CALIFORNIA DEPARTMENT OF
Mental Health

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

January 28, 2008

Michael Heggarty, MFT, Director
Nevada County Behavioral Health
500 Crown Point Circle, Ste 120
Grass Valley, CA 95945

Dear Mr. Heggarty:

**AUDIT REPORT – NEVADA COUNTY MENTAL HEALTH SERVICES**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Nevada 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 included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (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 | $ 1,590,732 | $ 1,622,082 | $ 31,350 |
| Federal Share of Healthy Families/Medi-Cal | $ 39,455 | $ 38,372 | $ (1,082) |

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 Vicki 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 Shirley Castaneda
WALTER J. HILL, JR., MBA, EA
Chief of Audits

Shirley Castaneda
SHIRLEY CASTANEDA, Supervisor
Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

SC 1/19/08

SCHEDULE 1

# NEVADA 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 | | $ 1,518,945 | $ 31,350 | $ 1,550,295 |
| HEALTHY FAMILIES - FFP | | 39,455 | (1,083) | 38,372 |
| TOTAL FFP - COUNTY PROVIDER | (Sch. 2a) | $ 1,558,400 | $ 30,267 | $ 1,588,667 |
| CONTRACT PROVIDERS | | | | |
| MEDI-CAL - FFP | | $ 71,787 | $ 0 | $ 71,787 |
| HEALTHY FAMILIES - FFP | | 0 | 0 | 0 |
| TOTAL FFP - CONTRACT PROVIDER | (Sch.3) | $ 71,787 | $ 0 | $ 71,787 |
| TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS | | | | |
| MEDI-CAL - FFP | | $ 1,590,732 | $ 31,350 | $ 1,622,082 |
| HEALTHY FAMILIES - FFP | | 39,455 | (1,083) | 38,372 |
| TOTAL FFP | | $ 1,630,187 | $ 30,267 | $ 1,660,454 |

SCHEDULE 2

# NEVADA 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) | 2,580,110 | 50,392 | 2,630,502 |
| 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) | 0 | 0 | 0 |
| 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) | 60,502 | (7,024) | 53,478 |
| 9. Total | | $ 2,640,612 | $ 43,368 | $ 2,683,980 |
| **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) | 71,539 | 0 | 71,539 |
| 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 | | $ 71,539 | $ 0 | $ 71,539 |
| **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) | 2,508,571 | 50,392 | 2,558,963 |
| 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 | 0 |
| 24. Healthy Families-O/P | (Ln 8 - Ln 17) | 60,502 | (7,024) | 53,478 |
| 25. Total | | $ 2,569,073 | $ 43,368 | $ 2,612,441 |
| **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

# NEVADA 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) | $ 412,768 | $ 7,559 | $ 420,327 |
| 38. Medi-Cal Administration | (MH 1979, Ln 5) | $ 355,462 | $ 6,943 | $ 362,405 |
| 39. Medi-Cal Reimbursement | (Lower of Ln 37, Ln 38) | $ 355,462 | $ 6,943 | $ 362,405 |
| **Healthy Families Administrative Reimbursement** | | | | |
| 40. Healthy Families Administrative Reimbursement Limit | (MH1979, Ln 8) | $ 6,050 | $ (702) | $ 5,348 |
| 41. Healthy Families Administration | (MH1979, Ln 9) | $ 0 | $ 7,368 | $ 7,368 |
| 42. Healthy Families Administrative Reimbursement | (Lower of Ln 40, Ln 41) | $ 0 | $ 5,348 | $ 5,348 |
| **Utilization Review Reimbursement** | | | | |
| 43. Skilled Professional | (MH1979, Ln 14, Col. D) | $ 63,423 | $ 4,863 | $ 68,286 |
| 44. Other Medi-Cal U.R. | (MH1979, Ln 15, Col. D) | $ 0 | $ 0 | $ 0 |
| **Net SD/MC Reimbursement - FFP** | | | | |
| 45. Direct Services | (MH1979, Ln 16,16A) | $ 1,293,647 | $ 24,231 | $ 1,317,878 |
| 46. Enhanced (Children) | (MH1979, Ln 17,17A) | 0 | 0 | 0 |
| 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) | 177,731 | 3,472 | 181,203 |
| 50. U.R. Skilled Professional | (MH1979, Ln 14) | 47,567 | 3,648 | 51,215 |
| 51. U.R. Other | (MH1979, Ln 15) | 0 | 0 | 0 |
| 52. Negotiated Rate-Payback | (MH1979, Ln 20) | 0 | 0 | 0 |
| 53. Subtotal- FFP | | $ 1,518,945 | $ 31,350 | $ 1,550,295 |
| 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 | | $ 1,518,945 | $ 31,350 | $ 1,550,295 |
| **Net Healthy Families Reimbursement - FFP** | | | | |
| 57. Healthy Families Net Reimbursement | (MH1979, Ln 24,24A) | $ 39,455 | $ (4,572) | $ 34,883 |
| 58. Negotiated Rate Exceed Costs | (MH1979, Ln 26) | 0 | 0 | 0 |
| 59. Administrative Reimbursement | (MH1979, Ln 10) | 0 | 3,489 | 3,489 |
| 60. Total Healthy Families Reimbursement - FFP | | $ 39,455 | $ (1,083) | $ 38,372 |
| 61. Total - FFP (Ln 56 + Ln 60) | | $ 1,558,400 | $ 30,266 | $ 1,588,667 |
| | | | | (To Sch. 1) |

