

EXHIBIT E – AGENCY CAPACITY REPORT FY 24-25

- Covered Services
- Project Codes



Purpose

- To determine covered service/project code rates based off FTEs/beds/dosages/census and total cost of program

Covered Services – Direct Staff Hour

- Direct Staff Hour

SAMH COVERED SERVICES a. - e. DATA CATEGORIES	TOTAL AGENCY	Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
1. Assessment					
a. Number of Direct Service Delivery FTEs	0.0				
b. Available Units (Dir. Staff Hours)	0	0	0	0	0
c. Minimum Units (Dir. Staff Hours)	0	0	0	0	0
d. Total Cost	\$ 0	\$	\$	\$	\$
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$	\$	\$	\$	\$

Unit Reference		
	Available Units	Minimum Units
Direct Staff Hour	2,080	1,252
Non-Direct Staff Hour	2,080	1,430
Availability Hours	2,080	2,080
Day	365	365

Covered Services - Direct Staff Hour

- Allowable Covered Services for Direct Staff Hour

Direct Staff Hours
1. Assessment
2. Case Management
5. Day Care
6. Day Treatment
8. In-Home and On-Site Services
10. Intensive Case Management
11. Intervention
12. Medical Services
14. Outpatient - Individual
22. Respite Services
25. Supported Employment
26. Supported Housing/Living
27. TASC
29. Aftercare/Follow-up
32. Substance Abuse Outpatient Detoxification
40. Mental Health Clubhouse Services
44. Comprehensive Community Service Team (CCST) - Individual
46. Recovery Support - Individual
48. Indicated Prevention

Covered Services - Direct Staff Hour - Example

		PROGRAMS			
SAMH COVERED SERVICES		Adult		Children/Adolescent	
a. - e. DATA CATEGORIES	TOTAL AGENCY	Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
2. Case Management					
a. Number of Direct Service Delivery FTEs	14.0	14.0			
b. Available Units (Dir. Staff Hours)	29,121	29,121	0	0	0
c. Minimum Units (Dir. Staff Hours)	17,528	17,528	0	0	0
d. Total Cost	\$ 1,275,000	\$ 1,275,000		\$	\$
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$ 72.7	\$ 72.7	\$	\$	\$

Covered Services - Non-Direct Staff Hour

- Non-Direct Staff Hour

SAMH COVERED SERVICES		Adult		Children/Adolescent	
a. - e. DATA CATEGORIES	TOTAL AGENCY	Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
7. Drop-In/Self-Help Centers					
b. Available Units (Non-Dir. Staff Hours)	0.0				
c. Minimum Units (Non-Dir. Staff Hours)	0	0			
d. Total Cost	\$ 0.0	\$			
e. Unit Cost Rate per Non-Dir. Staff Hour (e = d divided by c)	\$	\$			

Unit Reference		
	Available Units	Minimum Units
Direct Staff Hour	2,080	1,252
Non-Direct Staff Hour	2,080	1,430
Availability Hours	2,080	2,080
Day	365	365

Covered Services - Non-Direct Staff Hour

- Allowable Covered Services for Non-Direct Staff Hour

Non-Direct Staff Hours
7. Drop-In/Self-Help Centers
15. Outreach
49. Selective Prevention
50. Universal Direct Prevention
51. Universal Indirect Prevention
52. Care Coordination
53. HIV Early Intervention Services

Covered Services - Non-Direct Staff Hour - Example

		PROGRAMS			
SAMH COVERED SERVICES		Adult		Children/Adolescent	
a. - e. DATA CATEGORIES	TOTAL AGENCY	Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
15. Outreach					
a. Number of Direct Service Delivery FTEs	10.5			11	
b. Available Units (Non-Dir. Staff Hours)	21,840	0	0	21,840	0
c. Minimum Units (Non-Dir. Staff Hours)	15,015	0	0	15,015	0
d. Total Cost	\$ 950,000	\$	\$	\$ 950,000	\$
e. Unit Cost Rate per Non-Dir. Staff Hour	\$ 63.3	\$	\$	\$ 63	\$
<i>(e = d divided by c)</i>					

