CALIFORNIA DEPARTMENT OF
Mental Health

Audits Section – Bay and Central Region
11401 South Bloomfield Avenue, Unit 203, 2nd Floor
Norwalk, CA 90650
(562) 406-3929, FAX (562) 406-3951

February 07, 2008

Allan Rawland, Director
San Bernardino County Behavioral Health Services
268 West Hospitality Lane, Suite 400
San Bernardino, CA 92415-0926

Dear Mr. Rawland:

AUDIT REPORT – SAN BERNARDINO COUNTY BEHAVIORAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of San Bernardino County Behavioral Health 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 and State General Fund under EPSDT program (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	$27,383,307	$24,588,888	$(2,794,419)
Federal Share of Healthy Families/Medi-Cal	$ 370,803	$ 321,233	$ (49,570)
State General Funds EPSDT Due State	$ 5,521,289	$ 4,636,201	$ (885,088)

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 Raquel E. Rios
WALTER J. HILL, JR., MBA, EA
Chief of Audits

Raquel E. Rios
RAQUEL E. RIOS, Supervisor
Audits Section – Southern Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

SAN BERNARDINO
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)	$ 22,432,136	$ (2,762,582)	$ 19,669,554
HEALTHY FAMILIES - FFP	(Sch. 2a)	306,291	(49,563)	256,728
TOTAL FFP - COUNTY PROIVERS		$ 22,738,427	$ (2,812,145)	$ 19,926,282
CONTRACT PROVIDERS				
MEDI-CAL - FFP	(Sch. 3b)	$ 4,951,171	$ (31,837)	$ 4,919,334
HEALTHY FAMILIES - FFP	(Sch. 3b)	64,512	(7)	64,505
TOTAL FFP - COUNTY PROIVERS		$ 5,015,683	$ (31,844)	$ 4,983,839
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 27,383,307	$ (2,794,419)	$ 24,588,888
HEALTHY FAMILIES - FFP		370,803	(49,570)	321,233
TOTAL FFP - COUNTY PLUS CONTRACT PROIVERS		$ 27,754,110	$ (2,843,989)	$ 24,910,121
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF	(Sch 4)	$ 5,521,289	$ (885,088)	$ 4,636,201

SCHEDULE 2

SAN BERNARDINO
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)	$ 6,648,599	$ (56,608)	$ 6,591,991
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	27,785,700	(4,311,502)	23,474,198
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	23,469	1	23,470
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	95,127	(21,072)	74,055
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	18	18
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	63,368	(10,958)	52,410
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	353,909	(57,756)	296,153
9. Total		$ 34,970,172	$ (4,457,878)	$ 30,512,294
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	$ 1,221,944	$ (142,826)	$ 1,079,118
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	546,735	(234,749)	311,986
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		$ 1,768,679	$ (377,575)	$ 1,391,104
Medi-Cal Net Reimbursement for Direct Services				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	$ 5,450,124	$ 86,219	$ 5,536,343
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	27,334,092	(4,097,825)	23,236,267
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	18	18
23. Healthy Families-I/P	(Ln 7 - Ln 16)	63,368	(10,958)	52,410
24. Healthy Families-O/P	(Ln 8 - Ln 17)	353,909	(57,756)	296,153
25. Total		$ 33,201,493	$ (4,080,303)	$ 29,121,190
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	$ 568,746	$ 0	$ 568,746
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	982,202	(117,129)	865,073
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	487,695	(58,158)	429,537
29. Total		$ 2,038,643	$ (175,287)	$ 1,863,356

SCHEDULE 2a

SAN BERNARDINO
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)	$ 7,644,424	$ (655,053)	$ 6,989,371
38. Medi-Cal Administration	(MH 1979, Ln 5)	$ 8,370,394	$ (1,661,767)	$ 6,708,627
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 7,644,424	$ (935,797)	$ 6,708,627
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 51,610	$ (6,871)	$ 44,739
41. Healthy Families Administration	(MH1979, Ln 9)	$ 96,215	$ (18,855)	$ 77,360
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 51,610	$ (6,871)	$ 44,739
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	$ 432,747	$ 41,520	$ 474,267
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	$ 179,688	$ (6,122)	$ 173,566
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	$ 16,976,858	$ (2,206,790)	$ 14,770,068
46. Enhanced (Children)	(MH1979, Ln 17,17A)	77,417	(13,808)	63,609
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	18	18
48 MAA	(MH 1979, Ln 11, 12 & 13)	1,141,245	(102,183)	1,039,062
49. Administrative Reimbursement	(MH1979, Ln 6)	3,822,212	(467,899)	3,354,314
50. U.R. Skilled Professional	(MH1979, Ln 14)	324,560	31,140	355,700
51. U.R. Other	(MH1979, Ln 15)	89,844	(3,061)	86,783
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		$ 22,432,136	$ (2,762,582)	$ 19,669,554
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		$ 22,432,136	$ (2,762,582)	$ 19,669,554
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 272,615	$ (45,079)	$ 227,536
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	33,676	(4,484)	29,192
60. Total Healthy Families Reimbursement - FFP		$ 306,291	$ (49,563)	$ 256,728
61. Total - FFP (Ln 56 + Ln 60)		$ 22,738,427	$ (2,812,145)	$ 19,926,282
				(To Sch. 1)

SAN BERNARDINO
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 Reimb.	(2) EPSDT Enhanced - Children Gross Reimb.	(3) Enhanced - Refugees Gross Reimb.	(4) Total Gross Reimb. (Excl. HFP)	(5) Healthy Families Gross Reimb.	(6) Regular M/Cal and EPSDT Gross Riemb.	(7) EPSDT Enhanced - Children Gross Reimb.	(8) Enhanced - Refugees Gross Reimb.	(9) Total Gross Reimb. (Excl. HFP)	(10) Healthy Families Gross Reimb.
		I N P A T I E N T					O U T P A T I E N T				
		(MH 1968, Ln 11,11A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 11,11A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00066	Tri City Mental Health Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,407	$ 0	$ 0	$ 1,407	$ 0
00108	Telecare Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 504,626	$ 0	$ 0	$ 504,626	$ 0
00138	Mental Health Systems, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 707,647	$ 0	$ 0	$ 707,647	$ 0
00156	Eastfield Ming Quong, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 237,565	$ 0	$ 0	$ 237,565	$ 0
00203	Pacific Clinics	$ 0	$ 0	$ 0	$ 0	$ 0	$ 739,835	$ 0	$ 0	$ 739,835	$ 0
00278	Shandin Hills Behavioral Therapy Ctr.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 844,430	$ 0	$ 0	$ 844,430	$ 7,607
00287	Redlands-Yucaipa Guidance Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,120,178	$ 12,971	$ 0	$ 1,133,149	$ 8,928
00288	Family Services Agency of S. B.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,040,410	$ 9,958	$ 0	$ 1,050,368	$ 2,286
00289	West End Family Counseling Svcs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 621,222	$ 2,340	$ 409	$ 623,971	$ 42,102
00290	Morongo Basin Mental Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,361,501	$ 9,601	$ 0	$ 1,371,102	$ 25,961
00293	Bear Valley Comm Hosp Family Couns.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 607,272	$ 3,360	$ 0	$ 610,632	$ 11,854
00295	Desert Counseling Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
01006	Desert Mtn. SELPA & West End SELPA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 548,697	$ 2,118	$ 0	$ 550,815	$ 0
01042	Victor Community Support Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,146,923	$ 1,004	$ 0	$ 1,147,927	$ 174
01130	Valley Star Children & Family Svcs.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,286	$ 0	$ 0	$ 4,286	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 9,485,999	$ 41,352	$ 409	$ 9,527,760	$ 98,912

SAN BERNARDINO
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)
00066	Tri City Mental Health Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,407	$ 0	$ 0
00108	Telecare Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 504,626	$ 0	$ 0
00138	Mental Health Systems, Inc.	$ 0	$ 0	$ 3,238	$ 0	$ 0	$ 0	$ 704,409	$ 0	$ 0
00156	Eastfield Ming Quong, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 237,565	$ 0	$ 0
00203	Pacific Clinics	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 739,835	$ 0	$ 0
00278	Shandin Hills Behavioral Therapy Ctr.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 844,430	$ 7,607	$ 0
00287	Redlands-Yucaipa Guidance Clinic	$ 0	$ 0	$ 18,638	$ 0	$ 0	$ 0	$ 1,114,511	$ 8,928	$ 0
00288	Family Services Agency of S. B.	$ 0	$ 0	$ 354	$ 0	$ 0	$ 0	$ 1,050,014	$ 2,286	$ 0
00289	West End Family Counseling Svcs.	$ 0	$ 0	$ 2,961	$ 0	$ 0	$ 0	$ 621,010	$ 42,102	$ 0
00290	Morongo Basin Mental Health	$ 0	$ 0	$ 562	$ 0	$ 0	$ 0	$ 1,370,540	$ 25,961	$ 0
00293	Bear Valley Comm Hosp Family Couns.	$ 0	$ 0	$ 2,976	$ 0	$ 0	$ 0	$ 607,656	$ 11,854	$ 0
00295	Desert Counseling Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
01006	Desert Mtn. SELPA & West End SELPA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 550,815	$ 0	$ 0
01042	Victor Community Support Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,147,927	$ 174	$ 0
01130	Valley Star Children & Family Svcs.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,286	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 28,729	$ 0	$ 0	$ 0	$ 9,499,031	$ 98,912	$ 0

