CALIFORNIA DEPARTMENT OF
Mental Health

Audits Branch – Southern Region
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May 24, 2008

Marvin J. Southard, D.S.W., Director
Los Angeles County Department of Mental Health
550 So. Vermont Avenue. 12th Floor
Los Angeles, CA 90020

Dear Dr. Southard:

AUDIT REPORT – LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Los Angeles County Community Mental Health Services, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

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

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

	Net Program Costs		
	Settled	Allowed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	$ 256,853,815	$ 257,729,163	$ 875,348
Federal Share of Healthy Families/Medi-Cal	$ 4,025,133	$ 3,703,527	$ (321,606)

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 Care 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 Care Services, 1029 J St, 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 Branch – Southern Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

LOS ANGELES
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)	$ 71,155,398	$ 2,495,646	$ 73,651,044
HEALTHY FAMILIES - FFP	(Sch. 2a)	622,110	(184,010)	438,100
TOTAL FFP - COUNTY PROVIDERS		$ 71,777,508	$ 2,311,636	$ 74,089,144
CONTRACT PROVIDERS				
MEDI-CAL - FFP	(Sch. 3c)	$ 185,698,417	$ (1,620,298)	$ 184,078,119
HEALTHY FAMILIES - FFP	(Sch. 3c)	3,403,023	(137,596)	3,265,427
TOTAL FFP - CONTRACT PROVIDERS		$ 189,101,440	$ (1,757,894)	$ 187,343,546
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 256,853,815	$ 875,348	$ 257,729,163
HEALTHY FAMILIES - FFP		4,025,133	(321,606)	3,703,527
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		$ 260,878,948	$ 553,742	$ 261,432,690

SCHEDULE 2

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

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	$ 0	$ 0	$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	87,744,287	9,256,837	97,001,124
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	14,907	1,564	16,471
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	17,419	1,099	18,518
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	549,642	70,509	620,151
9. Total		$ 88,326,255	$ 9,330,009	$ 97,656,264
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	$ 0	$ 0	$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	408,240	0	408,240
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		$ 408,240	$ 0	$ 408,240
Medi-Cal Net Reimbursement for Direct Services				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	$ 0	$ 0	$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	87,350,954	9,258,401	96,609,355
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)	17,419	1,099	18,518
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	549,642	70,509	620,151
25. Total		$ 87,918,015	$ 9,330,009	$ 97,248,024
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	$ 1,085,534	$ (526,106)	$ 559,428
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	3,770,365	(1,470,011)	2,300,354
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	2,662,966	(305,613)	2,357,353
29. Total		$ 7,518,865	$ (2,301,731)	$ 5,217,134

SCHEDULE 2a

LOS ANGELES
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)	$ 78,844,928	$ 945,253	$ 79,790,181
38. Medi-Cal Administration	(MH 1979, Ln 5)	$ 43,385,690	$ 383,731	$ 43,769,421
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 43,385,690	$ 383,731	$ 43,769,421
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 584,642	$ (14,143)	$ 570,499
41. Healthy Families Administration	(MH1979, Ln 9)	$ 404,486	$ (352,425)	$ 52,061
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 404,486	$ (352,425)	$ 52,061
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	$ 80,557	$ 0	$ 80,557
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	$	$ 0	$ 0
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	$ 44,949,787	$ 4,688,546	$ 49,638,333
46. Enhanced (Children)	(MH1979, Ln 17,17A)	9,756	997	10,753
47. Enhanced (Refugees)	(MH1979, Ln 18)	17,419	1,099	18,518
48 MAA	(MH 1979, Ln 11, 12 & 13)	4,425,174	(1,227,269)	3,197,905
49. Administrative Reimbursement	(MH1979, Ln 6)	21,692,845	191,866	21,884,711
50. U.R. Skilled Professional	(MH1979, Ln 14)	60,418	(0)	60,418
51. U.R. Other	(MH1979, Ln 15)		0	0
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0	0
53. Subtotal- FFP		$ 71,155,399	$ 3,655,239	$ 74,810,638
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	$ 0	$ 0	$ 0
55. Bottomline Adjustments	(Adj # 41)	0	(1,159,594)	(1,159,594)
56. Total SD/MC Reimbursement - FFP	(Ln 53 + Ln 54 + Ln 55)	$ 71,155,399	$ 2,495,645	$ 73,651,044
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 358,183	$ 45,947	$ 404,130
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	263,927	(229,957)	33,970
60. Total Healthy Families Reimbursement - FFP		$ 622,110	$ (184,010)	$ 438,100
61. Total - FFP (Ln 56 + Ln 60)		$ 71,777,509	$ 2,311,635	$ 74,089,144

(To Sch. 1)

