CALIFORNIA DEPARTMENT OF
Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

January 23, 2008

Rita T. Downs, M.Ed., MPA, Director
Calaveras County Beh. Health Services
Mental Health Programs
Government Center, Dept. 127
891 Mountain Ranch Road
San Andreas, CA 95249

Dear Ms. Downs:

AUDIT REPORT – CALAVERAS COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Calaveras County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

	Net Program Costs		
	Settled	Allowed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	$ 448,979	$ 423,255	$ (25,724)
State General Funds EPSDT Due State	$ 76,700	$ 66,986	$ (9,714)

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

for WALTER J. HILL, JR., MBA, EA
Chief of Audits

MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

MG 01/23/08

SCHEDULE 1

CALAVERAS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL PROGRAM COSTS				
COUNTY PROVIDERS				
MEDI-CAL - FFP	(Sch. 2a)	$ 448,859	$ (25,735)	$ 423,124
HEALTHY FAMILIES - FFP	(Sch. 2a)	120	11	131
TOTAL FFP - COUNTY PROVIDERS		$ 448,979	$ (25,724)	$ 423,255
CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 0	$ 0	$ 0
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PROVIDERS		$ 0	$ 0	$ 0
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 448,859	$ (25,735)	$ 423,124
HEALTHY FAMILIES - FFP		120	11	131
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		$ 448,979	$ (25,724)	$ 423,255
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF	(Sch. 4)	$ 76,700	$ (9,714)	$ 66,986

SCHEDULE 2

CALAVERAS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	$ 0	$ 0	$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	676,869	(26,885)	649,984
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	6,364	(0)	6,364
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	181	0	181
9. Total		$ 683,414	$ (26,885)	$ 656,529
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	$ 0	$ 0	$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	1,435	25,497	26,932
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		$ 1,435	$ 25,497	$ 26,932
Medi-Cal Net Reimbursement for Direct Services				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	$ 0	$ 0	$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	681,798	(52,383)	629,415
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)		0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	181	0	181
25. Total		$ 681,979	$ (52,382)	$ 629,597
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	$ 0	$ 0	$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		$ 0	$ 0	$ 0

SCHEDULE 2a

CALAVERAS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL		As Settled	Audit Adjustments	As Audited
Amount Negotiated Rates Exceed Cost				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	$ 0	$ 0	$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		$ 0	$ 0	$ 0
Medi-Cal Administrative Reimbursement				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	$ 124,139	$ (4,033)	$ 120,106
38. Medi-Cal Administration	(MH 1979, Ln 5)	$ 149,018	$ (1,617)	$ 147,401
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 124,139	$ (4,033)	$ 120,106
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 18	$ 0	$ 18
41. Healthy Families Administration	(MH1979, Ln 9)	$ 0	$ 41	$ 41
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 0	$ 18	$ 18
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	$ 43,769	$ 4,438	$ 48,207
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	$ 2,498	$ 253	$ 2,751
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	$ 348,575	$ (27,174)	$ 321,401
46. Enhanced (Children)	(MH1979, Ln 17,17A)	4,138	1	4,139
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48 MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	62,070	(2,017)	60,053
50. U.R. Skilled Professional	(MH1979, Ln 14)	32,827	3,328	36,155
51. U.R. Other	(MH1979, Ln 15)	1,249	127	1,376
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		$ 448,859	$ (25,735)	$ 423,124
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	$ 0	$ 0	$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0
56. Total SD/MC Reimbursement - FFP		$ 448,859	$ (25,735)	$ 423,124
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 120	$ (0)	$ 120
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	12	12
60. Total Healthy Families Reimbursement - FFP		$ 120	$ 11	$ 131
61. Total - FFP (Ln 56 + Ln 60)		$ 448,979	$ (25,724)	$ 423,255
				(To Sch. 1)

