

APPENDIX C (Form 2b)**Personnel Cost Worksheet**

Position Title or Skill	FTEs					
	Required	Annual Wage	Other Pay	Basic Pay	Fringe Benefits	Personnel Cost
Clinical Social Worker (A/B)	1.90	\$ 141,521.44	\$ 2,277.30	\$ 143,798.74	\$ 37,949.79	\$ 181,748.54
Clinical Social Worker (C)	2.00	\$ 154,100.04	\$ 2,210.68	\$ 156,310.72	\$ 40,223.36	\$ 196,534.08
Clinical Social Worker (D)	1.00	\$ 79,634.31	\$ 15.90	\$ 79,650.21	\$ 20,586.12	\$ 100,236.33
Human Services Coordinator (C)	14.30	\$ 1,003,517.17	\$ 28,105.12	\$ 1,031,622.29	\$ 261,764.63	\$ 1,293,386.92
Human Services Coordinator (D)	1.50	\$ 126,645.64	\$ 4,904.30	\$ 131,549.95	\$ 28,887.73	\$ 160,437.67
Licensed Practical Nurse I	4.80	\$ 314,230.94	\$ 8,913.56	\$ 323,144.50	\$ 80,058.84	\$ 403,203.34
Licensed Practical Nurse II	1.00	\$ 60,383.25	\$ (22.39)	\$ 60,360.86	\$ 16,080.38	\$ 76,441.24
Mental Health Coordinator I	4.60	\$ 241,252.68	\$ 3,693.71	\$ 244,946.39	\$ 64,336.84	\$ 309,283.23
Mental Health Worker I	3.00	\$ 94,603.60	\$ 5,935.77	\$ 100,539.37	\$ 28,235.44	\$ 128,774.80
Psychologist IV	1.00	\$ 123,638.84	\$ 4.09	\$ 123,642.93	\$ 33,717.43	\$ 157,360.36
Registered Nurse IV	1.00	\$ 114,611.09	\$ 729.68	\$ 115,340.77	\$ 29,052.90	\$ 144,393.66
	36.10	\$2,454,139.01	\$56,767.71	\$2,510,906.72	\$640,893.46	\$3,151,800.18

Form 2A Notes

Corrigan Mental Health Center is a facility located at 49 Hillside Street in Fall River, MA. The center primarily services the communities of Assonet, Fall River, Freetown, Somerset, Swansea and Westport. The center offers a number of behavioral health services in addition to the ESP programs Community Based Location and Mobile Crisis Intervention program.

All costs included in this form include only relevant sub-units related to the ESP program.⁷

Direct Costs

Personnel

The *Current Operating Budget*, for the purposes of this report, is assumed as FY15 and as such is derived from the same sources as those outlined in the details related to form 2b, also included in these financial notes. The *Adjustment* column is based on quarterly CMS Market Basket Index Levels between FY15 and FY16. This federally derived adjustment, when applied to the current operating budget produces the form's "Revised Total Cost Period A". Subsequent years are calculated in a similar fashion.

Materials and Supplies

The object classes included in this analysis are those associated with office supplies, including: EE (administrative expense), JJ (programmatic operational services), FF (programmatic facility operational supplies and related expenses), GG (energy costs, utilities and space rental expenses), and N52 (facility infrastructure maintenance and repair tools and supplies) and specifically included object E01 (office and admin supplies). Object codes related to indirect cost recoupment and recreation, religious and social supplies and materials were excluded as they are contemplated directly through another direct cost analysis. A full list of expenses can be found in exhibit 12, Corrigan FY14 Expenses on page 582.

Other Direct Costs

Travel and Other Employee Reimbursements

Costs include those associated with the following object codes: B02 (In-State Travel), B03 (Overtime Meals), and B91 (Employee Reimbursement Accounts Payable Non-tax). Object class AA (state employee compensation) and object D09 (fringe benefit costs recoupment) were excluded as they related to costs previously included in Form 2b. A full list of expenses can be found in exhibit 12, Corrigan FY14 Expenses on page 582.

Payroll Taxes

Payroll taxes collected by the Commonwealth were not netted from the totals of Form 2A Summary of In-House Cost Estimates. This dollar amount (1.59% for FY15 or \$160,099 for FY16 after adjustments) represents taxes paid by DMH to the Commonwealth. As the total FTE and salary levels attributed directly to the SE ESP operations of the vendor are not known, it was not possible to identify a corresponding increase or decrease in payroll taxes paid to the Commonwealth by either vendor as a result of the privatization. Therefore a conservative approach was taken to assume that these dollar amounts would be relatively similar and that the overall impact to the Commonwealth would not be material.

⁷ These sub-units as typically reported through the programs Uniform Financial Reports and are classified collectively as Crisis Services, their sub-unit codes are 00AO, 00R2, and 00YA

Office Equipment Lease

Although other facilities have costs related to leased office equipment, the Corrigan facility has no expenses related to this category.

Depreciation, Administration, Plant Maintenance, Plant Ops, and Housekeeping

Costs were determined using data from the Corrigan Mental Health Center FY14 Hospital 403 Cost Report as submitted to the Center for Health Information and Analysis, and includes those amounts pertaining to social services that are allocated to ESP. This is provided in exhibit 15 on page 587.

Contracted Observation Beds

There are no expenses allocated to this category for Corrigan Mental Health Center.

Medical Records

Total medical record costs for Corrigan is \$177,074. Of this, \$163,557 is associated with expenses that are considered fringe eligible costs. Using the current fringe rate of 27.27% an additional \$44,602 has been included in *Medical Records* for a total of \$221,675. All Medical Record items can be found in exhibit 12, Corrigan FY14 Expenses on page 582.

