

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						\$0		\$0	#DIV/0!		\$0	#DIV/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	#DIV/0!	\$0	\$0	#DIV/0!
Title IV-E Services									\$0		\$0	#DIV/0!		\$0	#DIV/0!
Other Non-Mental Health/AoD/IV-E Services									\$0		\$0	#DIV/0!		\$0	#DIV/0!
Total Agency Service Total				0.00	0.00	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/0!
Administrative Overhead									\$0		\$0	#DIV/0!		\$0	#DIV/0!
AGENCY TOTAL				0.00	0.00	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	\$0	\$0	#DIV/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: _____