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(1) Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		INPATIENT					OUTPATIENT				
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 18, 18A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00108	Telecare Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,275,766	$ 0	$ 0	$ 4,275,766	$ 0
00171	The Almansor Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,891,434	$ 112	$ 0	$ 3,891,546	$ 309,037
00173	Assoc for Mexican-American (ALMA)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,492,279	$ 0	$ 0	$ 2,492,279	$ 0
00174	Hamburger Home (Aviva Ctr)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,423,540	$ 0	$ 0	$ 4,423,540	$ 136,158
00175	Barbour & Floyd Medical Associates	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,567,344	$ 0	$ 0	$ 1,567,344	$ 0
00177	Alcott Center for MH Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,074,250	$ 0	$ 0	$ 1,074,250	$ 0
00178	Cedars-Sinai Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 851,600	$ 0	$ 0	$ 851,600	$ 0
00179	Children's Hospital Los Angeles	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,573,207	$ 0	$ 0	$ 4,573,207	$ 181,971
00180	Community Counseling Service	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,287,012	$ 0	$ 0	$ 3,287,012	$ 56,218
00181	Community Family Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,362,853	$ 1,816	$ 0	$ 2,364,669	$ 148,688
00183	Didi Hirsch Psychiatric Service	$ 0	$ 0	$ 0	$ 0	$ 0	$ 10,447,494	$ 0	$ 0	$ 10,447,494	$ 353,198
00184	Dubnoff Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,310,258	$ 0	$ 0	$ 1,310,258	$ 61,955
00185	El Centro De Amistad, Inc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,189,341	$ 0	$ 0	$ 1,189,341	$ 498
00188	Enki Health & Research	$ 0	$ 0	$ 0	$ 0	$ 0	$ 13,884,637	$ 0	$ 0	$ 13,884,637	$ 593,587
00190	Gateways Hospital & MHC	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,313,795	$ 0	$ 0	$ 1,313,795	$ 10,551
00191	The Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,992,728	$ 0	$ 0	$ 6,992,728	$ 5,961
00192	Hathaway Children & Family Svc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,932,919	$ 0	$ 0	$ 7,932,919	$ 316,851
00193	Health Research Association	$ 0	$ 0	$ 0	$ 0	$ 0	$ 193,643	$ 0	$ 0	$ 193,643	$ 0
00194	Hillview Mental Health Center, Inc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,215,116	$ 0	$ 0	$ 4,215,116	$ 0
00195	Intercommunity Child Guidance Ctr	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,413,021	$ 0	$ 0	$ 2,413,021	$ 286,374
00196	Vista Del Mar (Jewish)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,477,312	$ 0	$ 0	$ 6,477,312	$ 0
00197	Kedren Community MH Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 9,312,999	$ 0	$ 0	$ 9,312,999	$ 2,534
00198	HELP Group (LA Ctr for Therapy)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,818,477	$ 594	$ 0	$ 5,819,071	$ 12,118
00199	Los Angeles Child Guidance Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,781,434	$ 0	$ 0	$ 7,781,434	$ 183,748
00200	Mental Health Assn in LA Co	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,415,361	$ 0	$ 0	$ 5,415,361	$ 0
00201	National Foundation (Penny Lane)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 13,634,605	$ 0	$ 0	$ 13,634,605	$ 176,070
00203	Pacific Clinics	$ 0	$ 0	$ 0	$ 0	$ 0	$ 32,882,910	$ 1,038	$ 0	$ 32,883,948	$ 337,918
00204	Pasadena Children's Training Society	$ 0	$ 0	$ 0	$ 0	$ 0	$ 11,903,000	$ 0	$ 0	$ 11,903,000	$ 97,482
00205	Portals House	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,861,253	$ 0	$ 0	$ 7,861,253	$ 0
00206	Harbor View Rehabilitation Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,157,649	$ 0	$ 0	$ 3,157,649	$ 8,463
00207	Child & Family Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 11,875,259	$ 7,858	$ 0	$ 11,883,117	$ 769,555
00208	San Fernando Valley CMHC	$ 0	$ 0	$ 0	$ 0	$ 0	$ 13,427,117	$ 5,851	$ 851	$ 13,433,819	$ 46,648
00209	HealthView, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 725,518	$ 0	$ 0	$ 725,518	$ 0
00210	Santa Clarita Child & Family Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,856,104	$ 0	$ 0	$ 2,856,104	$ 306,610
00211	Center for Healthy Aging	$ 0	$ 0	$ 0	$ 0	$ 0	$ 285,483	$ 0	$ 0	$ 285,483	$ 0
00212	Social Model Recovery Systems	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,104,144	$ 0	$ 0	$ 1,104,144	$ 0
00213	South Bay Children's Health Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 316,305	$ 0	$ 0	$ 316,305	$ 9,610
00214	Special Service for Groups	$ 0	$ 0	$ 0	$ 0	$ 0	$ 8,390,060	$ 997	$ 892	$ 8,391,949	$ 94,329
00215	Step-Up on Second Street	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,369,639	$ 0	$ 0	$ 1,369,639	$ 0
00216	Stirling Behavioral Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 954,559	$ 0	$ 0	$ 954,559	$ 46,353
00217	St. John's Hospital	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,519,070	$ 0	$ 0	$ 1,519,070	$ 102,382
00218	St. Joseph Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 362,287	$ 0	$ 0	$ 362,267	$ 0
00219	Transitional Living Centers	$ 0	$ 0	$ 0	$ 0	$ 0	$ 567,325	$ 0	$ 0	$ 567,325	$ 0
00221	Verdugo Mental Health Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,604,738	$ 2,535	$ 4,201	$ 3,611,474	$ 59,378
00258	1736 Family Crisis Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 141,807	$ 0	$ 0	$ 141,807	$ 0
00274	B.R.I.D.G.E.S., Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,324,544	$ 0	$ 0	$ 1,324,544	$ 0
00300	For The Child	$ 0	$ 0	$ 0	$ 0	$ 0	$ 556,653	$ 0	$ 0	$ 556,653	$ 0
00310	Watts Labor Community (WLCAC)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 51,709	$ 0	$ 0	$ 51,709	$ 0
00315	LAUSD 97th St. Mental Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,454,941	$ 0	$ 0	$ 2,454,941	$ 6,065
00320	Research & Treatment Institution	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,072,046	$ 0	$ 0	$ 1,072,046	$ 0
00321	The Church Home for Children (Hillside:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,054,316	$ 0	$ 0	$ 7,054,316	$ 98,499

