

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							
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	-	-