Covered Services – Bed Day

- Bed Day

SAMH COVERED SERVICES		Adult		Children/Adolescent	
a. - e. DATA CATEGORIES	TOTAL AGENCY	Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
9. Inpatient					
b. Available Units (Days)	0	0		0	
c. Minimum Units (Days)	0	0		0	
d. Total Cost	\$ 0	\$		\$	
e. Unit Cost Rate per Day (e = d divided by c)	\$	\$		\$	

Unit Reference

	Available Units	Minimum Units
Direct Staff Hour	2,080	1,252
Non-Direct Staff Hour	2,080	1,430
Availability Hours	2,080	2,080
Day	365	365

Covered Services – Bed Day

- Allowable Covered Services for Bed Day

Day
9. Inpatient
18. Residential Level I
19. Residential Level II
20. Residential Level III
21. Residential Level IV
36. Room & Board with Supervision Level I
37. Room & Board with Supervision Level II
38. Room & Board with Supervision Level III
39. Short-term Residential Treatment (SRT)
54. Room and Board with Supervision Level IV

Covered Services – Bed Day - Example

SAMH COVERED SERVICES		PROGRAMS			
		Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
a. - e. DATA CATEGORIES	TOTAL AGENCY				
A	B	C	D	E	F
19. Residential Level II					
a. Number of Licensed Beds	51		41		10
b. Available Units (Days)	18,615	0	14,965	0	3,650
c. Minimum Units (Days)	18,615	0	14,965	0	3,650
d. Total Cost	\$ 5,242,000	\$	\$ 4,200,000	\$	\$ 1,042,000
e. Unit Cost Rate per Day (e = d divided by c)	\$ 282	\$	\$ 281	\$	\$ 285

Covered Services – Group Rate

- Group Rate

SAMH COVERED SERVICES a. - e. DATA CATEGORIES	TOTAL AGENCY	Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
14. Outpatient - Individual					
a. Number of Direct Service Delivery FTEs	0.0				
b. Available Units (Dir. Staff Hours)	0	0	0	0	0
c. Minimum Units (Dir. Staff Hours)	0	0	0	0	0
d. Total Cost	\$ 0	\$			
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$	\$	\$	\$	\$
35. Outpatient - Group					
f. Unit Cost for Group Rate (Contact Hour) (e*.25)	\$	\$	\$	\$	\$

Covered Services – Group Rate

- Allowable Covered Services for Group Rate

Group Rate
42. Intervention - Group
35. Outpatient - Group
43. Aftercare - Group
45. Comprehensive Community Service Team (CCST) - Groups
47. Recovery Support - Group

Covered Services – Group Rate - Example

SAMH COVERED SERVICES		PROGRAMS			
		Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
a. - e. DATA CATEGORIES	TOTAL AGENCY				
A	B	C	D	E	F
46. Recovery Support - Individual					
a. Number of Direct Service Delivery FTEs	1		1		
b. Available Units (Direct Staff Hours)	2,080	0	2,080	0	0
c. Minimum Units (Direct Staff Hours)	1,252	0	1,252	0	0
d. Total Cost	\$ 75,000	\$	\$ 75,000	\$	\$
e. Unit Cost Rate per Direct Staff Hour	\$ 60	\$	\$ 60	\$	\$
<i>e = (d divided by c)</i>					
47. Recovery Support - Group					
f. Unit Cost for Group Rate (Contact Hour)	\$ 15	\$	\$ 15	\$	\$
<i>(e*.25)</i>					

Covered Services - Dosage

- Dosage

SAMH COVERED SERVICES a. - e. DATA CATEGORIES	TOTAL AGENCY	Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
13. Medication Assisted Treatment					
b. Available Units (Dosages)	<u>0</u>		<u></u>		<u></u>
c. Minimum Units (Dosages)	<u>0</u>		<u>0</u>		<u>0</u>
d. Total Cost	\$ <u>0</u>		\$ <u></u>		\$ <u></u>
e. Unit Cost Rate per Dosage (e = d divided by c)	\$ <u></u>		\$ <u></u>		\$ <u></u>