SCHEDULE 4

CALAVERAS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	681,798	(52,383)	629,415
(2) Total SD/MC Claims	589,866	0	589,866
(3) Percent % (Line 1/Line 2)	1.1559	(0.0888)	1.0670
(4) EPSDT Claims	225,138	0	225,138
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	260,237	(20,004)	240,233
(6) Cost Settled Baseline for EPSDT	102,289	0	102,289
(7) Net Cost Settlement Amount (Line 5 - Line 6)	157,948	(20,004)	137,944
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	76,700	(9,714)	66,986
(8a) FY 2001-02 EPSDT settlement (48.64% of Net Cost Settlement Amount (8))	106,728	0	97,717
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net cost settlement amount (L. 8 - 9)	76,700	(9,714)	66,986
(11) SGF Distribution (Settled and Audited)	76,700	0	76,700
(12) SGF Due (State)	0	(9,714)	(9,714)
			(To Sch. 1)

Source:

(1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)

(2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)

(4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary

(6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase

(7) Settlement amount prior to 10% match calculation (8) - (9)

(11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants

(12) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
CALAVERAS COUNTY	00005	31	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS			
1	MH 1960	9	3	SD/MC ADMINISTRATION	$ 149,018	$ (149,018)	0 *
-	MH 1960	10	3	HEALTHY FAMILIES ADMINISTRATION	$0	$ -	0 *
2	MH 1960	11	3	NON SD/MC ADMINISTRATION	$143,424	$ (143,424)	0 *
-	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS	$ 292,442		$ 292,442 *
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs below.			
3	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	43,769	$ (43,769)	0 *
4	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	2,498	$ (2,498)	0 *
5	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	44,529	$ (44,529)	0 *
-	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	90,796		90,796 *
				To eliminate the reported distribution of Utilization Review Costs (UR). UR costs will be redistributed to the proper cost centers after adjustments to Utilization Review costs are made below.			

* Balance carried forward to subsequent adjustment.
** Balance brought forward from prior adjustment.

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
CALAVERAS COUNTY	00005	31	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED COSTS				
6	MH 1960	9	C	SD/MC ADMINISTRATION	**	$0	$ 147,401	$ 147,401
7	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	**	$0	$ 41	41
8	MH 1960	11	C	NON SD/MC ADMINISTRATION	**	$0	$ 145,000	145,000
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	**	$292,442		292,442
				To allocate total administrative cost among SD/MC, Healthy Families, and Non SD/MC Administration based on the gross cost method percentages of 50.4036% for SD/MC, 0.0139% for Healthy Families, and 49.5825% for Non SD/MC.				
9	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	**	$0	$48,207	$ 48,207
10	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW	**	$0	$2,751	2,751
11	MH 1960	15	3	NON SD/MC UTILIZATION REVIEW	**	$0	$39,839	39,839
-	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS	**	$90,796		90,797
				To allocate the Non SD/MC Utilization Review portion related to SPMP and Other SD/MC Utilization Review using the audited gross cost percentages of 56.12% for SD/MC and 43.88% for Non SD/MC.				

* Balance carried forward to subsequent adjustment.
** Balance brought forward from prior adjustment.

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
CALAVERAS COUNTY	00005	31	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2					
12	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02		52,699	(1,353)	51,346	*
13	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03		186,655	(10,518)	176,137	*
	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02		1,969	-	1,969	*
14	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03		4,429	2,610	7,039	*
15	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02		110	(110)	-	*
16	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03		2,667	110	2,777	*
-	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02		78	-	78	*
			Info	TOTAL UNITS		248,607	(9,261)	239,346	*
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated February 6, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.					
17	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	**	51,346	1,353	52,699	*
18	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	**	176,137	8,858	184,995	*
	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	**	1,969	-	1,969	*
19	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	**	7,039	189	7,228	*
20	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	**	-	110	110	*
21	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	**	2,777	(110)	2,667	*
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	**	78	-	78	*
			Info	TOTAL UNITS	**	239,346	10,400	249,746	*
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.					
				* Balance carried forward to subsequent adjustment.					
				** Balance brought forward from prior adjustment.					

