	-						
13	Food Stamps	37,867.61	37,867.61	-						
15	Other Income			-						
16x	TOTAL REVENUE	4,547,615.30	3,855,353.12	692,262.18		109,851.55	517,973.48	38,833.62	25,603.52	-
EXPENSES										
Salaries & Benefits										
	Salaries-Regular	1,998,350.95	1,611,847.63	386,503.32						
	Salaries-Overtime	52,479.00	43,121.63	9,357.37						
3a	Salaries	2,050,829.95	1,654,969.26	395,860.69		62,817.11	296,196.08	22,206.48	14,641.03	-
3b	Life Insurance	369,274.39	298,019.47	71,254.92		11,307.08	53,315.29	3,997.17	2,635.38	-
	FICA	60,321.09	48,445.27	11,875.82						
	Unemployment	50,816.00	43,453.82	7,362.18						
3c	Payroll Taxes	111,137.09	91,899.09	19,238.00		3,052.78	14,394.51	1,079.19	711.52	-
	Workers Comp	85,135.00	68,593.00	16,542.00						
3d	Other	85,135.00	68,593.00	16,542.00		2,624.97	12,377.27	927.95	611.81	-
3x	TOTAL SALARIES & BENEFITS	2,616,376.43	2,113,480.82	502,895.61		79,801.94	376,283.15	28,210.78	18,599.74	-
Operating Expenses										
	Attorney Fees	1,079.42	1,079.42	-						
	Consultant Fees	6,075.77	2,494.19	3,581.58						
	Payroll Svc Fees	11,706.21	11,306.25	399.96						
4a	Professional Svc/Contracts	18,861.40	14,879.86	3,981.54		631.81	2,979.12	223.35	147.26	-

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a

Cost Report Line #	Description	Column A	Column B	Column C	15.87%	74.82%	5.61%	3.70%	Check Figure
		Total Provider Cost	Non-County Contract	RUHS-BH Contract Cost	15/07	15/10-59	15/58	15/60-69	
	Office Supplies	4,990.75	3,355.07	1,635.68					
	Equipment-Expendable	769.44	563.82	205.62					
	Software/Web Design	10,605.41	10,437.59	167.82					
	Postage	2,375.52	2,289.98	85.54					
4b	Office Supplies/Expense	18,741.11	16,646.46	2,094.65	332.39	1,567.28	117.50	77.47	-
	Telephone	68,603.63	52,235.63	16,368.00					
4c	Telephone	68,603.63	52,235.63	16,368.00	2,597.35	12,247.08	918.19	605.38	-
	Waste/Water	62,207.92	55,449.87	6,758.05					
	Equipment-Lease	14,511.85	10,111.70	4,400.15					
	Equipment-Repair & Maint	3,178.20	1,857.05	1,321.15					
4d	Utilities	79,897.97	67,418.62	12,479.35	1,980.28	9,337.46	700.05	461.55	-
	Vehicle Lease	16,382.61	16,382.61	-					
	Vehicle Ops (Gas/Oil)	21,310.61	15,663.45	5,647.16					
	Vehicle Tires/Repairs	5,613.18	4,930.20	682.98					
	Vehicle Interest	1,396.55	920.90	475.65					
	Vehicle Registration	2,632.89	2,464.05	168.84					
4e	Vehicle Maint/Transportation	47,335.84	40,361.21	6,974.63	1,106.77	5,218.65	391.25	257.96	-
	Food Supplies	122,977.29	113,862.44	9,114.85					
4f	Food	122,977.29	113,862.44	9,114.85	1,446.39	6,820.03	511.31	337.12	-
	Building Lease	314,207.00	297,631.81	16,575.19					
	Building Interest	41,128.20	40,346.61	781.59					
	Building Repairs & Maintenance	95,337.87	91,764.82	3,573.05					
4g	Rent & Occupancy	450,673.07	429,743.24	20,929.83	3,321.25	15,660.39	1,174.09	774.10	-
	Liability Insurance	35,250.40	32,755.17	2,495.23					
	Vehicle Insurance	14,167.72	12,782.68	1,385.04					
4h	Insurance	49,418.12	45,537.85	3,880.27	615.74	2,903.35	217.67	143.51	-
	Program Supplies	120,935.21	114,411.34	6,523.87					
	Household Supplies	34,841.82	32,190.13	2,651.69					
	Business Supplies	3,645.01	3,645.01	-					
	Medication/Lab Cost	151,656.05	138,968.47	12,687.58					
	Travel	10,351.58	3,956.32	6,395.26					

