

Agency Name : _____
Agency Address: _____

Agency Telephone No: _____

Owner Federal Tax I.D. Number: _____

| 1 Type of Service | 2 HCPCS/ Procedure Code | 3 Unit Definition | 4 No. of Units | 5 No. FTE Assigned | | 6 Personnel Costs | | 7 Non-Personnel Costs | 8 Service Total Costs | 9 \$ Allocation of Admin. Overhead | 10 Total Costs | 11 Cost/ Unit | 12 Un-Allowable Costs | 13 Total Allowable Cost | 14 Allowable Cost/Unit |
|--|----------------------------------|-------------------------|----------------------|---|------------------------|-----------------------|------------------------|-----------------------------|--------------------------------|---|----------------------|---------------------|-----------------------------|----------------------------------|------------------------------|
| | | | | Direct Service (A) | Support Service (B) | Direct Service (A) | Support Service (B) | | | | | | | | |
| | | | | MH Medical and Related Services Non Opiod (Medical & Related tab) | see tab | Encounter | 0 | | | | | | | | |
| AOD Medical and Related Services Non Opiod (Medical & Related tab) | see tab | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Medical and Related Services Opiod (Medical & Related tab) | see tab | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Medical and Related Services Opiod (Medical & Related tab) | see tab | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Medication Assisted Treatment Opiod (Medical & Related tab) | see tab | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Assessment, Evaluation & Testing (Assessment, Evaluation & Testing tab) | see tab | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Assessment, Evaluation & Testing (Assessment, Evaluation & Testing tab) | see tab | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Counseling & Therapy (Counseling & Therapy tab) | see tab | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Counseling & Therapy (Counseling & Therapy tab) | see tab | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Crisis Services (Counseling & Therapy tab and Coordination & Support tab) | see tab | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Coordination & Support - not identified below (Coordination & Support tab) | see tab | 15 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Coordination & Support - not identified below (Coordination & Support tab) | see tab | 15 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Community Psychiatric Supportive Treatment CPST | H0036 | 15 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Case Management | H0006 | 15 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Peer Recovery Services | H0038 | 15 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Employment Services | see tab | Day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Alternatives (Prevention tab) | A0660 | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Community Based Process (Prevention tab) | A0630 | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Education (Prevention tab) | M0620 | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Education (Prevention tab) | A0620 | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Environmental (Prevention tab) | A0640 | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Information Dissemination (Prevention tab) | A0610 | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Problem Identification and Referral (Prevention tab) | A0650 | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Housing - Excluding Sub-Acute Detoxification (AOD Housing tab) | see tab | Day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Housing - Residential Care (Housing tab) | see tab | Day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Housing - Time-Limited/Temporary (Housing tab) | see tab | Day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Housing - Residential Treatment, Room & Board (Housing tab) | see tab | Day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Housing - Permanent (Housing tab) | see tab | Day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| AOD Housing - Permanent (Housing tab) | see tab | Day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Hotline | | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Central Pharmacy | | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Community Service - Consultation | | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Community Service - Intervention | | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Community Service - Outreach | | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Community Service - Referral & Information | | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Community Service - Training | | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| MH Crisis Intervention & Prescreening | | Encounter | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Forensic Monitoring | | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Forensic Evaluation | | 60 min | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Other Services not previously defined | | | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| | | | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| | | | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| | | | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| | | | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Total Services | | | | 0.00 | 0.00 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 | \$0 | |
| Title IV-E Services | | | | | | | | \$0 | \$0 | | \$0 | | | \$0 | |
| Other Non-Mental Health/AoD/IV-E Services | | | | | | | | \$0 | \$0 | | \$0 | | | \$0 | |
| Total Agency Service Total | | | | 0.00 | 0.00 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 | \$0 | |
| Administrative Overhead | | | | | | | | \$0 | \$0 | | \$0 | | | \$0 | |
| AGENCY TOTAL | | | | 0.00 | 0.00 | \$0 | \$0 | \$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

Print Name/Title: _____

Signature: _____

Admin. Error Check \$0
Tot. Cost Error Check \$0

Date: _____