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(1) Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		INPATIENT					OUTPATIENT				
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00326	Korean Youth Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 206,160	$ 0	$ 0	$ 206,160	$ 16
00327	Clontarf Manor	$ 0	$ 0	$ 0	$ 0	$ 0	$ 740,274	$ 0	$ 0	$ 740,274	$ 0
00328	Work Orientation & Rehab (WORC)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 30,868	$ 0	$ 0	$ 30,868	$ 0
00472	The Devereaux Foundation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 647,852	$ 0	$ 0	$ 647,852	$ 0
00502	Harbor/UCLA	$ 1,708,405	$ 0	$ 0	$ 1,708,405	$ 0	$ 1,205,303	$ 0	$ 0	$ 1,205,303	$ 0
00503	MLK Medical Center	$ 2,773,021	$ 0	$ 0	$ 2,773,021	$ 0	$ 3,395,348	$ 0	$ 0	$ 3,395,348	$ 0
00504	LAC/USC Medical Center	$ 2,566,790	$ 0	$ 0	$ 2,566,790	$ 0	$ 3,045,054	$ 0	$ 0	$ 3,045,054	$ 332
00505	Olive View Medical Center	$ 1,854,350	$ 0	$ 0	$ 1,854,350	$ 0	$ 1,218,029	$ 1,576	$ 0	$ 1,219,605	$ 8,182
00506	So. Central Health & Rehab Program	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,475,933	$ 0	$ 0	$ 2,475,933	$ 0
00508	Homes for Life Foundation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 425,289	$ 0	$ 0	$ 425,289	$ 0
00518	Olive Crest Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 163,365	$ 0	$ 0	$ 163,365	$ 0
00519	Aspen Health Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,742,022	$ 0	$ 0	$ 1,742,022	$ 0
00527	Exodus Recovery	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,384,587	$ 0	$ 0	$ 1,384,587	$ 0
00543	Star View Adolescent Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 14,971,416	$ 0	$ 0	$ 14,971,416	$ 0
00558	Shields for Families Project	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,521,404	$ 0	$ 0	$ 3,521,404	$ 0
00579	Assist. League of So Calif (WRAP)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,446,795	$ 0	$ 0	$ 1,448,795	$ 0
00591	Children's Institute International	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,122,639	$ 0	$ 0	$ 7,122,639	$ 171,457
00630	Topanga-Roscoe Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 533,947	$ 0	$ 0	$ 533,947	$ 0
00647	Five Acres	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,993,882	$ 0	$ 0	$ 6,993,882	$ 0
00888	Children's Bureau of So California	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,321,495	$ 5,085	$ 0	$ 6,326,580	$ 59,399
00887	Youth Intervention Program	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,374,091	$ 0	$ 0	$ 4,374,091	$ 0
00890	Enrichment Through Employment	$ 0	$ 0	$ 0	$ 0	$ 0	$ 77,019	$ 0	$ 0	$ 77,019	$ 0
00893	Parenting Institute	$ 0	$ 0	$ 0	$ 0	$ 0	$ 286,383	$ 0	$ 0	$ 286,383	$ 0
00894	Counseling 4Kids	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,415,492	$ 0	$ 0	$ 2,415,492	$ 0
00895	El Dorado Community Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 88,354	$ 0	$ 0	$ 88,354	$ 0
00703	LA Center for Group Therapy	$ 0	$ 0	$ 0	$ 0	$ 0	$ 50,976	$ 0	$ 0	$ 50,976	$ 0
00711	Pediatric & Family Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,967	$ 0	$ 0	$ 5,967	$ 0
00712	Multiservice Family Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 23,475	$ 0	$ 0	$ 23,475	$ 0
00724	Foothill Family Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,776,905	$ 0	$ 0	$ 4,776,905	$ 119
00778	D'Veal Family & Youth Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,620,716	$ 0	$ 0	$ 3,620,716	$ 0
00779	Counseling & Reseach Association	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,799,534	$ 1,964	$ 0	$ 6,801,496	$ 0
00780	LA Orphans Home Society (Hollygrove)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,643,785	$ 0	$ 0	$ 2,643,785	$ 0
00781	Optimist Youth Homes (Boy's Home)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,910,469	$ 0	$ 0	$ 3,910,469	$ 0
00783	Childnet Youth & Family Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,503,876	$ 0	$ 0	$ 6,503,876	$ 0
00784	St Francis Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,142,000	$ 0	$ 0	$ 1,142,000	$ 0
00788	Kamila Comprehensive Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 154,220	$ 0	$ 0	$ 154,220	$ 0
00805	Phoenix Houses of LA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,085,892	$ 0	$ 0	$ 1,085,892	$ 0
00838	Prototypes - ICAN	$ 0	$ 0	$ 0	$ 0	$ 0	$ 580,880	$ 0	$ 0	$ 580,880	$ 0
00848	Gay & Lesbian Adolescent Soc Svcs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,650,324	$ 0	$ 0	$ 1,650,324	$ 0
00848	Rosemary Children's Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,079,883	$ 0	$ 0	$ 1,079,883	$ 0
00860	Bienvenidos Children's Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,914,044	$ 0	$ 0	$ 1,914,044	$ 1,121
00861	Los Angeles Co Office of Education	$ 0	$ 0	$ 0	$ 0	$ 0	$ 265,341	$ 0	$ 0	$ 265,341	$ 0
00938	United American Indian Involvement	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,000,824	$ 0	$ 0	$ 1,000,824	$ 0
00965	Heritage Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,098,303	$ 0	$ 0	$ 3,098,303	$ 0
00971	McKinley Children's Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,232,831	$ 0	$ 0	$ 3,232,831	$ 0
00984	The Regents / UCLA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 749,975	$ 0	$ 0	$ 749,975	$ 0
00993	FH & HF - Torrance I (Sunnyside)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 239,162	$ 0	$ 0	$ 239,162	$ 0
00995	Ettie Lee Homes, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,707,227	$ 0	$ 0	$ 1,707,227	$ 0
01030	Caring for Children & Fam with Aids	$ 0	$ 0	$ 0	$ 0	$ 0	$ 959,090	$ 0	$ 0	$ 959,090	$ 0
01034	Maryvale	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,053,892	$ 0	$ 0	$ 3,053,892	$ 0
01044	VIP Community MHC	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,414,915	$ 0	$ 0	$ 1,414,915	$ 25,403