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
CALAVERAS COUNTY	00005	31	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
22	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	**	52,699	(2,748)	49,951
23	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	**	184,995	(13,168)	171,827
	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	**	1,969	-	1,969
24	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	**	7,228	(189)	7,039
25	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	**	110	-	110
26	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	**	2,667	-	2,667
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	**	78	-	78
			Info	TOTAL UNITS	**	249,746	(16,105)	233,641
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.				
				ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY				
27	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUE (07/01/01 - 09/30/01)		479	6,635	7,114
28	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUE (10/01/01 - 06/30/02)		956	18,862	19,818
				To adjust patient and other payor revenue to agree with the county's records.				

* Balance carried forward to subsequent adjustment.
** Balance brought forward from prior adjustment.

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
CALAVERAS COUNTY	00005	31	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT			
29	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	$ 448,859	$ (25,735)	$ 423,124
30	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY	120	11	131
				TOTAL REIMBURSEMENT - COUNTY	448,979	(25,724)	423,255
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to costs and units.			
				ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT			
31	Sch. 4	8		TOTAL EPSDT SGF	$ 76,700	$ (9,714)	$ 66,986
				To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider cost reports.			

* Balance carried forward to subsequent adjustment.
** Balance brought forward from prior adjustment.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: CALAVERAS COUNTY
County Code: 05

	Legal Entity: Calaveras County	A	B	C
	Legal Entity Number: 00005	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,131,702	910,060	2,041,762
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(304,567)	(304,567)
4	Other Adjustments (Provide Detail)	(12,203)	(69,419)	(81,622)
5	Total Costs Before Medi-Cal Adjustments	1,119,499	536,074	1,655,573
6	Medi-Cal Adjustments from MH 1961			29,849
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,685,422
	Administrative Costs (County Only)			
9	SD/MC Administration			147,401
10	Healthy Families Administration			41
11	Non-SD/MC Administration			145,000
12	Total Administrative Costs			292,442
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			48,207
14	Other SD/MC Utilization Review			2,751
15	Non-SD/MC Utilization Review			39,839
16	Total Utilization Review Costs			90,797
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			1,302,184
19	Total Costs - Lines 9 through 18			1,685,423

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

Fiscal Year 2002-2003

County: CALAVERAS COUNTY
County Code: 05

	Legal Entity: Calaveras County	A	B	C
	Legal Entity Number: 00005	Salaries and Benefits	Other	Total Adjustments
1	Depreciation Expense		25,515	25,515
2	Gross up ASO		4,334	4,334
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**		29,849	29,849

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY **DEPARTMENT OF MENTAL HEALTH**

ALLOCATION OF COSTS TO MODES OF SERVICE **Fiscal Year 2002-2003**

MH 1964 (10/04)

County: CALAVERAS COUNTY
County Code: 05

	Legal Entity: Calaveras County	A
	Legal Entity Number: 00005	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,302,184
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	68,385
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,101,424
6	Outreach Services (Mode 45)	90,549
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	41,826
9	Total - Lines 2 through 8	1,302,184

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2002-2003

MH 1966A (10/04)

County: CALAVERAS COUNTY
County Code: 05

CR

	Legal Entity: Calaveras County		A	B	C	D	E	F	G
	Legal Entity Number: 00005								
	Mode: 10 - Day Services		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				91					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			934					
3	Gross Cost		68,385	68,385					
4	Cost per Unit			73.22					
5	SMA per Unit			73.77					
6	Published Charge per Unit			64.47					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		175					
8A		10/01/02 - 06/30/03		597					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			162					
13	Medi-Cal Costs	07/01/02 - 09/30/02	12,813	12,813					
13A		10/01/02 - 06/30/03	43,711	43,711					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	12,910	12,910					
14A		10/01/02 - 06/30/03	44,041	44,041					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	11,282	11,282					
15A		10/01/02 - 06/30/03	38,489	38,489					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		11,861	11,861					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

