

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

INSTRUCTION: SCHEDULE 2-D: SERVICES & SUPPLIES INCURRED AT
THE PROVIDER NUMBER LEVEL

Form: LACDMH 2040 (9/2006)

SCHEDULE 2-D IS FOR THE REPORTING OF THE SERVICES AND SUPPLIES COST. THE COUNTY SHALL HAVE THE RIGHT TO REQUEST ADDITIONAL DETAILED INFORMATION AND JUSTIFICATION FOR ANY LINE ITEM LISTED IN THIS BUDGET. EXAMPLES OF WHEN DETAILS MAY BE REQUESTED ARE:

Example:

- For \$1 Million of Gross Contract Cost, over \$5,000
- For \$2 Million of Gross Contract Cost, over \$10,000
- For \$3 Million of Gross Contract Cost, over \$15,000
- For \$4 Million of Gross Contract Cost, over \$20,000
- For \$5 Million of Gross Contract Cost, over \$25,000

ALSO, COUNTY POLICY HAS ESTABLISHED \$5,000 AS THE MINIMUM VALUE OF AN INDIVIDUAL ITEM FOR PURPOSES OF CLASSIFICATION AS EQUIPMENT. EQUIPMENT ITEMS HAVING AN UNIT VALUE LESS THAN \$5,000 ARE CLASSIFIED AS A SERVICE AND SUPPLIES EXPENDITURE AND ARE TO BE REPORTED ON THIS SCHEDULE IN AN APPROPRIATE CLASSIFICATION BUT NOT DEPRECIATED. EQUIPMENT ITEMS WITH A VALUE OF \$5,000 OR MORE ARE TO BE REPORTED ON SCHEDULE 2-E AND ARE NOT TO BE INCLUDED ON THIS SCHEDULE 2-D. FACILITY SITE(S) RENT/LEASE/DEPRECIATION COSTS ARE TO BE REPORTED ON SCHEDULE 2-F AND ARE NOT TO BE INCLUDED ON THIS SCHEDULE 2-D.

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 2 through 35.

- Columns 2 and 3. Enter the requested information.

Line 36.

- Add lines 2 through 35 for column 3. Note that formulas have been added into the work sheet and this step will calculate automatically.
- Carry the line 36 "Total" amount for column 3 forward to the SCHEDULE 2, line 5, column 2.

LINE ITEM BUDGET: SERVICES and SUPPLIES INCURRED AT THE PROVIDER NUMBER LEVEL

PROVIDER NUMBER: _____ (show only one provider #)

LEGAL ENTITY #: _____

COUNTY FISCAL YEAR: _____

Please provide detailed information for entries of more than \$5,000 per \$1 million of Gross Contract Cost. (See example In Instructions)
 (unprotect pass word is dmh in small case) (round amounts to the nearest dollar)

LINE #	COLUMN #	1	2	3
1		EXPENSE ITEMS	BRIEF EXPLANATION	PROVIDER NUMBER (as entered above) TOTALS
2		Conferences		
3		Client Support Services ¹		
4		Education and Training		
5		Equipment Leases (not lease/purchase)		
6		Equipment, Purchased and with a Unit Value Under \$5,000		
7		Information Technology/Data Processing		
8		Insurance-Workers Compensation		
9		Insurance-Other		
10		Laboratory Services		
11		Medications		
12		MHSA Non-Medi-Cal Capital Assets ²		
13		Mileage		
14		Office Supplies		
15		Professional Services - Accounting		
16		Professional Services - Legal		
17		Professional Services - Other		
18		Publications		
19		Subcontracts (provide detail separately)		
20		Telephone		
21		Travel/Transportation		
22		Utilities		
23		Other (Specify)		
24				
25				
26				
27				

LINE ITEM BUDGET: SERVICES and SUPPLIES INCURRED AT THE PROVIDER NUMBER LEVEL

PROVIDER NUMBER: _____ (show only one provider #)

LEGAL ENTITY #: _____

COUNTY FISCAL YEAR: _____

Please provide detailed information for entries of more than \$5,000 per \$1 million of Gross Contract Cost. (See example In Instructions)
 (unprotect pass word is dmh in small case) (round amounts to the nearest dollar)

28			
29			
30			
31			
32			
33			
34			
35			
36	TOTAL		

¹ The Client Support Services (CSS) expenditures are categorically controlled and contractually limited by the County DMH to the total CSS allocation, and are not restricted at the lower level of the type of for the various CSS types of expenditures (i.e. type is consumer employee items, flexible spending items, housing support, operating housing expenses, personal/community integration items and vocational items). However, the State mandates that support services expenses be reported on the State's required cost report under the following categories. Mode 60: Support Services. Service Function 70: Client Housing Support Expenditures; Service Function 71: Client Housing Operating Expenditures; Service Function 72: Client Flexible Support Expenditures; and Service Function 78: Other Non Medi-Cal Client Support Expenditures. Accordingly, an agency should maintain accounting records that will allow the accurate reporting at the time of the cost report for these support expenditures.

² MHSA program only: The cost of capital assets dedicated solely to non-Medi-Cal activities may either be expensed in the year purchased or depreciated over the useful life of the assets.