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(1) Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Groes Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		INPATIENT					OUTPATIENT				
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
01066	Childrens Center of Antelope Valley	$ 0	$ 0	$ 0	$ 0	$ 0	$ 437,523	$ 0	$ 0	$ 437,523	$ 0
01111	Institute of Applied Behavioral Analysis	$ 0	$ 0	$ 0	$ 0	$ 0	$ 16,720	$ 0	$ 0	$ 16,720	$ 0
01129	Pasadena Residential Care Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 31,500	$ 0	$ 0	$ 31,500	$ 0
01156	Tarzana Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,050	$ 0	$ 0	$ 1,050	$ 0
	GRAND TOTAL	$ 8,902,566	$ 0	$ 0	$ 8,902,566	$ 0	$ 359,935,141	$ 29,426	$ 5,944	$ 359,970,511	$ 5,084,838

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP) INPATIENT (MH 1968, Ln 28 to 30)	(12) Healthy Families Revenue INPATIENT (MH 1968, Ln 31)	(13) Total Revenue (Excl. HFP) OUTPATIENT (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue OUTPATIENT (MH 1968, Ln 31)	(15) Total Net Cost (Excl. HFP) INPATIENT (Col 4-11)	(16) Net Cost Healthy Families INPATIENT (Col 5-12)	(17) Total Net Cost (Excl. HFP) OUTPATIENT (Col 9-13)	(18) Net Cost Healthy Families OUTPATIENT (Col 10-14)	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
00106	Telecare Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,275,766	$ 0	$ 0
00171	The Almansor Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,891,546	$ 309,037	$ 0
00173	Assoc for Mexican-American (ALMA)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,492,279	$ 0	$ 0
00174	Hamburger Home (Aviva Ctr)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,423,540	$ 136,158	$ 0
00175	Barbour & Floyd Medical Associates	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,567,344	$ 0	$ 0
00177	Alcott Center for MH Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,074,250	$ 0	$ 0
00178	Cedars-Sinai Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 851,600	$ 0	$ 0
00179	Children's Hospital Los Angeles	$ 0	$ 0	$ 636	$ 0	$ 0	$ 0	$ 4,572,571	$ 181,971	$ 0
00180	Community Counseling Service	$ 0	$ 0	$ 28,958	$ 0	$ 0	$ 0	$ 3,258,054	$ 56,218	$ 0
00181	Community Family Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,364,669	$ 148,688	$ 0
00183	Didi Hirsch Psychiatric Service	$ 0	$ 0	$ 68,358	$ 0	$ 0	$ 0	$ 10,379,136	$ 353,198	$ 0
00184	Dubnoff Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,310,258	$ 61,955	$ 0
00185	El Centro De Amistad, Inc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,189,341	$ 498	$ 0
00188	Enki Health & Research	$ 0	$ 0	$ 297,534	$ 0	$ 0	$ 0	$ 13,587,103	$ 593,587	$ 0
00190	Gateways Hospital & MHC	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,313,795	$ 10,551	$ 0
00191	The Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,992,728	$ 5,961	$ 0
00192	Hathaway Children & Family Svc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,932,919	$ 316,851	$ 0
00193	Health Research Association	$ 0	$ 0	$ 12,305	$ 0	$ 0	$ 0	$ 181,338	$ 0	$ 0
00194	Hillview Mental Health Center, Inc	$ 0	$ 0	$ 3,017	$ 0	$ 0	$ 0	$ 4,212,099	$ 0	$ 0
