CALIFORNIA DEPARTMENT OF
Mental Health

Audits Section - Southern Region
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015
Telephone: (562) 406-3929 Fax: (562) 406-3951

FEB 0 1 2008

Jerry Wengerd, Director
Riverside County Mental Health
P.O. Box 7549
Riverside, CA 92513-7549

Dear Mr. Wengerd:

AUDIT REPORT – VICTOR COMMUNITY SUPPORT SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Victor Community Support 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 – FFP	$ 295,623	$ 295,623	$ 0

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 P. 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,

WALTER J. HILL, Jr. MBA, EA
Chief

RAQUEL E. RIOS, Supervisor
Audits – Southern Region

Enclosures

CERTIFIED MAIL

CALIFORNIA DEPARTMENT OF
Mental Health

Audits Section – Southern Region
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650
Telephone: (562) 406-3929 Fax: (562) 406-3951

Monte Buckhold, Controller
Victor Community Support Services
1908 Business Center Drive # 220
San Bernardino, CA 92408

Dear Ms. Buckhold:

Attached is a copy of our audit report of your 2002-2003 Fiscal Year operation concerning the Short-Doyle/Medi-Cal program.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

Raquel E. Rios

RAQUEL E. RIOS
Audits Supervisor

Attachment

SCHEDULE 1

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

LEGAL ENTITY NAME: VICTOR COMMUNITY SUPPORT SERVICES
LEGAL ENTITY NUMBER: 1042

		As Settled	Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL PROGRAM COST				
FEDERAL - FFP	(Sch. 2)	$ 295,623	$ (0)	$ 295,623

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

		As Settled	Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	$ 0	$ 0	$ 0
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	575,912	0	575,912
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 Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		$ 575,912	$ 0	$ 575,912
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	$ 0	$ 0	$ 0
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	0	0	0
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 Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		$ 0	$ 0	$ 0
Medi-Cal Net Reimbursement for Direct Services				
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	$ 0	$ 0	$ 0
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)	575,912	0	575,912
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 Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		$ 575,912	$ 0	$ 575,912
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. Total		$ 0	$ 0	$ 0
Amount Negotiated Rates Exceed Cost				
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	$ 0	$ 0	$ 0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Total		$ 0	$ 0	$ 0
Net Reimbursable Cost - FFP				
36. Direct Services	(MH1979, Ln 16, 16A)	$ 295,623	$ (0)	$ 295,623
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	0	0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	0	0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	0	0	0
42. Total - FFP		$ 295,623	$ (0)	$ 295,623
Contract Maximum		$ 1,230,450	$ 0	$ 1,230,450
Lower of Net Reimbursable Cost or Contract Maximum		$ 295,623	$ (0)	$ 295,623
				(To Sch.1)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: RIVERSIDE
County Code: 33

As Audited

	Legal Entity: VICTOR COMMUNITY SUPPORT SE	A	B	C
	Legal Entity Number: 01042	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	330,803	245,109	575,912
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	330,803	245,109	575,912
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			575,912
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			575,912
19	Total Costs - Lines 9 through 18			575,912

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: RIVERSIDE
County Code: 33

	Legal Entity: VICTOR COMMUNITY SUPPORT SERVICES	A
	Legal Entity Number: 01042	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	575,912
	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)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	575,912
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	575,912

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: RIVERSIDE
County Code: 33

	Legal Entity: VICTOR COMMUNITY SUPPORT SERVICES Legal Entity Number: 01042 Mode: 15 - Outpatient (Program 1)		A	B	C	D	E	F	G
				CR	CR	CR	CR	CR	
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				01	10	58	60	70	
1	Allocation Percentage		100.00%	0.05%	3.17%	96.64%	0.04%	0.10%	
2	Total Units			371	7,147	337,328	47	148	
3	Gross Cost		575,912	285	18,281	556,547	226	573	
4	Cost per Unit			0.77	2.56	1.65	4.81	3.87	
5	SMA per Unit			1.77	2.28	2.28	4.23	3.41	
6	Published Charge per Unit			2.04	2.04	2.62	4.87	3.92	
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02				97,613			
8A		10/01/02 - 06/30/03		371	7,147	239,715	47	148	
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								
13	Medi-Cal Costs	07/01/02 - 09/30/02	161,049			161,049			
13A		10/01/02 - 06/30/03	414,863	285	18,281	395,498	226	573	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	222,558			222,558			
14A		10/01/02 - 06/30/03	564,206	657	16,295	546,550	199	505	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	255,746			255,746			
15A		10/01/02 - 06/30/03	644,199	757	14,580	628,053	229	580	
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		(0)			(0)			

ALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEAL...