Nevada County
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

| Legal Entity Number | Legal Entity | (1) Regular M/Cal and EPSDT Gross Cost | (2) EPSDT Enhanced - Children Gross Cost | (3) Enhanced - Refugees Gross Cost | (4) Total Gross Cost (Excl. HFP) | (5) Healthy Families Gross Cost | (6) Regular M/Cal and EPSDT Gross Cost | (7) EPSDT Enhanced - Children Gross Cost | (8) Enhanced - Refugees Gross Cost | (9) Total Gross Cost (Excl. HFP) | (10) Healthy Families Gross Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | INPATIENT | | | | | OUTPATIENT | | | | |
| | | (MH 1968, Ln 5, 5A, 10,10A) | (MH 1968, Ln 16, 16A) | (MH 1968, Ln 22) | (Col. 1 to 3) | (MH 1968, Ln 27, 27A) | (MH 1968, Ln 5, 5A, 10,10A) | (MH 1968, Ln 16, 16A) | (MH 1968, Ln 22) | (Col. 6 to 8) | (MH 1968, Ln 27, 27A) |
| 00120 | Family First | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 3,250 | $ 0 | $ 0 | $ 3,250 | $ 0 |
| 00386 | Milhouse Childrens Services | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 23,584 | $ 0 | $ 0 | $ 23,584 | $ 0 |
| 00529 | Willow Glen Care Center | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 30,580 | $ 0 | $ 0 | $ 30,580 | $ 0 |
| 00707 | Pine Tree Gardens | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 77,278 | $ 0 | $ 0 | $ 77,278 | $ 0 |
| 00922 | Rosewood Care Center | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 5,244 | $ 0 | $ 0 | $ 5,244 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 139,936 | $ 0 | $ 0 | $ 139,936 | $ 0 |

Nevada County
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

| Legal Entity Number | Legal Entity | (11) Total Revenue (Excl. HFP) INPATIENT (MH 1968, Ln 28 to 30) | (12) Healthy Families Revenue INPATIENT (MH 1968, Ln 31) | (13) Total Revenue (Excl. HFP) OUTPATIENT (MH 1968, Ln 28 to 30) | (14) Healthy Families Revenue OUTPATIENT (MH 1968, Ln 31) | (15) Total Net Cost (Excl. HFP) INPATIENT (Col 4-11) | (16) Net Cost Healthy Families INPATIENT (Col 5-12) | (17) Total Net Cost (Excl. HFP) OUTPATIENT (Col 9-13) | (18) Net Cost Healthy Families OUTPATIENT (Col 10-14) | (19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13) |
|---|---|---|---|---|---|---|---|---|---|---|
| 00120 | Family First | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 3,250 | $ 0 | $ 0 |
| 00386 | Milhouse Childrens Services | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 23,584 | $ 0 | $ 0 |
| 00529 | Willow Glen Care Center | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 30,580 | $ 0 | $ 0 |
| 00707 | Pine Tree Gardens | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 77,278 | $ 0 | $ 0 |
| 00922 | Rosewood Care Center | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 5,244 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | **GRAND TOTAL** | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 139,936 | $ 0 | $ 0 |

Nevada County
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

| Legal Entity Number | Legal Entity | (20) Neg. Rates Exceed Costs (Excl. HFP) INPATIENT (MH 1968, Ln 38 to 39) | (21) Neg. Rates Exceed Costs Healthy Families INPATIENT (MH 1968, Ln 40, 40A) | (22) Neg. Rates Exceed Costs (Excl. HFP) OUTPATIENT (MH 1968, Ln 38 to 39) | (23) Neg. Rates Exceed Costs Healthy Families OUTPATIENT (MH 1968, Ln 40, 40A) | (24) Total SD/MC Reimbursement (FFP) (MH 1979, Line 21) | (25) Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27) | (26) Total Reimbursement (FFP) (Col. 24 + 25) | (27) FFP Contract Maximum | (28) Lower of FFP or Contract Maximum |
|---|---|---|---|---|---|---|---|---|---|---|
| 00120 | Family First | $ 0 | $ 0 | $ 0 | $ 0 | $ 1,671 | $ 0 | $ 1,671 | $ 19,244 | $ 1,671 |
| 00386 | Milhouse Childrens Services | $ 0 | $ 0 | $ 0 | $ 0 | $ 12,127 | $ 0 | $ 12,127 | $ 21,839 | $ 12,127 |
| 00529 | Willow Glen Care Center | $ 0 | $ 0 | $ 0 | $ 0 | $ 15,486 | $ 0 | $ 15,486 | $ 40,884 | $ 15,486 |
| 00707 | Pine Tree Gardens | $ 0 | $ 0 | $ 0 | $ 0 | $ 39,786 | $ 0 | $ 39,786 | $ 43,022 | $ 39,786 |
| 00922 | Rosewood Care Center | $ 0 | $ 0 | $ 0 | $ 0 | $ 2,717 | $ 0 | $ 2,717 | $ 16,885 | $ 2,717 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| 0 | | 0 $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 | $ 0 |
| | **GRAND TOTAL** | $ 0 | $ 0 | $ 0 | $ 0 | $ 71,787 | $ 0 | $ 71,787 | $ 141,874 | $ 71,787 |

(To Sch. 1)

# AUDIT ADJUSTMENTS

| Provider | Provider Number | No. of Adj. | Fiscal Period Ended |
|---|---|---|---|
| NEVADA COUNTY | 00029 | 33 | June 30, 2002 |

| Report Reference | | | | EXPLANATION OF AUDIT ADJUSTMENTS | As Reported | Increase (Decrease) | As Adjusted |
|---|---|---|---|---|---|---|---|
| Adj. No. | Form/ Sch. | Line | Col. | | | | |
| | | | | **ADJUSTMENTS TO REPORTED ALLOWABLE SD/MC COST** | | | |
| 1 | MH 1960 | 9 | C | SD/MC ADMINISTRATION | $ 355,462 | $ 6,943 | $ 362,405 |
| 2 | MH 1960 | 10 | C | HEALTHY FAMILIES ADMINISTRATION | 0 | 7,368 | 7,368 |
| 3 | MH 1960 | 11 | C | NON SD/MC ADMINISTRATION | 214,739 | (14,311) | 200,428 |
| Info | MH 1960 | 12 | C | TOTAL ADMINISTRATIVE COSTS | $ 570,201 | | $ 570,201 |
| | | | | To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on percentage of audited Medi-Cal costs (including crossover costs) per form MH 1968 to total costs per Form MH1964 in accordance with cost report instructions. | | | |
| 4 | MH 1960 | 13 | C | SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) | $ 63,423 | $ 4,863 | $ 68,286 |
| 5 | MH 1960 | 15 | C | NON-SD/MC UTILIZATION REVIEW | 38,314 | (4,863) | 33,451 |
| Info | MH 1960 | 16 | C | TOTAL UTILIZATION REVIEW COSTS | $ 101,737 | | $ 101,737 |
| | | | | To reallocate total utilization review costs to Medi-Cal and non-Medi-Cal based on percentage of audited Medi-Cal costs per form MH 1968 to total costs per Form MH1964 in accordance with cost report instruction. | | | |
| | | | | **ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE** | | | |
| 6 | MH 1964 | 3 | A | 24-HOUR SERVICES (MODE 05) | $ 330,749 | $ (965) | $ 329,784 |
| 7 | MH 1964 | 4 | A | DAY SERVICES (MODE 10) | 430,747 | 4,999 | 435,746 |
| 8 | MH 1964 | 5 | A | OUTPATIENT SERVICES (MODE 15) | $ 3,157,358 | $ (4,033) | $ 3,153,325 |
| | | | | To distribute audited Direct Services costs (Medi-Cal Modes) to 24-Hour Services, Day Services, and Outpatient Services using the Relative Value method based on published charges. | | | |