County: CALAVERAS COUNTY
County Code: 05

				CR	CR	CR	CR	CR	CR
Legal Entity: CALAVERAS COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00005			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	10	30	40	50	60
1	Allocation Percentage		100.00%	24.77%	5.23%	2.09%	19.43%	3.34%	40.54%
2	Total Units			153,063	25,189	10,050	93,519	16,098	104,924
3	Gross Cost		1,087,644	269,436	56,927	22,714	211,353	36,381	440,890
4	Cost per Unit			1.76	2.26	2.26	2.26	2.26	4.20
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28	4.23
6	Published Charge per Unit			1.55	1.99	1.99	1.99	1.99	3.70
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		23,688	3,007	1,948	9,808	2,592	7,863
8A		10/01/02 - 06/30/03		72,061	8,798	3,027	33,626	6,379	42,203
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							1,969
9A		10/01/02 - 06/30/03							7,039
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		11			99		
10A		10/01/02 - 06/30/03		1,022	1,008	60	266		311
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		60					18
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			56,221	12,376	5,015	49,720	7,127	45,521
13	Medi-Cal Costs	07/01/02 - 09/30/02	116,905	41,698	6,796	4,403	22,166	5,858	33,040
13A		10/01/02 - 06/30/03	438,703	126,849	19,883	6,841	75,995	14,416	177,337
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	117,724	41,928	6,856	4,441	22,362	5,910	33,260
14A		10/01/02 - 06/30/03	441,753	127,548	20,059	6,902	76,667	14,544	178,519
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	102,939	36,716	5,984	3,877	19,518	5,158	29,093
15A		10/01/02 - 06/30/03	386,293	111,695	17,508	6,024	66,916	12,694	156,151
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	8,274						8,274
17A		10/01/02 - 06/30/03	29,578						29,578
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	8,329						8,329
18A		10/01/02 - 06/30/03	29,775						29,775
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	7,285						7,285
19A		10/01/02 - 06/30/03	26,044						26,044
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	243	19			224		
21A		10/01/02 - 06/30/03	6,121	1,799	2,278	136	601		1,307
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	245	19			226		
22A		10/01/02 - 06/30/03	6,166	1,809	2,298	137	606		1,316
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	214	17			197		
23A		10/01/02 - 06/30/03	5,389	1,584	2,006	119	529		1,151
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02	181	106					76
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	182	106					76
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02	160	93					67
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		487,639	98,966	27,970	11,334	112,367	16,107	191,279

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2002-2003

MH 1966A (10/04)

County: CALAVERAS COUNTY
County Code: 05

			CR						
	Legal Entity: Calaveras County		H	I	J	K	L	M	N
	Legal Entity Number: 00005		Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
			70						
1	Allocation Percentage		4.59%						
2	Total Units		14,757						
3	Gross Cost		49,943						
4	Cost per Unit		3.38						
5	SMA per Unit		3.41						
6	Published Charge per Unit		2.98						
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	870						
8A		10/01/02 - 06/30/03	5,136						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		8,751						
13	Medi-Cal Costs	07/01/02 - 09/30/02	2,944						
13A		10/01/02 - 06/30/03	17,382						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	2,967						
14A		10/01/02 - 06/30/03	17,514						
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	2,593						
15A		10/01/02 - 06/30/03	15,305						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		29,617						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2002-2003

MH 1966A (10/04)

County: CALAVERAS COUNTY
County Code: 05

				MHS	MHS	MHS	ASO		
	Legal Entity: Calaveras County		A	B	C	D	E	F	G
	Legal Entity Number: 00005			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function
				41	42	69	43		
1	Allocation Percentage		100.00%	35.38%	0.91%	5.44%	58.27%		
2	Total Units			3,240	35	360	8,270		
3	Gross Cost		13,780	4,875	125	750	8,030		
4	Cost per Unit			1.50	3.57	2.08	0.97		
5	SMA per Unit			2.28	2.28	4.23	2.28		
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02							
8A		10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			3,240	35	360	8,270		
13	Medi-Cal Costs	07/01/02 - 09/30/02							
13A		10/01/02 - 06/30/03							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		13,780	4,875	125	750	8,030		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

