

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

INSTRUCTIONS: SCHEDULE 2-C: CONSULTANT PERSONNEL COST
BACK-UP DETAIL FOR SCHEDULE 2-A and 2-B
Form: LACDMH 2030 (4/2009)

THIS SCHEDULE IS A SUBSIDIARY WORK SHEET SUPPORTING THE CONSULTATION INFORMATION REPORTED ON SCHEDULES 2-A AND 2-B. ONLY CONSULTANTS THAT ARE ENGAGED TO WORK AT THE PROVIDER SITE ARE TO BE INCLUDED IN THIS SCHEDULE. CONSULTANTS PROVIDING ADMINISTRATIVE SUPPORT AT THE ORGANIZATION WIDE (i.e. LEGAL ENTITY) LEVEL ARE TO BE REPORTED ON SCHEDULE 3, LINE 4.

Schedule 2-C is to only include consultants that have a clear and direct relationship with the treatment personnel. The cost detail for administrative/support consultants that do not have such a clear and direct relationship are to be reported on Schedule 3, line 4.

General Instructions:

Schedule 2-C Part C1 will accommodate up to seven administrative/support consultants to be entered in lines 4 through 10. If there are more than seven administrative/support consultants prepare multiple Schedule C Part C1 forms using the additional lines for the classifications; however, total all lines and prepare only one line 11, "Total Administrative/Support Consultant Budgeted FTE/Cost" Total".

Schedule 2-C Part C2 lists license/degree/other designations for consultants. Consultants engaged in treatment services/activities are to be listed in one of these license/degree designations.

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:

Lines 4 through 10. Enter the requested information in columns 2 through 5 for all consultants that will provide administrative support services that directly support the services/activities program(s).

- Column 2, "Full Time Equivalent", has an embedded formula that will automatically calculate the FTE for the number of hours that is entered on any line in column 2. The conversion is based upon 1 FTE = 2,080 hours per year.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
CONTRACT NEGOTIATIONS PACKAGE PART III – BUDGET
Instructions for Preparing the Line Item Budget Worksheets

SCHEDULE 2-C: CONSULTANT PERSONNEL COST BACK-UP DETAIL FOR
SCHEDULE 2-A and 2-B
Form: LACDMH 2030 (3/2006)

Line 11.

- Add lines 4 through 10 of columns 3 and 5. Enter the result(s) on line 11 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.
- Carry the amounts on line 11 for column 3 and 5 forward to Schedule 2-A, line 14, column 2 “Total FTEs” and column 5 “Total Annual Budget Amount” respectively.

Lines 13 through 19. Enter the requested information in columns 2 through 5 for all consultants that will provide treatment services and/or activities.

- Column 1. See the California Code of Regulations, Title 9, Division 1--Mental Health, Article 8, Professional and Technical Personnel Standards, Section 620-632 for this list of professional descriptions.
- Column 2, “Full Time Equivalent”, has an embedded formula that will automatically calculate the FTE for the number of hours that is entered on any line in column 2. The conversion is based upon 1 FTE = 2,080 hours per year.

Line 20.

- Add lines 13 through 19 of columns 3 and 5. Enter the result(s) on line 20 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.
- Carry the “Total Budgeted Treatment Consultant FTE/Cost” for columns 3 and 5 forward to Schedule 2-B, line 13, column 2 “Total FTEs” and column 3 “Total Annual Budget Amount” respectively.

CONSULTANT PERSONNEL COST BACK-UP DETAIL FOR SCHEDULE 2-A and 2-B

PROVIDER NUMBER: _____ (show only one provider #)

LEGAL ENTITY #: _____

COUNTY FISCAL YEAR: _____

(unprotect pass word is dmh in small case)

(the total annual amount is rounded to the nearest dollar)

LINE #	COLUMN #	1	2	3	4	5
1						
2		CONSULTANT POSITIONS	ANNUAL HOURS	FULL TIME EQUIVALENT (FTE)	HOURLY RATE	TOTAL ANNUAL AMOUNT
3	PART C1. ADMINISTRATIVE/SUPPORT CONSULTANTS:					
4				-		-
5				-		-
6				-		-
7				-		-
8				-		-
9				-		-
10				-		-
11	TOTAL BUDGETED ADMINISTRATIVE/SUPPORT CONSULTANT FTE/ COST			-		-

12	PART C2. TREATMENT CONSULTANTS BY LICENSE/DEGREE:					
13		Physician (MD)/Psychiatrist/MH Nurse Practitioner (NP)		-		-
14		Psychologist/MSW/LCSW/MFT (Lic./Reg./waiv'd)/MH Clinical Nurse Specialist (CSN)		-		-
15		RN, LVN, Psych. Tech.		-		-
16		Mental Health Rehabilitation Specialist		-		-
17		Mental Health Related B.A. or 2 yrs. Mental Health Experience		-		-
18		No B.A. or 2 yrs Experience & Student		-		-
19		Other Mental Health Treatment consultants		-		-
20	TOTAL BUDGETED TREATMENT CONSULTANT FTE/COST			-		-