

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

INSTRUCTIONS: SCHEDULE 2-B: PERSONNEL – TREATMENT STAFF
COSTS INCURRED AT PROVIDER LEVEL
Form: LACDMH 2020 (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 3.

The treatment staff to be included on Schedule 2-B is the personnel located at the service provider site and who are directly engaged in clinical treatment services/activities at that service provider site. The personnel involved in rendering treatment services/activities are to be budgeted by the indicated License/Degree.

- See the California Code of Regulations, Title 9, Division 1-Mental Health, Article 8, Professional and Technical Standards, Section 620-632 for more extensive information regarding the significance of these License/Degree categories.

Schedule 2-B is to also include consultants that render services services/activities. Only the costs for consultants that are involved with treatment should be reported on Schedule 2-B. The line item detail for treatment consultants, by their License/Degree classification, supporting the treatment consultant costs included on Schedule 2 - B is to be provided on Schedule 2-C Part C2. Consultants that are only used for administrative purposes not directly related to services/activities are to be reported on Schedule 3 (“Administrative Costs Incurred at the Legal Entity Level”), line 4, column 2.

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). Consultants are not employees and are not to be listed on the item control. 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.

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General Instructions:

Schedule 2-B 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.

Schedule 2-B is imprinted with the eight License/Degree classifications, lines 3 through 9, authorized by the State of California. The employee benefits for the positions shown on lines 3 through 9 are to be entered, in total, on line 11. Consultants are reported on line 12. The detail of the consultants by the same eight License/Degree classifications is to be provided on Schedule 2-C, Part C2.

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 positions will be working. There are two columns consisting of “FTE” and “Total Annual Amount” for each Program.

Lines 3 through 9 for columns 2 and 3. Enter the requested information in each column.

- Column 2: enter the annual budgeted Full Time Equivalent (FTE)¹ for the indicated License/Degree position(s);
¹ A Full Time Equivalent (FTE) 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, excluding employee benefits, for those License/Degree position(s) shown in column 1;
- The service provider needs to retain documentation for the description of the personnel included on line 9 *Other Mental Health Treatment Staff*. LACDMH personnel may request this information.

Lines 3 through 9 for column 4 and subsequent columns. Allocate the “Total FTE” in column 2 and the “Total Annual Budget Amount” in column 3 to column 4 and subsequent columns for the programs shown on line 1.

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Line 10. Add lines 3 through 9 for columns for column 2 and subsequent columns as applicable, and enter the total to line 10. Note that formulas have been added into the work sheet and this step will calculate automatically.

Line 11. Enter into column 3 the total budgeted employee benefits for the positions by license/degree shown on lines 3 through 9, column 1. Then allocate, as appropriate, in column 4 and subsequent columns titled “FTE” for any listed programs on line 1.

Line 12.

- Enter to Schedule 2-B, column 2 from Schedule 2-C Part C2, line 21, column 3 the “Full Time Equivalent (FTE)” number.
- Allocate this FTE number to column 4 and subsequent “FTE” columns for any programs shown on line 1.
- Enter to Schedule 2-B, column 3 from Schedule 2-C, Part C2, line 21, column 5, the “Total Budgeted Treatment Consultant Cost” amount.
- Allocate this budgeted amount to column 5 and subsequent “Total Annual Amount” for any programs shown on line 1.

Line 13.

- Add lines 10, 11 and 12 for column 2 and subsequent columns and enter the totals to line 13. Note that formulas have been added into the work sheet and this step will calculate automatically.
- Carry the amounts shown in Schedule 2-B on line 13 “Grand Totals” for column 5 and subsequent columns titled “Total Annual Amount” forward to the respective columns on Schedule 2, line 3.

LINE ITEM BUDGET: PERSONNEL - TREATMENT STAFF COSTS INCURRED AT THE PROVIDER NUMBER LEVEL

PROVIDER NUMBER: _____ (show only one provider number)

LEGAL ENTITY #: _____

COUNTY FISCAL YEAR: _____

(INCLUDE INTERNS, STUDENTS, TRAINEES, AND TREATMENT CONSULTANTS)

(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 License/Degree	Total FTEs	Total Annual Budget Amount	FTE	Total Annual Amount	FTE	Total Annual Amount	FTE	Total Annual Amount
3		Physician (MD)/Psychiatrist/MH Nurse Practitioner (NP)								
4		Psychologist/MSW/LCSW/MFT (Lic./Reg./Waiv'd.)/MH Clinical Nurse Specialist (CSN)								
5		RN, LVN, Psych. Tech.								
6		Mental Health Rehabilitation Specialist								
7		Mental Health Related B.A. or 2 yrs. Mental Health Exp.								
8		No B.A. or 2 yrs Exp & Student								
9		Other Mental Health Treatment Staff								
10		Total Salaries/Wages		-		-		-		-
11		Employee Benefits								
12		Consultants (from Schedule 2-C line 21)								
13		GRAND TOTALS	-	-	-	-	-	-	-	-

