

LIST OF COST REPORT FORMS

State MH Series Forms (All providers):

- A** Information Sheet (**MH 1900**)
- B** Statewide Maximum Allowances and Published Charges (**MH 1901 Schedule A**)
- C** Worksheet for Units of Service and Revenues by Mode and Service Function
(**MH 1901 Schedule B**)
- D** Supporting Documentation for the Method Used to Allocate Total Cost to Mode of Service and Service Function (**MH 1901 Schedule C**)
- E** Calculation of Program Costs – Non Hospital Legal Entities (**MH 1960**)
- F** Calculation of Cost Per Day and Cost To Charge Ratios – Hospital Legal Entities
(**MH 1960_HOSP_COSTS**)
- G** Calculation of Mode 05 (Hospital Administrative Days) Program Costs
Hospital Legal Entities (**MH 1960_HOSP_05_ADMIN**)
- H** Calculation of Mode 05 (Hospital Inpatient) Program Costs - Hospital Legal Entities
(**MH 1960_HOSP_05**)
- I** Calculation of Mode 05 (Hospital Administrative Days) Physician Costs
Hospital Legal Entities (**MH 1960_PHYS_05_ADMIN**)
- J** Calculation of Mode 05 (Hospital Inpatient) Physician Costs - Hospital Legal Entities
(**MH 1960_PHYS_05**)
- K** Calculation of Mode 10 (Day Services) Program Costs - Hospital Legal Entities
(**MH 1960_HOSP_10**)
- L** Calculation of Mode 10 (Day Services) Physician Costs - Hospital Legal Entities
(**MH 1960_PHYS_10**)
- M** Calculation of Mode 15 (Outpatient Services) Program Costs - Hospital
Legal Entities (**MH 1960_HOSP_15**)
- N** Calculation of Mode 15 (Outpatient Services) Physician Costs - Hospital
Legal Entities (**MH 1960_PHYS_15**)
- O** Medi-Cal Adjustments to Cost (**MH 1961**)

- P** Other Adjustment (**MH 1962**)
- Q** Allocation of Costs to Modes of Service (**MH 1964**)
- R** Reclassification(s) of Program Costs (**MH 1965**)
- S** Allocation of Costs to Service Functions – Mode Total (**MH 1966**)
- T** Determination of SD/MC Direct Services and MAA Reimbursement (**MH 1968**)
- U** Instructions for Lower of Costs or Charges Determination (**MH1969_INST**)
- V** Lower of Costs or Charges Determination - Optional (**MH 1969**)
- W** SD/MC Preliminary Desk Settlement (**MH 1979**)
- X** Calculation of SD/MC - Hospital Administrative Days (**MH 1991**)

County LAC Series Forms (All Providers):

- Y** Schedule of Countywide Maximum Allowances (**LAC CMA**)
- Z** Supplemental Detail to MH 1960 (**LAC 101**)
- AA** Supplemental Detail to MH 1901 Schedule B (**LAC 102 and LAC 102 Supplement**)
- AB** Supplemental Detail to MH 1901 Schedules A, B, & C (**LAC 103**)