

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
CONTRACT NEGOTIATIONS PACKAGE
PART III – BUDGET SECTION

INSTRUCTIONS: SCHEDULE 1: LEGAL ENTITY BUDGET
Form: LACDMH 1000 (4/2009)

SCHEDULE 1: LEGAL ENTITY BUDGET

SCHEDULE 1 IS THE ROLL-UP SUMMARY OF ALL SCHEDULE 2 “SERVICE PROVIDER BUDGETS AT PROGRAM DETAIL”.

Heading Instructions:

- Enter the Legal Entity Name.
- Enter the Legal Entity Number.
- Enter all Department assigned “Provider Number(s)” for the Legal Entity.
- Enter the County Fiscal Year for which the Legal Entity Budget is applicable.

General Instructions:

The totals by cost and revenue classification for each Program proposed to be operated by the Legal Entity are reported on Schedule 1.

Schedule 1 has been set up to accommodate up to 16 separate Programs. Contractor may add more columns to this Microsoft Excel work sheet if there is the need for more than 16 Program entries.

Column 1 is provides the description of the cost classifications and revenue sources for each Program and for the Legal Entity as a whole.

Column 2. This column is the total of all the Program in column 3 and subsequent columns. A formula has been added into the work sheet and the amounts appearing in column 2 will automatically computed. The formula adds all of the columns to the right of column 2.

Columns 3 through 18 in Schedule 1 each show a separate Program whose budget data is presented in one or more Schedules 2. Each Schedule 2 is for only one “provider number”. Therefore, if a Legal Entity has more than one “provider number” it will have one or more Schedules 2. Schedule 1 is the summary of all of the Legal Entity’s “provider sites, aka “provider number(s)”.

If the Legal Entity has only one “provider number” the preparation of the Schedule 1 is relatively easy. The budget data appearing in a particular “Program” column in Schedule 2 will be carried forwarded to the same cost classification line and “Program” column in Schedule 1. If the Legal Entity has multiple “provider numbers” an additional step will be required in preparing Schedule 1. For example, the Legal Entity operates the same Program at multiple “provider number” sites. In this case the Legal Entity would:

- Prepare one Schedule 2 for each “provider number”.

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- Include a column on each Schedule 2 for each specific Program.
- Then, in preparing Schedule 1 the budgets which are by “provider number” in Schedule 2 for the “Program” will need to be added together. To do this the Legal Entity will:
 - Add the budget numbers in each Schedule 2 by cost classifications shown on lines 2 through 11 for column 3 and each subsequent column. This step will provided the total “Program” budget by cost classification for the Legal Entity.
 - Then enter the total “Program” budget (i.e. the total by cost classification of all of the Schedule 2) into the respective Schedule 1 line “cost classification” and column “Program”.
 - The amount in Schedule 1, line 12 “Subtotal Direct Cost”, column 2 (“Legal Entity Programs Totals”) should be the same number as the additive total of all of the Legal Entity’s Schedule 2, line 12, column 2 (“Provider Number Totals”) amounts. If the numbers are not the same, recheck to ensure the all of the “Provider Number” Schedules 2 data have been added correctly for each respective “Program Number & Program Name” column.

Line and Column Instructions:

Line 1: Enter into Schedule 1 line 1, column 3 and subsequent columns, the “Program Name” information that has been completed on Schedule 2 line 1.

Lines 2 and 3:

- Column 2. A formula has been added into the work sheet and the amount for this cell will automatically compute. The formula adds all of the columns to the right of column 2 for any program that has entered data. The amount in Schedule 1, lines 2 and 3, column 2 (“Legal Entity Programs Totals”) respectively should be the same number as the additive total of all of the Legal Entity’s Schedule 2, lines 2 and 3, column 2 (“Provider Number Totals”) respective amounts. If the numbers are not the same, recheck to ensure the all of the “Provider Number” Schedules 2 data have been added correctly for each respective “Program Name” column from the Schedules 2.
- Column 3 and subsequent columns. Add and enter from the Schedules 2 lines 2 and 3 the amounts from all corresponding columns for the same program respectively.

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Line 4: Add lines 2 and 3 for each column and enter the total on line 4 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.