Medical Staff

All medical costs associated with the operations of the ESP programs at the Corrigan facility were based on data extracted from the Corrigan FY14 Hospital 403 Cost Report found on page 587.⁸

Indirect Costs

All indirect costs including Departmental, Executive Office, and Central Services were calculated using the FY14 Department of Mental Health Cost Allocation Plan dated 11/26/2014.

⁸ Schedule XV, Column 17, line 79

Form 2B Notes

FY15 salary data is derived from CY14 salary data (MRS CY14) amounts. "Annual Wage" includes all costs associated with personnel codes A01 (salaries), A06 (stand-by pay), A08 (overtime pay) and AA1 (supplemental salaries) for all applicable program personnel. "Other Pay" includes costs associated with personnel codes A07 (shift differential pay) for all applicable program personnel. "Basic Pay" is the sum of the annual wage and other pay. "Fringe Benefits" includes costs associated with personnel codes A01, A07 and AA1 from CY14 payroll data multiplied by the FY15 Fringe Benefit Rate of 27.27%. "Personnel Costs" includes all applicable basic pay and fringe pay. All personnel cost information can be found in exhibit 14 on page 586.

Form 2A/2B Data Sources

Exhibit	Source	Used in Form	Description
11	FY15 Revenue by Payer	2/2A	Total revenue collected by payer for the facility in FY15
12	Corrigan FY14 Expenses	2A	List of Corrigan expenses for the Crisis sub units, filtered for relevant costs included in Form 2A
13	Allocated Cost Calculation	2A	Total overhead costs and amounts to be allocated to crisis
14	Corrigan ESP Payroll Projection	2B	Total FTE counts and estimated salary costs by position for Corrigan
15	Corrigan Mental Health Center Medicaid 403 Cost Report	2A	Medicaid Cost Report as filed with CHIA for Fiscal Year 2014.

Exhibit 11: FY15 Revenue by Payer

Revenue by Dept. by Payer
Corrigan FY15

NOTE: Medicaid FFP amounts reflect the actual revenue received

Dept	July		August		Sept		Oct		Nov		Dec	
	Billed	Received										
BRK Crisis												
B/C	5,184.00	1,509.60	287.22	3,437.74	3,195.00	1,568.60	3,492.78	164.80	783.00	-	4,784.78	-
Medicaid	33,837.78	37,632.77	36,645.22	15,679.01	42,230.01	52,604.77	55,610.47	51,490.76	36,596.69	29,127.25	41,494.90	39,742.31
Medicaid FFP		18,816.39		7,839.51		26,302.39		25,745.38		14,563.63		19,871.16
Medicare	11,436.00	1,238.32	13,068.00	3,464.84	16,878.00	1,286.29	11,340.00	3,994.48	19,062.00	3,728.85	13,008.00	3,975.90
Comm	43,266.00	9,261.47	38,154.00	14,714.80	45,615.00	12,496.86	36,948.00	10,286.88	35,757.00	8,493.78	44,946.00	5,947.20
Self/Free	47,439.96	-	48,134.94	-	42,059.09	-	54,431.02	-	54,069.64	-	51,012.58	-
Total	141,163.74	49,642.16	136,289.38	37,296.39	149,977.10	67,956.52	161,822.27	65,936.92	146,268.33	41,349.88	155,246.26	49,665.41
% Received		35%		27%		45%		41%		28%		32%

Dept	Jan		Feb		March		April		May		June	
	Billed	Received										
BRK Crisis												
B/C	921.22	1,547.43	3,519.00	606.40	3,195.00	522.00	684.00	-	1,559.48	-	4,893.52	215.00
Medicaid	43,474.11	36,661.30	48,651.23	39,858.91	41,944.29	46,999.76	36,242.09	21,017.75	39,218.52	44,079.17	33,036.90	13,627.95
Medicaid FFP		18,330.65		19,929.46		23,499.88		10,508.88		22,039.59		6,813.98
Medicare	8,568.00	3,347.56	9,948.00	2,927.74	9,687.00	1,038.41	10,047.00	2,737.33	13,368.00	2,240.76	11,826.00	1,237.28
Comm	27,951.00	16,398.94	33,222.00	6,291.52	38,085.00	12,964.20	33,633.00	5,205.93	36,480.00	14,371.84	32,847.00	8,252.46
Self/Free	54,857.62	-	54,522.00	-	45,168.00	-	59,406.00	-	46,490.62	-	54,406.16	-
Total	135,771.95	57,955.23	149,862.23	49,684.57	138,079.29	61,524.37	140,012.09	28,961.01	137,116.62	60,691.77	137,009.58	23,332.69
% Received		43%		33%		45%		21%		44%		17%

	Total YTD Billed	Total YTD Received
BRK Crisis		
B/C	32,499.00	9,571.57
Medicaid	488,982.21	428,521.71
Medicaid FFP		214,260.86
Medicare	148,236.00	31,217.76
Comm	446,904.00	124,685.88
Self/Free	611,997.63	-
Total	1,728,618.84	593,996.92
% Received		34%

