

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

INSTRUCTIONS: SCHEDULE 2-A: PERSONNEL –
ADMINISTRATIVE/SUPPORT STAFF COSTS INCURRED AT PROVIDER
NUMBER LEVEL
LACDMH 2010 (4/2009)

THIS SCHEDULE IS FOR EACH SERVICE PROVIDER SITE AS IDENTIFIED BY A SPECIFIC DEPARTMENT/STATE ASSIGNED FOUR-CHARACTER NUMERIC OR ALPHA-NUMERIC PROVIDER NUMBER. CUSTOMARILY EACH SEPARATE SERVICE SITE HAS AN ASSIGNED PROVIDER NUMBER. THE DATA ON THIS SCHEDULE ROLLS UP TO SCHEDULE 2, LINE 2.

The administrative/support staff to be included on Schedule 2-A are the personnel located at the service provider site and who are directly supporting the clinical treatment staff at that service provider site. There is to be a clear and direct relationship between the administrative/support personnel and the treatment personnel that provide mental health services. In contrast, the administrative personnel, who are not directly, involved with the treatment personnel that are providing the services, would be reported on Schedule 3 (“Administrative Costs Incurred at the Legal Entity Level”), line 4, column 2.

Schedule 2-A, line 14, is to include consultants, as discussed above, that have a clear and direct relationship with the treatment personnel. The line item detail for these consultants is to be provided on Schedule 2-C Part C1 and the total is to be carried forwarded to Schedule 2-A. The cost detail for administrative/support consultants that do not have such a clear and direct relationship are to be reported on Schedule 3 (“Administrative Costs Incurred at the Legal Entity Level”), line 4, column 2. Consultants are not employees and are not to be listed on the item control.

The contractor is to maintain an accurate and complete *item control* for all budgeted positions. The *item control* is a report that, at a minimum, includes specific information for each budgeted position whose costs is included in Schedules: 2-A, 2-B and the administrative personnel included on Schedule 3. The *item control* detail to be provided is: a control item number; incumbent's name, employee number (if exists), and incumbent's payroll title (classification). Contractor shall make the *item control* report available to the DMH minimally by November 30 and May 31 of each County fiscal year and in addition on an as needed basis upon special request due to federal, State Board of Supervisor or other investigative inquiries.

General Instructions:

Schedule 2-A has been set up to handle 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.

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Schedule 2-A will accommodate 9 budget classification types to be entered in lines 3 through 11. The employee benefits for the classifications shown on lines 3 through 11 are to be entered, in total and not by each classification, on line 13. The consultant budgeted costs are entered on line 14. If there are more than 9 budget classifications for administrative personnel that have a direct link with the treatment personnel prepare multiple Schedule A forms using the additional lines for the classifications; however, total all lines and do only one “Grand Total”, line 15.

Heading Instructions:

- Enter the Provider Number (One Provider # per Schedule).
- Enter the Legal Entity Number that is assigned by the County/State.
- Enter the applicable County Fiscal Year.

Line and Column Instructions:

Line 1. Enter the respective Program Name in which the budgeted position will be working. There are two columns consisting of “FTE” and “Total Annual Amount” for each Program.

Lines 3 through 11 for columns 1 through 3. Enter the requested information in each column.

- Column 1: enter (by classification title and not an individual person) the annual budgeted position;
- Column 2: enter the annual budgeted Full Time Equivalent (FTE)¹ for the position classification shown in column 1;
¹ FTE (Full Time Equivalent) is equal to one budgeted position for the year and has a conversion factor of 2,080 hours (i.e. 1 FTE equals 2,080 hours). FTEs may be budgeted in one-tenth fractional increments (i.e. .8 FTE, 1.2 FTE, etc.).
- Column 3: enter the total annual budgeted wages/salaries amount, excluding employee benefits, for the position classifications shown in column 1.

Lines 3 through 11 for column 4 and subsequent columns. Allocate the “Total FTEs” in column 2 and the “Total Annual Budget Amount” in column 3 to the respective columns beginning with column 4.

Line 12: Add lines 3 through 11 for column 2 and subsequent columns as applicable, and enter the total to line 12. Note that formulas have been added into the work sheet and this step will calculate automatically.

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Line 13: Enter into column 3 the total budgeted employee benefits for the classifications shown on lines 3 through 11, column 1. Then allocate as appropriate that amount to the programs listed for any entered programs shown on line 1.