County: CALAVERAS COUNTY
County Code: 05

	Legal Entity: Calaveras County	A	B	C	D	E	F	G
	Legal Entity Number: 00005		CR	CR				
	Mode: 45 - Outreach	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			10	20				
1	Allocation Percentage	100.00%	19.21%	80.79%				
2	Total Units		33,997	107,238				
3	Gross Cost	90,549	17,397	73,152				
4	Cost per Unit		0.51	0.68				
5	Non-Medi-Cal Units		33,997	107,238				
6	Non-Medi-Cal Costs	90,549	17,397	73,152				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2002-2003

MH 1966A (10/04)

County: CALAVERAS COUNTY
County Code: 05
Legal Entity: Calaveras County
Legal Entity Number: 00005
Mode: 60 - Support

		A	B	C	D	E	F	G
			CR	CR	CR			
		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			20	30	40			
1	Allocation Percentage	100.00%	2.48%	40.20%	57.32%			
2	Total Units		1,832	37,807	685			
3	Gross Cost	41,826	1,038	16,814	23,974			
4	Cost per Unit		0.57	0.44	35.00			
5	Non-Medi-Cal Units (Same as Line 2)		1,832	37,807	685			
6	Non-Medi-Cal Costs (Same as Line 3)	41,826	1,038	16,814	23,974			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (10/04)

Fiscal Year 2002-2003

County: CALAVERAS COUNTY
County Code: 05
Legal Entity: CALAVERAS COUNTY
Legal Entity Number: 00005

			REIMBURSEMENT TYPE				PC	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55			Total MAA	Total Inpatient				Total Outpatient		Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29		Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude Program (2)	Mode 15 Program (2)	
1	Medi-Cal Costs	07/01/02 - 09/30/02							12,813	116,905	129,718		129,718
1A		10/01/02 - 06/30/03							43,711	438,703	482,414		482,414
2	Medi-Cal SMA	07/01/02 - 09/30/02							12,910	117,724	130,634		130,634
2A		10/01/02 - 06/30/03							44,041	441,753	485,794		485,794
3	Medi-Cal P. C	07/01/02 - 09/30/02							11,282	102,939	114,221		114,221
3A		10/01/02 - 06/30/03							38,469	386,293	424,781		424,781
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							12,813	116,905	129,718		129,718
5A		10/01/02 - 06/30/03							43,711	438,703	482,414		482,414
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								8,274	8,274		8,274
6A		10/01/02 - 06/30/03								29,578	29,578		29,578
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								8,329	8,329		8,329
7A		10/01/02 - 06/30/03								29,775	29,775		29,775
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								7,285	7,285		7,285
8A		10/01/02 - 06/30/03								26,044	26,044		26,044
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								8,274	8,274		8,274
10A		10/01/02 - 06/30/03								29,578	29,578		29,578
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							12,813	125,179	137,992		137,992
11A		10/01/02 - 06/30/03							43,711	468,281	511,992		511,992
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								243	243		243
12A		10/01/02 - 06/30/03								6,121	6,121		6,121
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								245	245		245
13A		10/01/02 - 06/30/03								6,166	6,166		6,166
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								214	214		214
14A		10/01/02 - 06/30/03								5,389	5,389		5,389
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								243	243		243
16A		10/01/02 - 06/30/03								6,121	6,121		6,121
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							12,813	125,422	138,235		138,235
21A	(Excludes Refugees)	10/01/02 - 06/30/03							43,711	474,402	518,113		518,113
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02								181	181		181
23A		10/01/02 - 06/30/03											
24	Healthy Families SMA	07/01/02 - 09/30/02								182	182		182
24A		10/01/02 - 06/30/03											
25	Healthy Families P. C.	07/01/02 - 09/30/02								160	160		160
25A		10/01/02 - 06/30/03											
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02								181	181		181
27A		10/01/02 - 06/30/03											
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02								7,113	7,113		7,113
28A		10/01/02 - 06/30/03								19,819	19,819		19,819
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02							12,813	118,309	131,122		131,122
35A		10/01/02 - 06/30/03							43,711	454,583	498,294		498,294
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02								181	181		181
37A		10/01/02 - 06/30/03											
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