00195	Intercommunity Child Guidance Ctr	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,413,021	$ 286,374	$ 0
00196	Vista Del Mar (Jewish)	$ 0	$ 0	$ 66,867	$ 0	$ 0	$ 0	$ 6,410,445	$ 0	$ 0
00197	Kedren Community MH Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 9,312,999	$ 2,534	$ 0
00198	HELP Group (LA Ctr for Therapy)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,819,071	$ 12,118	$ 0
00199	Los Angeles Child Guidance Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,781,434	$ 183,748	$ 0
00200	Mental Health Assn in LA Co	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,415,361	$ 0	$ 24,527
00201	National Foundation (Penny Lane)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 13,834,605	$ 178,070	$ 0
00203	Pacific Clinics	$ 0	$ 0	$ 65,218	$ 0	$ 0	$ 0	$ 32,818,730	$ 337,918	$ 0
00204	Pasadena Children's Training Societ	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 11,903,000	$ 97,482	$ 0
00205	Portals House	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,861,253	$ 0	$ 30,066
00206	Harbor View Rehabilitation Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,157,649	$ 8,463	$ 0
00207	Child & Family Guidance Center	$ 0	$ 0	$ 49,898	$ 0	$ 0	$ 0	$ 11,833,219	$ 769,555	$ 0
00208	San Fernando Valley CMHC	$ 0	$ 0	$ 101,390	$ 0	$ 0	$ 0	$ 13,332,429	$ 46,648	$ 0
00209	HealthView, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 725,518	$ 0	$ 0
00210	Santa Clarita Child & Family Center	$ 0	$ 0	$ 50	$ 0	$ 0	$ 0	$ 2,856,054	$ 306,610	$ 0
00211	Center for Healthy Aging	$ 0	$ 0	$ 30,857	$ 0	$ 0	$ 0	$ 254,626	$ 0	$ 0
00212	Social Model Recovery Systems	$ 0	$ 0	$ 19,359	$ 0	$ 0	$ 0	$ 1,084,785	$ 0	$ 0
00213	South Bay Children's Health Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 316,305	$ 9,610	$ 0
00214	Special Service for Groups	$ 0	$ 0	$ 103,456	$ 0	$ 0	$ 0	$ 8,288,493	$ 94,329	$ 0
00215	Step-Up on Second Street	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,369,639	$ 0	$ 0
00216	Stirling Behavioral Health	$ 0	$ 0	$ 5,426	$ 0	$ 0	$ 0	$ 949,133	$ 46,353	$ 0
00217	St. John's Hospital	$ 0	$ 0	$ 33,251	$ 0	$ 0	$ 0	$ 1,465,819	$ 102,382	$ 0
00218	St. Joseph Center	$ 0	$ 0	$ 7,592	$ 0	$ 0	$ 0	$ 354,675	$ 0	$ 0
00219	Transitional Living Centers	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 567,325	$ 0	$ 0
00221	Verdugo Mental Health Center	$ 0	$ 0	$ 604	$ 0	$ 0	$ 0	$ 3,610,670	$ 59,378	$ 0
00258	1736 Family Crisis Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 141,807	$ 0	$ 0
00274	B.R.I.D.G.E.S., Inc.	$ 0	$ 0	$ 249,774	$ 0	$ 0	$ 0	$ 1,074,770	$ 0	$ 0
00300	For The Child	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 556,653	$ 0	$ 0
00310	Watts Labor Community (WLCAC)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 51,709	$ 0	$ 0
00315	LAUSD 97th St. Mental Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,454,941	$ 6,065	$ 0
00320	Research & Treatment Institution	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,072,046	$ 0	$ 0
00321	The Church Home for Children (Hillsb	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,054,316	$ 98,499	$ 0