SAN BERNARDINO
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
00066	Tri City Mental Health Center	$ 0	$ 0	$ 0	$ 0	$ 765	$ 0	$ 765	$ 87,500	$ 765
00108	Telecare Corporation	$ 0	$ 0	$ 0	$ 0	$ 266,268	$ 0	$ 266,268	$ 266,268	$ 266,268
00138	Mental Health Systems, Inc.	$ 0	$ 0	$ 0	$ 0	$ 361,739	$ 0	$ 361,739	$ 361,739	$ 361,739
00156	Eastfield Ming Quong, Inc.	$ 0	$ 0	$ 0	$ 0	$ 127,195	$ 0	$ 127,195	$ 312,076	$ 127,195
00203	Pacific Clinics	$ 0	$ 0	$ 0	$ 0	$ 383,976	$ 0	$ 383,976	$ 544,943	$ 383,976
00278	Shandin Hills Behavioral Therapy Ctr.	$ 0	$ 0	$ 0	$ 0	$ 436,089	$ 5,019	$ 441,108	$ 444,861	$ 441,108
00287	Redlands-Yucaipa Guidance Clinic	$ 0	$ 0	$ 0	$ 0	$ 578,193	$ 5,805	$ 583,998	$ 627,284	$ 583,998
00288	Family Services Agency of S. B.	$ 0	$ 0	$ 0	$ 0	$ 541,515	$ 1,503	$ 543,018	$ 535,645	$ 535,645
00289	West End Family Counseling Svcs.	$ 0	$ 0	$ 0	$ 0	$ 320,802	$ 27,451	$ 348,253	$ 348,253	$ 348,253
00290	Morongo Basin Mental Health	$ 0	$ 0	$ 0	$ 0	$ 709,534	$ 16,905	$ 726,439	$ 804,645	$ 726,439
00293	Bear Valley Comm Hosp Family Couns.	$ 0	$ 0	$ 0	$ 0	$ 314,397	$ 7,707	$ 322,104	$ 322,104	$ 322,104
00295	Desert Counseling Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 56,929	$ 0
01006	Desert Mtn. SELPA & West End SELPA	$ 0	$ 0	$ 0	$ 0	$ 292,526	$ 0	$ 292,526	$ 606,773	$ 292,526
01042	Victor Community Support Services	$ 0	$ 0	$ 0	$ 0	$ 591,378	$ 115	$ 591,493	$ 694,402	$ 591,493
01130	Valley Star Children & Family Svcs.	$ 0	$ 0	$ 0	$ 0	$ 2,330	$ 0	$ 2,330	$ 1,166,667	$ 2,330
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 4,926,707	$ 64,505	$ 4,991,212	$ 7,180,089	$ 4,983,839

(To Sch. 1)

SCHEDULE 4

SAN BERNARDINO
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)	36,810,975	(4,075,657)	32,735,318
(2)	Total SD/MC Claims	37,646,214	0	37,646,214
(3)	Percent % (Line 1/Line 2)	0.9778	(0.1082)	0.8696
(4)	EPSDT Claims	18,708,681	0	18,708,681
(5)	Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	18,293,348	(2,025,188)	16,268,160
(6)	Cost Settled Baseline for EPSDT	6,500,111	0	6,500,111
(7)	Net Cost Settlement Amount (Line 5 - Line 6)	11,793,237	(2,025,188)	9,768,049
(8)	48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	5,726,796	(983,431)	4,743,364
(8a)	FY 2001-02 EPSDT settlement (48.64% of net cost (8))	3,671,730	0	3,671,730
(8b)	Annual Local Growth (8) - (8a) = 8(b)	2,055,066	(983,431)	1,071,634
(9)	County Match 10% of Local Growth (8b) x 10% = (9)	205,507	(98,343)	107,163
(10)	Net Cost settlement amount (8) - (9) = (10)	5,521,289	(885,088)	4,636,201
(11)	SGF Distribution Settled and Audited	5,521,289	0	5,521,289
(12)	SGF Due (State)	0	(885,088)	(885,088)
				(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
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	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	8	C	ALLOWABLE COSTS FOR ALLOCATION	$ 94,982,802	$ (4,587,490)	$ 90,395,312 *
				To exclude building project expenses due to lack of documentation. These projects were for construction of a building, betterments and improvements which should be capitialized and depreciated.			
				CC# 2231 Phoenix Project (Building) $ (4,208,929) CC# 2160 Tenant Improvements (131,464) CC# 2226 Tenant Improvements (131,464) CC# 2000 Electrical Feed (108,633) CC# 2000 Building #H Project (7,000) $ (4,587,490)			
				CMS PUB. 15-1 SEC. 108.1 and 108.2			
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 90395312	$ (500,000)	$ 89,895,312 *
				To exclude realignment funds transferred from Behavioral Health to Alcohol and Drug Program (ADP).			
				CMS PUB. 15-1 SEC. 2102.3			
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 89,895,312	$ (15,152)	$ 89,880,160 *
				To adjust Fee-For-Service (FFS) and Administrative Service Organizations (ASO) payments to agree with County's records.			
				HCFA PUB. 15-1 SEC. 2304			
4	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 89,880,160	$ 185,739	$ 90,065,899 *
				To adjust reported county overhead costs to agree with the Countywide Cost Allocation Plan (A-87).			
				HCFA PUB. 15-1 SEC. 2304			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	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			
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 90,065,899	$ (5,453,228)	$ 84,612,671 *
				To adjust reported costs of Arrowhead Regional Medical Center to agree with audit findings per State Department of Health Services' Audit Report dated November 15, 2005.			
				Psychiatric Inpatient Costs $ (5,233,279) Psychiatric Outpatient AES Costs (219,949) $ (5,453,228)			
				HCFA PUB. 15-1 SEC. 2304			
6	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 84,612,671	$ (1,033,028)	$ 83,579,643 *
				To eliminate prior year expenses from CC# 2348 JETS.			
				HCFA PUB. 15-1 SEC. 2304			
7	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 83,579,643	$ (200,000)	$ 83,379,643
				To eliminate county's adjustment for ASO transfer to MHDA. Audit adjustment #3 has already adjusted reported costs to actual payments per county's records.			
				HCFA PUB. 15-1 SEC. 2304			
8	MH 1960	9	C	SD/MC ADMINISTRATION	$ 8,370,394	$ (8,370,394)	$ 0 *
9	MH 1960	11	C	HEALTHY FAMILIES ADMINISTRATION	96,215	(96,215)	0 *
10	MH 1960	11	C	NON SD/MC ADMINISTRATION	3,488,689	(3,488,689)	0 *
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	$ 11,955,298		$ 11,955,298 *
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs.			

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** Balance brought forward from prior adjustment.

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	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				
11	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL		$ 432,747	$ (432,747)	$ 0 *
12	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW		179,688	(179,688)	0 *
13	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW		135,781	(135,781)	0 *
Info.	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS		$ 748,216		$ 748,216 *
				To eliminate the reported distribution of utilization review costs. Costs will be redistributed after adjustments to utilization review costs.				
14	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	**	$ 11,955,298	$ (34,830)	$ 11,920,468 *
15	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	**	748,216	34,830	783,046 *
				To reclassify utilization review costs to agree with the summary of quarterly claims.				
16	MH1960	12	C	TOTAL ADMINISTRATIVE COSTS	**	11,920,468	$ 1,415,598	13,336,066 *
17	MH1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA)		82,245,970	(1,415,598)	80,830,372 *
				To reclassify administrative costs from outpatient services. The county distributed costs of CC# 2226 Access Unit to Fee-For-Service (FFS) and Administrative Services Organizations (ASO) Outpatient Program 2 Services. Counties are reimbursed for FFS and ASO services based on actual payments made to individual and group providers.				
				CFRS INSTRUCTION MANUAL, CFRS-24				
18	MH 1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA)	**	$ 80,830,372	$ 0	$ 80,830,372 *
				To reclassify reported outpatient costs for Block Grants, CalWorks and Other Grants and establish their own respective cost centers to avoid duplicate reimbursement.				
				Outpatient Services Program 1	$ (4,205,842)			
				Block Grant Outpatient Services	1,088,060			
				CalWorks Outpatient Services	2,193,289			
				Other Grants Outpatient Services	924,493			
					$ 0			

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** Balance brought forward from prior adjustment.