Line 14.

- Enter to Schedule 2-A, column 2 from Schedule 2-C Part C1, line 11, column 3 the “Full Time Equivalent (FTE)” number.
- Allocate this FTE number to column 4 and subsequent “FTE” columns for any entered programs shown on line 1.
- Enter to Schedule 2-A, column 3 from Schedule 2-C Part C1, line 11, column 5 the “Total Budgeted Administrative/Support Consultant Cost” amount.
- Allocate this consultant costs to columns 5 and subsequent “Total Annual Amount” columns for any entered programs shown on line 1.

Line 15.

- Add lines 12, 13 and 14 for column 2 and subsequent columns and enter the totals to line 15. Note that formulas have been added into the work sheet and this step will calculate automatically.
- Carry the amounts shown in Schedule 2-A on line 15 “Grand Totals” for column 5 and subsequent columns titled “Total Annual Amount” forward to the respective cells on Schedule 2, line 2.

LINE ITEM BUDGET: PERSONNEL- ADMINISTRATIVE/SUPPORT STAFF COSTS INCURRED AT PROVIDER NUMBER LEVEL

PROVIDER NUMBER : _____ (show only one provider #)

LEGAL ENTITY #: _____

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

(round amounts to the nearest dollar)

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9
1					ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER PROGRAM NAME	
2		Budgeted Positions by Classification	Total FTEs	Total Annual Budget Amount	FTE	Total Annual Amount	FTE	Total Annual Amount	FTE	Total Annual Amount
3										
4										
5										
6										
7										
8										
9										
10										
11										
12		Total Salaries/Wages								
13		Employee Benefits								
14		Consultants (from Schedule 2-C, line 11)								
15		GRAND TOTALS								

LINE ITEM BUDGET: PERSONNEL- ADMINISTRATIVE/SUPPORT STAFF COSTS INCURRED AT PROVIDER NUMBER LEVEL

PROVIDER NUMBER : _____
 LEGAL ENTITY #: _____
 COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	10	11	12	13	14	15	16	17
1			ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER PROGRAM NAME	
2		Budgeted Positions by Classification	FTE	Total Annual Amount						
3										
4										
5										
6										
7										
8										
9										
10										
11										
12		Total Salaries/Wages								
13		Employee Benefits								
14		Consultants (from Schedule 2-C, line 11)								
15		GRAND TOTALS								

LINE ITEM BUDGET: PERSONNEL- ADMINISTRATIVE/SUPPORT STAFF COSTS INCURRED AT PROVIDER NUMBER LEVEL

PROVIDER NUMBER : _____
 LEGAL ENTITY #: _____
 COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	18	19	20	21	22	23	24	25
1			ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER PROGRAM NAME	
2		Budgeted Positions by Classification	FTE	Total Annual Amount						
3										
4										
5										
6										
7										
8										
9										
10										
11										
12		Total Salaries/Wages								
13		Employee Benefits								
14		Consultants (from Schedule 2-C, line 11)								
15		GRAND TOTALS								

LINE ITEM BUDGET: PERSONNEL- ADMINISTRATIVE/SUPPORT STAFF COSTS INCURRED AT PROVIDER NUMBER LEVEL

PROVIDER NUMBER : _____
 LEGAL ENTITY #: _____
 COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	26	27	28	29	30	31	32	33	34
1			ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER
2		Budgeted Positions by Classification	FTE	Total Annual Amount	FTE						
3											
4											
5											
6											
7											
8											
9											
10											
11											
12		Total Salaries/Wages									
13		Employee Benefits									
14		Consultants (from Schedule 2-C, line 11)									
15		GRAND TOTALS									

LINE ITEM BUDGET: PERSONNEL- ADMINISTRATIVE/SUPPORT STAFF COSTS INCURRED AT PROVIDER NUMBER LEVEL

PROVIDER NUMBER : _____
 LEGAL ENTITY #: _____
 COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	35
1			PROGRAM NAME
2		Budgeted Positions by Classification	Total Annual Amount
3			
4			
5			
6			
7			
8			
9			
10			
11			
12		Total Salaries/Wages	-
13		Employee Benefits	
14		Consultants (from Schedule 2-C, line 11)	
15		GRAND TOTALS	-