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

Fiscal Year 2002-2003

County: RIVERSIDE
County Code: 33
Legal Entity: VICTOR COMMUNITY SUPPORT SERVICES
Legal Entity Number: 01042

			REIMBURSEMENT TYPE				PC	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
				Mode 55			Total Inpatient						
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	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)
1	Medi-Cal Costs	07/01/02 - 09/30/02								161,049	161,049		161,049
1A		10/01/02 - 06/30/03								414,863	414,863		414,863
2	Medi-Cal SMA	07/01/02 - 09/30/02								222,558	222,558		222,558
2A		10/01/02 - 06/30/03								564,206	564,206		564,206
3	Medi-Cal P. C.	07/01/02 - 09/30/02								255,746	255,746		255,746
3A		10/01/02 - 06/30/03								644,199	644,199		644,199
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								161,049	161,049		161,049
5A		10/01/02 - 06/30/03								414,863	414,863		414,863
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
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											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02								161,049	161,049		161,049
11A		10/01/02 - 06/30/03								414,863	414,863		414,863
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								161,049	161,049		161,049
21A	(Excludes Refugees)	10/01/02 - 06/30/03								414,863	414,863		414,863
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
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											
27A		10/01/02 - 06/30/03											
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02											
28A		10/01/02 - 06/30/03											
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								161,049	161,049		161,049
35A		10/01/02 - 06/30/03								414,863	414,863		414,863
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1970 (10/04)

Fiscal Year 2002-2003

County: RIVERSIDE
County Code: 33

Legal Entity: VICTOR COMMUNITY SUPPORT SERVICES
Legal Entity Number: 01042

Mode: 15 - Outpatient (Program 1)					A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
				Data Type	SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars			
				Source	From MH1901_Schedule_B_Supplemental			Calculated		From MH1966_MODE15_(1)				From MH1901_Schedule_B				Calculated				Calculated			
				Formula				B / (B + C)	C / (B + C)		(D * I)	(E * I)			(D * M)	(E * M)		(F - J)	(G - K)	(H - L)	(O + P)	(51.40% * N)	(50.00% * O)	(54.35% * P)	(S + T)
				Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP $ 07/01/02 - 09/30/02	2nd Period/ Part I FFP $ 10/01/02 - 03/30/03	2nd Period/ Part II FFP $ 04/01/02 - 06/30/03	Total 2nd Period FFP $ 04/01/02 - 06/30/03
MH1966 Cost Report Column	MH1901 Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	
																						51.40%	50.00%	54.35%	
B	1	CR	15	01			371		100.00%			285	285							285	285			155	155
C	2	CR	15	10			7,147		100.00%			18,281	18,281							18,281	18,281			9,936	9,936
D	3	CR	15	55	97,613	176,043	63,672	73.44%	26.56%	161,049	290,448	105,050	395,498					161,049	290,448	105,050	395,498	82,779	145,224	57,095	202,319
E	4	CR	15	60			47		100.00%			226	226							226	226			123	123
F	5	CR	15	70			148		100.00%			573	573							573	573			311	311
									Totals	161,049	290,448	124,415	414,863					161,049	290,448	124,415	414,863	82,779	145,224	67,620	212,844
							Equivalent values from MH1968			161,049			414,863												

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: RIVERSIDE
County Code: 33

	Legal Entity: VICTOR COMMUNITY SUPPORT SERVICES		A	B	C	D	E	F	G	H	I	J
								FFP % Source: MH1978 E8	FFP % Source: MH1978 F8			
	Legal Entity Number: 01042		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.30% FFP	[1]Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement				575,912	575,912						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement											
3	Total Medi-Cal Direct Service Gross Reimbursement					575,912						
4	Medi-Cal Administrative Reimbursement Limit					86,387						
5	Medi-Cal Administration											
6	Medi-Cal Administrative Reimbursement											
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement											
8	Healthy Families Administrative Reimbursement Limit											
9	Healthy Families Administration											
10	Healthy Families Administrative Reimbursement											
	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)											
15	Other SD/MC Utilization Review (County Only)											
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02			161,049	161,049		82,779				82,779
16A		10/01/02 - 06/30/03			414,863	414,863			212,844			212,844
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											295,623
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											295,623
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											295,623
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02										
24A		10/01/02 - 06/30/03										
25	Total Healthy Families Reimbursement Before Excess FFP											
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											