The Ohio Department of Job and Family Services

JFS 02911 SINGLE COST REPORT

Identifying Information for Operating Agency

Operating Agency Name	Federal Tax I.D.		Programs *(check all that apply)*	
	Telephone #		Title IV-E	☐
Mailing Address	Fax #		Mental Health	☐
			Alcohol and Drug Addiction Services	☐
City, State, Zip Code	Cost Reporting Period	Date Prepared	Other	☐
	7/1/2010 - 6/30/2011			

Operating Agency Contacts	Name	Email	Phone
JFS 02911 Single Cost Report Preparer			
JFS 02911 Single Cost Report Liaison			
Agency Executive Director			

I certify that I am an officer of the corporation and that the information contained in this cost report (1) accurately reflects 100% of our agency's cost of operation for the reporting period, (2) is accurately reported to the programs and services provided, and (3) allowable/non-allowable and reimbursable/non-reimbursable costs are accurately reported to their designated areas on the cost report. I understand that misrepresented costs may result in a reduction to our calculated reimbursement ceiling amounts and/or financial recoupment by a Title IV-E agency purchasing our service or by the State agency authorized under law.

Authorized Agency Signature _____ **Date** _____

Agency Name: _____

Total Agency Cost - Summary

Program	Personnel Costs Direct	Personnel Costs Support	Non-Personnel Costs	Administrative Overhead	Other	Total
IV-E	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
ODADAS	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Mental Health	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Other Services				$0.00		**$0.00**
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Operating Agency Name _____

Title IV-E Summary of Services

Service Taxonomy	Personnel Cost						Non-Personnel					Administrative Overhead	Total Reported for IV-E	Statistics	Non-Reimbursable			Total Reported for Services
	Direct Salaries	Support Salaries	Case Management Salaries	Foster Parent Payment	Fringe Benefits	Consulting Expenses	Other Direct	Consumables	Facility, Insurance & Equipment Expense	Transportation	Training	Administrative Overhead	Total Reported for IV-E	Cases	Behavioral Health	Other	Unallowable	Total Reported for Services
FPC 1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
FPC 2	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
FPC 3	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
FPC 4	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
FPC 5	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
FPC 6	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
FPC 7	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
FPC 8	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
FPC 9	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
FPC 10	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
Total Purchased Foster Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00

Service Taxonomy	Personnel Costs						Non-Personnel							Administrative Overhead	Total Reported For IV-E	Statistics	Non-Reimbursable			Total Reported for Service
							Other Direct	Other Consumables		Facilities, Insurance & Equipment		Transportation								
	Direct Salaries	Support Salaries	Case Management Salaries	Fringe Benefits	Direct Consulting	Support Consulting	Other Direct	Direct	Support	Direct	Support	Direct	Support	Administrative Overhead	Total Reported For IV-E	Cases	Behavioral Health	Other	Unallowable	Total Reported for Service
RES 1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
RES 2	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
RES 3	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
RES 4	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
RES 5	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
RES 6	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
RES 7	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
RES 8	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
RES 9	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
RES 10	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00
Total Residential	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00

Cost Category	Direct Salaries	Support Salaries	Case Management Salaries	Foster Parent Payments	Fringe Benefits	Consulting	Other Direct	Other Consumables	Facilities, Insurance & Equipment	Transportation	Training	Administrative Overhead	Total Reported for IV-E	Cases	Behavioral Health	Other	Unallowable
IV-E	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00

Total Reported for IV-E Services
$0.00

Title IV-E Reimbursement Ceilings and Cost Per Diem Calculations

Agency:

Note: An inflation factor of 6.3% has been incorporated into the calculations below:

Effective Period: April 1, 2012, through March 31, 2013

Reimbursement Ceilings					Cost Per Diem Breakout						
Cost Report	Service Name	Provider Number	Maintenance	Administration	Maintenance	Administration	Case Management	Transportation	Other Direct Services	Behavioral Health	Other
PFC 1											
PFC 2											
PFC 3											
PFC 4											
PFC 5											
PFC 6											
PFC 7											
PFC 8											
PFC 9											
PFC 10											

Reimbursement Ceilings					Cost Per Diem Breakout						
Cost Report	Service Name	Provider Number	Maintenance	Administration	Maintenance	Administration	Case Management	Transportation	Other Direct Services	Behavioral Health	Other
RES 1											

Reimbursement Ceilings					Cost Per Diem Breakout						
Cost Report	Service Name	Provider Number	Maintenance	Administration	Maintenance	Administration	Case Management	Transportation	Other Direct Services	Behavioral Health	Other
RES 2											

Purchased Foster Care 1

Operating Agency Name	Cost Reporting Period
	7/1/2010 - 6/30/2011

Program/Service Name					Provider Number	
Level of Difficulty of Care	Pre-Adoptive Infant Foster Home	Family Foster Home	Treatment Foster Home		Medically Fragile Foster Home	
			Special Needs	Exceptional Needs		

Personnel

Title	No. of FTE's Direct	No. of FTE's Support	Annual Compensation	Direct Services Amount	Support Services Amount	Total Reported Amount
Foster Parent Payments						$0.00
Case Management						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
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						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
Consultant						$0.00
Total Personnel Cost	0.00	0.00	$0.00	$0.00	$0.00	$0.00

Cost Category	Amount
Fringe Benefits	

Non-Personnel

Cost Category	Direct Services Amounts
Food - Special Diet	
Clothing	
Graduation Expenses	
Liability Insurance	
Other Consumables	
Facility Expense	
Insurance	
Transportation\Travel	
Equipment Expense	
Training *(Form JFS 01350)*	
Total Non-Personnel	$0.00

Total Reported Cost	$0.00

Administrative Overhead

Cost Category	Amount
Admin Overhead	$0.00

Non-Reimbursable

Cost Category	Amount
Behavioral Health	
Other	
Unallowable	
Total	$0.00

Statistics

Census	

Title IV-E Reimbursement Ceilings

Maintenance	Administration

Residential 1

Operating Agency Name	Cost Reporting Period
	7/1/2010 - 6/30/2011

Private Non-Profit		Residential Center	
Private For-Profit		Group Home	
Public		Residential Parenting Facility	

Program/Service Name	Provider Number	Licensed Capacity	Program/Service Name	Provider Number	Licensed Capacity

Personnel

Title	No. of FTE's Direct	No. of FTE's Support	Annual Compensation	Direct Services Amount	Support Services Amount	Total Reported Amount
Case Management						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
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						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
Consultant						$0.00
Total Personnel	0.00	0.00	$0.00	$0.00	$0.00	$0.00

Cost Category	Amount
Fringe Benefits	

Non-Personnel

Cost Category	Direct	Support	Total
Food - Special Diet			$0.00
Clothing			$0.00
Graduation Expenses			$0.00
Liability Insurance			$0.00
Other Consumables			$0.00
Facility Expense			$0.00
Insurance			$0.00
Transportation\Travel			$0.00
Equipment Expense			$0.00
Total Non-Personnel	$0.00	$0.00	$0.00

Total Reported Cost	$0.00

Administrative Overhead

Cost Category	Amount
Admin Overhead	$0.00

Non-Reimbursable

Cost Category	Amount
Behavioral Health	
Other	
Unallowable	
Total	$0.00

Statistics

Census	

Title IV-E Reimbursement Ceilings

Maintenance	Administration

Facility Address and License Information

Program/Service Name	Provider Number	Address, City, State, Zip Code	State Licensing Agency

FORM A-1, UNIFORM COST REPORT (UCR)
AGENCY EXPENSE REPORT
ODADAS-FIS-047

_____ Owner's Federal Tax Identification Number

MACSIS UPI: _____

AGENCY NAME: _____ _____ Budget _____ Actual

REPORTING PERIOD: _____ to _____

AGENCY ADDRESS:

AGENCY TELEPHONE NO:

1. Service Taxonomy and MACSIS Procedure Codes	2. Number of Units	3. Number of FTE Assigned		4. Personnel Costs		5. Service Non-Personnel Costs	6. Service Total Costs	7. Allocation of Administrative Overhead	8. Total Costs	9. Cost Per Unit	10. Unallowable Costs	11. Total Allowable Costs	12. Allowable Cost Per Unit
		Direct Service (a)	Support Service (b)	Direct Service (a)	Support Service (b)								
TREATMENT SERVICES													
Acute Hospital Detoxification - H0009													
Ambulatory Detoxification - H0014													
Assessment - H0001													
Case Management - H0006													
Crisis Intervention - H0007													
Family Counseling - T1006													
Group Counseling - H0005													
Individual Counseling - H0004													
Intensive Outpatient - H0015													
Laboratory Urinalysis - H0003													
Medical Somatic - H0016													
Medication Assisted Treatment - 90805, 90807, 90809, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215													
Methadone Administration - H0020													
Sub Acute Detoxification - H0012													
23 Hour Observation Bed - 99236													
Urine Dip Screen - A0780													
COMMUNITY RESIDENTIAL TREATMENT Includes Room & Board costs													
Medical Community Residential Treatment - Hospital Setting - A1210													
Medical Community Residential Treatment - Non-Hospital Setting - A0230													
Non-Medical Community Residential Treatment - A1220													
BH COMMUNITY RESIDENTIAL TREATMENT Excludes Room & Board costs													
BH Medical Community Residential Treatment - Hospital Setting - H0017													
BH Medical Community Residential Treatment - Non-Hospital Setting - H0018													
BH Non-Medical Community Residential Treatment - H0019													
COMMUNITY SERVICES													
Consultation - A0560													
Hotline - H0030													
Intervention - H0022													
Outreach - H0023													
Referral and Information - A0510													
Training - H0021													
PREVENTION SERVICES													
Alternatives - A0660													
Community Based Process - A0630													
Education - A0620													
Environmental - A0640													
Information Dissemination - A0610													
Problem Identification and Referral - A0650													
ADJUNCTIVE ALCOHOL AND DRUG SERVICES													
Child Care - T1009													
Meals - T1010													
Room and Board - A0740													
Transportation - A0750													
AOD Services Not Otherwise Classified - H0047													
DRIVER INTERVENTION PROGRAMS													
Non-Residential DIP													
Residential DIP - 48 Hour													
Residential DIP - 72 Hour													
OTHER													
Administrative Overhead													
Mental Health Services													
Title IV-E Services													
Non AOD/MH/Title IV-E Services													
TOTALS													
TOTALS FOR AOD SERVICES	0.0	0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	
TOTALS FOR AGENCY		0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	

I certify that this UCR and all supporting documentation (including Forms A-2, A-3 and A-4 or their equivalents) have been completed in accordance with OAC 3793:2-1-09

Name/Title: _____

Date: _____

FORM A-2
ALCOHOL AND OTHER DRUG SERVICES
PERSONNEL SERVICES COSTS WORKSHEET

Agency Name and MAGSIS UPI:	Prepared By: Date:

Column 1	Column 2	Column 3	Column 4	Column 5 (a) Service: **Administration**								Column 5 (a) Service:							
				DIRECT SERVICE				SUPPORT SERVICE				DIRECT SERVICE				SUPPORT SERVICE			
Position Title	Education Level	Annual Salary, Wages and Fringe(s)	Annual Hours	(b) TOTAL COSTS	(c) UNALLOWABLE COSTS	(d) ALLOWABLE COSTS	(e) HOURS	(b) TOTAL COSTS	(c) UNALLOWABLE COSTS	(d) ALLOWABLE COSTS	(e) HOURS	(b) TOTAL COSTS	(c) UNALLOWABLE COSTS	(d) ALLOWABLE COSTS	(e) HOURS	(b) TOTAL COSTS	(c) UNALLOWABLE COSTS	(d) ALLOWABLE COSTS	(e) HOURS
TOTALS		$0.00	0	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	0

FORM A-3
ALCOHOL AND OTHER DRUG SERVICES
NON-PERSONNEL COSTS WORKSHEET

Agency Name and MACSIS UPI:	Prepared by:
	Date:

COLUMN 1	COLUMN 2	COLUMN 3			COLUMN 3			COLUMN 3			COLUMN 4
OBJECT OF EXPENSE	METHOD OF ALLOCATION	SERVICE:			SERVICE:			SERVICE: ADMINISTRATION			OBJECT OF EXPENSE TOTAL
		(a) TOTAL COSTS	(b) UNALLOWABLE COSTS	(c) ALLOWABLE COSTS	(a) TOTAL COSTS	(b) UNALLOWABLE COSTS	(c) ALLOWABLE COSTS	(a) TOTAL COSTS	(b) UNALLOWABLE COSTS	(c) ALLOWABLE COSTS	
											$0.00
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											$0.00
											$0.00
TOTALS		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

FORM A-4
ALCOHOL AND OTHER DRUG SERVICES
ADMINISTRATIVE OVERHEAD
COST DISTRIBUTION WORKSHEET

Agency Name and MACSIS UPI:	**Prepared by:** **Date:**

Step 1:
Determine Base

Step 2:
Calculate % of Base per service/total Base

Step 3:
Column 3 multiplied by total Administration costs from UCR, column 6
Transfer administration allocation result by service to UCR column 7

Column 1	Column 2	Column 3	Column 4	Column 5
TYPE OF SERVICE	BASE VALUE FOR EACH SERVICE	% OF TOTAL BASE	TOTAL ADMINISTRATION ALLOCATION	UNALLOWABLE ALLOCATION
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
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		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!	#DIV/0!
TOTALS		#DIV/0!		

CHECK METHOD USED:

Service Total Costs	**( ) UCR Column 6**
Direct Service Personnel Costs	**( ) UCR Column 4 (a)**
Total Personnel Costs	**( ) UCR Column 4 (a) + 4 (b)**
Total Direct Service FTEs	**( ) UCR Column 3 (a)**
Total Direct and Support FTEs	**( ) UCR Column 3 (a) + 3 (b)**

Form A-1 Uniform Cost Report (UCR)
DMH-FIS-047

MACSIS UPI_____
Reporting Period: From_____ **To**_____

Agency Name :
Agency Address:

Budget **Actual**

Owner Federal Tax I.D. Number:

Agency Telephone No:

1			2	3		4		5	6	7	8	9	10	11	12
Type of Service	**HCPCS / Procedure Code**	**Unit Definition**	**No. of Units**	**No. FTE Assigned**		**Personnel Costs**		**Non-Personnel Costs**	**Service Total Costs**	**$ Allocation of Admin. Overhead**	**Total Costs**	**Cost/ Unit**	**Un-Allowable Costs**	**Total Allowable Cost**	**Allowable Cost/Unit**
				Direct Service (A)	**Support Service (B)**	**Direct Service (A)**	**Support Service (B)**								
Pharmacological Mgt. ***(Medication/Somatic)***	90862	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Mental Health Assessment (non-physician) ***(Diag. Assess.)***	H0031	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Psychiatric Diagnostic Interview (Physician) ***(Diag. Assess.)***	90801	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
BH Counseling and Therapy (Ind.) ***(Ind. Counseling)***	H0004	15 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
BH Counseling and Therapy (Gp.) ***(Gp. Counseling)***	H0004	15 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Crisis Intervention MH Services ***(Crisis Intervention)***	S9484	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Assertive Community Treatment ***(Clinical Activities)***	H0040	Covered day	0						$0		$0	#DIV/0!		$0	#DIV/0!
Assertive Community Treatment ***(Non-Clinical Activities)***	M1910	Covered day	0						$0		$0	#DIV/0!		$0	#DIV/0!
Intensive Home Based Treatment ***(Clinical Activities)***	H2016	Covered day	0						$0		$0	#DIV/0!		$0	#DIV/0!
Intensive Home Based Treatment ***(Non-Clinical Activities)***	M1810	Covered day	0						$0		$0	#DIV/0!		$0	#DIV/0!
Partial Hospitalization, less than 24 hr. ***(Partial Hospitalization)***	S0201	Program Day	0						$0		$0	#DIV/0!		$0	#DIV/0!
Community Psychiatric Supportive Treatment (Ind.) ***(Ind. CSP)***	H0036	15 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Community Psychiatric Supportive Treatment (Gp.) ***(Gp. CSP)***	H0036	15 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Behavioral Health Hotline Service ***(Hotline)***	H0030	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Other MH Svc., not otherwise specified (hlthcare) ***(Other MH Serv.)***	H0046	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Self-Help/Peer Svcs. ***(Peer Support)***	H0038	15 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Adjunctive Therapy ***(Same)***	M1440	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Adult Education ***(Same)***	M1540	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Consultation ***(Same)***	M4120	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Consumer Operated Service ***(Same)***	M3120	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Employment ***(Employment/Vocational)***	M1620	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Information and Referral ***(Same)***	M4130	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Mental Health Education ***(Same)***	M4140	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Occupational Therapy Service ***(Same)***	M1430	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Other MH Svc., non-healthcare services ***(Other MH Serv.)***	M3140	Agy. Defined	0						$0		$0	#DIV/0!		$0	#DIV/0!
Other MH Svc., non-healthcare services ***(Other MH Serv.)***	M314X	Agy. Defined	0						$0		$0	#DIV/0!		$0	#DIV/0!
Other MH Svc., non-healthcare services ***(Other MH Serv.)***	M314X	Agy. Defined	0						$0		$0	#DIV/0!		$0	#DIV/0!
Prevention ***(Same)***	M4110	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
School Psychology ***(Same)***	M1530	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Social & Recreational Service ***(Same)***	M1550	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Community Residence ***(Same)***	M2240	24 Hours or 1 Mo.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Crisis Care ***(Crisis Bed)***	M2280	24 Hours	0						$0		$0	#DIV/0!		$0	#DIV/0!
Foster Care ***(same)***	M2250	24 Hours or 1 Mo.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Residential Care ***(Residential Treatment/Residential Support)***	M2200	24 Hours	0						$0		$0	#DIV/0!		$0	#DIV/0!
Respite Care ***(Respite Bed)***	M2270	24 Hours	0						$0		$0	#DIV/0!		$0	#DIV/0!
Subsidized Housing ***(Housing)***	M2260	24 Hours or 1 Mo.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Temporary Housing ***(new)***	M2290	24 Hours	0						$0		$0	#DIV/0!		$0	#DIV/0!
Forensic Evaluation ***(Same)***	**	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
PASARR ***(Same)***	**	60 Min.	0						$0		$0	#DIV/0!		$0	#DIV/0!
Inpatient Psychiatric service ***(Same)***	**	24 Hours	0						$0		$0	#DIV/0!		$0	#DIV/0!
			0						$0		$0	#DIV/0!		$0	#DIV/0!
Total MH Services				0.00	0.00	$0	$0	$0	$0	$0	$0		$0	$0	
Ohio Department of Alcohol and Drug Addiction Services									$0		$0			$0	
Title IV-E Services									$0		$0			$0	
Other Non-Mental Health/AoD/IV-E Services									$0		$0			$0	
Total Agency Service Total				0.00	0.00	$0	$0	$0	$0	$0	$0		$0	$0	
Administrative Overhead									$0						
AGENCY TOTAL				0.00	0.00	$0	$0	$0	$0				$0	$0	

I certify that this UCR and all supporting documentation (including Forms A-2, A-3 and A-4 or their equivalents) have been completed in accordance with OAC 5122-26-19

Name/Title:

Date:

FORM A-2

Mental Health Services
PERSONNEL SERVICES COSTS WORKSHEET

Agency Name and MACSIS UPI:	Prepared By: Date:

Column 1	Column 2	Column 3	Column 4	Column 5 (a) Service: Administration				Column 5 (a) Service:			
Position Title	Position Number (optional)	Annual Salary/Wages/Fringe	Annual Hours	DIRECT SERVICE		SUPPORT SERVICE		DIRECT SERVICE		SUPPORT SERVICE	
				(b) COST	(c) HOURS	(d) COST	(e) HOURS	(b) COST	(c) HOURS	(d) COST	(e) HOURS
TOTALS		$0	0			$0	0	$0	0	$0	0

FORM A-3

Mental Health Services
NON-PERSONNEL COST REPORT

Agency Name and MACSIS UPI:	Prepared By: Date:

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 4
OBJECT OF EXPENSE	METHOD OF ALLOCATION	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE **ADMINISTRATION**	**OBJECT OF EXPENSE TOTAL**
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
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									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
TOTALS		$0	$0	$0	$0	$0	$0	$0	$0

FORM A-4

MENTAL HEALTH SERVICES ADMINISTRATIVE OVERHEAD COST DISTRIBUTION WORKSHEET

Agency Name and MACSIS UPI	Prepared by: Date:

Step 1:
Determine Base

Step 2:
Calculate % of Base per Service/Total Base

Step 3:
Column 3 multiplied by total Administration costs from 047, column 6
Transfer administration allocation result by service to 047 column 7

Column 1 TYPE OF SERVICE	Column 2 BASE VALUE FOR EACH SERVICE	Column 3 % OF TOTAL BASE	Column 4 ADMINISTRATION ALLOCATION
		#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!
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		#DIV/0!	#DIV/0!
		#DIV/0!	#DIV/0!
TOTALS		#DIV/0!	

CHECK METHOD USED:

Service Total Costs	( ) 047 Column 6	UCR
Direct Service Personnel Costs	( ) 047 Column 4a	UCR
Total Personnel Costs	( ) 047 Column 4a + 4b	UCR
Total Direct Service FTEs	( ) 047 Column 3a	UCR
Total Direct and Support FTEs	( ) 047 Column 3a + 3b	UCR

Allocation of Administrative Overhead Costs

Agency Name

ADMINISTRATIVE OVERHEAD	
Line Item	**Amount**
Salaries	$0.00
Fringe Benefits	$0.00
Consulting	$0.00
Other Consumables	$0.00
Facility Expense\Depreciation	$0.00
Insurance	$0.00
Transportation\Travel	$0.00
Equipment Expense\Depreciation	$0.00
Other	$0.00
Total Administrative Overhead	**$0.00**

TITLE IV-E PROGRAM ALLOCATION	
Service	**Allocation Amount**
PFC 1	$0.00
PFC 2	$0.00
PFC 3	$0.00
PFC 4	$0.00
PFC 5	$0.00
PFC 6	$0.00
PFC 7	$0.00
PFC 8	$0.00
PFC 9	$0.00
PFC 10	$0.00
RES 1	$0.00
RES 2	$0.00
RES 3	$0.00
RES 4	$0.00
RES 5	$0.00
RES 6	$0.00
RES 7	$0.00
RES 8	$0.00
RES 9	$0.00
RES 10	$0.00
Unallowable/Non-reimbursable	$0.00
Total Title IV-E Program Allocation	**$0.00**

NON-TITLE IV-E PROGRAMS ALLOCATION	
Program	**Amount**
ODADAS Program: Summary (Form A-1 UCR)	$0.00
ODMH Program: Summary (Form A-1 UCR)	$0.00
Other Programs	$0.00
Total Non-Title IV-E Programs Allocation	**$0.00**

SUMMARY		
Program	**Allocation %**	**Allocation Total**
Title IV-E		$0.00
ODADAS		$0.00
ODMH		$0.00
Other		$0.00
Total All Programs	**0.00%**	**$0.00**
Remainder to Allocate	**100.00%**	**$0.00**

ALLOCATION METHODOLOGY	
	Method Used
Program/Service Total Costs	
Direct Service Personnel Costs	
Total Service Personnel Costs	