Schedule A

**FTE Starting Values and FTE Starting Value Adjustments**

Each counseling non-physician mental health professional (Counseling MHP) that offers in-person appointments on an outpatient basis, as defined, will be assigned a full-time equivalency (FTE) value based on the county type and the FTE Starting Value and the FTE Starting Value Adjustments set forth in the ratio standard. These adjustments are calculated according to **Table A** below.

**FTE Starting Values:** FTE Starting Values by county type are set forth in Table A.

FTE Starting values are assigned based on the typical number of licensed networks a Counseling MHP contracts with, by county type, based on previous annual network submissions, as follows:

* + 1. Large Metro counties – 17 networks
		2. Metro counties – 14 networks
		3. Micro counties – 7 networks
		4. Rural counties – 5 networks
		5. CEAC counties – 5 networks

**FTE Starting Value Adjustments:**

1. The FTE Starting Value for a Counseling MHP shall be adjusted for the following factors, as set forth in the ratio standard:
	1. Full-Time/Part-Time
	2. Participation in a Single County or Multiple Counties
2. FTE Starting Value Adjustments by Full-Time/Part-Time and Single County/Multiple Counties are set forth in Table A.

**Table A: FTE Starting Values and Starting Value Adjustments by County Type**

| **County Type** | **FTE Starting Value** | **Full Time, Single-County** | **Part-Time, Single-County** | **Full-Time, Multiple-County** | **Part-Time, Multiple-County** |
| --- | --- | --- | --- | --- | --- |
| Large Metro | 0.06 | 0.06 | 0.04 | 0.03 | 0.02 |
| Metro | 0.07 | 0.07 | 0.04 | 0.04 | 0.02 |
| Micro | 0.14 | 0.14 | 0.09 | 0.07 | 0.04 |
| Rural | 0.20 | 0.20 | 0.12 | 0.10 | 0.05 |
| CEAC | 0.20 | 0.20 | 0.12 | 0.10 | 0.05 |

 **Examples:**

**Table B** provides example calculations for two hypothetical network service-area counties.

**Siskiyou County**

In the Siskiyou County example, the health care service plan (plan) has reported two network Counseling MHPs in Siskiyou County for the network being evaluated. One provider is full-time, and one provider is part-time. Both providers only have practice locations within Siskiyou County. The network in Siskiyou County has a total FTE value for the county of 0.32. With an enrollment of 400, the ratio for this county equals one FTE Counseling MHP per 1,250 enrollees.

**Shasta County**

In the Shasta County example, the plan has reported 15 network Counseling MHPs in Shasta County for the network being evaluated. Eight providers are full-time and only have practice locations within Shasta County. Four providers are part-time and only have practice locations within Shasta County. Three providers are full-time but have practice locations both within Shasta Count and within other counties. The network in Shasta has a total FTE value of 1.69 network providers, and an enrollment of 3,000, representing a ratio of one FTE Counseling MHP per 1,775 enrollees.

See the chart below to see how the total FTE value is calculated in each scenario.

**Table B: Example FTE Starting Values and Starting Value Adjustments**

|  | **Siskiyou (CEAC)** | **Shasta (Micro)** |
| --- | --- | --- |
| **Network Provider Classification** | **FTE Value** | **Full-Value Provider Count\*** | **Summed FTEs** | **FTE Value** | **Full-Value Provider Count** | **Summed FTEs** |
| Full-time, Single-County | 0.2 | 1 | 0.2 | 0.14 | 8 | 1.12 |
| Part-time, Single-County | 0.12 | 1 | 0.12 | 0.09 | 4 | 0.36 |
| Full-time, Multi-County | 0.1 | 0 | 0 | 0.07 | 3 | 0.21 |
| Part-time, Multi-County | 0.05 | 0 | 0 | 0.04 | 0 | 0 |
| Total (In Person) |  | 2 | 0.32 |  | 15 | 1.69 |
| Enrollment |  |  | 400 |  |  | 3000 |
| Ratio (1: \_\_\_\_) |  |  | 400~~/~~÷0.32 = 1250 |  |  | 3000~~/~~÷1.69 = 1775 |

\*Full-value provider count is defined in the Counseling Non-Physician Mental Health Professional Ratio Standards and Methodology document.