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	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				
19	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	**	$ 13,336,066	$ (692,822)	$ 12,643,244 *
				To adjust total administrative costs in conjuction with audit adjustment numbers 1, 2 and 4.				
20	MH 1960	9	C	SD/MC ADMINISTRATION	**	$ 0	$ 6,708,627	$ 6,708,627
21	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	**	0	77,360	77,360
22	MH 1960	11	C	NON SD/MC ADMINISTRATION	**	0	5,857,257	5,857,257
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	**	$ 12,643,244		$ 12,643,244
				To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on unique client count after the allocation of administrative costs to Mode 45 and Mode 60 based on gross costs.				
23	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	**	$ 0	$ 474,267	$ 474,267
24	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	**	0	173,566	173,566
25	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	**	0	135,213	135,213
Info.	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	**	$ 783,046		$ 783,046
				To reallocate total utilization review costs based on the summary of quarterly claims.				
26	MH1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA)	**	$ 80,830,372	$ (10,910,337)	$ 69,920,035
				To adjust total mode costs in conjunction with audit adjustment numbers 1, 3, 5, 6 and 7.				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
27	MH 1964	2	1	HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19)		$ 22,901,633	$ (5,248,431)	$ 17,653,202
28	MH 1964	3	1	OTHER 24 HOUR SERVICES (MODE 05 - All OTHER SFC)		0	0	0
29	MH 1964	4	1	DAY SERVICES (MODE 10)		2,310,168	0	2,310,168
30	MH 1964	5	1	OUTPATIENT SERVICES (MODE 15)		43,542,640	(7,072,230)	36,470,410
31	MH 1964	6	1	OUTREACH SERVICE (MODE 45)		9,379,322	(5,274)	9,374,048
32	MH 1964	7	1	MEDI-CAL ADMINISTRATIVE (MODE 55)		2,651,452	0	2,651,452
33	MH 1964	8	1	SUPPORT SERVICES (MODE 60)		1,460,755	0	1,460,755
Info	MH 1964	9	1	TOTAL		$ 82,245,970	$ (12,325,935)	$ 69,920,035
				To distribute audited Direct Services cost to Inpatient Services, Outpatient Services and Outreach Services to reflect audit adjustment numbers 1, 3, 5, 6 and 7.				
					MODE-SF			
34	MH1966	3	B	TBS	15-58	$ 380,717	$ (89,271)	$ 291,446
35	MH1966	3	C	ASO	15-30	346,107	(122,184)	223,923
36	MH1966	3	D	ASO	15-60	82,069	(29,129)	52,940
37	MH1966	3	E	FFS	15-30	2,008,683	(2,008,683)	0
38	MH1966	3	F	FFS	15-60	1,610,259	(1,610,259)	0
39	MH1966	3	E	FFS PSYCHIATRIST	15-32	0	263,285	263,285
40	MH1966	3	F	FFS PSYCHIATRIST	15-62	0	1,041,014	1,041,014
41	MH1966	3	G	FFS PSYCHOLOGIST	15-33	0	674,786	674,786
42	MH1966	3	H	FFS LCSW	15-34	0	105,944	105,944
43	MH1966	3	I	FFS MFCC	15-35	0	254,476	254,476
						$ 4,427,835	$ (1,520,021)	$ 2,907,814
				To adjust Program 2 expenditures to agree with County records.				
				HCFA PUB. 15-1 SEC. 2304				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
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				ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
					MODE-SF			
44	MH1966	3	B	TBS	15-58	$ 4.28	$ (1.00)	$ 3.28
45	MH1966	3	C	ASO	15-30	1.92	(0.68)	1.24
46	MH1966	3	D	ASO	15-60	6.51	(2.31)	4.20
47	MH1966	3	E	FFS	15-30	1.80	(1.80)	0.00
48	MH1966	3	F	FFS	15-60	2.81	(2.81)	0.00
49	MH1966	3	E	FFS PSYCHIATRIST	15-32	0.00	1.46	1.46
50	MH1966	3	F	FFS PSYCHIATRIST	15-62	0.00	1.81	1.81
51	MH1966	3	G	FFS PSYCHOLOGIST	15-33	0.00	1.11	1.11
52	MH1966	3	H	FFS LCSW	15-34	0.00	1.12	1.12
53	MH1966	3	I	FFS MFCC	15-35	0.00	1.10	1.10
				To adjust Program 2 cost per unit to agree with County records.				
				HCFA PUB. 15-1 SEC. 2304				
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS				
					MODE-SF			
54	MH1966	2	B	TOTAL UNITS - SAN BERNARDINO COUNTY	15-09	4,661,695	246,721	4,908,416 *
55	MH1966	2	C	TOTAL UNITS - SAN BERNARDINO COUNTY	15-30	7,683,835	(184,099)	7,499,736 *
56	MH1966	2	D	TOTAL UNITS - SAN BERNARDINO COUNTY	15-60	2,971,862	(61,006)	2,910,856 *
57	MH1966	2	C	TOTAL UNITS - ASO	15-30	179,900	11,725	191,625 *
58	MH1966	2	E	TOTAL UNITS - FFS	15-30	1,113,195	(1,113,195)	0
59	MH1966	2	F	TOTAL UNITS - FFS	15-60	573,890	(573,890)	0
60	MH1966	2	G	TOTAL UNITS - FFS PSYCHIATRIST	15-32	0	283,295	283,295 *
61	MH1966	2	H	TOTAL UNITS - FFS PSYCHIATRIST	15-32	0	539,590	539,590 *
62	MH1966	2	I	TOTAL UNITS - FFS PSYCHOLOGIST	15-33	0	638,225	638,225 *
63	MH1966	2		TOTAL UNITS - FFS PSYCHOLOGIST	15-63	0	180	180 *
64	MH1966	2	J	TOTAL UNITS - FFS LCSW	15-34	0	111,645	111,645 *
65	MH1966	2	K	TOTAL UNTIS - FFS MFCC	15-35	0	249,855	249,855 *
							149,046	
				To adjust total units to agree with the County's Report MHS 742.				
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS					
					MODE-SF				
66	MH 1966	2	B	TOTAL UNITS - SAN BERNARDINO COUNTY	15-09	**	4,908,416	(204,049)	4,704,367 *
67	MH 1966	2	C	TOTAL UNITS - SAN BERNARDINO COUNTY	15-30	**	7,499,736	(287,079)	7,212,657 *
68	MH 1966	2	D	TOTAL UNITS - SAN BERNARDINO COUNTY	15-60	**	2,910,856	(77,067)	2,833,789
69	MH 1966	2	E	TOTAL UNITS - SAN BERNARDINO COUNTY	15-70		606,930	(5,855)	601,075 *
70	MH 1966	2	F	TOTAL UNITS - SAN BERNARDINO COUNTY	15-BG		0	574,050	574,050
								0	
				To reclassify block grant units to their own cost center, in conjunction with audit adjustment number 18.					
					MODE-SF				
71	MH 1966	2	B	TOTAL UNITS - SAN BERNARDINO COUNTY	15-09	**	4,704,367	(295,439)	4,408,928
72	MH 1966	2	C	TOTAL UNITS - SAN BERNARDINO COUNTY	15-30	**	7,212,657	(1,283,422)	5,929,235
73	MH 1966	2	E	TOTAL UNITS - SAN BERNARDINO COUNTY	15-70	**	601,075	(4,504)	596,571
74	MH 1966	2	F	TOTAL UNITS - SAN BERNARDINO COUNTY	15-CW		0	1,583,365	1,583,365
								0	
				To reclassify CalWorks units to their own cost center, in conjunction with audit adjustment number 18.					
					MODE-SF				
75	MH1966	2	C	TOTAL UNITS - ASO	15-30	**	191,625	(11,365)	180,260
76	MH1966	2	G	TOTAL UNITS - FFS PSYCHIATRIST	15-32	**	283,295	(102,515)	180,780
77	MH1966	2	H	TOTAL UNITS - FFS PSYCHIATRIST	15-32	**	539,590	36,030	575,620
78	MH1966	2	I	TOTAL UNITS - FFS PSYCHOLOGIST	15-33	**	638,225	(30,635)	607,590
79	MH1966	2		TOTAL UNITS - FFS PSYCHOLOGIST	15-63	**	180	(180)	0
80	MH1966	2	J	TOTAL UNITS - FFS LCSW	15-34	**	111,645	(16,725)	94,920
81	MH1966	2	K	TOTAL UNTIS - FFS MFCC	15-35	**	249,855	(17,460)	232,395
								(142,850)	
				To adjust total units to agree with County's records.					
				CMS PUB. 15-1 SEC. 2304					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS				
					MODE-SF			
82	MH1966	2	B	TOTAL UNITS - SAN BERNARDINO COUNTY	05-10	15,084	406	15,490
				To adjust reported total units of Arrowhead Regional Medical Center to agree with audit findings per State Department of Health Services' Audit Report dated November 15, 2005.				
					MODE-SF			
83	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	6,334	979	7,313 *
84	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	2,297	77	2,374 *
85	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	2,834	0	2,834 *
86	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	10-91	1,182	0	1,182 *
87	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	10-95	4,245	0	4,245 *
88	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	2,451,387	40,865	2,492,252 *
89	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	3,885,211	119,496	4,004,707 *
90	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	1,972,364	202,024	2,174,388 *
91	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	304,970	20,398	325,368 *
92	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	74,396	0	74,396 *
93	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	104,805	0	104,805 *
94	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	7,935	0	7,935 *
95	MH 1966	8,8A	E	MEDI-CAL UNITS - FFS	15-30	817,895	6,270	824,165 *
96	MH 1966	8,8A	F	MEDI-CAL UNITS - FFS	15-60	443,585	985	444,570 *
Info.				TOTAL MEDI-CAL UNITS		10,079,440	391,094	10,470,534
				To adjust reported Medi-Cal units to include Medicare/Medi-Cal Crossover units, Enhanced SD/MC units and Healthy Families (SED) units per settled cost report. The auditor submitted detail workpapers to the County.				
				- Medicare/Medi-Cal Crossover Units	203,971			
				- Enhanced SD/MC Units	41,614			
				- Healthy Families (SED) Units	145,509			
					391,094			
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