Covered Services - Dosage

- Allowable Covered Service for Dosage

Dosage
13. Medication Assisted Treatment

Covered Services – Dosage - Example

SAMH COVERED SERVICES		PROGRAMS			
		Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
a. - e. DATA CATEGORIES	TOTAL AGENCY				
A	B	C	D	E	F
13. Medication Assisted Treatment					
b. Available Units (Dosages)	29,000		29,000		
c. Minimum Units (Dosages)	29,000		29,000		
d. Total Cost	\$ 513,000		\$ 513,000		\$
e. Unit Cost Rate per Dosage (e = d divided by c)	\$ 17.69		\$ 17.69		\$

Covered Services - Bed Day Availability

- Availability – Day

SAMH COVERED SERVICES a. - e. DATA CATEGORIES	TOTAL AGENCY	Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
3. Crisis Stabilization					
a. Number of licensed Beds	0.0				
b. Available Units (Days)	0	0	0	0	0
c. Minimum Units (Days)	0	0	0	0	0
d. Total Cost	\$ 0	\$	\$	\$	\$
e. Unit Cost Rate per Day (e = d divided by c)	\$	\$	\$	\$	\$

Unit Reference		
	Available Units	Minimum Units
Direct Staff Hour	2,080	1,252
Non-Direct Staff Hour	2,080	1,430
Availability Hours	2,080	2,080
Day	365	365

Covered Services – Bed Day Availability

- Allowable Covered Services for Availability – Day

Availability - Day
3. Crisis Stabilization
24. Substance Abuse Inpatient Detoxification

Covered Services – Bed Day Availability - Example

		PROGRAMS			
SAMH COVERED SERVICES		Adult		Children/Adolescent	
a. - e. DATA CATEGORIES	TOTAL AGENCY	Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
24. Substance Abuse Inpatient Detoxification					
a. Number of Licensed Beds	10.0		10		
b. Available Units (Days)	3,650		3,650		0
c. Minimum Units (Days)	3,650		3,650		0
d. Total Cost	\$ 1,835,015		\$ 1,835,015		\$
e. Unit Cost Rate per Day (e = d divided by c)	\$ 502.7		\$ 502.7		\$

Covered Services – Direct Staff Hour Availability

- Availability – Direct Staff Hours

SAMH COVERED SERVICES a. - e. DATA CATEGORIES	TOTAL AGENCY	Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
4. Crisis Support/Emergency					
a. Number of Direct Service Delivery FTEs	0.0				
b. Available Units (Dir. Staff Hours)	0	0	0	0	0
c. Minimum Units (Dir. Staff Hours)	0	0	0	0	0
d. Total Cost	\$ 0	\$	\$	\$	\$
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$	\$	\$	\$	\$

Unit Reference		
	Available Units	Minimum Units
Direct Staff Hour	2,080	1,252
Non-Direct Staff Hour	2,080	1,430
Availability Hours	2,080	2,080
Day	365	365

Covered Services – Direct Staff Hour Availability

- Allowable Covered Services for Availability – Direct Staff Hours

Availability - Direct Staff Hours
4. Crisis Support/Emergency
30. Information and Referral

Covered Services – Direct Staff Hour Availability - Example

		PROGRAMS			
SAMH COVERED SERVICES		Adult		Children/Adolescent	
a. - e. DATA CATEGORIES	TOTAL AGENCY	Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
4. Crisis Support/Emergency					
a. Number of Direct Service Delivery FTEs	25.0		15.0		10.0
b. Available Units (Dir. Staff Hours)	52,002	0	31,201	0	20,801
c. Minimum Units (Dir. Staff Hours)	31,300	0	18,780	0	12,520
d. Total Cost	\$ 2,000,000	\$	\$ 1,000,000	\$	\$ 1,000,000
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$ 63.9	\$	\$ 53.2	\$	\$ 79.9