Run Period end: Accounts receivable: INS GRP/INS/ACCT TYPE REPORT

Exhibit 12: Corrigan Community Mental Health Center Expenses Fiscal Year 2014

budget fiscal year	fiscal year	fiscal period	department	department name	division	division name	district	district name	unit	unit name	sub unit	sub unit name	cash expense amount	appropriation	appropriation name	appropriation type	appropriation type name	fund	object	object name	object class	object class name	activity	activity name	legal name	acceptance date
2014	2014	8	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	13.95	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		25-Feb-14
2014	2014	2	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	11.25	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		15-Aug-13
2014	2014	7	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	3.6	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		28-Jan-14
2014	2014	11	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	19.25	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		20-May-14
2014	2014	13	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	114.7	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B91	Employee Reimbursement Accounts Payable- Non-Tax	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		01-Aug-14
2014	2014	1	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	1.8	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		01-Aug-13
2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	92.25	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		03-Jun-14
2014	2014	6	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	32.4	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEM ENT - FACILITY		31-Dec-13
2014	2014	2	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	32.4	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		15-Aug-13
2014	2014	5	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	23.85	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		21-Nov-13
2014	2014	3	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	86.4	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		26-Sep-13
2014	2014	3	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	78.3	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEM ENT - FACILITY		26-Sep-13
2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	667.56	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	E01	Office & Administrative Supplies	EE	ADMINISTRATIVE EXPENSES	3065	COMMUNITY & SCHOOL THERAPEUTIC SUPPORT	W. B MASON CO INC	27-Jun-14
2014	2014	7	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	26.1	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		28-Jan-14
2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	24.3	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		01-Jul-14

DMH Southeast Emergency Services Program Privatization Analysis

2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	95	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	E01	Office & Administrative Supplies	EE	ADMINISTRATIVE EXPENSES	3065	COMMUNITY & SCHOOL THERAPEUTIC SUPPORT	W. B MASON CO INC	25-Jun-14
2014	2014	9	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	31.5	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		25-Mar-14
2014	2014	9	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	27	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		11-Mar-14
2014	2014	8	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	98.1	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEM ENT - FACILITY		25-Feb-14
2014	2014	10	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	10.8	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		22-Apr-14
2014	2014	6	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	78.3	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEM ENT - FACILITY		05-Dec-13
2014	2014	7	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	31.05	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEM ENT - FACILITY		28-Jan-14
2014	2014	4	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	16.2	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		24-Oct-13
2014	2014	8	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	98.5	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEM ENT - FACILITY		25-Feb-14
2014	2014	6	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	26.1	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		17-Dec-13
2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	55.8	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		03-Jun-14
2014	2014	8	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	29.7	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		25-Feb-14
2014	2014	6	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	30.6	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		05-Dec-13
2014	2014	3	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	17.1	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEM ENT - FACILITY		26-Sep-13
2014	2014	9	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	46.8	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		11-Mar-14
2014	2014	10	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	77.91	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		22-Apr-14
2014	2014	4	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	62.33	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEM ENT - FACILITY		24-Oct-13
2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	97.91	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		17-Jun-14

DMH Southeast Emergency Services Program Privatization Analysis

2014	2015	1	DMH	DEPARTMENT OF MENTAL HEALTH	5000	SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	9.48	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	E01	Office & Administrative Supplies	EE	ADMINISTRATIVE EXPENSES	3065	COMMUNITY & SCHOOL THERAPEUTIC SUPPORT	W. B MASON CO INC	17-Jul-14
2014	2014	13	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	31.95	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B91	Employee Reimbursement Accounts Payable -Non-Tax	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		07-Aug-14
2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	83.25	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEMENT - FACILITY		01-Jul-14
2014	2014	4	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	54.28	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		24-Oct-13
2014	2014	6	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	1.8	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		31-Dec-13
2014	2014	8	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	427.36	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	E01	Office & Administrative Supplies	EE	ADMINISTRATIVE EXPENSES	3065	COMMUNITY & SCHOOL THERAPEUTIC SUPPORT	W. B MASON CO INC	05-Feb-14
2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	90	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEMENT - FACILITY		03-Jun-14
2014	2014	11	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	33.3	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		06-May-14
2014	2014	4	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00YA	YOUTH MOBILE CRISIS INTERVENTION FALL RIVER	75.02	50470001	EMERGENCY PROGRAMS & ACUTE MH CARE	1CS	Direct Appropriation s/subsidiarized	0010	B03	Overtime Meals	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEMENT - FACILITY		24-Oct-13
2014	2014	6	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	7.2	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		31-Dec-13
2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	58.5	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEMENT - FACILITY		01-Jul-14
2014	2014	5	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	11.7	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		07-Nov-13
2014	2014	13	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	175.5	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B91	Employee Reimbursement Accounts Payable -Non-Tax	BB	REGULAR EMPLOYEE RELATED EXPEN	3025	PROGRAM MANAGEMENT - FACILITY		07-Aug-14
2014	2014	3	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	28.8	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		26-Sep-13
2014	2014	12	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	29.25	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		17-Jun-14
2014	2014	6	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	21.6	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		17-Dec-13
2014	2014	11	DMH	DEPARTMENT OF MENTAL HEALTH	5000	METRO SOUTHEAST AREA	5410	CORRIGAN CMHC	5410	CORRIGAN CMHC	00AO	CORRIGAN DEP	27	50950015	STATE PSYCHIATRIC HOSPITALS AND	1CS	Direct Appropriation s/subsidiarized	0010	B02	In-State Travel	BB	REGULAR EMPLOYEE RELATED EXPEN	3149	SOCIAL WORK SERVICES		20-May-14

**Exhibit 13: Allocated Cost Calculation
Corrigan Mental Health Center
Fiscal Year 2014**

	Departmental	Executive	Central Services
Allocated to Social Service	175,177	63,880	27,435
Social Service portion allocated to Emergency	117,369	42,800	18,381
Directly Allocated to Emergency	6,284	2,292	984
Total	123,653	45,091	19,365

