

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)							Shift Request Summary								
LE Name: ABC Mental Health Center	1	Original MCA:			3	Agreement No.: MH123456			7	8	9				
LE No: 00123	2	Contract Type: MHS			5	Amendment No.:			4						
No.	A Obj#	B Funded Programs		C Medi-Cal Reimbursable	D 6 ided Program ount (Gross)	E PRS payment Amount	F Under Utilization	G Projected Claim Amount	H Available Shift Amount	I Amount Needed	J Shift Req #	K Shift Request Amount	L = E + F + K	M	
1	B25A	Categorically Funded Programs		6	6	6	6	7	8	10			New FPA	Check	
2	A25R	Family Preservation Program Non-Medi-Cal (Non-MC)		N	\$ 20,000	\$ 19,500	\$ 500	\$ 600					\$ 20,000	\$ -	
3	B25B	Family Preservation Program Medi-Cal (MC)		Y	\$ 50,000	\$ 30,000	\$ 20,000	\$ 12,800					\$ 50,000	\$ -	
4	A25H	Specialized Foster Care - DCFS MAT Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
5	A25J	Specialized Foster Care Enhanced Mental Health Svcs MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
6	A25K	Specialized Foster Care MAT MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
7	J25G	Specialized Foster Care TFC MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
8	J25D	Specialized Foster Care TFC Non MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
9	B25Z	Specialized Foster Care Wraparound Non-MC		N	\$ 38,000	\$ 35,000	\$ 3,000	\$ 2,000					\$ 38,000	\$ -	
10	B25L	Specialized Foster Care Wraparound Invoice		N	\$ 56,000	\$ 50,000	\$ 6,000	\$ 8,000					\$ 56,000	\$ -	
11	A25L	Specialized Foster Care Wraparound MC		Y	\$ 1,800,000	\$ 1,800,000	\$ -	\$ 5,000					\$ 1,800,000	\$ -	
12	B25N	DCFS Medical Hub Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
13	A25E	DCFS PHF MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
14	N25B	Comprehensive SOC Program (SAMHSA, CFDA #93.958) Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
15	N25L	Comprehensive SOC Program (SAMHSA, CFDA #93.958) Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
16	B25D	Juvenile Justice Program (STOP) Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
17	B25E	Juvenile Justice Program (JJCPA-MHSAT) Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
18	B25F	Juvenile Justice Program (JJCPA - MST) Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
19	A25Q	Juvenile Justice Program (JJCPA - MST) MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
20	J25E	Juvenile Justice Program (JJCPA - New Directions) Non-MC		N	\$ 5,000	\$ 4,000	\$ 1,000	\$ -					\$ 4,000	\$ (1,000)	
21	A25P	Juvenile Justice Program (JJCPA - New Directions) MC		Y	\$ 100,000	\$ 98,000	\$ 2,000	\$ 3,000	\$ (1,000)	\$ 1,000	1	\$ (1,000)	\$ 101,000	\$ 1,000	
22	B25G	Juvenile Justice Program (COD) Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
23	P25U	Juvenile Justice Program (JJCPA-MST-LACOE) Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
24	M25T	Juvenile Justice Program (JJCPA-MST-LACOE) MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
25	B25K	CalWORKs MHS Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
26	B25Y	CalWORKs Coordinated Entry System Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
27	N25E	Post-Release Community Supervision-Community Reintegration Prog Non-MC		N	\$ 9,500	\$ 9,000	\$ 500	\$ 5,000	\$ (4,500)	\$ 4,500	2	\$ 4,500	\$ 14,000	\$ 4,500	
28	N25M	Post-Release Community Supervision-Community Reintegration Prog Invoice		N	\$ 6,000	\$ 5,500	\$ 500					\$ 6,000	\$ -		
29	M25B	Post-Release Community Supervision-Community Reintegration Prog MC		Y	\$ 185,000	\$ 183,000	\$ 2,000	\$ 1,000	\$ 1,000	\$ -	2	\$ (1,000)	\$ 184,000	\$ (1,000)	
30	B25R	DPH Dual Diagnosis Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
31	P25Q	Mobile Crisis Outreach Teams (MCOT) Startup Fund Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
32	P25N	Mobile Crisis Outreach Teams (MCOT) Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
33	P25P	Mobile Crisis Outreach Teams (MCOT) Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
34	M25Q	Mobile Crisis Outreach Teams (MCOT) MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
35	Federal/State Revenue														
36	N25H	Federal/State Revenue MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
37	Realignment Funded Programs														
38	N25J	DMH Mental Health Services Non-MC		N	\$ -	\$ -	\$ -					\$ 85,000	\$ 85,000 CO 96 Denials Claims		
39	N25N	DMH Mental Health Services Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
40	P25M	DMH Mental Health Services Startup Fund Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
41	P25V	DMH Mental Health Services Incentive Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
42	M25E	DMH Mental Health Services MC		Y	\$ 229,121	\$ 145,987	\$ 83,134	\$ 85,000	\$ (85,000)	\$ 85,000	4	\$ 85,000	\$ 85,000		
43	N25G	DMH IMD Step Down Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
44	N25Q	DMH IMD Step Down Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
45	M25D	DMH IMD Step Down MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
46	P25T	DMH Inpatient - Special Programs Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
47	TBD	DMH Inpatient - Special Programs MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
48	MHSA Funded Programs														
49	Y25A	MHSA Full Service Partnership Non-MC		N	\$ -	\$ -	\$ -					\$ -	\$ -		
50	Y25U	MHSA Full Service Partnership Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
51	Z25S	MHSA Adult Full Service Partnership Incentives Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
52	Z25U	MHSA Child Full Service Partnership Incentives Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
53	Z25Y	MHSA Full Service Partnership Startup Fund Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
54	H25A	MHSA Full Service Partnership MC		Y	\$ -	\$ -	\$ -					\$ -	\$ -		
55	Z25K	MHSA Outpatient Care Services Non-MC		N	\$ 1,220,027	\$ 1,073,222	\$ 146,805	\$ 20,000	\$ 126,805	\$ -	3	\$ (65,000)	\$ 1,155,027		
56	Z25L	MHSA Outpatient Care Services Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		
57	Z25V	MHSA Outpatient Care Services Startup Fund Invoice		N	\$ -	\$ -	\$ -					\$ -	\$ -		

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LE No:	00123	2				Amendment No.:		7	4		
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
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
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

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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

Signature of Authorized Officer

Date