Covered Services – Incidental Expenses

- Incidental Expenses

SAMH COVERED SERVICES a. - e. DATA CATEGORIES	TOTAL AGENCY	Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
28. Incidental Expenses					
c. Minimum Units <i>(c = d divided by e)</i>	-	-	-	-	-
d. Total Cost	\$ 0	\$	\$	\$	\$
e. Unit Cost Rate	1	1	1	1	1

Covered Services – Incidental Expenses - Example

		PROGRAMS			
SAMH COVERED SERVICES		Adult		Children/Adolescent	
a. - e. DATA CATEGORIES	TOTAL AGENCY	Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
28. Incidental Expenses					
c. Minimum Units <i>(c = d divided by e)</i>	100,000	-	-	-	100,000
d. Total Cost	\$ 100,000	\$	\$	\$	\$ 100,000
e. Unit Cost Rate	1	1	1	1	1

Project Codes

- Bundled rate

SAMH COVERED SERVICES		Adult		Children/Adolescent	
a. - e. DATA CATEGORIES	TOTAL AGENCY	Mental Health	Substance Abuse	Mental Health	Substance Abuse
A	B	C	D	E	F
A4 Care Coordination Weekly Rate	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
A4 Care Coordination Daily Rate	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Project Codes

- Backup Calculation

Period: Begin End
7/1/2023 6/30/2024

Monthly - Increase Rate:

	Contract Amount	Current Rate	July Units	Aug Units	Sept Units	Oct Units	Nov Units	Dec Units	Average Units	Jan - Jun Units est	Total Units	Projected FY Census Spent with Current Rate	Projected FY Incidentals Spent	Additional to Draw Down	Increase per Unit	New unit rate
OCA: _____									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!
Total \$	-															

Monthly - New Rate:

	Contract Amount	Projected Average Units Per Month	# of Months	Total Units	Projected FY Incidentals Spent	# of Months	New unit rate
OCA: _____			12.00	0		12.00	#DIV/0!
Total \$	-						

Weekly - Increase Rate:

	Current Rate	July Units	Aug Units	Sept Units	Oct Units	Nov Units	Dec Units	Average Units	Jan - Jun Units est	Total Units	Projected FY Census Spent with Current Rate	Projected FY Incidentals Spent	Additional to Draw Down	Increase per Unit	New unit rate
OCA: _____								#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!
Total \$	-														

Weekly - New Rate:

	Contract Amount	Projected Average Units Per Week	# of Weeks	Total Units	Projected FY Incidentals Spent	# of Weeks	New unit rate
OCA: MHOFT	\$ -	0	52	0	\$ -	52.14	#DIV/0!
Total \$	-						



Project Codes - Example

SAMH COVERED SERVICES		PROGRAMS			
		Adult		Children/Adolescent	
		Mental Health	Substance Abuse	Mental Health	Substance Abuse
a. - e. DATA CATEGORIES	TOTAL AGENCY				
A	B	C	D	E	F
B5	FACT Team Weekly Rate				
	\$ 118	\$ 118			

		Begin	End						
	Period:	7/1/2024	6/30/2025						
Weekly - New Rate:									
Projected									
Average									
Units Per									
Total									
Projected FY									
Incidentals									
Spent									
# of									
Weeks									
New unit									
rate									
OCA: MH0FT	\$ 815,000.00	100	52.00	5200	\$ 200,000.00	52.00	\$ 118.27		
Total	\$ 815,000.00								

Due Date & Contact Information

- Due Date: **June 15th**
 - Along with the other required administrative documents for next fiscal year
- Contact information for your presenters:
 - Buffy Reeder, *Senior Director of Compliance*
 - buffy.reeder@lsfn.net
 - John Ranola, Director Accounting & Financial Mgmt
 - john.ranola@lsfn.net
 - Kristine Ferrer Garcia, *AVP of Network Management*
 - kristine.garcia@lsfn.net
 - Michael Salussolia, Director Financial Planning & Analysis
 - michael.salussolia@lsfn.net

Questions & Answers

Questions?