Line 5:

- Column 2. A formula has been added into the work sheet and the amount for this cell will automatically compute. The formula adds all of the columns to the right of column 2 for any program that has entered data. The amount in Schedule 1, line 5, column 2 (“Legal Entity Programs Totals”) should be the same number as the additive total of all of the Legal Entity’s Schedule 2, line 5, column 2 (“Provider Number Totals”) amounts. If the numbers are not the same, recheck to ensure the all of the “Provider Number” Schedule 2 data have been added correctly for each respective “Program Name” column from Schedule 2.
- Column 3 and subsequent columns. Add and enter from the Schedules 2 line 5 the amounts from all corresponding columns for the same program respectively.

Lines 6 and 7:

- Column 2. A formula has been added into the work sheet and the amount for this cell will automatically compute. The formula adds all of the columns to the right of column 2 for any program that has entered data. The amount in Schedule 1, lines 6 and 7, column 2 (“Legal Entity Programs Totals”) should be the same number as the sum of all of the Legal Entity’s Schedules 2, lines 6 and 7, column 2 (“Provider Number Totals”) amounts. If the numbers are not the same, recheck to ensure the all of the “Provider Number” Schedule 2 data have been added correctly for each respective “Program Name” column from Schedule 2.
- Column 3 and subsequent columns. Add and enter from the Schedules 2 lines 6 and 7 the amounts from all corresponding columns for the same program respectively.
- LACDMH personnel may request additional line item detail for any expenditures appearing for such equipment items.

Line 8: Add lines 6 and 7 for each column and enter the total on line 8 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.

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- Lines 9 and 10: Column 2. A formula has been added into the work sheet and the amount for this cell will automatically compute. The formula adds all of the columns to the right of column 2 for any program that has entered data. The amount in Schedule 1, lines 9 and 10 column 2 (“Legal Entity Programs Totals”) should be the same number as the sum of all of the Legal Entity’s Schedule 2, lines 9 and 10, column 2 (“Provider Number Totals”) amounts. If the numbers are not the same, recheck to ensure the all of the “Provider Number” Schedule 2 data have been added correctly for each respective “Program Name” column from Schedule 2.
- Column 3 and subsequent columns. Add and enter from the Schedules 2 lines 9 and 10 the amounts from all corresponding columns for the same program respectively.
 - LACDMH personnel may request additional line item detail for any expenditures appearing for such facility items.

Line 11: Add lines 9 and 10 for each column and enter the total on line 11 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.

Line 12: Add lines 4, 5, 8, and 11 for each column and enter the total on line 12 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.

- Line 13: Carry forward from Schedule 3 the amount shown on line 31 “Total Administrative Indirect Costs” and enter the amount into Schedule 1 line 13, column 2.
- Allocate the amount shown in Schedule 1 line 13, column 2 to any programs that appear in column 3 and subsequent columns. The allocation methodology must be reasonable and equitable.

Line 14: Add lines 12 and 13 for each column and enter the total on line 14 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.

Lines 15 through 39: These lines are for reporting the anticipated funding sources, which will comprise the Maximum Contract Amount of the Contractor’s contract with LACDMH.

Each column: Enter the “Program Name”(s) appearing on line 1. Note that formulas have been added into the work sheet and this step will happen automatically.

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Column 1: Enter for each Program shown in column 3 and subsequent columns the allocation by funding source that the Legal Entity proposes to be provided through contract with the LACDMH.

Column 2: Add column 3 and subsequent columns for lines 15 through 40 and enter the sums into column 2. Note that formulas have been added into the work sheet and this step is automatically calculated.

Line 40 will be automatically calculated due to imbedded formulas.

Lines 41 through 44.

- Enter the anticipated Medicare, Client fees, insurance, and other revenues in column 3 and subsequent columns that will be reported as revenue to offset the costs of the proposed Programs.
- Add column 3 and subsequent columns and enter the sums into column 2 of the appropriate row. Note that formulas have been added into the work sheet and this step is automatically calculated.

Line 45.

- Add lines 41 through 44 and enter the sum to line 45. Note that formulas have been added into the work sheet and this step is automatically calculated

Line 46.

- Add lines 40 and 45 for all columns and enter the results on line 46. Note that formulas have been added into the work sheet and this step is automatically calculated.

NOTE: The total of Line 40 and 46 is the total revenues that will be used to cover the “Legal Entity Gross Direct and Indirect Costs” shown above on line 14. The revenue as shown on line 46 “Legal Entity Gross Program Revenue Budget” should equal the “Legal Entity Gross Direct and Indirect Costs” shown on line 14 in this same Schedule 1.