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP) INPATIENT (MH 1968, Ln 28 to 30)	(12) Healthy Families Revenue (MH 1968, Ln 31)	(13) Total Revenue (Excl. HFP) OUTPATIENT (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue (MH 1968, Ln 31)	(15) Total Net Cost (Excl. HFP) INPATIENT (Col 4-11)	(16) Net Cost Healthy Families (Col 5-12)	(17) Total Net Cost (Excl. HFP) OUTPATIENT (Col 9-13)	(18) Net Cost Healthy Families (Col 10-14)	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
00326	Korean Youth Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 206,160	$ 16	$ 0
00327	Clontarf Manor	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 740,274	$ 0	$ 0
00328	Work Orientation & Rehab (WORC)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 30,868	$ 0	$ 0
00472	The Devereaux Foundation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 647,852	$ 0	$ 0
00502	Harbor/UCLA	$ 58,003	$ 0	$ 5,227	$ 0	$ 1,650,402	$ 0	$ 1,200,076	$ 0	$ 0
00503	MLK Medical Center	$ 163,688	$ 0	$ 23,333	$ 0	$ 2,609,333	$ 0	$ 3,372,015	$ 0	$ 0
00504	LAC/USC Medical Center	$ 96,185	$ 0	$ 110,790	$ 0	$ 2,470,605	$ 0	$ 2,934,264	$ 332	$ 0
00505	Olive View Medical Center	$ 227,288	$ 0	$ 77,161	$ 0	$ 1,627,064	$ 0	$ 1,142,444	$ 8,182	$ 0
00506	So. Central Health & Rehab Program	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,475,933	$ 0	$ 0
00508	Homes for Life Foundation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 425,289	$ 0	$ 0
00518	Olive Crest Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 163,365	$ 0	$ 0
00519	Aspen Health Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,742,022	$ 0	$ 0
00527	Exodus Recovery	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,364,587	$ 0	$ 0
00543	Star View Adolescent Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 14,971,416	$ 0	$ 0
00556	Shields for Families Project	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,521,404	$ 0	$ 0
00579	Assist. League of So Calif (WRAP)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,446,795	$ 0	$ 0
00591	Children's Institute International	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,122,639	$ 171,457	$ 0
00630	Topanga-Roscoe Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 533,947	$ 0	$ 0
00647	Five Acres	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,993,882	$ 0	$ 0
00666	Children's Bureau of So California	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,326,580	$ 59,399	$ 0
00667	Youth Intervention Program	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,374,091	$ 0	$ 0
00690	Enrichment Through Employment	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 77,019	$ 0	$ 0
00693	Parenting Institute	$ 0	$ 0	$ 985	$ 0	$ 0	$ 0	$ 285,398	$ 0	$ 0
00694	Counseling 4Kids	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,415,492	$ 0	$ 0
00695	El Dorado Community Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 88,354	$ 0	$ 0
00703	LA Center for Group Therapy	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 50,976	$ 0	$ 0
00711	Pediatric & Family Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,967	$ 0	$ 0
00712	Multiservice Family Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 23,475	$ 0	$ 0
00724	Foothill Family Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,778,905	$ 119	$ 0
00778	D'Veal Family & Youth Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,620,716	$ 0	$ 0
00779	Counseling & Reseach Association	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,801,498	$ 0	$ 0
00780	LA Orphans Home Society (Hollygrov	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,643,785	$ 0	$ 0
00781	Optimist Youth Homes (Boy's Home)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,910,469	$ 0	$ 0
00783	Childnet Youth & Family Services	$ 0	$ 0	$ 11,351	$ 0	$ 0	$ 0	$ 6,492,525	$ 0	$ 0
00784	St Francis Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,142,000	$ 0	$ 0
00786	Kamila Comprehensive Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 154,220	$ 0	$ 0
00805	Phoenix Houses of LA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,085,692	$ 0	$ 0
00838	Prototypes - ICAN	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 580,880	$ 0	$ 0
00846	Gay & Lesbian Adolescent Soc Svcs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,650,324	$ 0	$ 0
00848	Rosemary Children's Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,079,883	$ 0	$ 0
00860	Bienvenidos Children's Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,914,044	$ 1,121	$ 0
00881	Los Angeles Co Office of Education	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 265,341	$ 0	$ 0
00933	United American Indian Involvement	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,000,824	$ 0	$ 0
00965	Heritage Clinic	$ 0	$ 0	$ 5,376	$ 0	$ 0	$ 0	$ 3,092,927	$ 0	$ 0
00971	McKinley Children's Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,232,831	$ 0	$ 0
00984	The Regents / UCLA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 749,975	$ 0	$ 0
00993	FH & HF - Torrance I (Sunnyside)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 239,162	$ 0	$ 0
00995	Ettie Lee Homes, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,707,227	$ 0	$ 0
01030	Caring for Children & Fam with Aids	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 959,090	$ 0	$ 0
01034	Maryvale	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,053,892	$ 0	$ 0
01044	VIP Community MHC	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,414,915	$ 25,403	$ 0

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP Reimbursement
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
01066	Childrens Center of Antelope Valley	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 437,523	$ 0	$ 0
01111	Institute of Applied Behavioral Analys	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 16,720	$ 0	$ 0
01129	Pasadena Residential Care Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 31,500	$ 0	$ 0
01156	Tarzana Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,050	$ 0	$ 0
	GRAND TOTAL	$ 545,162	$ 0	$ 1,378,773	$ 0	$ 8,357,404	$ 0	$ 358,591,738	$ 5,084,838	$ 54,593