Cost Report Line #	Description	Column A	Column B	Column C	15.87%	74.82%	5.61%	3.70%	Check Figure
		Total Provider Cost	Non-County Contract	RUHS-BH Contract Cost	15/07	15/10-59	15/58	15/60-69	
	Mileage	34,977.85	32,501.50	2,476.35					
	Dues/Membership	1,894.84	1,616.65	278.19					
	Misc Expense	2,151.19	357.72	1,793.47					
	Training/Conf Fees	15,575.50	12,982.36	2,593.14					
	Furniture/Fixtures	36,218.71	32,748.14	3,470.57					
	Bank Fees	48.97	48.96	0.01					
	Licenses	2,893.18	2,790.00	103.18					
	Flex Spending Account	143,099.42	85,468.00	57,631.42					
	Client Assistance	8,025.81	8,025.81	-					
	Client Housing Subsidy	27,264.87	27,264.87	-					
	Ambulance	550.54	550.54	-					
4i	Other Operating Expense	594,130.55	497,525.82	96,604.73	15,329.71	72,282.86	5,419.21	3,572.95	-
4x	TOTAL OPERATING EXPENSE	1,450,638.98	1,278,211.13	172,427.85	27,361.70	129,016.22	9,672.63	6,377.30	-
Other Expense									
	Building Depreciation	15,331.38	15,331.38	-					
	Equipment Depreciation	674.91	674.91	-					
	Furniture/Fixt Depreciation	250.83	250.83	-					
	Vehicle Depreciation	11,814.61	11,814.61	-					
5a	Depreciation	28,071.73	28,071.73	-	-	-	-	-	-
	Loan Fee Amortization	486.64	486.64	-					
	Leasehold Amortization	7,317.19	7,317.19	-					
5b	Amortization	7,803.83	7,803.83	-	-	-	-	-	-
	Indirect Admin	534,297.73	502,359.01	31,938.72					
5c	Indirect/Administrative Cost	534,297.73	502,359.01	31,938.72	5,068.19	23,897.61	1,791.66	1,181.26	-
5d	Other	-	-	-					
5x	TOTAL OTHER EXPENSE	570,173.29	538,234.57	31,938.72	5,068.19	23,897.61	1,791.66	1,181.26	-
6x	GROSS COST	2,105,947.27	1,885,038.70	707,262.18	112,231.83	529,196.98	39,675.07	26,158.30	-
	NET INCOME (LOSS)	2,441,668.03	1,970,314.42	15,000.00	2,380.27	11,223.49	841.45	554.78	-

Schedule 1



SCHEDULE 1 - METHODOLOGY

FINAL Y/E COST REPORT FOR: FYXX/XX

BEHAVIORAL HEALTH PROGRAMS

NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:	08/15/2022
PROVIDER NAME:	Mickey Mouse House
REPORTING UNIT:	33MICKY
FISCAL NUMBER (DEPTID):	4100234567.83500
LEGAL ENTITY NUMBER:	1235

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>SF</u>	<u>UNITS</u>	<u>APPROVED</u> <u>RATE</u>	<u>WEIGHTED</u> <u>AVERAGE</u>	<u>RATE</u>
15/07	57,101	\$ 2.20	\$ 125,622.20	15.87%
15/10-59	207,837	\$ 2.85	\$ 592,335.45	74.82%
15/58	15,582	\$ 2.85	\$ 44,408.70	5.61%
15/60	5,577	\$ 5.25	\$ 29,279.25	3.70%
	286,097		\$ 791,645.60	100.00%

Methodology: Weighted Avg Allocation



SCHEDULE 2A - BOARD & CARE CALCULATION

BEHAVIORAL HEALTH PROGRAMS
NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:	8/15/2022
PROVIDER NAME:	Mickey Mouse House
REPORTING UNIT:	33MICKY
FISCAL NUMBER (DEPTID):	4100234567.83500
LEGAL ENTITY NUMBER:	1235

This is the amount from Sch 2 Col C

(A)	(B)	(C)	(D) = A * C
Building related costs	Annual FY2021 Actual Cost	Alloc % to Board & Care	FY2021 Board & Care
Facility Lease	\$ 20,930	57%	11,962
Property Taxes	\$ -	57%	-
Property Insurance	\$ 7,598	57%	4,343
Housekeeping	\$ 5,812	57%	3,322
Laundry	\$ 10	100%	10
Dietary	\$ 9,115	100%	9,115
Sub-total	-	-	\$ 28,751
Plus Indirect Costs (15%)	-	-	4,313
Total	-	-	\$ 33,064

Total Board & Care	\$ 33,064
Licensed Bed Capacity	\$ 15
Patient Days	5,475
Total Bed Day Filled	-
Filled Rate	-
Board and Care cost per day	\$ 40.98

***See Square Footage Calculation Below**

(A)	(B)	(C)	(D)	(E)
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	-	-	-	-
Commen 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%

Schedule 4

SCHEDULE 4 - UNITS



BEHAVIORAL HEALTH PROGRAMS

NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:	8/15/2022
PROVIDER NAME:	Mickey Mouse House
REPORTING UNIT:	33MICKY
FISCAL NUMBER (DEPTID):	4100234567.83500
LEGAL ENTITY NUMBER:	1235