CONTROL NUMBER: The amount shown in at the intersection of the column 2 “Legal Entity Program Totals” and line 14 “Legal Entity Gross Direct and Indirect Costs” should equal the amount shown in at the intersection of the column 2 “Legal Entity Program Totals” and line 46 Legal Entity Gross Program Revenue budget”. That is, the costs must equal the revenues. There should be no surplus or deficit.

LEGAL ENTITY BUDGET
(includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____

LEGAL ENTITY #: _____

PROVIDER NUMBER(S): _____

COUNTY FISCAL YEAR: _____ (unprotect pass word is dmh in small case)

LINE #	COLUMN #	1	2	3	4	5	6	7
1		I. DIRECT COSTS	LEGAL ENTITY PROGRAMS TOTALS	Enter PROGRAM NAME				
2		Personnel-Admin./Support (Salaries & EBs) (from Schedule(s) 2 line 2 totals)						
3		Personnel-Treatment Staff (Salaries & EBs) (from Schedule(s) 2 line 3 totals)						
4		Personnel Costs Total (line 2 + line 3)						
5		Supplies & Services (from Schedule(s) 2 line 5 totals)						
6		Capital Equipment - Purchase(s) Depreciation						
7		Capital Equipment - Lease Purchase(s) Amortization						
8		Capital Equipment Total (Sum of lines 6+7)						
9		Facilities - Rent/Lease						
10		Facilities - Owned/Lease Purchase - Occupancy Costs						
11		Facilities Total (Sum of lines 9+10)						
12		SUBTOTAL DIRECT COSTS (Sum of lines 4+5+8+11)						
		II. INDIRECT COSTS						
13		Administrative Indirect Costs (from Schedule 3 line 32 total)						
14		LEGAL ENTITY GROSS DIRECT AND INDIRECT COSTS (Sum of lines 12 + 13)						

LEGAL ENTITY BUDGET
(includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____

LEGAL ENTITY #: _____

PROVIDER NUMBER(S): _____

COUNTY FISCAL YEAR: _____ (unprotect pass word is dmh in small case)

LINE #	COLUMN #	1	2	3	4	5	6	7
		III REVENUE SOURCES:	LEGAL ENTITY PROGRAMS TOTALS	Enter PROGRAM NAME				
		III.A. Proposed Maximum Contract Amount (MCA) By Categorical Allotment:						
		Enter the responsible financial party						
15			-					
16			-					
17			-					
18			-					
19			-					
20			-					
21			-					
22			-					
23			-					
24			-					
25			-					
26			-					
27			-					
28			-					
29			-					
30			-					

LEGAL ENTITY BUDGET
(includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____

LEGAL ENTITY #: _____

PROVIDER NUMBER(S): _____

COUNTY FISCAL YEAR: _____ (unprotect pass word is dmh in small case)

LINE #	COLUMN #	1	2	3	4	5	6	7
31			-					
32			-					
33			-					
34			-					
35			-					
36			-					
37			-					
38			-					
39			-					
40		Total Proposed Maximum Contract Amounts (Sum of lines 15 through 39)	-	-	-	-	-	-
III.B. Client and Third Party Revenues:								
41		Medicare	-					
42		Client Fees	-					
43		Insurance	-					
44		Other (specify)	-					
45		Total Client and Third Party Revenues (Sum of lines 41 through 44)	-	-	-	-	-	-
46		LEGAL ENTITY GROSS PROGRAM REVENUE BUDGET (Sum of lines 40 + 45)	-	-	-	-	-	-

LEGAL ENTITY BUDGET
(includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____