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SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.							
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS						
					MODE-SF					
97	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	7,313	6	7,319	*
98	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	2,374	2	2,376	*
99	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	2,834	1	2,835	*
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	10-91	**	1,182	0	1,182	*
100	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	10-95	**	4,245	2	4,247	*
101	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,492,252	119,685	2,611,937	*
102	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,004,707	101,433	4,106,140	*
103	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,174,388	4,751	2,179,139	*
104	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	325,368	180	325,548	*
105	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	74,396	12,264	86,660	*
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	**	104,805	0	104,805	*
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	**	7,935	0	7,935	*
106	MH 1966	8,8A	E	MEDI-CAL UNITS - FFS	15-30	**	824,165	(824,165)	0	
107	MH 1966	8,8A	F	MEDI-CAL UNITS - FFS	15-60	**	444,570	(444,570)	0	
108	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	0	197,250	197,250	*
109	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	0	444,490	444,490	*
110	MH 1966	8,8A	I	MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33	**	0	425,690	425,690	*
111	MH 1966	8,8A		MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-63	**	0	80	80	*
112	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW	15-34	**	0	55,905	55,905	*
113	MH 1966	8,8A	K	MEDI-CAL UNITS - FFS MFCC	15-35	**	0	145,560	145,560	*
Info.				TOTAL MEDI-CAL UNITS			10,470,534	238,564	10,709,098	

To adjust Medi-Cal units to agree with Department of Mental Health (DMH) Summary of Approved Claims. The auditor submitted detail workpapers to the County.

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.							
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS						
					MODE-SF					
114	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	7,319	(3)	7,316	*
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	2,376	0	2,376	*
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	2,835	0	2,835	*
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	10-91	**	1,182	0	1,182	*
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	10-95	**	4,247	0	4,247	*
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,611,937	0	2,611,937	*
115	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,106,140	(1,812)	4,104,328	*
116	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,179,139	(336)	2,178,803	*
117	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	325,548	(205)	325,343	*
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	86,660	0	86,660	*
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	**	104,805	0	104,805	*
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	**	7,935	0	7,935	*
Info.	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	197,250	0	197,250	*
Info.	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	444,490	0	444,490	*
Info.	MH 1966	8,8A	I	MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33	**	425,690	0	425,690	*
Info.	MH 1966	8,8A		MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-63	**	80	0	80	*
Info.	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW	15-34	**	55,905	0	55,905	*
Info.	MH 1966	8,8A	K	MEDI-CAL UNITS - FFS MFCC	15-35	**	145,560	0	145,560	*
Info.				TOTAL MEDI-CAL UNITS			10,709,098	(2,356)	10,706,742	

To adjust Medi-Cal units to the lower of DMH Approved Claims or the County's records.
The auditor submitted detail workpapers to the County.

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS					
					MODE-SF				
118	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	7,316	(9)	7,307
119	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	2,376	(75)	2,301
120	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	2,835	(1)	2,834
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	10-91	**	1,182	0	1,182
121	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	10-95	**	4,247	(2)	4,245
122	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,611,937	(148,715)	2,463,222
123	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,104,328	(122,897)	3,981,431
124	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,178,803	(11,651)	2,167,152
125	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	325,343	(306)	325,037
126	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	86,660	(13,771)	72,889
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	**	104,805	0	104,805
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	**	7,935	0	7,935
127	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	197,250	(16,470)	180,780
128	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	444,490	(750)	443,740
129	MH 1966	8,8A	I	MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33	**	425,690	(660)	425,030
130	MH 1966	8,8A		MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-63	**	80	(80)	0
131	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW	15-34	**	55,905	(60)	55,845
Info.	MH 1966	8,8A	K	MEDI-CAL UNITS - FFS MFCC	15-35	**	145,560	0	145,560
				TOTAL MEDI-CAL UNITS			10,706,742	(315,447)	10,391,295

To adjust Medi-Cal units to reflect adjustments identified by the County and State.
The auditor submitted detail workpapers to the County.

- State DMH Medi-Cal Oversight Disallowances	(376)
- FFS-IMD by County	(1,230)
- Staff # 2336 by County	(2,643)
- U.R. Disallowances by County	(223,575)
- CDI Negative Adjustments by County	(34,256)
- Medi-Cal Units greater than Audited Total Units	(53,367)
	(315,447)

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS			
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00066 TRI CITY MENTAL HEALTH CENTER	720	0	720 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION	182,999	0	182,999 *
132	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, INC.	260,096	1,554	261,650 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC.	69,470	0	69,470 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS	349,911	0	349,911 *
133	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00278 SHANDIN HILLS	5,106	46	5,152 *
134	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC	490,123	11,087	501,210 *
135	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B.	507,649	7,018	514,667 *
136	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS.	263,351	21,600	284,951 *
137	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH	926,080	28,670	954,750 *
138	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM.HOSP.FAMILY COUNSELING	259,846	8,685	268,531 *
139	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00295 DESERT COUNSELING	35,325	245	35,570 *
140	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 DESERT MTN.SELPA/W.END SELPA	247,140	985	248,125 *
141	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC.	666,289	681	666,970 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDRENS & FAMILY SVC	1,520	0	1,520 *
Info.				TOTAL MEDI-CAL UNITS	4,265,625	80,571	4,346,196 *

To adjust reported Medi-Cal units to include Medicare/Medi-Cal Crossover units, Enhanced SD/MC units and Healthy Families (SED) units per settled cost report. The auditor submitted detail workpapers to the County.

- Medicare/Medi-Cal Crossover	12,390
- Enhanced SD/MC	21,733
- Healthy Families (SED)	46,448
	80,571

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS					
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00066 TRI CITY MENTAL HEALTH CENTER	**	720	0	720	*
142	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION	**	182,999	6,465	189,464	*
143	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, INC.	**	261,650	120	261,770	*
144	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC.	**	69,470	53,317	122,787	*
145	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS	**	349,911	70	349,981	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00278 SHANDIN HILLS	**	5,152	0	5,152	*
146	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC	**	501,210	515	501,725	*
147	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B.	**	514,667	170	514,837	*
148	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS.	**	284,951	146	285,097	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH	**	954,750	0	954,750	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM.HOSP.FAMILY COUNS.	**	268,531	0	268,531	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00295 DESERT COUNSELING	**	35,570	0	35,570	*
149	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 DESERT MTN.SELPA/W.END SELPA	**	248,125	2,960	251,085	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC.	**	666,970	0	666,970	*
150	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDRENS & FAMILY SVC	**	1,520	360	1,880	*
Info.				TOTAL MEDI-CAL UNITS		4,346,196	64,123	4,410,319	

To adjust Medi-Cal units to agree with Department of Mental Health (DMH) Summary of Approved Claims. The auditor submitted detail workpapers to the County.

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS					
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00066 TRI CITY MENTAL HEALTH CENTER	**	720	0	720	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION	**	189,464	0	189,464	*
151	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, INC.	**	261,770	(473)	261,297	*
152	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC.	**	122,787	(397)	122,390	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS	**	349,981	0	349,981	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00278 SHANDIN HILLS	**	5,152	0	5,152	*
153	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC	**	501,725	(325)	501,400	*
154	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B.	**	514,837	(734)	514,103	*
155	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS.	**	285,097	(880)	284,217	*
156	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH	**	954,750	(962)	953,788	*
157	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM.HOSP.FAMILY COUNS.	**	268,531	(495)	268,036	*
158	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00295 DESERT COUNSELING	**	35,570	(225)	35,345	*
159	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 DESERT MTN.SELPA/W.END SELPA	**	251,085	(61)	251,024	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC.	**	666,970	0	666,970	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDRENS & FAMILY SVC	**	1,880	0	1,880	*
				TOTAL MEDI-CAL UNITS		4,410,319	(4,552)	4,405,767	

To adjust Medi-Cal units to the lower of DMH Approved Claims or the County's records.
The auditor submitted detail workpapers to the County.

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS				
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00066 TRI CITY MENTAL HEALTH CENTER	**	720	0	720
160	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION	**	189,464	(1,227)	188,237
161	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, INC.	**	261,297	(120)	261,177
162	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC.	**	122,390	(13,971)	108,419
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS	**	349,981	0	349,981
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00278 SHANDIN HILLS	**	5,152	0	5,152
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC	**	501,400	0	501,400
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B.	**	514,103	0	514,103
163	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS.	**	284,217	(146)	284,071
164	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH	**	953,788	(71)	953,717
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM.HOSP.FAMILY COUNS.	**	268,036	0	268,036
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00295 DESERT COUNSELING	**	35,345	0	35,345
165	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 DESERT MTN.SELPA/W.END SELPA	**	251,024	(58)	250,966
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC.	**	666,970	0	666,970
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDRENS & FAMILY SVC	**	1,880	0	1,880
Info.				TOTAL MEDI-CAL UNITS		4,405,767	(15,593)	4,390,174

To adjust Medi-Cal units to reflect adjustments identified by the County and State.
The auditor submitted detail workpapers to the County.