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP)	(21) Neg. Rates Exceed Costs Healthy Families	(22) Neg. Rates Exceed Costs (Excl. HFP)	(23) Neg. Rates Exceed Costs Healthy Families	(24) Total SD/MC Reimbursement (FFP)	(25) Healthy Families Reimbursement (FFP)	(26) Total Reimbursement (FFP)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum
		INPATIENT		OUTPATIENT						
		(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		(Col. 26 vs 27)
00108	Telecare Corporation	$ 0	$ 0	$ 25,420	$ 0	$ 2,194,552	$ 0	$ 2,194,552	$ 2,186,958	$ 2,186,958
00171	The Almansor Center	$ 0	$ 0	$ 238,558	$ 18,945	$ 1,948,384	$ 197,017	$ 2,145,401	$ 2,145,401	$ 2,145,401
00173	Assoc for Mexican-American (ALMA)	$ 0	$ 0	$ 381,679	$ 0	$ 1,184,334	$ 0	$ 1,184,334	$ 1,180,452	$ 1,180,452
00174	Hamburger Home (Aviva Ctr)	$ 0	$ 0	$ 391,643	$ 12,103	$ 2,185,467	$ 85,705	$ 2,271,172	$ 2,271,172	$ 2,271,172
00175	Barbour & Floyd Medical Associates	$ 0	$ 0	$ 192,167	$ 0	$ 754,712	$ 0	$ 754,712	$ 754,712	$ 754,712
00177	Alcott Center for MH Services	$ 0	$ 0	$ 24,963	$ 0	$ 546,702	$ 0	$ 546,702	$ 545,213	$ 545,213
00178	Cedars-Sinai Medical Center	$ 0	$ 0	$ 0	$ 0	$ 436,928	$ 0	$ 436,928	$ 436,928	$ 436,928
00179	Children's Hospital Los Angeles	$ 0	$ 0	$ 0	$ 0	$ 2,354,592	$ 118,518	$ 2,473,110	$ 2,473,110	$ 2,473,110
00180	Community Counseling Service	$ 0	$ 0	$ 217,798	$ 3,725	$ 1,623,586	$ 35,733	$ 1,659,319	$ 1,636,115	$ 1,636,115
00181	Community Family Guidance Center	$ 0	$ 0	$ 6,865	$ 432	$ 1,214,830	$ 96,903	$ 1,311,733	$ 1,311,733	$ 1,311,733
00183	Didi Hirsch Psychiatric Service	$ 0	$ 0	$ 63,675	$ 5,462	$ 5,322,567	$ 228,759	$ 5,551,326	$ 5,269,023	$ 5,269,023
00184	Dubnoff Center	$ 0	$ 0	$ 209,362	$ 9,900	$ 622,689	$ 37,897	$ 660,586	$ 660,586	$ 660,586
00185	El Centro De Amistad, Inc	$ 0	$ 0	$ 455,088	$ 190	$ 496,755	$ 276	$ 497,031	$ 497,031	$ 497,031
00188	Enki Health & Research	$ 0	$ 0	$ 500,535	$ 21,399	$ 6,871,666	$ 382,000	$ 7,253,666	$ 7,298,943	$ 7,253,666
00190	Gateways Hospital & MHC	$ 0	$ 0	$ 11,173	$ 94	$ 1,567,303	$ 6,886	$ 1,574,189	$ 1,567,369	$ 1,567,369
00191	The Guidance Center	$ 0	$ 0	$ 188,795	$ 257	$ 3,548,439	$ 3,831	$ 3,552,270	$ 3,552,270	$ 3,552,270
00192	Hathaway Children & Family Svc	$ 0	$ 0	$ 1,349,428	$ 49,347	$ 3,740,723	$ 194,410	$ 3,935,133	$ 3,892,193	$ 3,892,193
00193	Health Research Association	$ 0	$ 0	$ 0	$ 0	$ 93,401	$ 0	$ 93,401	$ 93,208	$ 93,208
00194	Hillview Mental Health Center, Inc	$ 0	$ 0	$ 173,017	$ 0	$ 2,123,527	$ 0	$ 2,123,527	$ 2,123,527	$ 2,123,527
00195	Intercommunity Child Guidance Ctr	$ 0	$ 0	$ 180,564	$ 21,429	$ 1,196,228	$ 181,571	$ 1,377,799	$ 1,377,799	$ 1,377,799
00196	Vista Del Mar (Jewish)	$ 0	$ 0	$ 0	$ 0	$ 3,296,099	$ 0	$ 3,296,099	$ 3,296,099	$ 3,296,099
00197	Kedren Community MH Center	$ 0	$ 0	$ 438,355	$ 119	$ 5,528,205	$ 1,842	$ 5,529,847	$ 5,529,847	$ 5,529,847
00198	HELP Group (LA Ctr for Therapy)	$ 0	$ 0	$ 0	$ 0	$ 2,992,209	$ 7,923	$ 3,000,132	$ 3,000,132	$ 3,000,132
00199	Los Angeles Child Guidance Clinic	$ 0	$ 0	$ 147,641	$ 3,487	$ 3,973,176	$ 118,980	$ 4,092,156	$ 4,092,156	$ 4,092,156
00200	Mental Health Assn in LA Co	$ 0	$ 0	$ 284,951	$ 0	$ 2,744,003	$ 0	$ 2,744,003	$ 2,886,979	$ 2,744,003
00201	National Foundation (Penny Lane)	$ 0	$ 0	$ 11,366	$ 147	$ 7,008,287	$ 114,770	$ 7,123,057	$ 7,123,057	$ 7,123,057
