

Meeting with Dave Short 11/15/06

Cost Center	Direct Costs (allocated over all cost centers)	Allocation Method
Affiliation		100% Medicaid follow primary cost center
IS	Hardware Software Helpdesk	# of CPUs # of CPUs # of CPUs
Reimbursement	Data Entry of services if 100% of time	Daily Logs from ECHO
Payroll Accounting Payeeships		
Programs	Program secretary Program data entry Program clerical	Within Cost Center Within Cost Center Within Cost Center
UM		
Receptionist		
Receipient Rights		
Training	Conferences etc that direct care staff attend	Within Cost Center duplicated count of consumers by cost center
Records	Records - electronic and paper	
QI		
Board		
Contracts		
CA's		

Administration Costs

We can continue to have a 100% Medicaid Administration

All staff that are only partially Affiliation would need to be coded to their primary cost centers but included in the spreadsheets for the Affiliaiton cost calculations.

Programers - staff and contract

Billing
Cleanup of Data
System Setup

Payroll and Benefits
Accounting, receivables, payables
Payeeships

Director and supervisors above front line

UM

Receptionist

Receipient Rights

Training, even group home training

QI

Board Admin

Contracts

Caret Claims Payment
Gatekeeping

And everything else

Guardianships are General Funds Only

Newaygo UM also provides assessments and screenings (direct services)

Contract training is posted directly to cost centers