- State DMH Medi-Cal Oversight Disallowances	(596)
- U.R. Disallowances by County	(266)
- Medi-Cal Units greater than Audited Total Units	(14,731)
	(15,593)

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED REVENUES - COUNTY PROVIDERS			
166	MH 1968	28	K	SD/MC + CROSSOVER REVENUES - OUTPATIENT 07/01 - 09/30/01	$ 65,008	$ (27,912)	$ 37,096
167	MH 1968	28A	K	SD/MC + CROSSOVER REVENUES - OUTPATIENT 10/01 - 06/30/02	481,727	(206,837)	274,890
Info.				LESS: TOTAL REVENUES	$ 546,735	$ (234,749)	$ 311,986
				To adjust reported SD/MC and Crossover revenues to agree with County's Report MHS 234.			
168	MH 1968	28	E	SD/MC + CROSSOVER REVENUES - INPATIENT 07/01 - 09/30/01	$ 211,147	$ (24,680)	$ 186,467
169	MH 1968	28A	E	SD/MC + CROSSOVER REVENUES - INPATIENT 10/01 - 06/30/02	1,010,797	(118,146)	892,651
				LESS: TOTAL REVENUES	$ 1,221,944	$ (142,826)	$ 1,079,118
				To adjust reported SD/MC and Crossover revenues to reflect the revised tentative settlement for the Medicare cost report dated September 17, 2007.			
				ADJUSTMENT TO OTHER MATTERS - COUNTY OPERATED			
170	MH 1968	33	B-C	MEDI-CAL ELIGIBILITY FACTOR (AVERAGE)	70.58%	-8.42%	62.16%
				To adjust reported Medi-cal eligibility factor (average) to agree with the average based on the MAA quarterly claims.			
				CFRS INSTRUCTION MANUAL, CFRS-20			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENT TO OTHER MATTERS - COUNTY OPERATED			
171	MH 1991		G	SD/MC - PHYSICIAN COSTS 07/01/02 - 07/31/02	$ 1,100	$ (1,100)	$ 0
172	MH 1991		G	SD/MC - PHYSICIAN COSTS 08/01/02 - 09/30/02	2,200	(2,200)	0
173	MH 1991		G	SD/MC - PHYSICIAN COSTS 10/01/02 - 12/31/02	3,300	(3,300)	0
174	MH 1991		G	SD/MC - PHYSICIAN COSTS 01/01/03 - 06/30/03	4,400	(4,400)	0
175	MH 1991		H	SD/MC - ANCILLARY COSTS 07/01/02 - 07/31/02	2,200	(2,200)	0
176	MH 1991		H	SD/MC - ANCILLARY COSTS 08/01/02 - 09/30/02	4,400	(4,400)	0
177	MH 1991		H	SD/MC - ANCILLARY COSTS 10/01/02 - 12/31/02	6,600	(6,600)	0
178	MH 1991		H	SD/MC - ANCILLARY COSTS 01/01/03 - 06/30/03	9,900	(9,900)	0
179	MH 1991		G	H.F. - PHYSICIAN COSTS 08/01/02 - 09/30/02	1,200	(1,200)	0
180	MH 1991		G	H.F. - PHYSICIAN COSTS 01/01/03 - 06/30/03	2,400	(2,400)	0
181	MH 1991		H	H.F. - ANCILLARY COSTS 08/01/02 - 09/30/02	2,400	(2,400)	0
182	MH 1991		H	H.F. - ANCILLARY COSTS 01/01/03 - 06/30/03	4,800	(4,800)	0
Info.	MH 1991			TOTAL PHYSICIAN AND ANCILLARY COSTS	$ 44,900	$ (44,900)	$ 0
				To eliminate physician and ancillary costs for Short-Doyle/Medi-Cal (SD/MC) and Healthy Families inpatient administrative days due to lack of documentation.			
				CMS PUB. 15-1 SEC. 2304			
				ADJUSTMENTS TO REPORTED SETTLEMENT			
183	MH 1979	1	B	COUNTY SD/MC DIRECT SERVICE GROSS REIMBURSEMENT - INPATIENT	$ 6,672,069	$ (56,608)	$ 6,615,461
184	MH 1979	1	C	COUNTY SD/MC DIRECT SERVICE GROSS REIMBURSEMENT - OUTPATIENT	27,880,827	(4,332,556)	23,548,271
				To adjust County SD/MC Direct Service Gross Reimbursement to reflect the result of adjustments made to costs, total units and SD/MC units of service.			
185	MH 1979	2	C	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMBURSEMENT	$ 9,505,615	$ 100,319	$ 9,605,934 *
				To adjust outpatient contract provider Medi-Cal Direct Service Gross Reimbursement as a result of adjustments to SD/MC units of service.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	00036	191	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SETTLEMENT				
186	MH 1979	2	C	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMBURSEMENT	**	$ 9,605,934	$ (78,173)	$ 9,527,761
				To eliminiate the outpatient contract provider Entity #00295 Desert Couseling Clinic, due to lack of documentation.				
				CMS PUB. 15-1 SEC. 2304				
187	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT FFP - COUNTY PROVIDERS		$ 22,432,137	$ (2,762,583)	$ 19,669,554
188	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT PPF - COUNTY PROVIDERS		306,291	(49,563)	256,728
Info.				TOTAL SD/MC REIMBURSEMENT FFP - COUNTY PROVIDERS		$ 22,738,428	$ (2,812,146)	$ 19,926,282 *
				To adjust Total SD/MC Reimbursement to reflect the result of the adjustments made to costs, revenues and units of service.				
189	Sch. 1			TOTAL SD/MC REIMBURSEMENT - FFP	**	$ 19,926,282	$ 5,023,486	$ 24,949,768
				To adjust Total SD/MC Reimbursement for contract providers to reflect the results of adjustments to SD/MC units.				
				Per Final Settlement $ 5,015,683 Adjustment 7,803 Per Audit $ 5,023,486				
190	Sch. 1			TOTAL SD/MC REIMBURSEMENT - FFP	**	$ 24,949,768	$ (39,647)	$ 24,910,121
				To eliminate the SD/MC Reimbursement for Entity #00295, Desert Counseling Clinic, due to lack of documentation.				
19	Sch. 4			EPSDT - SGF		$ 5,521,289	$ (885,088)	$ 4,636,201
				To adjust the final settlement under EDSDT program to reflect the adjustments made to costs and units of service.				

* 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: SAN BERNARDINO
County Code: 36

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A	B	C
	Legal Entity Number: 00036	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	46,001,300	85,289,440	131,290,740
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(44,891,809)	(44,891,809)
4	Other Adjustments (Provide Detail)	6,650,320	1,902,058	8,552,378
5	Total Costs Before Medi-Cal Adjustments	52,651,620	42,299,689	94,951,309
6	Medi-Cal Adjustments from MH 1961			(11,571,666)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			83,379,643
	Administrative Costs (County Only)			
9	SD/MC Administration			6,708,627
10	Healthy Families Administration			77,360
11	Non-SD/MC Administration			5,857,257
12	Total Administrative Costs			12,643,244
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			474,267
14	Other SD/MC Utilization Review			173,566
15	Non-SD/MC Utilization Review			135,213
16	Total Utilization Review Costs			783,046
17	Research and Evaluation (County Only)			33,318
18	Mode Costs (Direct Service and MAA)			69,920,035
19	Total Costs - Lines 9 through 18			83,379,643

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

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

Fiscal Year 2002-2003

County: SAN BERNARDINO
County Code: 36

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A	B	C
	Legal Entity Number: 00036	Salaries and Benefits	Other	Total Adjustments
1	Additional building depreciation allowed as a roll			
2	forward from a prior year State audit report.		31,493	31,493
3				
4	ADJUSTMENTS PER STATE DMH AUDIT			
5				
6	To eliminate building project expenses.		(4,587,490)	(4,587,490)
7	To eliminate realignment transfer to ADP.		(500,000)	(500,000)
8	To reclassify reported CC# 2226 Access Unit cost.			
9	Outpatient Service Costs		(1,415,598)	(1,415,598)
10	Administrative Costs		1,415,598	1,415,598
11	To adjust Utilization Review Costs to agree with			
12	quarterly claims.			
13	Administrative Costs		(34,830)	(34,830)
14	Utilization Review Costs		34,830	34,830
15	To adjust outpatient FFS and ASO costs to agree with			
16	actual payments.		(15,152)	(15,152)
17	To adjust reported Arrowhead Regional Medical			
18	Center cost to agree with State Department of			
19	Health Services' Audit dated November 15, 2005.		(5,453,228)	(5,453,228)
20				

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

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

Fiscal Year 2002-2003

County: SAN BERNARDINO
County Code: 36

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A	B	C
	Legal Entity Number: 00036	Salaries and Benefits	Other	Total Adjustments
1	To reclassify reported Block Grant outpatient costs,			
2	CalWorks outpatient costs and Other Grants			
3	outpatient costs to avoid duplicate reimbursement.			
4	Outpatient Services		(4,205,842)	(4,205,842)
5	Block Grant Outpatient Services		1,088,060	1,088,060
6	CalWorks Outpatient Services		2,193,289	2,193,289
7	Other Grants Outpatient Services		924,493	924,493
8	To adjust general county overhead costs to agree			
9	with Countywide Cost Allocation Plan (A-87 Plan).		185,739	185,739
10	To eliminate reported prior year expenses in			
11	CC# 2348 JETS.		(1,033,028)	(1,033,028)
12	To exclude county adjustment for ASO transfer to			
13	MHDA.		(200,000)	(200,000)
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**		(11,571,666)	(11,571,666)