LINE ITEM BUDGET: PERSONNEL - TREATMENT STAFF COSTS INCURRED AT THE PROVIDER NUMBER LEVEL

PROVIDER NUMBER: _____

LEGAL ENTITY #: _____

COUNTY FISCAL YEAR: _____

(unprotect pass word is dmh in small c)

LINE #	COLUMN #	1	10	11	12	13	14	15	16	17
1			ENTER PROGRAM NAME							
2	Budgeted Positions by License/Degree	FTE	Total Annual Amount	Total Annual Amount						
3	Physician (MD)/Psychiatrist/MH Nurse Practitioner (NP)									
4	Psychologist/MSW/LCSW/MFT (Lic./Reg./Waiv'd.)/MH Clinical Nurse Specialist (CSN)									
5	RN, LVN, Psych. Tech.									
6	Mental Health Rehabilitation Specialist									
7	Mental Health Related B.A. or 2 yrs. Mental Health Exp.									
8	No B.A. or 2 yrs Exp & Student									
9	Other Mental Health Treatment Staff									
10	Total Salaries/Wages		-		-		-		-	-
11	Employee Benefits									
12	Consultants (from Schedule 2-C line 21)									
13	GRAND TOTALS		-		-		-		-	-

LINE ITEM BUDGET: PERSONNEL - TREATMENT STAFF COSTS INCURRED AT THE PROVIDER NUMBER LEVEL

PROVIDER NUMBER: _____

LEGAL ENTITY #: _____

COUNTY FISCAL YEAR: _____

(unprotect pass word is dmh in small c)

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 License/Degree	FTE	Total Annual Amount						
3		Physician (MD)/Psychiatrist/MH Nurse Practitioner (NP)								
4		Psychologist/MSW/LCSW/MFT (Lic./Reg./Waiv'd.)/MH Clinical Nurse Specialist (CSN)								
5		RN, LVN, Psych. Tech.								
6		Mental Health Rehabilitation Specialist								
7		Mental Health Related B.A. or 2 yrs. Mental Health Exp.								
8		No B.A. or 2 yrs Exp & Student								
9		Other Mental Health Treatment Staff								
10		Total Salaries/Wages		-		-		-		-
11		Employee Benefits								
12		Consultants (from Schedule 2-C line 21)								
13		GRAND TOTALS	-	-	-	-	-	-	-	-

LINE ITEM BUDGET: PERSONNEL - TREATMENT STAFF COSTS INCURRED AT THE PROVIDER NUMBER LEVEL

PROVIDER NUMBER: _____

LEGAL ENTITY #: _____

COUNTY FISCAL YEAR: _____

(unprotect pass word is dmh in small c)

LINE #	COLUMN #	1	26	27	28	29	30	31	32	33
1			ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER PROGRAM NAME		ENTER PROGRAM NAME	
2		Budgeted Positions by License/Degree	FTE	Total Annual Amount						
3		Physician (MD)/Psychiatrist/MH Nurse Practitioner (NP)								
4		Psychologist/MSW/LCSW/MFT (Lic./Reg./Waiv'd.)/MH Clinical Nurse Specialist (CSN)								
5		RN, LVN, Psych. Tech.								
6		Mental Health Rehabilitation Specialist								
7		Mental Health Related B.A. or 2 yrs. Mental Health Exp.								
8		No B.A. or 2 yrs Exp & Student								
9		Other Mental Health Treatment Staff								
10		Total Salaries/Wages		-		-		-		-
11		Employee Benefits								
12		Consultants (from Schedule 2-C line 21)								
13		GRAND TOTALS	-	-	-	-	-	-	-	-

LINE ITEM BUDGET: PERSONNEL - TREATMENT STAFF COSTS INCURRED AT THE PROVIDER NUMBER LEVEL

PROVIDER NUMBER: _____

LEGAL ENTITY #: _____

COUNTY FISCAL YEAR: _____

(unprotect pass word is dmh in small c)

LINE #	COLUMN #	1	34	35
1			ENTER PROGRAM NAME	
2		Budgeted Positions by License/Degree	FTE	Total Annual Amount
3		Physician (MD)/Psychiatrist/MH Nurse Practitioner (NP)		
4		Psychologist/MSW/LCSW/MFT (Lic./Reg./Waiv'd.)/MH Clinical Nurse Specialist (CSN)		
5		RN, LVN, Psych. Tech.		
6		Mental Health Rehabilitation Specialist		
7		Mental Health Related B.A. or 2 yrs. Mental Health Exp.		
8		No B.A. or 2 yrs Exp & Student		
9		Other Mental Health Treatment Staff		
10		Total Salaries/Wages		-
11		Employee Benefits		
12		Consultants (from Schedule 2-C line 21)		
13		GRAND TOTALS	-	-