Form A-1 Uniform Cost Report (UCR)

**DMH-FIS-047**

**MACSIS UPI**_____

**Reporting Period: From**_____ **To**_____

**Agency Name :** _____ **Budget**_____ **Actual**_____

**Agency Address:**_____

_____

_____

**Agency Telephone No:**_____

**Owner Federal Tax I.D. Number:**_____

| 1 | | | 2 | 3 | | 4 | | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Type of Service** | **HCPCS / Procedure Code** | **Unit Definition** | **No. of Units** | **No. FTE Assigned** | | **Personnel Costs** | | **Non-Personnel Costs** | **Service Total Costs** | **$ Allocation of Admin. Overhead** | **Total Costs** | **Cost/ Unit** | **Un-Allowable Costs** | **Total Allowable Cost** | **Allowable Cost/Unit** |
| | | | | **Direct Service (A)** | **Support Service (B)** | **Direct Service (A)** | **Support Service (B)** | | | | | | | | |
| Pharmacological Mgt. **(Medication/Somatic)** | 90862 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Mental Health Assessment (non-physician) **(Diag. Assess.)** | H0031 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Psychiatric Diagnostic Interview (Physician) **(Diag. Assess.)** | 90801 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| BH Counseling and Therapy (Ind.) **(Ind. Counseling)** | H0004 | 15 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| BH Counseling and Therapy (Gp.) **(Gp. Counseling)** | H0004 | 15 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Crisis Intervention MH Services **(Crisis Intervention)** | S9484 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Assertive Community Treatment **(Clinical Activities)** | H0040 | Covered day | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Assertive Community Treatment **(Non-Clinical Activities)** | M1910 | Covered day | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Intensive Home Based Treatment **(Clinical Activities)** | H2016 | Covered day | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Intensive Home Based Treatment **(Non-Clinical Activities)** | M1810 | Covered day | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Partial Hospitalization, less than 24 hr. **(Partial Hospitalization)** | S0201 | Program Day | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Community Psychiatric Supportive Treatment (Ind.) **(Ind. CSP)** | H0036 | 15 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Community Psychiatric Supportive Treatment (Gp.) **(Gp. CSP)** | H0036 | 15 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Behavioral Health Hotline Service **(Hotline)** | H0030 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Other MH Svc., not otherwise specified (hlthcare) **(Other MH Serv.)** | H0046 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Self-Help/Peer Svcs. **(Peer Support)** | H0038 | 15 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Adjunctive Therapy **(Same)** | M1440 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Adult Education **(Same)** | M1540 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Consultation **(Same)** | M4120 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Consumer Operated Service **(Same)** | M3120 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Employment **(Employment/Vocational)** | M1620 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Information and Referral **(Same)** | M4130 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Mental Health Education **(Same)** | M4140 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Occupational Therapy Service **(Same)** | M1430 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Other MH Svc., non-healthcare services **(Other MH Serv.)** | M3140 | Agy. Defined | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Other MH Svc., non-healthcare services **(Other MH Serv.)** | M314X | Agy. Defined | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Other MH Svc., non-healthcare services **(Other MH Serv.)** | M314X | Agy. Defined | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Prevention **(Same)** | M4110 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| School Psychology **(Same)** | M1530 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Social & Recreational Service **(Same)** | M1550 | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Community Residence **(Same)** | M2240 | 24 Hours or 1 Mo. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Crisis Care **(Crisis Bed)** | M2280 | 24 Hours | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Foster Care **(same)** | M2250 | 24 Hours or 1 Mo. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Residential Care **(Residential Treatment/Residential Support)** | M2200 | 24 Hours | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Respite Care **(Respite Bed)** | M2270 | 24 Hours | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Subsidized Housing **(Housing)** | M2260 | 24 Hours or 1 Mo. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Temporary Housing **(new)** | M2290 | 24 Hours | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Forensic Evaluation **(Same)** | ** | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| PASARR **(Same)** | ** | 60 Min. | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Inpatient Psychiatric service **(Same)** | ** | 24 Hours | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| | | | 0 | | | | | | $0 | | $0 | #DIV/0! | | $0 | #DIV/0! |
| Total MH Services | | | | 0.00 | 0.00 | $0 | $0 | $0 | $0 | $0 | $0 | | $0 | $0 | |
| Ohio Department of Alcohol and Drug Addiction Services | | | | | | | | | $0 | | $0 | | | $0 | |
| Title IV-E Services | | | | | | | | | $0 | | $0 | | | $0 | |
| Other Non-Mental Health/AoD/IV-E Services | | | | | | | | | $0 | | $0 | | | $0 | |
| Total Agency Service Total | | | | 0.00 | 0.00 | $0 | $0 | $0 | $0 | $0 | $0 | | $0 | $0 | |
| Administrative Overhead | | | | | | | | | $0 | | | | | | |
| AGENCY TOTAL | | | | 0.00 | 0.00 | $0 | $0 | $0 | $0 | | | | $0 | $0 | |

**I certify that this UCR and all supporting documentation (including Forms A-2, A-3 and A-4 or their equivalents) have been completed in accordance with OAC 5122-26-19**

Admin. Error Check $0

Tot. Cost Error Check $0

**Print Name/Title:** _____ **Signature:** _____

**Date:** _____