Administration Cost Allocation Breakdown

	Expense alloc.	% To Total
Total Admin	1,891,980	
Departmental Allocation	512,394	27.08%
Executive Allocation	186,849	9.88%
Central Service Cost	80,246	4.24%
Facility Admin	1,112,490	58.80%
Admin Cost Allocated to Social Work	646,830	

Sources: CHIA FY14 Cost Report, FY14 DMH Home Office Cost Allocation Plan

Exhibit 14: Emergency Services Payroll Projection Corrigan Mental Health Center Fiscal Year 2016

Base Salary Information - Source MRS - Through Pay Period 12/13/2014

description	fte	annual_rt
Clinical Social Worker (A/B) Total	1.90	136,886
Clinical Social Worker (C) Total	2.00	143,779
Clinical Social Worker (D) Total	1.00	75,474
Human Services Coordinator (C) Total	14.30	909,719
Human Services Coordinator (D) Total	1.50	98,452
Licensed Practical Nurse I Total	4.80	261,065
Licensed Practical Nurse II Total	1.00	53,562
Mental Health Coordinator I Total	4.60	228,926
Mental Health Worker I Total	3.00	97,605
Psychologist IV Total	1.00	123,639
Registered Nurse IV Total	1	103,163
Grand Total	36.10	2,232,270

Fiscal Year 2014 Payroll - Source dbo.Labor_History table - Units 5410, 5330 Sub_Units 00R2, 00AO and 00YA

title_description	A01	A06	A07	A08	AA1	Diff %	Other %	Fringe Eligible %
Clinical Social Worker (A/B)	130,004	210	2,163	4,193		1.66%	3.39%	101.66%
Clinical Social Worker (C)	131,380	88	2,020	7,963	1,380	1.54%	7.18%	102.59%
Clinical Social Worker (D)	71,221	70	15	3,856		0.02%	5.51%	100.02%
Human Services Coordinator (C)	814,525	1,978	25,164	62,240	19,765	3.09%	10.31%	105.52%
Human Services Coordinator (D)	30,074	53	1,498	7,773	787	4.98%	28.64%	107.60%
Licensed Practical Nurse I	171,295		5,849	19,399	15,485	3.41%	20.36%	112.45%
Licensed Practical Nurse II	23,922		(10)	622	2,424	-0.04%	12.73%	110.09%
Mental Health Coordinator I	167,069		2,696	6,584	2,413	1.61%	5.38%	103.06%
Mental Health Worker I	23,606		1,436	(726)		6.08%	-3.07%	106.08%
Psychologist IV	120,774		4			0.00%	0.00%	100.00%
Registered Nurse IV	15,637		111	1,334	401	0.71%	11.10%	103.27%

Total Estimated Salary Costs

title_description	FTE	Base Pay *	Other Pay	Annual Wage	Fringe Benefits	Payroll Tax
Clinical Social Worker (A/B)	1.90	136,886	2,277	141,521	37,950	2,286
Clinical Social Worker (C)	2.00	143,779	2,211	154,100	40,223	2,485
Clinical Social Worker (D)	1.00	75,474	16	79,634	20,586	1,266
Human Services Coordinator (C)	14.30	909,719	28,105	1,003,517	261,765	16,403
Human Services Coordinator (D)	1.50	98,452	4,904	126,646	28,888	2,092
Licensed Practical Nurse I	4.80	261,065	8,914	314,231	80,059	5,138
Licensed Practical Nurse II	1.00	53,562	(22)	60,383	16,080	960
Mental Health Coordinator I	4.60	228,925.58	3,694	241,253	64,337	3,895
Mental Health Worker I	3.00	97,605	5,936	94,604	28,235	1,599
Psychologist IV	1.00	123,639	4	123,639	33,717	1,966
Registered Nurse IV	1.00	103,163	730	114,611	29,053	1,834
	36.10	2,232,270	56,768	2,454,139	640,893	39,923

*Basic Pay is all payroll less differential pay. Overtime pay is estimated based on prior year's and is included.

Exhibit 15: Corrigan's FY14 Medicaid 403 Cost Report

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Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER			Period From: 07/01/2013 To: 06/30/2014			Date: 01/20/2015 Time: 15:58:14 Version: 2014.11	
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	2 Direct Exp (Sch IX, Col.13)	3 Allocated Expense	4 Total Exp for Stepdown	5 Bldg and Fixed Deprec	6 Fringe Benefits	7 Adminis- tration
	Overhead						
1	Buildings / Fixed Depreciation	95,481		95,481			
2	Fringe Benefits	1,632,313		1,632,313			
3	Administration	1,767,272	124,708	1,891,980	12,787	111,921	
4	Plant Maintenance / Repairs	243,982	58,354	302,336	1,424	24,897	32,033
5	Plant Operations	552,558	256,095	808,653	17,313	73,876	100,498
6	Laundry and Linen	10,410	4,200	14,610	242		
7	Housekeeping	234,369	135,997	370,366	1,528	47,547	61,915
8	Cafeteria						
9	Dietary Services	511,099	466,432	977,531	12,042	80,895	104,733
10	Maintenance of Personnel						
11	Nursing Administration	505,375	321,343	826,718	1,662	129,286	153,310
12	RN / LPN Education						
13	Medical Staff - Teaching	1,631,640	84,242	1,715,882	1,194	25,746	30,646
14	Post Graduate Medical Education						
15	Central Services & Supplies						
16	Pharmacy	145,523		145,523			
17	Medical Records	179,672	163,522	343,194	3,036	42,422	50,306
18	Medical Care Review	22,787		22,787			
19	Social Services	2,158,654	1,274,290	3,432,944	4,519	522,086	646,830
20	Other Overhead (Specify)						
21	Subtotal Overhead	9,691,135	2,889,183	12,580,318	55,747	1,058,676	1,180,271
	Ancillary Care Services						
22	Surgery						
23	Labor & Delivery						
24	Recovery Room						
25	Anesthesiology	176					
26	Intravenous Therapy						
27	Medical Supplies - Special	78					
28	Drugs - Special						
29	Laboratory	17,243					
30	Blood						
31	Blood Processing / Storage						
32	Electrocardiology (EKG)	108					
33	Cardiac Cath Laboratory						
34	Diagnostic Radiology	143					
35	Therapeutic Radiology						
36	Computerized Tomography						
37	Nuclear Medicine						