Schedule A-1

**Ratio Modifier for Telehealth-Only Network Providers**

The Department of Managed Health Care (DMHC) may apply a ratio modifier to the denominator of the capacity ratio to account for networks that provide access to telehealth-only providers, as defined in the standard. A telehealth-only network provider coefficient will be calculated for networks reported with telehealth-only providers. The coefficient is a network-level value, meaning that it is calculated at the network level and applied as a constant when calculating the FTEs for each county. This coefficient will be multiplied by the summed FTE values for each network service area county to produce a ratio modifier that is added to the denominator of the capacity ratio. The network telehealth coefficient may not exceed 20%, or 0.2.

The network telehealth coefficient is calculated as the lesser of:

1. **Network Telehealth Coefficient** =$ \frac{\overline{Full Value Count of network telehealth- only Counseling MHPs} }{\overline{Full Value Count ofall network in-person Counseling MHPs }}$
or
2. **Network Telehealth Coefficient** = $0.2$

The telehealth ratio modifier for the network service-area county is calculated at the network and county level as:

**Telehealth Ratio Modifier** = (The summed FTE starting values and FTE starting value adjustments for network providers in the county) \* (Network Telehealth Coefficient)

**Examples:**

**Table C** provides example calculations for the Telehealth ratio modifier, applying the figures from the hypothetical counties depicted in Schedule A, Table B (Siskiyou and Shasta Counties). In the example, the network *as a whole* has one telehealth-only Counseling MHP and a total of 20 Counseling MHPs at practice locations that provide in-person services on an outpatient basis. This leads to a telehealth coefficient of 0.05.

**Table C: Telehealth Ratio Modifier for Two Network Counties\***

|  | **Telehealth Only Providers** | **In-Person Providers** | **Telehealth Coefficient** |
| --- | --- | --- | --- |
| Network Telehealth Coefficient Calculation | 1 | 20 | 1~~/~~÷20 = 0.05 |

| **County Capacity Calculations** | **Siskiyou** | **Shasta** |
| --- | --- | --- |
| Summed FTE Values, Derived in Schedule A, Table B | 0.32 | 1.69 |
| Telehealth Coefficient | 0.05 | 0.05 |
| Telehealth Modifier | 0.32 \* 0.05 = 0.016 | 1.69 \* 0.05 = 0.085 |
| Enrollment | 400 | 3000 |
| Capacity Ratio (1:\_\_\_\_) | 400~~/~~ ÷ (0.32 + 0.016) = 1,190 | 3000~~/~~ ÷ (1.69 + 0.085) = 1,691 |

\*Values in this example are derived from the example in Schedule A, Table B.

**Siskiyou County**

Multiplying the telehealth coefficient by the total FTE value for Siskiyou County produces a telehealth ratio modifier of 0.016. Adding this value to the capacity ratio denominator (0.32 + 0.016) leads to a capacity ratio of 1 FTE Counseling MHP per 1,190 enrollees for the county.

**Shasta County**

With the telehealth coefficient of 0.05 for the network, Shasta County receives a telehealth ratio modifier of 0.085, which when added to the capacity ratio calculation leads to a capacity ratio of 1 FTE Counseling MHP per 1,691 enrollees for the county.

Schedule A-2

**Alternative Methodology**

**FTE Modifier for Exclusive Providers (EP)**

For network providers that are exclusive providers (EP), as defined, within a network service area county, the DMHC may replace the FTE Starting Values listed in Schedule A, Table A, with an FTE modifier value for EPs, when applicable. The FTE modifier value for EPs shall be further adjusted with the FTE Starting Value Adjustments for full-time/part-time and single county/multiple county designations.

