

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)
- AB** Supplemental Detail to MH 1901 Schedules A, B, & C **(LAC 103)**
- AC** Supplemental Detail to MH 1901 Schedules A, B, & C **(9A)**