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: SAN BERNARDINO
County Code: 36

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A
	Legal Entity Number: 00036	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	69,920,035
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	17,653,202
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	2,310,168
5	Outpatient Services (Mode 15 Program 1 + Program 2)	36,470,410
6	Outreach Services (Mode 45)	9,374,048
7	Medi-Cal Administrative Activities (Mode 55)	2,651,452
8	Support Services (Mode 60)	1,460,755
9	Total - Lines 2 through 8	69,920,035

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

DETAIL COST REPORT

County: SAN BERNARDINO
County Code: 36

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G
	Legal Entity Number: 00036			CR	CR				
	Mode: 05 - Hospital Inpatient (SFC 10-19)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				10	19				
1	Allocation Percentage		100.00%	74.82%	25.18%				
2	Total Units			15,490	5,213				
3	Gross Cost		17,653,202	13,208,139	4,445,063				
4	Cost per Unit			852.69	852.69				
5	SMA per Unit			838.20	235.96				
6	Published Charge per Unit			1,025.15	922.05				
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		1,492	674				
8A		10/01/02 - 06/30/03		4,891	1,550				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		243					
9A		10/01/02 - 06/30/03		612					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		7					
10A		10/01/02 - 06/30/03		21					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		7	61				
11A		10/01/02 - 06/30/03		34	16				
12	Non-Medi-Cal Units			8,183	2,912				
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,430,921	1,272,211	158,711	*			
13A		10/01/02 - 06/30/03	4,536,887	4,170,498	366,389	*			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,409,305	1,250,594	158,711	*			
14A		10/01/02 - 06/30/03	4,466,025	4,099,636	366,389	*			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,688,234	1,529,524	158,711	*			
15A		10/01/02 - 06/30/03	5,380,398	5,014,009	366,389	*			
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	207,203	207,203					
17A		10/01/02 - 06/30/03	521,845	521,845					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	203,683	203,683					
18A		10/01/02 - 06/30/03	512,978	512,978					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	249,111	249,111					
19A		10/01/02 - 06/30/03	627,392	627,392					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC (Children) Costs	07/01/02 - 09/30/02	5,969	5,969					
21A		10/01/02 - 06/30/03	17,906	17,906					
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02	5,867	5,867					
22A		10/01/02 - 06/30/03	17,602	17,602					
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02	7,176	7,176					
23A		10/01/02 - 06/30/03	21,528	21,528					
24	Enhanced SD/MC (Children) 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	20,231	5,969	14,262	*			
29A		10/01/02 - 06/30/03	32,773	28,991	3,782	*			
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	20,129	5,867	14,262	*			
30A		10/01/02 - 06/30/03	32,281	28,499	3,782	*			
31	Healthy Families Published Charges	07/01/02 - 09/30/02	21,438	7,176	14,262	*			
31A		10/01/02 - 06/30/03	38,637	34,855	3,782	*			
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		10,879,467	6,977,547	3,901,920				

* SFC 19 Limited to SMA + Physician and Ancillary.

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: SAN BERNARDINO
County Code: 36

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G
	Legal Entity Number: 00036								
	Mode: 05 - Other 24 Hour Services (All Other SFC)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage								
2	Total Units								
3	Gross Cost								
4	Cost per Unit								
5	SMA per Unit								
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 (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							
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								

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

DETAIL COST REPORT

County: SAN BERNARDINO
County Code: 36
Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036
Mode: 10 - Day Services

			A	B	C	D	E	F	G
				CR	CR	CR			
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				85	91	95			
1	Allocation Percentage		100.00%	47.28%	6.95%	45.76%			
2	Total Units			3,342	1,183	4,989			
3	Gross Cost		2,310,168	1,092,359	160,613	1,057,196			
4	Cost per Unit			326.86	135.77	211.91			
5	SMA per Unit			177.60	73.77	115.14			
6	Published Charge per Unit			177.55	71.28	111.23			
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02			919	3,294			
8A		10/01/02 - 06/30/03		2,834	263	951			
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			508	1	744			
13	Medi-Cal Costs	07/01/02 - 09/30/02	822,787		124,770	698,016			
13A		10/01/02 - 06/30/03	1,163,544	926,315	35,707	201,522			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	447,066		67,795	379,271			
14A		10/01/02 - 06/30/03	632,218	503,318	19,402	109,498			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	431,898		65,506	366,392			
15A		10/01/02 - 06/30/03	627,703	503,177	18,747	105,780			
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		323,837	166,044	136	157,658			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SAN BERNARDINO
County Code: 36
Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036
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
				09	30	60	70	BG	CW
1	Allocation Percentage		100.00%	19.31%	33.46%	29.67%	5.03%	3.24%	6.53%
2	Total Units			4,408,928	5,929,235	2,833,789	596,571	574,050	1,583,365
3	Gross Cost		33,562,596	6,481,901	11,228,704	9,956,437	1,689,712	1,088,060	2,193,289
4	Cost per Unit			1.47	1.89	3.51	2.83	1.90	1.39
5	SMA per Unit			1.77	2.28	4.23	3.41		
6	Published Charge per Unit			1.75	2.25	4.17	3.36		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		627,459	1,029,906	442,663	81,488		
8A		10/01/02 - 06/30/03		1,794,898	2,830,890	1,504,275	220,171		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			1,034	57,317	7,145		
9A		10/01/02 - 06/30/03			6,096	141,695	12,083		
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		6,892	1,830	302	40		
10A		10/01/02 - 06/30/03		6,929	12,633	4,352	415		
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		12					
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		12,865	24,013	3,701	526		
11A		10/01/02 - 06/30/03		14,167	75,029	12,847	3,169		
12	Non-Medi-Cal Units			1,945,706	1,947,804	666,637	271,534	574,050	1,583,365
13	Medi-Cal Costs	07/01/02 - 09/30/02	4,658,985	922,475	1,950,422	1,555,284	230,804		
13A		10/01/02 - 06/30/03	13,908,751	2,638,816	5,361,101	5,285,227	623,607		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	5,609,127	1,110,602	2,348,186	1,872,464	277,874		
14A		10/01/02 - 06/30/03	16,745,265	3,176,969	6,454,429	6,363,083	750,783		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	5,535,046	1,098,053	2,317,289	1,845,905	273,800		
15A		10/01/02 - 06/30/03	16,523,175	3,141,072	6,369,503	6,272,827	739,775		
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	223,577		1,958	201,382	20,237		
17A		10/01/02 - 06/30/03	543,609		11,545	497,841	34,224		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	269,173		2,358	242,451	24,364		
18A		10/01/02 - 06/30/03	654,472		13,899	599,370	41,203		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	265,346		2,327	239,012	24,007		
19A		10/01/02 - 06/30/03	645,183		13,716	590,868	40,599		
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	14,772	10,132	3,466	1,061	113		
21A		10/01/02 - 06/30/03	50,577	10,187	23,924	15,291	1,175		
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	17,785	12,199	4,172	1,277	136		
22A		10/01/02 - 06/30/03	60,892	12,264	28,803	18,409	1,415		
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	17,572	12,061	4,118	1,259	134		
23A		10/01/02 - 06/30/03	60,092	12,126	28,424	18,148	1,394		
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	18	18					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	21	21					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	21	21					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02	78,882	18,914	45,475	13,003	1,490		
29A		10/01/02 - 06/30/03	217,030	20,828	142,089	45,138	8,976		
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	94,970	22,771	54,750	15,655	1,794		
30A		10/01/02 - 06/30/03	261,291	25,076	171,066	54,343	10,806		
31	Healthy Families Published Charges	07/01/02 - 09/30/02	93,744	22,514	54,029	15,433	1,767		
31A		10/01/02 - 06/30/03	257,827	24,792	168,815	53,572	10,648		
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		13,866,393	2,860,531	3,688,725	2,342,210	769,086	1,088,060	2,193,289

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

DETAIL COST REPORT

County: SAN BERNARDINO
County Code: 36

CR

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.		H	I	J	K	L	M	N
	Legal Entity Number: 00036		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Mode: 15 - Outpatient (Program 1)								
			OG						
1	Allocation Percentage		2.75%						
2	Total Units								
3	Gross Cost		924,493						
4	Cost per Unit								
5	SMA per Unit								
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 (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							
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		924,493						

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

DETAIL COST REPORT

County: SAN BERNARDINO
County Code: 36
Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036
Mode: 15 - Outpatient (Program 2)

