

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**) – No input required;
Flow Through from MH 1900_A_Schedule
- Z** Supplemental Detail to MH 1960 (**LAC 101**)
- AA** Supplemental Detail to MH 1901 Schedule B- Units of Service by Funded Programs
(**LAC 102_MH, LAC 102_IMD_ERS_PHF, and LAC 102_UCC**)
- AB** Supplemental Detail to MH 1901 Schedule B – EPSDT Units of Services by Funded
Programs (**10B_MH_(Optional), 10B_IMD_ERS_PHF_(Optional), and**
10B_UCC_(Optional))
- AC** Supplemental Detail to MH 1901 Schedules A, B, & C (**LAC 103**)