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Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER		Period From: 07/01/2013 To: 06/30/2014		Date: 01/20/2015 Time: 15:58:14 Version: 2014.11			
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	2 Direct Exp (Sch IX, Col.13)	3 Allocated Expense	4 Total Exp for Stepdown	5 Bldg and Fixed Deprec	6 Fringe Benefits	7 Adminis- tration
38	Respiratory Therapy						
39	Pulmonary Function Test						
40	Electroencephalography	724					
41	Electromyography						
42	Physical Therapy	172					
43	Occupational Therapy	163,313			1,868	40,958	48,569
44	Speech-Language Therapy						
45	Recreational Therapy						
46	Audiology						
47	Psychology / Psychiatry	123,457				31,448	37,292
48	Renal Dialysis						
49	Organ Acquisition						
50	Ambulance	448					
51	PROF BILLING INPATIENT						
52	PROF BILLING OUTPATIENT						
53	VOCATIONAL EDUCATION	4,045			2,802		
54	Professional Services						
55	Other Ancillary (Specify)						
56	Subtotal Ancillary	309,907			4,670	72,406	85,861
	Routine Inpatient Care Services						
57	Medical & Surgical Acute						
58	Pediatric Acute						
59	Obstetric Acute						
60	Psychiatric Acute	1,643,652			17,497	384,710	486,438
61	Ventilator Unit						
62	Skilled Nursing Facilities						
63	Other Acute (Specify)						
64	Other Acute (Specify)						
65	Other Acute (Specify)						
66	Subtotal Acute	1,643,652			17,497	384,710	486,438
	Med-Surg Intensive Care						
67	Med/Surg Intensive Care						
68	Coronary Intensive Care						
69	Neonatal Intensive Care						
70	Other ICU (Specify)						
71	Other ICU (Specify)						
72	Other ICU (Specify)						
73	Other ICU (Specify)						
74	Other ICU (Specify)						

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Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER		Period From: 07/01/2013 To: 06/30/2014		Date: 01/20/2015 Time: 15:58:15 Version: 2014.11			
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	2 Direct Exp (Sch IX, Col.13)	3 Allocated Expense	4 Total Exp for Stepdown	5 Bldg and Fixed Deprec	6 Fringe Benefits	7 Adminis- tration
75	Subtotal Intensive Care						
76	Newborn Nursery						
76.01	Special Care Nursery						
77	Chronic / Rehabilitation						
78	Subtotal Routine Inpat Care	1,643,652			17,497	384,710	486,438
	Routine Ambulatory Care Services						
79	Emergency Services	1,370			2,846	18,550	23,205
80	Clinic / Ambulatory Services	243,500			3,509	62,091	73,658
80.01	Clinic / Ambulatory Svcs (Specify)	243,500			3,509	62,091	73,658
81	Satellite Clinic Services						
82	Ambulatory Surgical Services						
83	Ambulatory Renal Dialysis						
84	Home Dialysis Services						
85	Psychiatry						
86	Home Health Services						
87	Observation Beds						
88	Private Referrals						
89	Hospital Licensed Health Centers						
90	Partial Hospitalization	171,552			4,366	35,880	42,547
91	Other Ambulatory (Specify)						
92	Subtotal Routine Ambul Svcs	416,422			10,721	116,521	139,410
93	Total Patient Care	2,369,981			32,888	573,637	711,709
94	Total Pat Care & Overhead	12,061,116			88,635	1,632,313	1,891,980
	Non-Patient care Services						
95	Non-Patient Ancillary						
96	Research	105,993			2,089		
97	COMMUNITY MH SERVICES	146					
97.01	CASE MANAGEMENT SERVICES	-25,271			2,926		
97.02	REHAB OPTION SERVICES	1,526					
97.03	NON PATIENT EXPENSES	488			1,831		
97.04	COMMUNITY REHAB.SUPPORT	436					
97.05	SEE						
97.06	Youth Mobile Crisis Int						
98	Subtotal Non-Patient	83,318			6,846		
99	Recovery of Expenses						
100	Total Patient/Non-Patient	12,144,434			95,481	1,632,313	1,891,980
101	Provision for Bad Debts						
101.01	Gross Health Safety Net Assessment	1					
102	Total Patient/Non-Patient/Bad Debt/HSN	12,144,435			95,481	1,632,313	1,891,980

