

MONTHLY REIMBURSEMENT CLAIM INSTRUCTIONS

(NGA Providers)

CLAIM FOR REIMBURSEMENT FOR EXPENSES

A Monthly Reimbursement Claim must be submitted. This is a monthly summary of expenses that will be used by the Accounting Department at the Los Angeles County Department of Mental Health to reimburse contracted agencies for allowable expenses incurred during the contract period.

A. Monthly Reimbursement Claim form:

1. NGA Provider fills in the funding source name, which is the disaster program for which services are being provided.
2. NGA Provider fills in financial exhibit number as specified in the contract.
3. NGA Provider fills in name, mailing address, billing month(s), contract and amendment number, and provider number.
4. NGA Provider fills in lines 1.1 thru 1.5 with the total monthly amounts only for allowable expenses as specified in the contract.
 - a) Salaries and Employee Benefits must be supported by the labor record forms provided.
 - b) Operating expenses must be itemized in a separate worksheet and supported with proper documentation.
 - c) Equipment expenses (if allowable) must be itemized in a separate worksheet and supported with proper documentation.
 - d) Advertising, Printing, etc. must be itemized in a separate worksheet and supported with proper documentation.
 - e) Other expenses (if allowable) must be itemized in a separate worksheet and supported with proper documentation.
5. NGA Provider enters Total Expenses in line 2.
6. NGA Provider fills in disaster revenues received from other sources in lines 3.1 thru 3.4.
7. NGA Provider enters Total Revenues in line 4.
8. NGA Provider enters Expenses less Revenue in line 5.
9. NGA Provider enters Total Net Costs in line 6. NGA Provider enters Total Payment Requested as allowed monthly by the contract.

10. NGA Provider fills in additional comments.
11. The NGA Provider's person authorized by Provider's Board of Directors fills out the Monthly Reimbursement Claim, signs it, and enters the his/her phone number, title, and date of signature.
12. Monthly Reimbursement Claims are submitted to:

Barbara Cienfuegos, Disaster Coordinator
Department of Mental Health
550 S. Vermont Ave., 10th Floor
Los Angeles, CA 90020
13. All forms and attachments must be submitted in the following order.
 - a) Monthly Reimbursement Claim.
 - b) Additional worksheets itemizing other expenses and corresponding supporting documentation.
 - c) Labor records for each employee providing disaster services and the following:
 - Crisis Counseling Daily Log (summary of all individual and group services during a day)
 - Crisis Counseling Individual Contact Sheet (for each individual service)
 - Community Services - Group Services Daily Log (for each group service)
 - d) Additional worksheets itemizing other expenses and corresponding supporting documentation.
14. If the forms are filled out incorrectly or missing, the entire package will be returned to NGA Provider for correction, delaying the payment process.

MonthlyReimbursementClaimInstructions