**Table D** depicts the calculations for the FTE values assigned to EPs based on the FTE modifier for EPs and the FTE Starting Value Adjustments set forth in the standard, and in Schedule A.

**Table D: FTE Values for EPs by Full-time/Part-time, and Single-County/Multiple County Designations**

| **Provider Classification** | **FTE Calculation for EPs** |
| --- | --- |
| Full Time, Single-county | 1~~/~~ ÷ (*county nets*) |
| Part-time, Single-county | (1~~/~~ ÷ (*county nets*)) \* 0.6 |
| Full-time, Multiple-county | (1~~/~~ ÷ (*county nets*)) \* 0.5 |
| Part-time, Multiple-county | (1~~/~~ ÷ (*county nets*)) \* 0.3 |

*County nets* represents the number of networks the plan offers in the network service area county.

**Example:**

**Table E** below provides an example of the application of the FTE modifier for EPs, using the hypothetical Shasta County network depicted in Schedule A, Table B, and in Schedule A-1, Table C. In this example, the Plan has two networks which both include Shasta County as part of the network service area (Network 1 and Network 2). The example in Table E pertains to Network 1.

In Network 1, two of the of the eight full-time, single-county network providers are exclusively contracted with the Plan. The two full-time EPs will have their original FTE values of 0.14 (as set forth in Schedule A, Table B) replaced with a value of 0.5. This increases the total FTEs for the network county from 1.69 to 2.41. When the telehealth ratio modifier is added to the calculation, as set forth in Schedule A-1, Table C, the capacity ratio drops to one FTE Counseling MHP per 1,230 enrollees. (Note that the telehealth ratio modifier is not impacted by EP FTE calculations).

**Table E: Example Ratio Calculation with Network EPs\***

|  |
| --- |
| **Shasta County - Network 1, for a****Plan with two Networks in Shasta County** |
| **Network Provider Classification** | **FTE Value** | **Full-Value Provider Count\*\*** | **Summed FTEs** |
| Network 1 Full-Value Provider Count: Counseling MHPs\* |  | 8 |  |
| Full-time, Single-County | 0.14 | 6 | 0.84 |
| EP, Full-time, Single-County | 1~~/~~÷ (2 county networks) = ½ = 0.5 | 2 | 1 |
| Part-time, Single-County | 0.09 | 4 | 0.36 |
| Full-time, Multi-County | 0.07 | 3 | 0.21 |
| Part-time, Multi-County | 0.04 | 0 | 0 |
| Total for Network 1 Providers |  | 15 | 2.41 |
| Telehealth Ratio Modifier, Calculated in Schedule A-1, Table C |  |  | 0.085 |
| Enrollment |  |  | 3,000 |
| Capacity Ratio (1: \_\_\_\_\_) |  | 3,000~~/~~ ÷ (2.41 + 0.085) = 1,203 |

\*Values in this example are derived from Schedule A, Table B, and Schedule A-1, Table C.

\*\*Full-value provider count is defined in the Counseling Non-Physician Mental Health Professional Ratio Standards and Methodology document.

Schedule A-3

**Alternative Methodology**

**Provider FTE Modifier for High Enrollment Counties**

**Threshold Value for High Enrollment Counties:**

A Provider FTE Modifier for High Enrollment Counties is applied to networks that enroll more than 1% of a county’s population. County population figures are calculated using population points, posted annually by the DMHC as set forth in Rule 1300.67.2.2(b)(11).

**Enrollment Multiplier for High Enrollment Counties:**

Once the threshold value of 1% is met, the application of a provider FTE modifier is set forth according to enrollment levels, based on the percentage of county population enrolled. Enrollment levels and corresponding multipliers are listed in **Table F**.