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

# AUDIT ADJUSTMENTS

| Provider | Provider Number | No. of Adj. | Fiscal Period Ended |
|---|---|---|---|
| NEVADA COUNTY | 00029 | 33 | June 30, 2002 |

| Report Reference | | | | EXPLANATION OF AUDIT ADJUSTMENTS | | As Reported | Increase (Decrease) | As Adjusted |
|---|---|---|---|---|---|---|---|---|
| Adj. No. | Form/ Sch. | Line | Col. | | | | | |
| | | | | **ADJUSTMENTS TO REPORTED UNITS - COUNTY** | | | | |
| 9 | MH 1966A | 2 | B | TOTAL UNITS-MODE 15-01 | | 518,814 | (9,921) | 508,893 |
| 10 | MH 1966A | 2 | C | TOTAL UNITS-MODE 15-10 | | 116,080 | 6,696 | 122,776 |
| 11 | MH 1966A | 2 | E | TOTAL UNITS-MODE 15-40 | | 293,496 | 3,225 | 296,721 |
| | | | | To adjust total units to agree with County records. | | | | |
| | | | | CMS PUB. 15-1 SECTION 2304 | | | | |
| | | | | **ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS** | | | | |
| 12 | MH 1966A | 8 | TOTAL | TOTAL MEDI-CAL UNITS | 51.40% | 274,278 | 2,126 | 276,404 |
| 13 | MH 1966A | 9 | TOTAL | TOTAL MEDI/MEDI UNITS | 51.40% | 9,649 | 240 | 9,889 |
| 14 | MH 1966A | 8 + 9 | TOTAL | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.40% | 283,927 | 2,366 | 286,293 * |
| 15 | MH 1966A | 8A | TOTAL | TOTAL MEDI-CAL UNITS | 51.53% | 773,412 | 31,142 | 804,554 |
| 16 | MH 1966A | 9A | TOTAL | TOTAL MEDI/MEDI UNITS | 51.53% | 20,324 | 7,553 | 27,877 |
| 17 | MH 1966A | 8A + 9A | TOTAL | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.53% | 793,736 | 38,695 | 832,431 * |
| | | | | To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved Claims. Above adjustments include Phare II. Copies of working papers 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. | | | | |
| 18 | MH 1966A | 8 + 9 | TOTAL | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.40% ** | 286,293 | (783) | 285,510 * |
| 19 | MH 1966A | 8A + 9A | TOTAL | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.53% ** | 832,431 | 2,559 | 834,990 * |
| | | | | To adjust Medi-Cal and Medi/Medi units to agree with County records. Copies of working papers 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 peoriods. | | | | |

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

# AUDIT ADJUSTMENTS

| Provider | Provider Number | No. of Adj. | Fiscal Period Ended |
|---|---|---|---|
| NEVADA COUNTY | 00029 | 33 | June 30, 2002 |

| Report Reference | | | | EXPLANATION OF AUDIT ADJUSTMENTS | | | As Reported | Increase (Decrease) | As Adjusted | |
|---|---|---|---|---|---|---|---|---|---|---|
| Adj. No. | Form/ Sch. | Line | Col. | | | | | | | |
| | | | | **ADJUSTMENTS TO REPORTED UNITS - COUNTY** | | | | | | |
| 20 | MH 1966A | 8 + 9 | Total | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.40% | ** | 285,510 | (459) | 285,051 | * |
| 21 | MH 1966A | 8A + 9A | Total | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.53% | ** | 834,990 | (6,303) | 828,687 | * |
| | | | | To adjust Medi-Cal plus Medi/Medi units to the lesser of the DMH Summary of Approved Claims or the County records. | | | | | | |
| 22 | MH 1966A | 8 + 9 | TOTAL | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.40% | ** | 285,051 | (9,889) | 275,162 | * |
| 23 | MH 1966A | 8A + 9A | TOTAL | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.53% | ** | 828,687 | (27,877) | 800,810 | * |
| | | | | To identify Medi/Medi units for settlement purposes. | | | | | | |
| 24 | MH 1970 | | TOTAL | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.40% | ** | 275,162 | (32) | 275,130 | |
| 25 | MH 1970 | | TOTAL | TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | 51.53% | ** | 800,810 | (85) | 800,725 | |
| | | | | To eliminate Fee for Services units due to lack of supporting documents. | | | | | | |
| 26 | MH 1966A | 11 | TOTAL | TOTAL HEALTHY FAMILY UNITS | 07/1/02 to 09/30/02 | | 4,988 | (713) | 4,275 | * |
| 27 | MH 1966A | 11A | TOTAL | TOTAL HEALTHY FAMILY UNITS | 10/1/02 to 06/30/03 | | 23,049 | 724 | 23,773 | * |
| | | | | To adjust Healthy Family units to agree with the State Department of Mental Health Summary of Approved Claims report. | | | | | | |
| 28 | MH 1966A | 11 | TOTAL | TOTAL HEALTHY FAMILY UNITS | 07/1/02 to 09/30/02 | ** | 4,275 | 713 | 4,988 | * |
| 29 | MH 1966A | 11A | TOTAL | TOTAL HEALTHY FAMILY UNITS | 10/1/02 to 06/30/03 | ** | 23,773 | (724) | 23,049 | * |
| | | | | To adjust Healthy Family units to agree with County records. | | | | | | |
| 30 | MH 1966A | 11 | TOTAL | TOTAL HEALTHY FAMILY UNITS | 07/1/02 to 09/30/02 | ** | 4,988 | (113) | 4,875 | |
| 31 | MH 1966A | 11A | TOTAL | TOTAL HEALTHY FAMILY UNITS | 10/1/02 to 06/30/03 | ** | 23,049 | (2,942) | 20,107 | |
| | | | | To adjust Healthy Family units to the lesser of the DMH Summary of Approved Claims or the County records. | | | | | | |

