

**For Legal Entity to fill out**

LE Name:	ABC Mental Health Center	1
LE No:	00123	2

Agreement No.:

Amendment No.:

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County of Los Angeles - Department of Mental Health  
Financial Services Bureau - Settlement Section  
FY 24-25 Final Shift Request Template

For Legal Entity to fill out

Financial Summary (Exhibit B)

LE Name: ABC Mental Health Center

Original MCA:

Agreement No.: MH123456

LE No: 00123

Contract Type: MHS

Amendment No.:

54	H25R	MHSA Outpatient Care Services MC	Y	\$	1,055,445	\$	1,054,355	\$	1,090	\$	200	\$	890	\$	-			\$	1,055,445	\$	-	
55	Z25M	MHSA Alternative Crisis Services Non-MC	N	\$	-	\$	-	\$	-			\$	-	\$	-			\$	-	\$	-	
56	Z25N	MHSA Alternative Crisis Services Invoice	N	\$	-	\$	-	\$	-									\$	-	\$	-	
57	Z25X	MHSA Alternative Crisis Services Patch Invoice	N	\$	-	\$	-	\$	-									\$	-	\$	-	
58	Z25T	MHSA Alternative Crisis Services Startup Fund Invoice	N	\$	-	\$	-	\$	-									\$	-	\$	-	
59	H25Q	MHSA Alternative Crisis Services MC	Y	\$	-	\$	-	\$	-			\$	-	\$	-			\$	-	\$	-	
60	Z25Q	MHSA Housing Supportive Services Program Non-MC	N	\$	-	\$	-	\$	-			\$	-	\$	-			\$	-	\$	-	
61	Z25R	MHSA Housing Supportive Services Program Invoice	N	\$	-	\$	-	\$	-									\$	-	\$	-	
62	H25S	MHSA Housing Supportive Services Program MC	Y	\$	-	\$	-	\$	-			\$	-	\$	-			\$	-	\$	-	
63	Y25J	MHSA Linkage Services Invoice	N	\$	-	\$	-	\$	-									\$	-	\$	-	
64	Y25K	MHSA Planning, Outreach, & Engagement Non-MC	N	\$	-	\$	-	\$	-									\$	-	\$	-	
65	Y25F	MHSA Prevention & Early Intervention (PEI) Non-MC	N	\$	26,000	\$	26,000	\$	-	\$	5,000	\$	(5,000)	\$	5,000.00	3	\$	5,000	\$	31,000	\$	5,000
66	Z25C	MHSA PEI Invoice	N	\$	-	\$	-	\$	-			\$	-					\$	-	\$	-	
67	Z25W	MHSA PEI Startup Fund Invoice	N	\$	-	\$	-	\$	-			\$	-					\$	-	\$	-	
68	H25F	MHSA PEI MC	Y	\$	597,563	\$	597,563	\$	-	\$	60,000	\$	(60,000)	\$	60,000.00	3	\$	60,000	\$	657,563	\$	60,000
69	TBD	MHSA INN H2.0 Supported Employment Non-MC	N	\$	-	\$	-	\$	-			\$	-	\$	-			\$	-	\$	-	
70	S25A	MHSA INN H2.0 Supported Employment Invoice	N	\$	-	\$	-	\$	-									\$	-	\$	-	
71	TBD	MHSA INN H2.0 Supported Employment MC	Y	\$	-	\$	-	\$	-			\$	-	\$	-			\$	-	\$	-	
72	S25B	MHSA INN Children's Community Cre Village (CCCV) Non-MC	N	\$	-	\$	-	\$	-			\$	-	\$	-			\$	-	\$	-	
73	S25C	MHSA INN CCCV Invoice	N	\$	-	\$	-	\$	-									\$	-	\$	-	
74	H25U	MHSA INN CCCV MC	Y	\$	-	\$	-	\$	-			\$	-	\$	-			\$	-	\$	-	
				\$	5,397,656	\$	5,131,127	\$	266,529	\$	207,600	\$	57,329	\$	155,500		\$	5,366	\$	5,403,022	\$	5,366
																				Check		

Note: \* Medi-Cal reimbursable (Y/N) reflects DMH program guidelines in addition to applicable state and federal regulations.

Notes: (Only applicable for MCA increase due to CO96 - MA43 denials):  
Request to add Non MC CGF \$ 5,366 to cover CO96 -MA 43 denials.  
CO 96 Denials from Specialized Foster Care Enhanced \$75,000 & Post Release \$10,000

FY 24-25 Final Shift Request Statement: I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services and the Mental Health Services Act (MHSA) in and for said claimant. With respect to MHSA funding, I certify that this agency is in compliance with California Code of Regulations, Title 9, Division 1, Chapter 14, Article 4, Section 3410, Non-Supplant and Article 5, Section 3500, Non-Supplant Certification and Reports; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5, Section 5891 of the Welfare and Institutions Code (W&I Code). This agency understands that any payment to this agency resulting from this request will be paid with county, state and federal funds and that any falsification or concealment of material fact may be prosecuted under the government laws. I further certify that, to the best of my knowledge and belief, the information in this form is in all respects true, correct, and in accordance with the laws.

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Print Name of Authorized officer

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Signature of Authorized Officer

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Date