LEGAL ENTITY #: _____

PROVIDER NUMBER(S): _____

COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	8	9	10	11	12	13
1		I. DIRECT COSTS	Enter PROGRAM NAME					
2		Personnel-Admin./Support (Salaries & EBs) (from Schedule(s) 2 line 2 totals)						
3		Personnel-Treatment Staff (Salaries & EBs) (from Schedule(s) 2 line 3 totals)						
4		Personnel Costs Total (line 2 + line 3)	-	-	-	-	-	-
5		Supplies & Services (from Schedule(s) 2 line 5 totals)						
6		Capital Equipment - Purchase(s) Depreciation						
7		Capital Equipment - Lease Purchase(s) Amortization						
8		Capital Equipment Total (Sum of lines 6+7)	-	-	-	-	-	-
9		Facilities - Rent/Lease						
10		Facilities - Owned/Lease Purchase - Occupancy Costs						
11		Facilities Total (Sum of lines 9+10)	-	-	-	-	-	-
12		SUBTOTAL DIRECT COSTS (Sum of lines 4+5+8+11)	-	-	-	-	-	-
		II. INDIRECT COSTS						
13		Administrative Indirect Costs (from Schedule 3 line 32 total)						
14		LEGAL ENTITY GROSS DIRECT AND INDIRECT COSTS (Sum of lines 12 + 13)	-	-	-	-	-	-

LEGAL ENTITY BUDGET
 (includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____
 LEGAL ENTITY #: _____
 PROVIDER NUMBER(S): _____
 COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	8	9	10	11	12	13
	III REVENUE SOURCES:		Enter PROGRAM NAME					
	III.A. Proposed Maximum Contract Amount (MCA) By Categorical Allotment:							
	Enter the responsible financial party							
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

LEGAL ENTITY BUDGET
(includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____
 LEGAL ENTITY #: _____
 PROVIDER NUMBER(S): _____
 COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	8	9	10	11	12	13
31								
32								
33								
34								
35								
36								
37								
38								
39								
40		Total Proposed Maximum Contract Amounts (Sum of lines 15 through 39)	-	-	-	-	-	-
III.B. Client and Third Party Revenues:								
41		Medicare						
42		Client Fees						
43		Insurance						
44		Other (specify)						
45		Total Client and Third Party Revenues (Sum of lines 41 through 44)	-	-	-	-	-	-
46		LEGAL ENTITY GROSS PROGRAM REVENUE BUDGET (Sum of lines 40 + 45)	-	-	-	-	-	-

LEGAL ENTITY BUDGET
 (includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____

LEGAL ENTITY #: _____

PROVIDER NUMBER(S): _____

COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	14	15	16	17	18
1		I. DIRECT COSTS	Enter PROGRAM NAME				
2		Personnel-Admin./Support (Salaries & EBs) (from Schedule(s) 2 line 2 totals)					
3		Personnel-Treatment Staff (Salaries & EBs) (from Schedule(s) 2 line 3 totals)					
4		Personnel Costs Total (line 2 + line 3)	-	-	-	-	-
5		Supplies & Services (from Schedule(s) 2 line 5 totals)					
6		Capital Equipment - Purchase(s) Depreciation					
7		Capital Equipment - Lease Purchase(s) Amortization					
8		Capital Equipment Total (Sum of lines 6+7)	-	-	-	-	-
9		Facilities - Rent/Lease					
10		Facilities - Owned/Lease Purchase - Occupancy Costs					
11		Facilities Total (Sum of lines 9+10)	-	-	-	-	-
12		SUBTOTAL DIRECT COSTS (Sum of lines 4+5+8+11)	-	-	-	-	-
		II. INDIRECT COSTS					
13		Administrative Indirect Costs (from Schedule 3 line 32 total)					
14		LEGAL ENTITY GROSS DIRECT AND INDIRECT COSTS (Sum of lines 12 + 13)	-	-	-	-	-

LEGAL ENTITY BUDGET
 (includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____
 LEGAL ENTITY #: _____
 PROVIDER NUMBER(S): _____
 COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	14	15	16	17	18
	III REVENUE SOURCES:		Enter PROGRAM NAME				
	III.A. Proposed Maximum Contract Amount (MCA) By Categorical Allotment:						
	Enter the responsible financial party						
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

LEGAL ENTITY BUDGET
 (includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____
 LEGAL ENTITY #: _____
 PROVIDER NUMBER(S): _____
 COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	14	15	16	17	18
31							
32							
33							
34							
35							
36							
37							
38							
39							
40		Total Proposed Maximum Contract Amounts (Sum of lines 15 through 39)	-	-	-	-	-
III.B. Client and Third Party Revenues:							
41		Medicare					
42		Client Fees					
43		Insurance					
44		Other (specify)					
45		Total Client and Third Party Revenues (Sum of lines 41 through 44)	-	-	-	-	-
46		LEGAL ENTITY GROSS PROGRAM REVENUE BUDGET (Sum of lines 40 + 45)	-	-	-	-	-