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

# AUDIT ADJUSTMENTS

| Provider | Provider Number | No. of Adj. | Fiscal Period Ended |
|---|---|---|---|
| NEVADA COUNTY | 00029 | 33 | June 30, 2002 |

| Report Reference | | | | EXPLANATION OF AUDIT ADJUSTMENTS | As Reported | Increase (Decrease) | As Adjusted |
|---|---|---|---|---|---|---|---|
| Adj. No. | Form/ Sch. | Line | Col. | | | | |
| | | | | **ADJUSTMENTS TO REPORTED SHORT-DOYLE /MEDI-CAL SETTLEMENT** | | | |
| 32 | MH 1979 | 21 | J | TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY | $ 1,518,945 | $ 31,350 | $ 1,550,295 |
| 33 | MH 1979 | 27 | J | TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY | 39,455 | (1,083) | 38,372 |
| Info. | Sch. 3b | Total | 24 | TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS | 71,787 | 0 | 71,787 |
| Info. | Sch. 3b | Total | 25 | TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS | 0 | 0 | 0 |
| Info. | | | | | $ 1,630,187 | $ 30,267 | $ 1,660,454 |
| | | | | To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units for the County. | | | |

* 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: Nevada County
County Code: 29

| | Legal Entity: Nevada County Mental Health Service | A | B | C |
|---|---|---|---|---|
| | Legal Entity Number: 00029 | Salaries and Benefits | Other | Total Costs |
| 1 | Mental Health Expenditures | 2,356,013 | 3,519,770 | 5,875,783 |
| 2 | Encumbrances | | | |
| 3 | Less: Payments to Contract Providers (County Only) | | (1,065,058) | (1,065,058) |
| 4 | Other Adjustments (Provide Detail) | | (25,156) | (25,156) |
| 5 | Total Costs Before Medi-Cal Adjustments | 2,356,013 | 2,429,556 | 4,785,569 |
| 6 | Medi-Cal Adjustments from MH 1961 | | | 25,156 |
| 7 | Managed Care Consolidation (County Only) | | | |
| 8 | Allowable Costs for Allocation | | | 4,810,725 |
| | Administrative Costs (County Only) | | | |
| 9 | SD/MC Administration | | | 362,405 |
| 10 | Healthy Families Administration | | | 7,368 |
| 11 | Non-SD/MC Administration | | | 200,428 |
| 12 | Total Administrative Costs | | | 570,201 |
| | | | | |
| | Utilization Review Costs (County Only) | | | |
| 13 | Skilled Professional Medical Personnel | | | 68,286 |
| 14 | Other SD/MC Utilization Review | | | |
| 15 | Non-SD/MC Utilization Review | | | 33,451 |
| 16 | Total Utilization Review Costs | | | 101,737 |
| | | | | |
| 17 | Research and Evaluation (County Only) | | | |
| | | | | |
| 18 | Mode Costs (Direct Service and MAA) | | | 4,138,787 |
| | | | | |
| 19 | Total Costs - Lines 9 through 18 | | | 4,810,725 |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

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

Fiscal Year 2002-2003

County: Nevada County
County Code: 29

| | Legal Entity: Nevada County Mental Health Service | A | B | C |
|---|---|---|---|---|
| | Legal Entity Number: 00029 | Salaries and Benefits | Other | Total Adjustments |
| 1 | Depreciation Expense | | 25,156 | 25,156 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
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| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | **Total Adjustments** | | 25,156 | 25,156 |

**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: Nevada County
County Code: 29

| | Legal Entity: Nevada County Mental Health Services | A |
|---|---|---|
| | Legal Entity Number: 00029 | Total Costs |
| 1 | Mode Costs (Direct Service and MAA) from MH 1960 | 4,138,787 |
| | **Modes** | |
| 2 | Hospital Inpatient Services (Mode 05-SFC 10-19) | |
| 3 | Other 24 Hour Services (Mode 05-All Other SFC) | 329,784 |
| 4 | Day Services (Mode 10) | 435,746 |
| 5 | Outpatient Services (Mode 15 Program 1 + Program 2) | 3,153,325 |
| 6 | Outreach Services (Mode 45) | 182,674 |
| 7 | Medi-Cal Administrative Activities (Mode 55) | |
| 8 | Support Services (Mode 60) | 37,259 |
| 9 | Total - Lines 2 through 8 | 4,138,787 |

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

DETAIL COST REPORT

County: Nevada County
County Code: 29

CR

| | | | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|---|---|
| | Legal Entity: Nevada County Mental Health Services | | | | | | | | |
| | Legal Entity Number: 00029 | | | | | | | | |
| | Mode: 05 - Other 24 Hour Services (All Other SFC) | | Mode Total | Service Function | Service Function | Service Function | Service Function | Service Function | Service Function |
| | | | | 65 | | | | | |
| 1 | Allocation Percentage | | 100.00% | 100.00% | | | | | |
| 2 | Total Units | | | 2,866 | | | | | |
| 3 | Gross Cost | | 329,784 | 329,784 | | | | | |
| 4 | Cost per Unit | | | 115.07 | | | | | |
| 5 | SMA per Unit | | | 130.33 | | | | | |
| 6 | Published Charge per Unit | | | | | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/02 - 09/30/02 | | 406 | | | | | |
| 8A | | 10/01/02 - 06/30/03 | | 1,508 | | | | | |
| 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 | | | 952 | | | | | |
| 13 | Medi-Cal Costs | 07/01/02 - 09/30/02 | 46,717 | 46,717 | | | | | |
| 13A | | 10/01/02 - 06/30/03 | 173,522 | 173,522 | | | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/02 - 09/30/02 | 52,914 | 52,914 | | | | | |
| 14A | | 10/01/02 - 06/30/03 | 196,538 | 196,538 | | | | | |
| 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 | | 109,544 | 109,544 | | | | | |