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Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER		Period From: 07/01/2013 To: 06/30/2014		Date: 01/20/2015 Time: 15:58:15 Version: 2014.11			
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	8 Plant Maint.& Repairs	9 Plant Operations	10 Laundry + Linen	11 House- keeping	12 Cafeteria	13 Dietary
	Overhead						
1	Buildings / Fixed Depreciation						
2	Fringe Benefits						
3	Administration						
4	Plant Maintenance / Repairs						
5	Plant Operations	64,408					
6	Laundry and Linen	900	3,058				
7	Housekeeping	5,685	19,322				
8	Cafeteria						
9	Dietary Services	44,796	152,250		71,716		
10	Maintenance of Personnel						
11	Nursing Administration	6,181	21,008		9,896		
12	RN / LPN Education						
13	Medical Staff - Teaching	4,443	15,100		7,113		
14	Post Graduate Medical Education						
15	Central Services & Supplies						
16	Pharmacy						
17	Medical Records	11,294	38,384		18,080		
18	Medical Care Review						
19	Social Services	16,810	57,133		26,912		
20	Other Overhead (Specify)						
21	Subtotal Overhead	154,517	306,255		133,717		
	Ancillary Care Services						
22	Surgery						
23	Labor & Delivery						
24	Recovery Room						
25	Anesthesiology						
26	Intravenous Therapy						
27	Medical Supplies - Special						
28	Drugs - Special						
29	Laboratory						
30	Blood						
31	Blood Processing / Storage						
32	Electrocardiology (EKG)						
33	Cardiac Cath Laboratory						
34	Diagnostic Radiology						
35	Therapeutic Radiology						
36	Computerized Tomography						
37	Nuclear Medicine						

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Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER		Period From: 07/01/2013 To: 06/30/2014		Date: 01/20/2015 Time: 15:58:15 Version: 2014.11			
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	8 Plant Maint.& Repairs	9 Plant Operations	10 Laundry + Linen	11 House- keeping	12 Cafeteria	13 Dietary
38	Respiratory Therapy						
39	Pulmonary Function Test						
40	Electroencephalography						
41	Electromyography						
42	Physical Therapy						
43	Occupational Therapy	6,948	23,614		11,123		
44	Speech-Language Therapy						
45	Recreational Therapy						
46	Audiology						
47	Psychology / Psychiatry						
48	Renal Dialysis						
49	Organ Acquisition						
50	Ambulance						
51	PROF BILLING INPATIENT						
52	PROF BILLING OUTPATIENT						
53	VOCATIONAL EDUCATION	10,424	35,430		16,689		
54	Professional Services						
55	Other Ancillary (Specify)						
56	Subtotal Ancillary	17,372	59,044		27,812		
	Routine Inpatient Care Services						
57	Medical & Surgical Acute						
58	Pediatric Acute						
59	Obstetric Acute						
60	Psychiatric Acute	65,098	221,252	11,688	104,218		490,105
61	Ventilator Unit						
62	Skilled Nursing Facilities						
63	Other Acute (Specify)						
64	Other Acute (Specify)						
65	Other Acute (Specify)						
66	Subtotal Acute	65,098	221,252	11,688	104,218		490,105
	Med-Surg Intensive Care						
67	Med/Surg Intensive Care						
68	Coronary Intensive Care						
69	Neonatal Intensive Care						
70	Other ICU (Specify)						
71	Other ICU (Specify)						
72	Other ICU (Specify)						
73	Other ICU (Specify)						
74	Other ICU (Specify)						

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Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER		Period From: 07/01/2013 To: 06/30/2014		Date: 01/20/2015 Time: 15:58:15 Version: 2014.11			
Stepdown Expenses (Including Capital)							Schedule XV
Line No.	Cost Center Description	8 Plant Maint.& Repairs	9 Plant Operations	10 Laundry + Linen	11 House- keeping	12 Cafeteria	13 Dietary
75	Subtotal Intensive Care						
76	Newborn Nursery						
76.01	Special Care Nursery						
77	Chronic / Rehabilitation						
78	Subtotal Routine Inpat Care	65,098	221,252	11,688	104,218		490,105
	Routine Ambulatory Care Services						
79	Emergency Services	10,588	35,986		16,951		
80	Clinic / Ambulatory Services	13,052	44,361		20,896		
80.01	Clinic / Ambulatory Svcs (Specify)	13,052	44,361		20,896		
81	Satellite Clinic Services						
82	Ambulatory Surgical Services						
83	Ambulatory Renal Dialysis						
84	Home Dialysis Services						
85	Psychiatry						
86	Home Health Services						
87	Observation Beds						
88	Private Referrals						
89	Hospital Licensed Health Centers						
90	Partial Hospitalization	16,243	55,204		26,003		
91	Other Ambulatory (Specify)						
92	Subtotal Routine Ambul Svcs	39,883	135,551		63,850		
93	Total Patient Care	122,353	415,847	11,688	195,880		490,105
94	Total Pat Care & Overhead	276,870	722,102	11,688	329,597		490,105
	Non-Patient care Services						
95	Non-Patient Ancillary						
96	Research	7,771	26,412		12,441		
97	COMMUNITY MH SERVICES						
97.01	CASE MANAGEMENT SERVICES	10,885	36,994		17,426		
97.02	REHAB OPTION SERVICES						
97.03	NON PATIENT EXPENSES	6,810	23,145	2,922	10,902		487,426
97.04	COMMUNITY REHAB.SUPPORT						
97.05	SEE						
97.06	Youth Mobile Crisis Int						
98	Subtotal Non-Patient	25,466	86,551	2,922	40,769		487,426
99	Recovery of Expenses						
100	Total Patient/Non-Patient	302,336	808,653	14,610	370,366		977,531
101	Provision for Bad Debts						
101.01	Gross Health Safety Net Assessment						
102	Total Patient/Non-Patient/Bad Debt/HSN	302,336	808,653	14,610	370,366		977,531

