AUDIT SCHEDULE

Schedule of Bed-Day Availability Payments
For Fiscal Year Ending ___/___/___

Program	Covered Service	Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other State Agencies	Maximum # of Units Eligible for Payment by Department (D-E)	Amount Paid for Services by the Department	Maximum $ Value of Units in Column F (F x C)	Amount Owed to Department (G-H or $0, whichever is greater)
A	B	C	D	E	F	G	H	I
Children's MH	Crisis Stabilization Unit				0		$0.00	$0.00
Adult MH	Crisis Stabilization Unit				0		$0.00	$0.00
Children's SA	Substance Abuse Detox				0		$0.00	$0.00
Adult SA	Substance Abuse Detox				0		$0.00	$0.00
Adult MH	Short-term Residential Treatment				0		$0.00	$0.00
					0		$0.00	$0.00
					0		$0.00	$0.00
					0		$0.00	$0.00
					0		$0.00	$0.00

Total Amount Owed to Department = $0.00

CF-MH 1036, Jul 2014 [Rule 65E-14.003(1)(d), F.A.C.]

Office of Substance Abuse and Mental Health

INTRUCTIONS FOR COMPLETING

AUDIT SCHEDULE OF BED-AVAILABILITY PAYMENTS

This schedule is designed to determine whether bed-days paid for by the department on the basis of availability were not also paid for by a third-party contract or funds from a local government or another state agency for services that include bed-day availability or utilization, and to calculate the amount of any overpayment that must be remitted to the department.

Fiscal Year Ending.....Enter the last day of the state fiscal year covered by the contract with the department.

Columns A & B ....Relevant Covered Services and their Programs are specified on the schedule.
Represents Covered Services that have available bed-days as their unit of measure.

Column C...................Enter the state unit cost rate from the Exhibit A for each Covered Service, by Program, list in Columns A and B.

Column D...................Enter the total number of bed-days provided.
Represents the total number of units provided, regardless of the payer source. In other words, it would be the total number of licensed beds times 365 days (or fewer days for beds not operational for the entire year).

Column E ....Enter the total number of units paid for by third-party contracts or funds from local government or other state agencies.
This represents those units <u>not</u> paid for by department. It includes units paid for by a third-party contract or funds from a local government or another state agency for services that include bed-day availability or utilization. This includes services provided as a result of a managed care contract.

Where revenues are earned on some basis other than units of service (bed-day availability or utilization) provided, revenues are converted to units by dividing the revenues earned by the cost center's contracted unit rate.

Column F ....Subtract Column E from Column D.
Represents the maximum number of units eligible for payment by the department.

Column G...................Enter the amount paid for services by the department.
Represents the amount actually paid by the department as reflected on the final approved invoice.

Column H...................Multiply Column F times Column C.
Represents the maximum dollar value of units in Column F.

Column I ....Subtract Column H from Column G and enter the result or $0, whichever is <u>greater</u>.
Represents the amount the department has overpaid the contractor in each cost center and that must be remitted.

The total for Column I must be remitted to the department.