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

DETAIL COST REPORT

County: Nevada County
County Code: 29
Legal Entity: Nevada County Mental Health Services
Legal Entity Number: 00029
Mode: 10 - Day Services

| | | | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|---|---|
| | | | | CR | CR | CR | CR | | |
| | | | Mode Total | Service Function | Service Function | Service Function | Service Function | Service Function | Service Function |
| | | | | 91 | 95 | 93 | 94 | | |
| 1 | Allocation Percentage | | 100.00% | 38.30% | 58.82% | 2.64% | 0.23% | | |
| 2 | Total Units | | | 2,653 | 2,702 | 183 | 16 | | |
| 3 | Gross Cost | | 435,746 | 166,904 | 256,323 | 11,513 | 1,007 | | |
| 4 | Cost per Unit | | | 62.91 | 94.86 | 62.91 | 62.91 | | |
| 5 | SMA per Unit | | | 73.77 | 115.14 | 73.77 | 73.77 | | |
| 6 | Published Charge per Unit | | | | | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/02 - 09/30/02 | | 272 | 705 | | | | |
| 8A | | 10/01/02 - 06/30/03 | | 1,288 | 1,579 | | | | |
| 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 | | 64 | | | | | |
| 11A | | 10/01/02 - 06/30/03 | | 138 | | | | | |
| 12 | Non-Medi-Cal Units | | | 891 | 418 | 183 | 16 | | |
| 13 | Medi-Cal Costs | 07/01/02 - 09/30/02 | 83,991 | 17,112 | 66,879 | | | | |
| 13A | | 10/01/02 - 06/30/03 | 230,820 | 81,030 | 149,790 | | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/02 - 09/30/02 | 101,239 | 20,065 | 81,174 | | | | |
| 14A | | 10/01/02 - 06/30/03 | 276,822 | 95,016 | 181,806 | | | | |
| 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 | 4,026 | 4,026 | | | | | |
| 29A | | 10/01/02 - 06/30/03 | 8,682 | 8,682 | | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/02 - 09/30/02 | 4,721 | 4,721 | | | | | |
| 30A | | 10/01/02 - 06/30/03 | 10,180 | 10,180 | | | | | |
| 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 | | 108,226 | 56,054 | 39,653 | 11,513 | 1,007 | | |

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

DETAIL COST REPORT

Fiscal Year 2002-2003

County: Nevada County
County Code: 29
Legal Entity: Nevada County Mental Health Services
Legal Entity Number: 00029
Mode: 15 - Outpatient (Program 1)

| | | | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|---|---|
| | | | | CR | CR | CR | CR | CR | CR |
| | | | Mode Total | Service Function | Service Function | Service Function | Service Function | Service Function | Service Function |
| | | | | 01 | 10 | 30 | 40 | 50 | 60 |
| 1 | Allocation Percentage | | 100.00% | 20.32% | 6.90% | 11.53% | 16.68% | 1.89% | 37.39% |
| 2 | Total Units | | | 508,893 | 122,776 | 205,197 | 296,721 | 33,637 | 308,212 |
| 3 | Gross Cost | | 3,082,321 | 626,330 | 212,715 | 355,513 | 514,083 | 58,278 | 1,152,605 |
| 4 | Cost per Unit | | | 1.23 | 1.73 | 1.73 | 1.73 | 1.73 | 3.74 |
| 5 | SMA per Unit | | | 1.77 | 2.28 | 2.28 | 2.28 | 2.28 | 4.23 |
| 6 | Published Charge per Unit | | | | | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/02 - 09/30/02 | | 102,347 | 22,957 | 30,740 | 38,785 | 3,937 | 43,853 |
| 8A | | 10/01/02 - 06/30/03 | | 281,822 | 55,628 | 81,199 | 144,181 | 14,608 | 139,336 |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/02 - 09/30/02 | | | | | 360 | | 9,289 |
| 9A | | 10/01/02 - 06/30/03 | | | | | 840 | | 19,484 |
| 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 | | 845 | 1,590 | 630 | 645 | | 486 |
| 11A | | 10/01/02 - 06/30/03 | | 4,515 | 4,190 | 5,760 | 3,240 | 369 | 365 |
| 12 | Non-Medi-Cal Units | | | 119,364 | 38,411 | 86,868 | 108,670 | 14,723 | 95,399 |
| 13 | Medi-Cal Costs | 07/01/02 - 09/30/02 | 480,655 | 125,966 | 39,774 | 53,258 | 67,197 | 6,821 | 163,995 |
| 13A | | 10/01/02 - 06/30/03 | 1,441,462 | 346,858 | 96,378 | 140,681 | 249,800 | 25,309 | 521,068 |
| 14 | Medi-Cal SMA Upper Limits | 07/01/02 - 09/30/02 | 625,553 | 181,154 | 52,342 | 70,087 | 88,430 | 8,976 | 185,498 |
| 14A | | 10/01/02 - 06/30/03 | 1,863,614 | 498,825 | 126,832 | 185,134 | 328,733 | 33,306 | 589,391 |
| 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 | 35,361 | | | | 624 | | 34,738 |
| 17A | | 10/01/02 - 06/30/03 | 74,319 | | | | 1,455 | | 72,863 |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/02 - 09/30/02 | 40,113 | | | | 821 | | 39,292 |
| 18A | | 10/01/02 - 06/30/03 | 84,333 | | | | 1,915 | | 82,417 |
| 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 | 8,069 | 1,040 | 2,755 | 1,092 | 1,117 | | 1,817 |
| 29A | | 10/01/02 - 06/30/03 | 31,528 | 5,557 | 7,259 | 9,979 | 5,613 | 639 | 1,365 |
| 30 | Healthy Families SMA Upper Limits | 07/01/02 - 09/30/02 | 10,493 | 1,496 | 3,625 | 1,436 | 1,471 | | 2,056 |
| 30A | | 10/01/02 - 06/30/03 | 42,291 | 7,992 | 9,553 | 13,133 | 7,387 | 841 | 1,544 |
| 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 | | 1,010,926 | 146,910 | 66,549 | 150,503 | 188,276 | 25,508 | 356,759 |

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

DETAIL COST REPORT

County: Nevada County
County Code: 29

| | | | CR | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Legal Entity: Nevada County Mental Health Services | | H | I | J | K | L | M | N |
| | Legal Entity Number: 00029 | | Service | Service | Service | Service | Service | Service | Service |
| | Mode: 15 - Outpatient (Program 1) | | Function | Function | Function | Function | Function | Function | Function |
| | | | 70 | | | | | | |
| 1 | Allocation Percentage | | 5.28% | | | | | | |
| 2 | Total Units | | 78,878 | | | | | | |
| 3 | Gross Cost | | 162,797 | | | | | | |
| 4 | Cost per Unit | | 2.06 | | | | | | |
| 5 | SMA per Unit | | 3.41 | | | | | | |
| 6 | Published Charge per Unit | | | | | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/02 - 09/30/02 | 11,456 | | | | | | |
| 8A | | 10/01/02 - 06/30/03 | 29,734 | | | | | | |
| 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 | 120 | | | | | | |
| 11A | | 10/01/02 - 06/30/03 | 540 | | | | | | |
| 12 | Non-Medi-Cal Units | | 37,028 | | | | | | |
| 13 | Medi-Cal Costs | 07/01/02 - 09/30/02 | 23,644 | | | | | | |
| 13A | | 10/01/02 - 06/30/03 | 61,368 | | | | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/02 - 09/30/02 | 39,065 | | | | | | |
| 14A | | 10/01/02 - 06/30/03 | 101,393 | | | | | | |
| 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 | 248 | | | | | | |
| 29A | | 10/01/02 - 06/30/03 | 1,115 | | | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/02 - 09/30/02 | 409 | | | | | | |
| 30A | | 10/01/02 - 06/30/03 | 1,841 | | | | | | |
| 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 | | 76,422 | | | | | | |

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

DETAIL COST REPORT

County: Nevada County
County Code: 29
Legal Entity: Nevada County Mental Health Services
Legal Entity Number: 00029
Mode: 15 - Outpatient (Program 2)

| | | | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|---|---|
| | | | | MHS | MHS | MHS | ASO | | |
| | | | Mode Total | Service Function | Service Function | Service Function | Service Function | Service Function | Service Function |
| | | | | 37 | 38 | 39 | 34 | | |
| 1 | Allocation Percentage | | 100.00% | 11.75% | 32.11% | 44.50% | 11.64% | | |
| 2 | Total Units | | | 11,925 | 22,665 | 39,675 | 4,314 | | |
| 3 | Gross Cost | | 71,004 | 8,340 | 22,800 | 31,600 | 8,264 | | |
| 4 | Cost per Unit | | | 0.70 | 1.01 | 0.80 | 1.92 | | |
| 5 | SMA per Unit | | | 2.28 | 2.28 | 2.28 | 2.28 | | |
| 6 | Published Charge per Unit | | | | | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | Medi-Cal Units | 07/01/02 - 09/30/02 | | 1,485 | 4,500 | 12,750 | 937 | | |
| 8A | | 10/01/02 - 06/30/03 | | 6,565 | 15,750 | 24,150 | 3,377 | | |
| 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 | | 360 | | 135 | | | |
| 11A | | 10/01/02 - 06/30/03 | | | 120 | 870 | | | |
| 12 | Non-Medi-Cal Units | | | 3,515 | 2,295 | 1,770 | | | |
| 13 | Medi-Cal Costs | 07/01/02 - 09/30/02 | 17,515 | 1,039 | 4,527 | 10,155 | 1,795 | | |
| 13A | | 10/01/02 - 06/30/03 | 46,139 | 4,591 | 15,844 | 19,235 | 6,469 | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/02 - 09/30/02 | 44,852 | 3,386 | 10,260 | 29,070 | 2,136 | | |
| 14A | | 10/01/02 - 06/30/03 | 113,640 | 14,968 | 35,910 | 55,062 | 7,700 | | |
| 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 | 359 | 252 | | 108 | | | |
| 29A | | 10/01/02 - 06/30/03 | 814 | | 121 | 693 | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/02 - 09/30/02 | 1,129 | 821 | | 308 | | | |
| 30A | | 10/01/02 - 06/30/03 | 2,257 | | 274 | 1,984 | | | |
| 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 | | 6,177 | 2,458 | 2,309 | 1,410 | | | |

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: Nevada County
County Code: 29
Legal Entity: Nevada County Mental Health Services
Legal Entity Number: 00029
Mode: 45 - Outreach

| | | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|---|
| | | | CR | CR | CR | CR | | |
| | | Mode Total | Service Function | Service Function | Service Function | Service Function | Service Function | Service Function |
| | | | 10 | 20 | 11 | 12 | | |
| 1 | Allocation Percentage | 100.00% | 54.50% | 3.53% | 41.07% | 0.90% | | |
| 2 | Total Units | | 187,749 | 13,035 | 1 | 1 | | |
| 3 | Gross Cost | 182,674 | 99,552 | 6,441 | 75,030 | 1,651 | | |
| 4 | Cost per Unit | | 0.53 | 0.49 | 75,030.00 | 1,651.00 | | |
| 5 | Non-Medi-Cal Units | | 187,749 | 13,035 | 1 | 1 | | |
| 6 | Non-Medi-Cal Costs | 182,674 | 99,552 | 6,441 | 75,030 | 1,651 | | |

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: Nevada County
County Code: 29

| | Legal Entity: Nevada County Mental Health Services | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|---|
| | Legal Entity Number: 00029 | | CR | CR | | | | |
| | Mode: 60 - Support | Mode Total | Service Function | Service Function | Service Function | Service Function | Service Function | Service Function |
| | | | 40 | 45 | | | | |
| 1 | Allocation Percentage | 100.00% | 86.58% | 13.42% | | | | |
| 2 | Total Units | | 2,159 | 1 | | | | |
| 3 | Gross Cost | 37,259 | 32,259 | 5,000 | | | | |
| 4 | Cost per Unit | | 14.94 | 5,000.00 | | | | |
| 5 | Non-Medi-Cal Units (Same as Line 2) | | 2,159 | 1 | | | | |
| 6 | Non-Medi-Cal Costs (Same as Line 3) | 37,259 | 32,259 | 5,000 | | | | |

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

Fiscal Year 2002-2003

County: Nevada County
County Code: 29
Legal Entity: Nevada County Mental Health Services
Legal Entity Number: 00029

| | | | REIMBURSEMENT TYPE | | | | PC | Costs | | | | Costs | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A | B | C | D | E | F | G | H | I | J | K |
| | | | Mode 55 | | | Total MAA | Total Inpatient Mode 05-Hospital | Mode 05-All Other | Mode 10 | Mode 15 Program (1) | Total Outpatient Exclude Program (2) | Mode 15 Program (2) | Total Outpatient (Col. I + Col. J) |
| | | | S. F.'s 01-09 | S. F.'s 11-19, 31-39 | S. F.'s 21-29 | | | | | | | | |
| 1 | Medi-Cal Costs | 07/01/02 - 09/30/02 | | | | | | 46,717 | 83,991 | 480,655 | 611,363 | 17,515 | 628,879 |
| 1A | | 10/01/02 - 06/30/03 | | | | | | 173,522 | 230,820 | 1,441,462 | 1,845,804 | 46,139 | 1,891,943 |
| 2 | Medi-Cal SMA | 07/01/02 - 09/30/02 | | | | | | 52,914 | 101,239 | 625,553 | 779,706 | 44,852 | 824,558 |
| 2A | | 10/01/02 - 06/30/03 | | | | | | 196,538 | 276,822 | 1,863,614 | 2,336,973 | 113,640 | 2,450,613 |
| 3 | Medi-Cal P. C. | 07/01/02 - 09/30/02 | | | | | | | | | | | |
| 3A | | 10/01/02 - 06/30/03 | | | | | | | | | | | |
| 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 | | | | | | 46,717 | 83,991 | 480,655 | 611,363 | 17,515 | 628,879 |
| 5A | | 10/01/02 - 06/30/03 | | | | | | 173,522 | 230,820 | 1,441,462 | 1,845,804 | 46,139 | 1,891,943 |
| 6 | Medicare/Medi-Cal Crossover Cost | 07/01/02 - 09/30/02 | | | | | | | | 35,361 | 35,361 | | 35,361 |
| 6A | | 10/01/02 - 06/30/03 | | | | | | | | 74,319 | 74,319 | | 74,319 |
| 7 | Medicare/Medi-Cal Crossover SMA | 07/01/02 - 09/30/02 | | | | | | | | 40,113 | 40,113 | | 40,113 |
| 7A | | 10/01/02 - 06/30/03 | | | | | | | | 84,333 | 84,333 | | 84,333 |
| 8 | Medicare/Medi-Cal Crossover P. C. | 07/01/02 - 09/30/02 | | | | | | | | | | | |
| 8A | | 10/01/02 - 06/30/03 | | | | | | | | | | | |
| 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 | | | | | | | | 35,361 | 35,361 | | 35,361 |
| 10A | | 10/01/02 - 06/30/03 | | | | | | | | 74,319 | 74,319 | | 74,319 |
| 11 | Total SD/MC + Crossover Gross Reim. | 07/01/02 - 09/30/02 | | | | | | 46,717 | 83,991 | 516,016 | 646,725 | 17,515 | 664,240 |
| 11A | | 10/01/02 - 06/30/03 | | | | | | 173,522 | 230,820 | 1,515,781 | 1,920,123 | 46,139 | 1,966,262 |
| 12 | Enhanced SD/MC (Children) Cost | 07/01/02 - 09/30/02 | | | | | | | | | | | |
| 12A | | 10/01/02 - 06/30/03 | | | | | | | | | | | |
| 13 | Enhanced SD/MC (Children) SMA | 07/01/02 - 09/30/02 | | | | | | | | | | | |
| 13A | | 10/01/02 - 06/30/03 | | | | | | | | | | | |
| 14 | Enhanced SD/MC (Children) P. C. | 07/01/02 - 09/30/02 | | | | | | | | | | | |
| 14A | | 10/01/02 - 06/30/03 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 16A | | 10/01/02 - 06/30/03 | | | | | | | | | | | |
| 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 | | | | | | 46,717 | 83,991 | 516,016 | 646,725 | 17,515 | 664,240 |
| 21A | (Excludes Refugees) | 10/01/02 - 06/30/03 | | | | | | 173,522 | 230,820 | 1,515,781 | 1,920,123 | 46,139 | 1,966,262 |
| 22 | Enhanced SD/MC (Refugees) Gross Reim. | 07/01/02 - 06/30/03 | | | | | | | | | | | |
| 23 | Healthy Families Cost | 07/01/02 - 09/30/02 | | | | | | | 4,026 | 8,069 | 12,095 | 359 | 12,455 |
| 23A | | 10/01/02 - 06/30/03 | | | | | | | 8,682 | 31,528 | 40,210 | 814 | 41,023 |
| 24 | Healthy Families SMA | 07/01/02 - 09/30/02 | | | | | | | 4,721 | 10,493 | 15,214 | 1,129 | 16,343 |
| 24A | | 10/01/02 - 06/30/03 | | | | | | | 10,180 | 42,291 | 52,472 | 2,257 | 54,729 |
| 25 | Healthy Families P. C. | 07/01/02 - 09/30/02 | | | | | | | | | | | |
| 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 | | | | | | | 4,026 | 8,069 | 12,095 | 359 | 12,455 |
| 27A | | 10/01/02 - 06/30/03 | | | | | | | 8,682 | 31,528 | 40,210 | 814 | 41,023 |
| | Less: Patient and Other Payor Revenues | | | | | | | | | | | | |
| 28 | SD/MC + Crossover Revenues | 07/01/02 - 09/30/02 | | | | | | | 549 | 31,160 | 31,709 | | 31,709 |
| 28A | | 10/01/02 - 06/30/03 | | | | | | | 4,617 | 35,213 | 39,830 | | 39,830 |
| 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 | | | | | | 46,717 | 83,442 | 484,856 | 615,016 | 17,515 | 632,531 |
| 35A | | 10/01/02 - 06/30/03 | | | | | | 173,522 | 226,203 | 1,480,568 | 1,880,293 | 46,139 | 1,926,432 |
| 36 | Net Due - Enhanced SD/MC (Refugees) | | | | | | | | | | | | |
| 37 | Net Due - Healthy Families | 07/01/02 - 09/30/02 | | | | | | | 4,026 | 8,069 | 12,095 | 359 | 12,455 |
| 37A | | 10/01/02 - 06/30/03 | | | | | | | 8,682 | 31,528 | 40,210 | 814 | 41,023 |
| | 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

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

Fiscal Year 2002-2003

County: Nevada County
County Code: 29

Legal Entity: Nevada County Mental Health Services

| Legal Entity Number: 00029 | | 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) | 46,717 | 173,522 | 24,013 | 89,724 | | |
| 3 | 10 - Day Services | 83,442 | 226,203 | 42,889 | 116,000 | | |
| 4 | 15 - Outpatient (Program 1) | 484,856 | 1,480,568 | 249,216 | 763,304 | | |
| 5 | 15 - Outpatient (Program 2) | 17,515 | 46,139 | 9,003 | 23,728 | | |
| 6 | Totals | 632,531 | 1,926,432 | 325,121 | 992,757 | | |
| 7 | Totals from MH1979 | 632,531 | 1,926,432 | 325,121 | 992,757 | | |
| 8 | Effective SD/MC FFP % | | | | | 51.40% | 51.53% |

MH 1979 (10/04)

Fiscal Year 2002-2003

County: Nevada County
County Code: 29

| | Legal Entity: Nevada County Mental Health Services | | A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | FFP % Source: MH1978 E8 | FFP % Source: MH1978 F8 | | | |
| | Legal Entity Number: 00029 | | Total MAA | Total Inpatient | Total Outpatient | Total | 50% FFP | 51.40% FFP | 51.53% FFP | [1]Variable % FFP | 75% FFP | Total FFP |
| | SD/MC Administrative Reimbursement (County Only) | | | | | | | | | | | |
| 1 | County SD/MC Direct Service Gross Reimbursement | | | | 2,630,502 | 2,630,502 | | | | | | |
| 2 | Contract Provider Medi-Cal Direct Service Gross Reimbursement | | | 31,744 | 139,936 | 171,680 | | | | | | |
| 3 | Total Medi-Cal Direct Service Gross Reimbursement | | | | | 2,802,182 | | | | | | |
| 4 | Medi-Cal Administrative Reimbursement Limit | | | | | 420,327 | | | | | | |
| 5 | Medi-Cal Administration | | | | | 362,405 | | | | | | |
| 6 | Medi-Cal Administrative Reimbursement | | | | | 362,405 | 181,203 | | | | | 181,203 |
| | Healthy Families Administrative Reimbursement (County Only) | | | | | | | | | | | |
| 7 | County Healthy Families Direct Service Gross Reimbursement | | | | 53,478 | 53,478 | | | | | | |
| 8 | Healthy Families Administrative Reimbursement Limit | | | | | 5,348 | | | | | | |
| 9 | Healthy Families Administration | | | | | 7,368 | | | | | | |
| 10 | Healthy Families Administrative Reimbursement | | | | | 5,348 | | | | 3,489 | | 3,489 |
| | 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) | | | | | 68,286 | | | | | 51,215 | 51,215 |
| 15 | Other SD/MC Utilization Review (County Only) | | | | | | | | | | | |
| 16 | SD/MC Net Reimbursement for Direct Services | 07/01/02 - 09/30/02 | | | 632,531 | 632,531 | | 325,121 | | | | 325,121 |
| 16A | | 10/01/02 - 06/30/03 | | | 1,926,432 | 1,926,432 | | | 992,757 | | | 992,757 |
| 17 | Enhanced SD/MC Net Reimb. (Children) | 07/01/02 - 09/30/02 | | | | | | | | | | |
| 17A | | 10/01/02 - 06/30/03 | | | | | | | | | | |
| 18 | Enhanced SD/MC Net Reimb. (Refugees) | | | | | | | | | | | |
| 19 | Total SD/MC Reimbursement Before Excess FFP | | | | | | | | | | | 1,550,295 |
| 20 | Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC | | | | | | | | | | | |
| 21 | Total SD/MC Reimbursement (FFP) | | | | | | | | | | | 1,550,295 |
| 22 | Contract Limitation Adjustment | | | | | | | | | | | |
| 23 | Adjusted Total SD/MC Reimbursement (FFP) | | | | | | | | | | | 1,550,295 |
| 24 | Healthy Families Net Reimbursement | 07/01/02 - 09/30/02 | | | 12,455 | 12,455 | | | | 8,217 | | 8,217 |
| 24A | | 10/01/02 - 06/30/03 | | | 41,023 | 41,023 | | | | 26,665 | | 26,665 |
| 25 | Total Healthy Families Reimbursement Before Excess FFP | | | | | | | | | | | 38,372 |
| 26 | Amount Negotiated Rates Exceed Costs - Healthy Families | | | | | | | | | | | |
| 27 | Total Healthy Families Reimbursement | | | | | | | | | | | 38,372 |