COMPU-MAX



Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER		Period From: 07/01/2013 To: 06/30/2014		Date: 01/20/2015 Time: 15:58:15 Version: 2014.11			
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	14 Main- tenance of Personnel	15 Nursing Adminis- tration	16 RN and LPN Education	17 Medical Staff - Teaching	18 Post Grad Medical Education	19 Central Service & Supplies
	Overhead						
1	Buildings / Fixed Depreciation						
2	Fringe Benefits						
3	Administration						
4	Plant Maintenance / Repairs						
5	Plant Operations						
6	Laundry and Linen						
7	Housekeeping						
8	Cafeteria						
9	Dietary Services						
10	Maintenance of Personnel						
11	Nursing Administration						
12	RN / LPN Education						
13	Medical Staff - Teaching						
14	Post Graduate Medical Education						
15	Central Services & Supplies						
16	Pharmacy						
17	Medical Records						
18	Medical Care Review						
19	Social Services						
20	Other Overhead (Specify)						
21	Subtotal Overhead						
	Ancillary Care Services						
22	Surgery						
23	Labor & Delivery						
24	Recovery Room						
25	Anesthesiology						
26	Intravenous Therapy						
27	Medical Supplies - Special						
28	Drugs - Special						
29	Laboratory						
30	Blood						
31	Blood Processing / Storage						
32	Electrocardiology (EKG)						
33	Cardiac Cath Laboratory						
34	Diagnostic Radiology						
35	Therapeutic Radiology						
36	Computerized Tomography						
37	Nuclear Medicine						

COMPU-MAX



Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER				Period From: 07/01/2013 To: 06/30/2014		Date: 01/20/2015 Time: 15:58:15 Version: 2014.11	
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	14 Main- tenance of Personnel	15 Nursing Adminis- tration	16 RN and LPN Education	17 Medical Staff - Teaching	18 Post Grad Medical Education	19 Central Service & Supplies
38	Respiratory Therapy						
39	Pulmonary Function Test						
40	Electroencephalography						
41	Electromyography						
42	Physical Therapy						
43	Occupational Therapy						
44	Speech-Language Therapy						
45	Recreational Therapy						
46	Audiology						
47	Psychology / Psychiatry						
48	Renal Dialysis						
49	Organ Acquisition						
50	Ambulance						
51	PROF BILLING INPATIENT						
52	PROF BILLING OUTPATIENT						
53	VOCATIONAL EDUCATION						
54	Professional Services						
55	Other Ancillary (Specify)						
56	Subtotal Ancillary						
	Routine Inpatient Care Services						
57	Medical & Surgical Acute						
58	Pediatric Acute						
59	Obstetric Acute						
60	Psychiatric Acute		768,848		720,670		
61	Ventilator Unit						
62	Skilled Nursing Facilities						
63	Other Acute (Specify)						
64	Other Acute (Specify)						
65	Other Acute (Specify)						
66	Subtotal Acute		768,848		720,670		
	Med-Surg Intensive Care						
67	Med/Surg Intensive Care						
68	Coronary Intensive Care						
69	Neonatal Intensive Care						
70	Other ICU (Specify)						
71	Other ICU (Specify)						
72	Other ICU (Specify)						
73	Other ICU (Specify)						
74	Other ICU (Specify)						

COMPU-MAX



Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER		Period From: 07/01/2013 To: 06/30/2014		Date: 01/20/2015 Time: 15:58:15 Version: 2014.11			
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	14 Main- tenance of Personnel	15 Nursing Adminis- tration	16 RN and LPN Education	17 Medical Staff - Teaching	18 Post Grad Medical Education	19 Central Service & Supplies
75	Subtotal Intensive Care						
76	Newborn Nursery						
76.01	Special Care Nursery						
77	Chronic / Rehabilitation						
78	Subtotal Routine Inpat Care		768,848		720,670		
	Routine Ambulatory Care Services						
79	Emergency Services				377,494		
80	Clinic / Ambulatory Services		8,267		428,971		
80.01	Clinic / Ambulatory Svcs (Specify)		8,267		428,971		
81	Satellite Clinic Services						
82	Ambulatory Surgical Services						
83	Ambulatory Renal Dialysis						
84	Home Dialysis Services						
85	Psychiatry						
86	Home Health Services						
87	Observation Beds						
88	Private Referrals						
89	Hospital Licensed Health Centers						
90	Partial Hospitalization		49,603		188,747		
91	Other Ambulatory (Specify)						
92	Subtotal Routine Ambul Svcs		57,870		995,212		
93	Total Patient Care		826,718		1,715,882		
94	Total Pat Care & Overhead		826,718		1,715,882		
	Non-Patient care Services						
95	Non-Patient Ancillary						
96	Research						
97	COMMUNITY MH SERVICES						
97.01	CASE MANAGEMENT SERVICES						
97.02	REHAB OPTION SERVICES						
97.03	NON PATIENT EXPENSES						
97.04	COMMUNITY REHAB.SUPPORT						
97.05	SEE						
97.06	Youth Mobile Crisis Int						
98	Subtotal Non-Patient						
99	Recovery of Expenses						
100	Total Patient/Non-Patient		826,718		1,715,882		
101	Provision for Bad Debts						
101.01	Gross Health Safety Net Assessment						
102	Total Patient/Non-Patient/Bad Debt/HSN		826,718		1,715,882		