LOWER OF COSTS OR CHARGES EXEMPTION DETERMINATION (Optional)

MH 1969 (10/04)

Fiscal Year 2002-2003

County: CALAVERAS COUNTY

County Code: 05

	Legal Entity: CALAVERAS COUNTY	A	B	C	D	E
	Legal Entity Number: 00005	Total Inpatient				Total Outpatient
		Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15	
1	Amount billed to Medi-Cal			49,771	497,236	547,007
	Non-Medicare/Medi-Cal Actual Charges					
2	Non-Medicare/Medi-Cal Patient Revenues					4,317
3	Non-Medicare/Medi-Cal Patient Insurance					13,100
4	Subtotal					17,417
5	Non-Medicare/Medi-Cal Published Charges			10,444	432,367	442,811
6	Ratio of Actual to Published Charges	0.00%				3.93%
7	Medi-Cal Adjusted Customary Charges					21,515
8	Medi-Cal Costs					656,347
9	60 Percent of Medi-Cal Costs					393,808

DMH use only

	Inpatient		Outpatient
Line 9 greater than line 7.		Exempt	X
Line 7 greater than line 9.	X	Not Exempt	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: CALAVERAS COUNTY
County Code: 05

Legal Entity: CALAVERAS COUNTY

Legal Entity Number: 00005		A	B	C	D	E	F
	Data Type	Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
	Source	MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
	Formula					(C6 / A6)	(D6 / B6)
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
	Mode	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	12,813	43,711	6,586	22,668		
4	15 - Outpatient (Program 1)	118,066	448,462	60,686	231,462		
5	15 - Outpatient (Program 2)						
6	Totals	130,879	492,173	67,272	254,130		
7	Totals from MH1979	130,879	492,173	67,272	254,130		
8	Effective SD/MC FFP %					51.40%	51.63%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: CALAVERAS COUNTY
County Code: 05

	Legal Entity: CALAVERAS COUNTY		A	B	C	D	E	F	G	H	I	J
								FFP % Source: MH1978 E8	FFP % Source: MH1978 F8			
	Legal Entity Number: 00005		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.63% FFP	[1]Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement				656,347	656,347						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			144,361		144,361						
3	Total Medi-Cal Direct Service Gross Reimbursement					800,708						
4	Medi-Cal Administrative Reimbursement Limit					120,106						
5	Medi-Cal Administration					147,401						
6	Medi-Cal Administrative Reimbursement					120,106	60,053					60,053
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				181	181						
8	Healthy Families Administrative Reimbursement Limit					18						
9	Healthy Families Administration					41						
10	Healthy Families Administrative Reimbursement					18				12		12
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09											
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)					48,207					36,155	36,155
15	Other SD/MC Utilization Review (County Only)					2,751	1,376					1,376
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02			130,879	130,879		67,272				67,272
16A		10/01/02 - 06/30/03			492,173	492,173			254,130			254,130
17	Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02			243	243				160		160
17A		10/01/02 - 06/30/03			6,121	6,121				3,978		3,978
18	Enhanced SD/MC Net Reimb. (Refugees)											
19	Total SD/MC Reimbursement Before Excess FFP											423,124
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											423,124
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											423,124
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02			181	181				120		120
24A		10/01/02 - 06/30/03										
25	Total Healthy Families Reimbursement Before Excess FFP											131
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											131