**The Provider FTE Modifier for High Enrollment Counties:**

Each enrollment level has a corresponding provider FTE modifier listed in Table F. To modify the FTE values in a plan’s ratio for the county using the Provider FTE Modifier for High Enrollment Counties, the DMHC will multiply the applicable value listed in Table F by the network’s summed in-person FTE values for the county. The multiplier is conditional on the percentage of county population enrolled with the network and the county type, as set forth in the table below.

The total enrollment-adjusted FTE value may not exceed 80% of the full-value count of in-person Counseling MHPs in the network reported for the county.

**Table F: High-Enrollment FTE Coefficients**

| **Threshold Value Enrollment Level** | **High Enrollment FTE Multiplier** | **High Enrollment Multiplier Large Metro and Metro Counties** |
| --- | --- | --- |
| **Level 1:** The percent (%) of county population enrolled is below 1% | No multiplier | No multiplier |
| **Level 2:** The percent (%) of county population enrolled is from 1% to <2.5% | 1.5 | 2 |
| **Level 3:** The percent (%) of county population enrolled is from 2.5% to < 7.5% | 3 | 4 |
| **Level 4**: The percent (%) of county population enrolled is ~~>~~ 7.5% to < 17.5% | 4 | 5.5 |
| **Level 5**: The percent (%) of county population enrolled is > 17.5% | 5 | 7 |

**Example**

**Table G** provides an example of the Provider FTE Modifier for High Enrollment Counties applied to the hypothetical Shasta network, which is also depicted in the example tables within Schedules A, A-1 and A-2.

With a total county population of 187,189, and network enrollment at 3,000, the network enrolls 1.6% of the county population. The network is in level 2 for the county and will receive a high-enrollment multiplier of 1.5, which is multiplied by the total county FTE value of 2.41 derived in Schedule A, Table B (which includes the EP FTE adjustment derived in Schedule A-2, Table E). With the high-enrollment multiplier, the network receives a total in-person FTE value of 3.62, which is added to the telehealth ratio modifier of 0.085, producing a ratio of one FTE Counseling MHP per 811 enrollees. (Note the telehealth ratio modifier is not impacted by the high-enrollment adjustment).

**Table G: Example Shasta County Capacity with High Enrollment Network\***

|  | **Shasta** |
| --- | --- |
| County Enrollment | 3,000 |
| County Population | 187,189 |
| % County Enrolled | 1.6% |
| High-Enrollment Coefficient, Defined from Table F | 1.5 |
| Total FTEs with EPs, Calculated in Schedule A-2, Table E | 2.41 |
| Enrollment-Adjusted Total FTEs | 1.5 \* 2.41 = 3.62 |
| Confirm under 80 % Cap(Per Schedule A, Table B, the county has 15 full-value providers) | 15\* 0.8 = 123.62 <12Total FTE = 3.62 |
| Telehealth Ratio Modifier, Calculated in Schedule A-1, Table C | 0.085 |
| Capacity Ratio (1: \_\_\_\_\_) | 3000~~/~~ ÷ (3.62 + 0.085) = 811 |

\*Values in this example are derived from Schedule A, Table B, Schedule A-1, Table C and Schedule A-2, Table E.

Schedule A-4

**Alternative Methodology**

**Combined County Ratio** **Modifier** - **Counseling MHP**

The DMHC shall follow the steps below to calculate the FTE Counseling MHP ratio within a combined county grouping, subject to the rules identified within section I.E of the Counseling Non-Physician Mental Health Professional Ratio Standards and Methodology document:

1. Identify all deficient CEAC and Rural counties within the network service area. A county is deficient if it does not meet the 1:1000 FTE ratio after accounting for the FTE calculations and Alternative Methodologies described in Schedules A-1, A-2, and A-3. For reporting year (RY) ~~2024~~ 2025, designated CEAC and Rural counties include:
	1. CEAC counties: *Alpine, Del Norte, Inyo, Lassen, Modoc, Mono, Siskiyou, and Trinity*.
	2. Rural counties: *Calaveras, Colusa, Glenn, and Mariposa*.
2. Identify all deficient Large Metro, Metro, and Micro counties within the network service area. For reporting year (RY) ~~2024~~ 2025, designated Large Metro, Metro, and Micro counties include:
	1. Large Metro counties: *Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Francisco, San Mateo, and Santa Clara.*
	2. Metro counties: *Butte, El Dorado, Fresno, Kern, Kings, Marin, Merced, Monterey, Napa, Nevada, Placer, Riverside, San Bernardino, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Ventura, Yolo, and Yuba.*
	3. Micro counties: *Amador, Humboldt, Imperial, Lake, Madera, Mendocino, San Benito, Shasta, Tehama, and Tuolumne.*
3. Confirm that the deficient Large Metro, Metro and/or Micro counties meet the threshold requirement for a combined county grouping, based on Department of Consumer Affairs (DCA) data. See section I.E of the Counseling Non-Physician Mental Health Professional Ratio Standards and Methodology document, and **Schedule A-5** for details.
4. For all deficient CEAC and Rural counties, and all Large Metro, Metro and Micro counties that meet the threshold for a combined county grouping, identify adjacent sufficient counties within the network service area or adjacent to the network service area.

a. A county is sufficient if it meets the 1:1000 FTE ratio after accounting for the FTE calculations and Alternative Methodologies described in Schedules A-1, A-2, and A-3.

b. Adjacent counties include counties bordering the deficient county, whether inside or outside of the network service area. When an adjacent county outside of the network service area is combined, both the county and any reported enrollment are included in the ratio calculation. Adjacent counties in other states that contain network providers may be used in this analysis. Additionally, the DMHC has identified certain counties as exceptions to the county adjacency rule. These counties will be treated as an adjacent county to the deficient county being evaluated for the Combined County Alternative, due to the travel distance from the county’s metro center to the deficient county.

c. For a list of adjacent counties, and non-adjacent county exceptions, refer to the document entitled “**Adjacent Counties and Exceptions for RY 2025 Standards and Methodology**,” attached.

1. Define a potential county grouping: A county grouping consists of two or more adjacent counties that meet the parameters of either a single deficient county grouping, or a single sufficient county grouping, as described in section I.E of the Counseling Non-Physician Mental Health Professional Ratio Standards and Methodology Document.
2. Once a county is included in a county grouping, exclude the county from consideration in any other county groupings for the network. The DMHC will not evaluate a combined county separately under the ratio standard.
3. Calculate a single Counseling MHP ratio across the combined county grouping. This combined Counseling MHP ratio is the sum of enrollment across all included counties divided by the sum of adjusted FTE values ~~and telehealth modifiers~~ across all included counties within the grouping and telehealth modifiers for all network service area counties within the grouping. The combined Counseling MHP ratio is calculated after any other applicable alternative standards or ratio modifiers are applied to each county.

**Example (Sufficient County Anchor Grouping)**:

**Table H** below presents an example calculation for a combined county capacity measurement based on multiple deficient CEAC counties and an anchor sufficient county that is adjacent to each of the deficient counties.

Table H continues with the hypothetical network counties depicted in the example tables within Schedules A, A-1, A-2, and A-3, with the addition of Trinity County. ~~The~~ Trinity County ~~network~~ has 80 enrollees but does not have any Counseling MHPs in the county. Since Trinity County is a CEAC county, it qualifies as a deficient county that can combine with adjacent counties. Siskiyou county, which is also a CEAC county, shows a deficient capacity at one FTE Counseling MHP per 1,250 enrollees. Both are adjacent to Shasta County, which after adjustments for EPs and high enrollment shows a capacity ratio of one FTE Counseling MHP per 811 enrollees. The combined enrollment for these counties is 3,480. The combined FTE value for these counties is 3.94, with a combined telehealth ratio modifier value of 0.1~~.~~, derived from the summed telehealth ratio modifiers for the counties.

When combining the FTE values, all applicable FTE alternative ratio adjustments will be applied. In this example, there are no FTE adjustments for Siskiyou County but Shasta County has adjustments for EPs and high enrollment. The capacity ratio calculation is: 3,480/4.036 = 861. ~~This ratio is applied to all three of the counties, leading to all three counties meeting the capacity standard, with a capacity of 1 FTE Counseling MHP to 811 enrollees~~. This ratio is derived by summing the total FTE from all three of the counties resulting in a combined ratio. Using this summed ratio, all three network service area counties meet the FTE ratio standard, with a ratio of 1 FTE Counseling MHP to 861 enrollees.

**Table H: Example Combined County Calculation for a Sufficient County Anchor Grouping\***

|   | **Siskiyou, Deficient CEAC County** | **Trinity, Deficient CEAC County** | **Shasta, Sufficient Anchor County**  |
| --- | --- | --- | --- |
| Enrollment | 400 | 80 | 3,000 |
| Full-Value Provider Count: Counseling MHPs | 2 | 0 | 15 |
| Total FTEs, Calculated in Table B | 0.32 | 0 | 1.69  |
| Telehealth Ratio Modifier, Calculated in Table C | 0.016 | 0 | 0.085 |
| Total FTEs with EP adjustment, Calculated in Schedule A-2, Table E | No EPs | No EPs | 2.41 |
| High-Enrollment Multiplier | No adjustment | No adjustment | 1.5 |
| High-Enrollment Adjusted FTEs, Calculated in Table G | No adjustment | No adjustment | 3.62 |
| Total County FTE | (0.32 +.016) =0.336 | 0 | (3.62 +.085) = 3.705 |
| Single-county ~~capacity~~ FTE Ratio (1: \_\_\_\_) | 400 ÷ 0.336=1,250 | No Providers | 3,000 ÷ 0.085=811 |
| ~~Total County FTE~~ | ~~(0.32 +.016) =0.336~~ | ~~0~~ | ~~(3.62 +.085) = 3.705~~ |
| Required Ratio for Compliance (1:\_\_\_) | 1000 | 1000 | 1000 |
| Combined capacity ratio (1: \_\_\_\_) | (400 + 80 + 3000)~~/~~ ÷ (0.336 + 3.705) = 861  |

\*Values in this example are derived from Schedule A, Table B, Schedule A-1, Table C, Schedule A-2, Table E, and Schedule A-3, Table G.

Schedule A-5

**Alternative Methodology**

**Minimum Threshold Requirement for a Combined County Ratio**

**Large Metro, Metro and Micro Counties- Counseling MHP**

**The California Department of Consumer Affairs Licensee List - Counseling MHPs**

As set forth in the Counseling MHP Ratio Standards and Methodology document for the Combined County Ratio Modifier for Large Metro, Metro and Micro Counties, for a deficient Large Metro, Metro, or Micro County to be eligible for a combined county ratio, the Counseling MHP network providers within the county must be equal to or greater than 30% of the DCA count of county Counseling MHPs.

Where the service area includes a partial Large Metro, Metro, or Micro County, the 30% threshold is not required if the partial county service area accounts for fewer than 20% of the ZIP Codes contained within the county or fewer than 20% of the population count for the county, as set forth in section I.E of the Counseling MHP Ratio Standards and Methodology document. In such cases, the Large Metro, Metro, or Micro County would follow the county grouping methodology described for CEAC and Rural Counties described in Schedule A-4.

The California Department of Consumer Affairs (DCA) maintains lists updated monthly of licensed Counseling MHPs available at: <https://www.dca.ca.gov/consumers/public_info/index.shtml>. Within these lists, the BehavioralSciences\_0200 list includes licensed clinical social workers, licensed marriage and family therapists, and licensed professional clinical counselors with current licensure status. The Psychology\_0600 list includes psychologists with current licensure status. Counts for each county are calculated from these lists, as of the January 15th network capture date.

Schedule A-6

**Methodology for Calculating Network Ratio – Counseling MHPs**

The ~~N~~network ratio will be evaluated using total network enrollment, and the total FTEs and telehealth ratio modifiers across all counties with in-person providers. The alternative methodology adjustments to FTEs for EPs and high enrollment counties will be applied to network service area counties. If an alternative methodology is applied to a network provider that modifies the provider’s original FTE starting value with adjustments, the application of the alternative methodology shall not generate an FTE value for the provider that exceeds 0.8. The telehealth ratio modifier will be applied to networks with telehealth-only providers.

The DMHC will calculate FTE values for in-person network providers *outside* of the network service area according to the FTE Starting Values and FTE Starting Value Adjustments listed in section I.C of the Counseling Non-Physician Mental Health Professional Ratio Standards and Methodology document, and as further detailed in Schedule A, Table A. In-person network providers outside of the network service area are not subject to alternative methodology adjustments for telehealth-only providers, EPs, or high enrollment counties.

**Example:**

**Table I** below depicts an example network ratio calculation using the hypothetical network counties depicted in the example tables within Schedules A, A-1, A-2, A-3, and A-4. An additional non-network service area county, Lake County, has been added to this hypothetical.

In this example, there are six full-time network providers located in Lake County, three of which have in-person locations in multiple counties. This adds a summed FTE value of 0.63 to the denominator of the network ratio calculation.

The FTE values and telehealth ratio modifiers for the network service area counties are calculated in the same manner as those used for the combined county example in Schedule A-4, Table H above. Siskiyou County does not receive alternative modifier adjustments for EPs or high enrollment but does receive a telehealth ratio modifier. Trinity County does not receive any modifications as it has no in-person Counseling MHP network providers. Shasta County receives adjustments for telehealth, and alternative modifier adjustments for EPs and high enrollment.

**Table I: Network Counseling MHP Ratio Calculation\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **Siskiyou** | **Trinity** | **Shasta** | **Lake** |
| Network Service area county  | Yes  | Yes  | Yes  | No |
| Enrollment | 400 | 80 | 3,000 | NA |
| Full-Value Provider Count: Counseling MHP network providers | 2 | 0 | 15 | 6 |
| Total FTEs, Calculated in Schedule A, Table B | 0.32  | 0 | 1.69 | 0.63\*\* |
| Telehealth Ratio Modifier, Calculated in Schedule A-1, Table C | 0.016 | 0 | 0.085 | NA |
| Total FTEs with EP adjustment, Calculated in Schedule A-2, Table E | NA | 0 | 2.41 | NA |
| High-Enrollment Multiplier | No adjustment | No adjustment | 1.5 | NA |
| High-Enrollment Adjusted FTEs, Calculated in Schedule A-3, Table G | No adjustment | No adjustment | 3.62 | NA |
| ~~Single-county capacity ratio (1: \_\_\_\_)~~ | ~~1,250~~ | ~~No capacity~~ | ~~811~~ | ~~NA~~ |
| Total County FTE | (0.32 +0.016) =0.336 | 0 | (3.62 +0.085) = 3.705 | 0.63 |
| Combined network ratio (1: \_\_\_\_) | (400 + 80 + 3000)~~/~~ ÷ (0.336 + 3.705 + 0.63) = 729  |

\*Values in this example are derived from Schedule A, Table B, Schedule A-1, Table C, Schedule A-2, Table E, and Schedule A-3, Table G.

\*\* The summed FTE Counseling MHP value for Lake, a Micro County, is derived from 3 full-time, single-county Counseling MHPs (each with an FTE value of 0.14) and 3 full-time multi-county Counseling MHPs (each with a value of 0.07).