			A	B	C	D	E	F	G
				TBS	ASO	ASO	MHS	MHS	MHS
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				58	30	60	30	60	32
1	Allocation Percentage		100.00%	10.02%	7.70%	1.82%			9.05%
2	Total Units			88,940	180,260	12,615			180,780
3	Gross Cost		2,907,814	291,446	223,923	52,940			263,285
4	Cost per Unit			3.28	1.24	4.20			1.46
5	SMA per Unit			2.28	2.28	4.23	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		24,725	12,480	705			21,572
8A		10/01/02 - 06/30/03		48,164	92,325	7,230			158,443
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							135
10A		10/01/02 - 06/30/03							630
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			16,051	75,455	4,680			
13	Medi-Cal Costs	07/01/02 - 09/30/02	322,815	81,021	15,503	2,959			31,417
13A		10/01/02 - 06/30/03	1,830,129	157,828	114,688	30,341			230,754
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	570,248	56,373	28,454	2,982			49,184
14A		10/01/02 - 06/30/03	3,567,468	109,814	210,501	30,583			361,250
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	1,589						197
21A		10/01/02 - 06/30/03	7,116						918
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	3,565						308
22A		10/01/02 - 06/30/03	14,370						1,436
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	240						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03	527						
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		745,924	52,597	93,732	19,640			0

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

DETAIL COST REPORT

County: SAN BERNARDINO
County Code: 36
Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036
Mode: 15 - Outpatient (Program 2)

			MHS	MHS	MHS	MHS			
			H	I	J	K	L	M	N
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			62	33	34	35			
1	Allocation Percentage		35.80%	23.21%	3.64%	8.75%			
2	Total Units		575,620	607,590	94,920	232,395			
3	Gross Cost		1,041,014	674,786	105,944	254,476			
4	Cost per Unit		1.81	1.11	1.12	1.10			
5	SMA per Unit		4.23	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	75,595	44,465	180	5,130			
8A		10/01/02 - 06/30/03	367,160	380,130	54,945	136,080			
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	770						
10A		10/01/02 - 06/30/03	155	435	720	4,230			
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	60			120			
12	Non-Medi-Cal Units		131,880	182,560	39,075	86,835			
13	Medi-Cal Costs	07/01/02 - 09/30/02	136,714	49,383	201	5,617			
13A		10/01/02 - 06/30/03	664,012	422,170	61,326	149,010			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	319,767	101,380	410	11,696			
14A		10/01/02 - 06/30/03	1,553,087	866,696	125,275	310,262			
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	1,393						
21A		10/01/02 - 06/30/03	280	483	804	4,632			
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	3,257						
22A		10/01/02 - 06/30/03	656	992	1,642	9,644			
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	109			131			
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03	254			274			
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		238,506	202,750	43,613	95,086			

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: SAN BERNARDINO

County Code: 36

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A	B	C	D	E	F	G
	Legal Entity Number: 00036		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%	70.00%	30.00%				
2	Total Units		66,994	28,712				
3	Gross Cost	9,374,048	6,561,813	2,812,235				
4	Cost per Unit		97.95	97.95				
5	Non-Medi-Cal Units		66,994	28,712				
6	Non-Medi-Cal Costs	9,374,048	6,561,813	2,812,235				

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: SAN BERNARDINO
County Code: 36

			MAA	MAA	MAA	MAA	MAA	MAA
Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G
Legal Entity Number: 00036			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities		Mode Total						
			03	06	09	13	16	19
1	Allocation Percentage	100.00%	14.75%	5.63%	1.07%	6.21%	1.92%	5.62%
2	Total Units		251,244	110,766	47,892	86,334	24,096	87,768
3	Total Expenditures	2,651,452	391,128	149,274	28,344	164,534	50,981	148,948
4	Cost per Unit		1.56	1.35	0.59	1.91	2.12	1.70
5	Non-Medi-Cal Costs	788,096						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2002-2003

MH 1966A (10/04)

County: SAN BERNARDINO
County Code: 36

		MAA	MAA	MAA	MAA	MAA		
Legal Entity: SAN BERNARDINO COUNTY D.B.H.		H	I	J	K	L	M	N
Legal Entity Number: 00036		Service	Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities		Function	Function	Function	Function	Function	Function	Function
		23	26	29	34	39		
1	Allocation Percentage	4.99%	19.41%	1.66%	20.76%	17.98%		
2	Total Units	92,862	336,270	29,598	460,146	304,326		
3	Total Expenditures	132,414	514,543	44,061	550,372	476,853		
4	Cost per Unit	1.43	1.53	1.49	1.20	1.57		
5	Non-Medi-Cal Costs							

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: SAN BERNARDINO
County Code: 36

CR

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.	A	B	C	D	E	F	G
	Legal Entity Number: 00036							
	Mode: 60 - Support	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		3,947					
3	Gross Cost	1,460,755	1,460,755					
4	Cost per Unit		370.09					
5	Non-Medi-Cal Units (Same as Line 2)		3,947					
6	Non-Medi-Cal Costs (Same as Line 3)	1,460,755	1,460,755					

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

Fiscal Year 2002-2003

County: SAN BERNARDINO
County Code: 36
Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036

			REIMBURSEMENT TYPE				SMA	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
			S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	S. F.'s 21-29	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)
1	Medi-Cal Costs	07/01/02 - 09/30/02					1,430,921		822,787	4,658,985	5,481,772	322,815	5,804,587
1A		10/01/02 - 06/30/03					4,536,887		1,163,544	13,908,751	15,072,295	1,830,129	16,902,425
2	Medi-Cal SMA	07/01/02 - 09/30/02					1,409,305		447,066	5,609,127	6,056,192	570,248	6,626,440
2A		10/01/02 - 06/30/03					4,466,025		632,218	16,745,265	17,377,483	3,567,468	20,944,951
3	Medi-Cal P. C.	07/01/02 - 09/30/02					1,688,234		431,898	5,535,046	5,966,944		5,966,944
3A		10/01/02 - 06/30/03					5,380,398		627,703	16,523,175	17,150,878		17,150,878
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					1,409,305		822,787	4,658,985	5,481,772	322,815	5,804,587
5A		10/01/02 - 06/30/03					4,466,025		1,163,544	13,908,751	15,072,295	1,830,129	16,902,425
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02					207,203			223,577	223,577		223,577
6A		10/01/02 - 06/30/03					521,845			543,609	543,609		543,609
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02					203,683			269,173	269,173		269,173
7A		10/01/02 - 06/30/03					512,978			654,472	654,472		654,472
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02					249,111			265,346	265,346		265,346
8A		10/01/02 - 06/30/03					627,392			645,183	645,183		645,183
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					203,683			223,577	223,577		223,577
10A		10/01/02 - 06/30/03					512,978			543,609	543,609		543,609
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02					1,612,988		822,787	4,882,563	5,705,349	322,815	6,028,164
11A		10/01/02 - 06/30/03					4,979,004		1,163,544	14,452,360	15,615,904	1,830,129	17,446,034
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02					5,969			14,772	14,772	1,589	16,362
12A		10/01/02 - 06/30/03					17,906			50,577	50,577	7,116	57,694
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02					5,867			17,785	17,785	3,565	21,350
13A		10/01/02 - 06/30/03					17,602			60,892	60,892	14,370	75,262
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02					7,176			17,572	17,572		17,572
14A		10/01/02 - 06/30/03					21,528			60,092	60,092		60,092
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					5,867			14,772	14,772	1,589	16,362
16A		10/01/02 - 06/30/03					17,602			50,577	50,577	7,116	57,694
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03								18	18		18
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03								21	21		21
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03								21	21		21
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					1,618,855		822,787	4,897,335	5,720,122	324,404	6,044,526
21A	(Excludes Refugees)	10/01/02 - 06/30/03					4,996,606		1,163,544	14,502,938	15,666,482	1,837,246	17,503,728
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03								18	18		18
23	Healthy Families Cost	07/01/02 - 09/30/02					20,231			78,882	78,882		78,882
23A		10/01/02 - 06/30/03					32,773			217,030	217,030	240	217,270
24	Healthy Families SMA	07/01/02 - 09/30/02					20,129			94,970	94,970		94,970
24A		10/01/02 - 06/30/03					32,281			261,291	261,291	527	261,818
25	Healthy Families P. C.	07/01/02 - 09/30/02					21,438			93,744	93,744		93,744
25A		10/01/02 - 06/30/03					38,637			257,827	257,827		257,827
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					20,129			78,882	78,882		78,882
27A		10/01/02 - 06/30/03					32,281			217,030	217,030	240	217,270
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02					186,467			37,096	37,096		37,096
28A		10/01/02 - 06/30/03					892,651			274,890	274,890		274,890
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		568,746	1,391,688	691,018	2,651,452							
33	Medi-Cal Eligibility Factor (Average)			62.16%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	568,746	865,073	429,537	1,863,356	1,432,388		822,787	4,860,239	5,683,026	324,404	6,007,430
35A		10/01/02 - 06/30/03					4,103,955		1,163,544	14,228,048	15,391,592	1,837,246	17,228,838
36	Net Due - Enhanced SD/MC (Refugees)									18	18		18
37	Net Due - Healthy Families	07/01/02 - 09/30/02					20,129			78,882	78,882		78,882
37A		10/01/02 - 06/30/03					32,281			217,030	217,030	240	217,270
	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: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036