MODES	Description	Service Func. Code	Units of Measure
24 hr. Svcs. - 05	Hosp. Inpatient	10-18	Days
	PHF	20-29	Days
	SNF/IMD	30-39	Days
	Adult Crisis Res.	40-49	Days
	Adult Residential	65-69	Days
	Therap Foster Care	95-98	Days
Day Svcs. - 10	Crisis Stabilization	20-29	Hours
	Vocational Services	30	Hours
	Day Tx full day	85-89	Hours
O/P Svcs. - 15	Case Management	01-09	Minutes
	Int Care Coord	7	Minutes
	M/H Svcs.	10-59	Minutes
	Int Home-Based Svc	57	Minutes
	M/H Svcs-TBS	58	Minutes
	Medication Spt.	60-69	Minutes
Outreach - 45	Crisis Intervention	70-79	Minutes
	MH Promotion	10-19	Hours
PEI - 60	Comm Client Svcs	20-29	Hours
	Non-Med Clt Sup Ex	78	Cost

				(A)	(B)	(C)
				PROVIDER TOTAL UNITS	LESS: NON-CONTRACT UNITS/ADJ	TOTAL CONTRACT UNITS (including Medi-Cal)
7	UNIT TYPES					
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			-
TOTAL UNITS				1,096,648	810,551	286,097

SCHEDULE 5 - SUMMARY AND REIMBURSEMENT



SCHEDULE 5 - SUMMARY REPORT FOR FINAL SETTLEMENT

BEHAVIORAL HEALTH PROGRAMS NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

PROVIDER NAME:

REPORTING UNIT:

FISCAL NUMBER (DEPTID):

LEGAL ENTITY NUMBER:

Click One -----> **TYPE OF CONTRACT:** Actual Cost w/o Medi-Cal Units Actual Cost w/ Medi-Cal Units 100% Medi-Cal IMD Neg. Net Amount Negotiated Rate PEI

TYPE OF ORGANIZATION <----- Click One Non-Profit Profit

ACCOUNTING METHOD <----- Click One Cash Modified Accrual Accrual

1	MODE OF SERVICE CODE	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	TOTAL	Check Figure Mode: ALL Svc Fun. ALL
		05	05	05	10	10	15	15	15	15	15	15	15	15	45	45	60		
2	SERVICE FUNCTION CODE	10-18	20-39	65-69	20-29	85-89	01-09	07	10-59	57	58	60-69	70-79	10-19	20-29	78	Start Up		

EXPENSES																				
3	Salaries & Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$79,801.94	\$376,283.15	\$0.00	\$28,210.78	\$18,599.74	\$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	\$27,361.70	\$129,016.22	\$0.00	\$9,672.63	\$6,299.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172,350.38	(\$77.47)
5	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,068.19	\$23,897.61	\$0.00	\$1,791.66	\$1,181.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,938.72	\$0.00
6x	GROSS COST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112,231.83	\$529,196.98	\$0.00	\$39,675.07	\$26,080.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$707,184.71	(\$77.47)

7	Total Units of Service	-	-	-	-	-	-	57,101	207,837	-	15,582	5,577	-	-	-	-	-	286,097	\$0.00
8	Cost per Unit of Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.97	\$2.55	\$0.00	\$2.55	\$4.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
8a	Published Charge per Unit	\$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		
8b	Rate Cap	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.20	\$2.85	\$0.00	\$2.85	\$5.25	\$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
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
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
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
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
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
16x	TOTAL REVENUES	\$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

17x	NET COST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112,231.83	\$529,196.98	\$0.00	\$39,675.07	\$26,080.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$707,184.71	(\$77.47)
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18	Maximum Contract Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$135,000.00	\$540,000.00	\$0.00	\$45,000.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$750,000.00	\$0.00
19	Unallowable Medi-Cal Cost	\$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
100% MEDI-CAL CONTRACTS ONLY:																				
20b	Approved Medi-Cal Units:	0.00	0.00	0.00	0.00	0.00	0.00	57,101	206,358	-	15,300	5,577	0.00	0.00	0.00	0.00	0.00	0.00		
20c	Calculation: Lower of Line 8, 8a, or 8b x Line 20b	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112,231.83	\$525,431.13	\$0.00	\$38,957.04	\$26,080.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$702,700.83	\$652,262.18
21	LESS: Payment received from County																			\$0.00
	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)																			\$50,438.65

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

BEHAVIORAL HEALTH PROGRAMS

NON-HOSPITAL PROVIDER FOR CONTRACTED COUNTY SERVICES

SUBMISSION DATE:

8/15/2022

PROVIDER NAME:

Mickey Mouse House

REPORTING UNIT:

33MICKY

FISCAL NUMBER (DEPTID):

4100234567.83500

LEGAL ENTITY NUMBER:

1235

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:
