COMPLETION INSTRUCTIONS
Exhibit B - Provisional Rate Calculation Worksheet

I. GENERAL

Provisional Rate Calculation Worksheet is used to calculate proposed provisional rates based on Contractor's total proposed cost and total projected units. Please note that this worksheet is designed for the allocation of the costs of Medi-Cal eligible services to Mode 10 and Mode 15 Mental Health Outpatient Services only that are provided by new legal entity contract providers with no cost report history.

II. HEADING INSTRUCTIONS

Enter Contractor Name, Legal Entity Number, and Fiscal Year for which the proposed provisional rates are established.

III. COMPLETION INSTRUCTIONS

NOTE: Most of the information on this form is automated. Data entry is required on Line a in the "COSTS TO BE ALLOCATED" Box, in Column D, and Column E.

"COSTS TO BE ALLOCATED" Box

- **Line a – Total Proposed Cost -** Enter the total proposed contracted costs to be allocated to Modes/Service Functions (SF).
- **Line b – Outreach & Support Services Costs (Mode 45 & Mode 60/SF Range 40-49, 60-69)** – This is the sum of Lines 12 to 15, Column H, unit based costs for outreach and support services.
- **Line c – Client Supportive Services (Mode 60/SF Code 70, 71, 72, 75, 78)** – This is the sum of Lines 16 to 20, Column H, eligible direct costs (non-unit based) for Client Supportive Services.
- **Line d – Mental Health Services Cost (Mode 10 & Mode 15)** – This amount is computed by subtracting Lines b and c from Line a. This represents the total unit based costs for Medi-Cal eligible Day Services and Outpatient Services.

Column A to C

The form layout is by Mode in Column A and Service Function Range/Code in Column B and includes the Fiscal Year 2014-15 Short-Doyle/Medi-Cal (SD/MC) Schedule of County Maximum Allowances (CMA) in Column C.

Column D – Total Projected Units

Enter the total units of service for each applicable mode and service function range.

Column E – Outreach, Support Services, and Client Supportive Services Costs

Enter the applicable Non-Medi-Cal costs for Mode 45 and 60 by SF range/SF code as applicable.

Column F – Relative Value Allocation Basis

No Entry. This column computes the relative value using CMA as the allocation base. The amount generated and placed in this column is the product of the CMA rate from Column C and the total projected units from Column D.

Column G – Allocation %

No Entry. This column computes the allocation percentages for each service function range that is allocating costs using the relative value method. This is achieved by dividing each service function relative value statistic by the aggregate of all the service functions relative value statistics.

Column H – Allocated Cost

No Entry. For Mode 10 and 15, the allocated costs are the products of multiplying allocation percentages in Column G by Mental Health Service Cost on Line d in the "COSTS TO BE ALLOCATED" box. For Mode 45 and 60, the allocated costs are carried forward from Column E.

Column I – Cost Per Unit

No Entry. Column H is divided by Column D.

Column J – Proposed Rate (Cost Per Unit or Cap to CMA)

No Entry. Lower of CMA in Column C or Cost Per Unit in Column I.

PROVISIONAL RATE CALCULATION WORKSHEET

Contractor Name: _____

Legal Entity No.: _____

Fiscal Year: _____

COSTS TO BE ALLOCATED

Ln. a	**Total Proposed Cost**	
Ln. b	Less: Outreach & Support Services Costs (Mode 45 & Mode 60/SF Range 40-49, 60-69)	-
Ln. c	Client Supportive Services (Mode 60/SF Code 70,71,72,75,78)	-
Ln. d	Mental Health Services Cost (Mode 10 & Mode 15)	$ -

	A	B	C	D	E	F	G	H	I	J
	SERVICE FUNCTION	**Mode**	**Service Function Range / Code**	**FY 2014-15 County Maximum Allowance (CMA)**	**Total Projected Units**	**Outreach, Support Services, and Client Supportive Services Costs**	**Relative Value Allocation Basis (C) x (D)**	**Allocation %**	**Allocated Cost (G) x (Ln. d)**	**Cost Per Unit (H) / (D)**	**Proposed Rate (Cost Per Unit or Cap to CMA)**
	DAY SERVICES										
1	Crisis Stabilization Emergency Room	10	20 - 24	$104.17			-		-		
2	Urgent Care	10	25 - 29	$104.17			-		-		
3	Day Treatment Intensive Half Day	10	81 - 84	$158.81			-		-		
4	Full Day	10	85 - 89	$223.05			-		-		
5	Day Rehabilitation Half Day	10	91 - 94	$92.65			-		-		
6	Full Day	10	95 - 99	$144.61			-		-		
	OUTPATIENT SERVICES										
7	Case Management, Brokerage	15	01 - 09	$2.22			-		-		
8	Mental Health Services	15	10 - 19	$2.88			-		-		
9	Mental Health Services	15	30 - 59	$2.88			-		-		
10	Medication Support	15	60 - 69	$5.31			-		-		
11	Crisis Intervention	15	70 - 79	$4.27			-		-		
	OUTREACH SERVICES										
12	Mental Health Promotion	45	10 - 19						-		
13	Community Client Services	45	20 - 29						-		
	SUPPORT SERVICES										
14	Life Support/Board & Care	60	40 - 49						-		
15	Case Management Support	60	60 - 69						-		
16	Client Housing Support Expenditures	60	70						-		
17	Client Housing Operating Expenditures	60	71						-		
18	Client Flexible Support Expenditures	60	72						-		
19	Non Medi-Cal Capital Assets	60	75						-		
20	Other Non Medi-Cal Client Support Expenditures	60	78						-		
21					-	-	-	0%	-		

OK