Mode: 05 - Hospital Inpatient (SFC 10 - 19)					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 SMA Upper Limits				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_HOSPINPT				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	05	10	1,735	3,750	1,753	68.14%	31.86%	1,454,277	3,143,250	1,469,365	4,612,615	186,467	608,294	284,357	892,651	1,267,810	2,534,956	1,185,007	3,719,964	651,654	1,267,478	644,052	1,911,530
C	2	CR	05	19	674	1,136	414	73.29%	26.71%	158,711	268,528	97,861	366,389					158,711	268,528	97,861	366,389	81,577	134,264	53,188	187,451
									Totals	1,612,988	3,411,778	1,567,226	4,979,004	186,467	608,294	284,357	892,651	1,426,521	2,803,484	1,282,869	4,086,353	733,232	1,401,742	697,239	2,098,981
							Equivalent values from MH1988			1,612,988			4,979,004	186,467			892,651								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036

Mode: 05 - Other 24 Hour Services (All Other SFC)					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_MODE5(OTHR)				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%	
									Totals																
							Equivalent values from MH1968																		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SAN BERNARDINO
County Code: 36
Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036

Mode: 10 - Day Services					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_MODE10				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	3	CR	10	65		1,762	1,072	62.17%	37.83%		575,924	350,392	926,315						575,924	350,392	926,315		287,962	190,438	478,400
C	4	CR	10	91	919	263		100.00%		124,770	35,707		35,707					124,770	35,707		35,707	64,132	17,853		17,853
D	5	CR	10	95	3,294	951		100.00%		698,016	201,522		201,522					698,016	201,522		201,522	358,780	100,761		100,761
									Totals	822,787	813,152	350,392	1,163,544					822,787	813,152	350,392	1,163,544	422,912	406,576	190,438	597,014
							Equivalent values from MH1968			822,787			1,163,544												

CALIFORNIA HEALTH AN SERVICES AGENCY

DETAIL REPORT

MENT OF MENTAL HEALTH

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

Fiscal Year 2002-2003

County: SAN BERNARDINO
County Code: 36
Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036

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)	(Q + 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 % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%	
B	6	CR	15	09	627,459	1,135,787	659,111	63.28%	36.72%	922,475	1,669,807	969,009	2,638,816					922,475	1,669,807	969,009	2,638,816	474,152	834,904	526,657	1,361,560
C	7	CR	15	30	1,030,940	1,822,740	1,014,246	64.25%	35.75%	1,952,360	3,451,880	1,920,765	5,372,645					1,952,360	3,451,880	1,920,765	5,372,645	1,003,523	1,725,940	1,043,936	2,769,876
D	9	CR	15	60	499,980	1,078,001	567,969	65.49%	34.51%	1,756,666	3,787,526	1,995,543	5,783,069	37,096	180,035	94,855	274,890	1,719,570	3,607,491	1,900,688	5,508,179	883,859	1,803,746	1,033,024	2,836,769
E	10	CR	15	70	88,633	146,799	85,455	63.21%	36.79%	251,042	415,790	242,040	657,830					251,042	415,790	242,040	657,830	129,035	207,895	131,549	339,444
F	29	CR	15	BG																					
G	30	CR	15	CW																					
H	31	CR	15	OG																					
									Totals	4,882,563	9,325,003	5,127,358	14,452,360	37,096	180,035	94,855	274,890	4,845,467	9,144,968	5,032,503	14,177,470	2,490,570	4,572,484	2,735,165	7,307,649
									Equivalent values from MH1968	4,882,563			14,452,360	37,096			274,890								

CALIFORNIA HEALTH AN SERVICES AGENCY

DETAIL REPORT

MENT OF MENTAL HEALTH

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

Fiscal Year 2002-2003

County: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.
Legal Entity Number: 00036

Mode: 15 - Outpatient (Program 2)					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_(2)				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	8	TBS	15	58	24,725	30,490	17,674	63.30%	36.70%	81,021	99,912	57,916	157,828					81,021	99,912	57,916	157,828	41,645	49,956	31,477	81,433
C	25	ASO	15	30	12,480	42,840	49,485	46.40%	53.60%	15,503	53,217	61,471	114,688					15,503	53,217	61,471	114,688	7,969	26,608	33,410	60,018
D	26	ASO	15	60	705	3,510	3,720	48.55%	51.45%	2,959	14,730	15,611	30,341					2,959	14,730	15,611	30,341	1,521	7,365	8,485	15,850
E	27	MHS	15	30																					
F	28	MHS	15	60																					
G	32	MHS	15	32	21,572	76,507	81,936	48.29%	51.71%	31,417	111,424	119,330	230,754					31,417	111,424	119,330	230,754	16,148	55,712	64,856	120,568
H	33	MHS	15	62	75,595	207,650	159,510	56.56%	43.44%	136,714	375,537	288,475	664,012					136,714	375,537	288,475	664,012	70,271	187,769	156,785	344,555
I	34	MHS	15	33	44,465	188,100	192,030	49.48%	50.52%	49,383	208,903	213,267	422,170					49,383	208,903	213,267	422,170	25,383	104,451	115,911	220,362
J	35	MHS	15	34	180	17,760	37,185	32.32%	67.68%	201	19,623	41,504	61,326					201	19,623	41,504	61,326	103	9,911	22,557	32,469
K	36	MHS	15	35	5,130	51,600	84,480	37.92%	62.08%	5,617	56,503	92,507	149,010					5,617	56,503	92,507	149,010	2,887	28,251	50,277	78,529
				Totals						322,815	940,048	890,082	1,830,129					322,815	940,048	890,082	1,830,129	165,927	470,024	483,759	953,783
				Equivalent values from MH1966						322,815			1,830,129												

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: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.

Legal Entity Number: 00036		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)	1,426,521	4,086,353	733,232	2,098,981		
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	822,787	1,163,544	422,912	597,014		
4	15 - Outpatient (Program 1)	4,845,467	14,177,470	2,490,570	7,307,649		
5	15 - Outpatient (Program 2)	322,815	1,830,129	165,927	953,783		
6	Totals	7,417,589	21,257,497	3,812,641	10,957,428		
7	Totals from MH1979	7,417,589	21,257,497	3,812,641	10,957,428		
8	Effective SD/MC FFP %					51.40%	51.55%

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: SAN BERNARDINO
County Code: 36

	Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G	H	I	J
	Legal Entity Number: 00036		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	FFP % Source: MH1978 E8 51.40% FFP	FFP % Source: MH1978 F8 51.55% FFP	[1]Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			6,615,461	23,548,271	30,163,732						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			6,904,316	9,527,761	16,432,077						
3	Total Medi-Cal Direct Service Gross Reimbursement					46,595,809						
4	Medi-Cal Administrative Reimbursement Limit					6,989,371						
5	Medi-Cal Administration					6,708,627						
6	Medi-Cal Administrative Reimbursement					6,708,627	3,354,314					3,354,314
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			52,410	394,980	447,390						
8	Healthy Families Administrative Reimbursement Limit					44,739						
9	Healthy Families Administration					77,360						
10	Healthy Families Administrative Reimbursement					44,739				29,192		29,192
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09		568,746			568,746	284,373					284,373
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		865,073			865,073	432,537					432,537
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)		429,537			429,537					322,153	322,153
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)					474,267					355,700	355,700
15	Other SD/MC Utilization Review (County Only)					173,566	86,783					86,783
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02		1,426,521	5,991,068	7,417,589		3,812,641				3,812,641
16A		10/01/02 - 06/30/03		4,086,353	17,171,144	21,257,497			10,957,428			10,957,428
17	Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02		5,867	16,362	22,229				14,667		14,667
17A		10/01/02 - 06/30/03		17,602	57,694	75,296				48,942		48,942
18	Enhanced SD/MC Net Reimb. (Refugees)				18	18				18		18
19	Total SD/MC Reimbursement Before Excess FFP											19,669,554
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											19,669,554
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											19,669,554
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02		20,129	78,882	99,012				65,328		65,328
24A		10/01/02 - 06/30/03		32,281	217,270	249,551				162,208		162,208
25	Total Healthy Families Reimbursement Before Excess FFP											256,728
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											256,728

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

CALCULATION OF SHORT-DOYLE/MEDI-CAL
FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS
MH 1991 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

COUNTY NAME: SAN BERNARDINO

COUNTY CODE: 36

LEGAL ENTITY

NAME: SAN BERNARDINO COUNTY D.B.H.

NUMBER: 00036

A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC		$231.30	07/01/02 - 07/31/02	120	$ 27,756			$27,756
		$236.38	08/01/02 - 09/30/02	554	$ 130,955			$130,955
		$236.38	10/01/02 - 12/31/02	598	$ 141,355			$141,355
		$236.38	01/01/03 - 06/30/03	952	$ 225,034			$225,034
							Sub Total:	$ 525,100
Children EMC		$231.30	07/01/02 - 07/31/02					
		$236.38	08/01/02 - 09/30/02					
		$236.38	10/01/02 - 12/31/02					
		$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Refugees EMC		$231.30	07/01/02 - 07/31/02					
		$236.38	08/01/02 - 09/30/02					
		$236.38	10/01/02 - 12/31/02					
		$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Healthy Families		$231.30	07/01/02 - 07/31/02	31	$ 7,170			$7,170
		$236.38	08/01/02 - 09/30/02	30	$ 7,091			$7,091
		$236.38	10/01/02 - 12/31/02					
		$236.38	01/01/03 - 06/30/03	16	$ 3,782			$3,782
							Sub Total:	$ 18,044
				GRAND TOTAL	$ 543,143			$ 543,143