

				Date: 6/27/05

COST SETTLEMENT SUMMARY

COUNTY PROGRAM					COMPLETED BY:		
SERVICE ACTIVITY					FYI PERIOD:		2004-2005
	PROVIDER 1	PROVIDER 2	PROVIDER 3	PROVIDER 4	PROVIDER 5	PROVIDER 6	PROVIDER 7
PROVIDER NAME							
A. TOTAL PROG EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. MA REVENUE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. OTHER REVENUE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1. State Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. County Match	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3. Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. Costs Over Allocation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER REV (C1-C4)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	PROVIDER 8	PROVIDER 9	PROVIDER 10	PROVIDER 11	CSR SUBTOTAL	ADDITIONAL EXP & REV	GRAND TOTAL
PROVIDER NAME							
A. TOTAL PROG EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. MA REVENUE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. OTHER REVENUE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1. State Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. County Match	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3. Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER REV (C1-C4)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

## COST SETTLEMENT SUMMARY INSTRUCTIONS

A **Cost Settlement Summary** is required to be completed for each service activity, reflective of supporting **CSR** documentation. The format will accommodate information for seven providers, if the county has more contracted providers, use additional sheets and provide a grand total.

HEADER DATA:

ENTER COUNTY/JOINDER NAME

ENTER NAME OF PERSON COMPLETING FORM

ENTER FISCAL YEAR i.e., 04-05

ENTER SERVICE ACTIVITY; ONE OF THE FOLLOWING CODES:

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PROGRAM</u>
IC	INTENSIVE CASE MANAGEMENT	(OMHSAS ONLY)
FB	FAMILY BASED MH SERVICES	(OMHSAS ONLY)
CI	MH CRISIS INTERVENTION SERVICES	(OMHSAS ONLY)
RC	RESOURCE COORDINATION	(OMHSAS ONLY)
TSM	TARGETED SERVICES MANAGEMENT	(OMR ONLY)

For each provider enter the required information from the individual Cost Settlement Reports. The information is obtained from the **CSR** Summary on the bottom of page 2 of each Cost Settlement Report. This Summary is to assist in the reconciliation of Cost Settlement information to the I&E Report.

For Each Provider:

Enter the Provider's Name on the top line, abbreviate as necessary.

Enter the Provider's Total Program Expenditures on Line A, this is from Line A on the CSR Summary.

Enter the **adjusted** MA Revenue on Line B, this is from Line B on the CSR Summary.

The amount of Other Revenue supporting Total Program Expenditures on Line C will be entered for you, from Line C on the CSR Summary.

The amount shown on Line C is the total of:

- C1 State Reimbursement
- C2 County Match
- C3 Other Revenue
- C4 Costs over Allocation, including CHIPP and **DPW Non-Reimbursable**

You must enter C1, C2, C3, and C4 for each provider. THE TOTAL OTHER REVENUE AMOUNT MUST EQUAL THE AMOUNT ON LINE C.

The total of amounts in Lines A, B, C, C1, C2, C3, and C4 for all providers will be entered for you in the CSR Subtotal column.

Expenditures in excess of those reported on the Cost Settlement Report, such as for **program funded** or **start up costs** which were not included in the rate setting package may be incorporated in the I&E Report. Those expenditures and the offsetting revenue will be reported in the Additional Expenditure & Revenue Column of the Cost Settlement Summary.

The amount in the CSR Subtotal Column for Line A will be added to the amount in the Additional Expenditure Column of Line A. The Total will be placed in the Grand Total Column. This amount should correspond to Line II, Total Expenditures, of the I&E MH 16 or MR 16 for the applicable cost center.

The amount in the CSR Subtotal Column for Line B will be placed in the Grand Total Column. This amount should correspond to Line IVc, Medical Assistance-General of the I&E MH 16 or MR 16 for the applicable cost center.

The CSR Subtotal Column of Line C will be representative of all Other Revenue supporting Total Expenditures. The amount in Line C must equal the total of C1, C2, C3, and C4.

The amount in the CSR Subtotal Column for Line C1 will be added to the amount in the Additional Expenditure Column of Line C1. The Total will be placed in the Grand Total Column. This amount should correspond to Section V, DPW Reimbursement of the I&E MH 16 or MR 16 for the applicable cost center.

The amount in the CSR Subtotal Column for Line C2 will be added to the amount in the Additional Expenditure Column of Line C2. The Total will be placed in the Grand Total Column. This amount should correspond to Section VI, County Match of the I&E MH 16 or MR 16 for the applicable cost center.

The amount in the CSR Subtotal Column for Line C3 will be added to the amount in the Additional Expenditure Column of Line C3. The Total will be placed in the Grand Total Column. This amount should correspond to Section IV, H, Other Revenue of the I&E MH 16 or MR 16 for the applicable cost center.

The amount in the CSR Subtotal Column for Line C4 will be added to the amount in the Additional Expenditure Column of Line C4. The Total will be placed in the Grand Total Column. This amount should correspond to Section III, E, Other Revenue of the I&E MH 16 or MR 16 for the applicable cost center.