COMPU-MAX



Compu-Max D403		Period			Date: 01/20/2015		
Provider Number: 2330		From: 07/01/2013			Time: 15:58:15		
Provider Name: CORRIGAN MENTAL HEALTH CENTER		To: 06/30/2014			Version: 2014.11		
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	20 Pharmacy	21 Medical Records	22 Medical Care Review	23 Social Services	24 Other Overhead	25 Total Exp After Stepdown
	Overhead						
1	Buildings / Fixed Depreciation						
2	Fringe Benefits						
3	Administration						
4	Plant Maintenance / Repairs						
5	Plant Operations						
6	Laundry and Linen						
7	Housekeeping						
8	Cafeteria						
9	Dietary Services						
10	Maintenance of Personnel						
11	Nursing Administration						
12	RN / LPN Education						
13	Medical Staff - Teaching						
14	Post Graduate Medical Education						
15	Central Services & Supplies						
16	Pharmacy						
17	Medical Records						
18	Medical Care Review						
19	Social Services						
20	Other Overhead (Specify)						
21	Subtotal Overhead						
	Ancillary Care Services						
22	Surgery						
23	Labor & Delivery						
24	Recovery Room						
25	Anesthesiology						176
26	Intravenous Therapy						
27	Medical Supplies - Special						78
28	Drugs - Special	145,523					145,523
29	Laboratory						17,243
30	Blood						
31	Blood Processing / Storage						
32	Electrocardiology (EKG)						108
33	Cardiac Cath Laboratory						
34	Diagnostic Radiology						143
35	Therapeutic Radiology						
36	Computerized Tomography						
37	Nuclear Medicine						

COMPU-MAX



Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER			Period From: 07/01/2013 To: 06/30/2014			Date: 01/20/2015 Time: 15:58:15 Version: 2014.11	
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	20 Pharmacy	21 Medical Records	22 Medical Care Review	23 Social Services	24 Other Overhead	25 Total Exp After Stepdown
38	Respiratory Therapy						
39	Pulmonary Function Test						
40	Electroencephalography						724
41	Electromyography						
42	Physical Therapy						172
43	Occupational Therapy						296,393
44	Speech-Language Therapy						
45	Recreational Therapy						
46	Audiology						
47	Psychology / Psychiatry						192,197
48	Renal Dialysis						
49	Organ Acquisition						
50	Ambulance						448
51	PROF BILLING INPATIENT						
52	PROF BILLING OUTPATIENT						
53	VOCATIONAL EDUCATION						69,390
54	Professional Services						
55	Other Ancillary (Specify)						
56	Subtotal Ancillary	145,523					722,595
	Routine Inpatient Care Services						
57	Medical & Surgical Acute						
58	Pediatric Acute						
59	Obstetric Acute						
60	Psychiatric Acute		133,845	22,787	480,612		5,551,420
61	Ventilator Unit						
62	Skilled Nursing Facilities						
63	Other Acute (Specify)						
64	Other Acute (Specify)						
65	Other Acute (Specify)						
66	Subtotal Acute		133,845	22,787	480,612		5,551,420
	Med-Surg Intensive Care						
67	Med/Surg Intensive Care						
68	Coronary Intensive Care						
69	Neonatal Intensive Care						
70	Other ICU (Specify)						
71	Other ICU (Specify)						
72	Other ICU (Specify)						
73	Other ICU (Specify)						
74	Other ICU (Specify)						

COMPU-MAX



Compu-Max D403 Provider Number: 2330 Provider Name: CORRIGAN MENTAL HEALTH CENTER		Period From: 07/01/2013 To: 06/30/2014		Date: 01/20/2015 Time: 15:58:15 Version: 2014.11			
Stepdown Expenses (Including Capital)						Schedule XV	
Line No.	Cost Center Description	20 Pharmacy	21 Medical Records	22 Medical Care Review	23 Social Services	24 Other Overhead	25 Total Exp After Stepdown
75	Subtotal Intensive Care						
76	Newborn Nursery						
76.01	Special Care Nursery						
77	Chronic / Rehabilitation						
78	Subtotal Routine Inpat Care		133,845	22,787	480,612		5,551,420
	Routine Ambulatory Care Services						
79	Emergency Services		133,846		2,300,072		2,920,908
80	Clinic / Ambulatory Services		48,047		205,977		1,152,329
80.01	Clinic / Ambulatory Svcs (Specify)		48,047		205,977		1,152,329
81	Satellite Clinic Services						
82	Ambulatory Surgical Services						
83	Ambulatory Renal Dialysis						
84	Home Dialysis Services						
85	Psychiatry						
86	Home Health Services						
87	Observation Beds						
88	Private Referrals						
89	Hospital Licensed Health Centers						
90	Partial Hospitalization		13,728		446,283		1,050,156
91	Other Ambulatory (Specify)						
92	Subtotal Routine Ambul Svcs		195,621		2,952,332		5,123,393
93	Total Patient Care	145,523	329,466	22,787	3,432,944		11,397,408
94	Total Pat Care & Overhead	145,523	329,466	22,787	3,432,944		11,397,408
	Non-Patient care Services						
95	Non-Patient Ancillary						
96	Research						154,706
97	COMMUNITY MH SERVICES		6,864				7,010
97.01	CASE MANAGEMENT SERVICES		6,864				49,824
97.02	REHAB OPTION SERVICES						1,526
97.03	NON PATIENT EXPENSES						533,524
97.04	COMMUNITY REHAB.SUPPORT						436
97.05	SEE						
97.06	Youth Mobile Crisis Int						
98	Subtotal Non-Patient		13,728				747,026
99	Recovery of Expenses						
100	Total Patient/Non-Patient	145,523	343,194	22,787	3,432,944		12,144,434
101	Provision for Bad Debts						
101.01	Gross Health Safety Net Assessment						1
102	Total Patient/Non-Patient/Bad Debt/HSN	145,523	343,194	22,787	3,432,944		12,144,435