00203	Pacific Clinics	$ 0	$ 0	$ 1,843,829	$ 18,947	$ 16,440,815	$ 215,363	$ 16,656,178	$ 16,498,560	$ 16,498,560
00204	Pasadena Children's Training Society	$ 0	$ 0	$ 167,639	$ 1,373	$ 6,079,258	$ 63,161	$ 6,142,419	$ 6,142,419	$ 6,142,419
00205	Portals House	$ 0	$ 0	$ 521,185	$ 0	$ 3,956,283	$ 0	$ 3,956,283	$ 3,950,641	$ 3,950,841
00206	Harbor View Rehabilitation Center	$ 0	$ 0	$ 297,527	$ 797	$ 1,550,794	$ 5,385	$ 1,556,179	$ 1,556,179	$ 1,556,179
00207	Child & Family Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 6,091,770	$ 502,016	$ 6,593,786	$ 6,593,786	$ 6,593,786
00208	San Fernando Valley CMHC	$ 0	$ 0	$ 314,884	$ 2,327	$ 6,773,642	$ 29,808	$ 6,803,450	$ 6,895,496	$ 6,803,450
00209	HealthView, Inc.	$ 0	$ 0	$ 26,171	$ 0	$ 367,981	$ 0	$ 367,981	$ 367,981	$ 367,981
00210	Santa Clarita Child & Family Center	$ 0	$ 0	$ 0	$ 0	$ 1,468,127	$ 199,936	$ 1,668,063	$ 1,668,063	$ 1,668,063
00211	Center for Healthy Aging	$ 0	$ 0	$ 0	$ 0	$ 130,946	$ 0	$ 130,946	$ 130,946	$ 130,948
00212	Social Model Recovery Systems	$ 0	$ 0	$ 0	$ 0	$ 558,701	$ 0	$ 558,701	$ 558,624	$ 558,624
00213	South Bay Children's Health Center	$ 0	$ 0	$ 0	$ 0	$ 163,008	$ 6,247	$ 169,255	$ 169,255	$ 169,255
00214	Special Service for Groups	$ 0	$ 0	$ 605,571	$ 6,806	$ 4,113,248	$ 59,798	$ 4,173,046	$ 4,173,908	$ 4,173,046
00215	Step-Up on Second Street	$ 0	$ 0	$ 14,269	$ 0	$ 700,913	$ 0	$ 700,913	$ 692,916	$ 692,916
00216	Stirling Behavioral Health	$ 0	$ 0	$ 0	$ 0	$ 490,101	$ 30,189	$ 520,290	$ 520,290	$ 520,290
00217	St. John's Hospital	$ 0	$ 0	$ 0	$ 0	$ 764,816	$ 66,694	$ 831,510	$ 831,510	$ 831,510
00218	St. Joseph Center	$ 0	$ 0	$ 0	$ 0	$ 182,884	$ 0	$ 182,884	$ 182,884	$ 182,884
00219	Transitional Living Centers	$ 0	$ 0	$ 0	$ 0	$ 291,464	$ 0	$ 291,464	$ 291,363	$ 291,363
00221	Verdugo Mental Health Center	$ 0	$ 0	$ 0	$ 0	$ 1,863,727	$ 38,781	$ 1,902,508	$ 1,904,445	$ 1,902,508
00258	1736 Family Crisis Center	$ 0	$ 0	$ 0	$ 0	$ 73,172	$ 0	$ 73,172	$ 72,991	$ 72,991
00274	B.R.I.D.G.E.S., Inc.	$ 0	$ 0	$ 0	$ 0	$ 555,566	$ 0	$ 555,566	$ 555,566	$ 555,566
00300	For The Child	$ 0	$ 0	$ 5,220	$ 0	$ 285,789	$ 0	$ 285,789	$ 285,789	$ 285,789
00310	Watts Labor Community (WLCAC)	$ 0	$ 0	$ 0	$ 0	$ 26,429	$ 0	$ 26,429	$ 26,429	$ 26,429
00315	LAUSD 97th St. Mental Health	$ 0	$ 0	$ 0	$ 0	$ 1,264,121	$ 3,958	$ 1,268,079	$ 1,268,079	$ 1,268,079
00320	Research & Treatment Institution	$ 0	$ 0	$ 0	$ 0	$ 550,877	$ 0	$ 550,877	$ 550,877	$ 550,877
00321	The Church Home for Children (Hillsi	$ 0	$ 0	$ 1,666,980	$ 23,304	$ 3,212,679	$ 58,338	$ 3,271,017	$ 3,271,017	$ 3,271,017

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP) INPATIENT (MH 1968, Ln 38 to 39)	(21) Neg. Rates Exceed Costs Healthy Families INPATIENT (MH 1968, Ln 40, 40A)	(22) Neg. Rates Exceed Costs (Excl. HFP) OUTPATIENT (MH 1968, Ln 38 to 39)	(23) Neg. Rates Exceed Costs Healthy Families OUTPATIENT (MH 1968, Ln 40, 40A)	(24) Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	(25) Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	(26) Total Reimbursement (FFP) (Col. 24 + 25)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum (Col. 26 vs 27)
00326	Korean Youth Center	$ 0	$ 0	$ 0	$ 0	$ 106,093	$ 11	$ 106,104	$ 106,104	$ 106,104
00327	Clontarf Manor	$ 0	$ 0	$ 21,344	$ 0	$ 377,072	$ 0	$ 377,072	$ 377,072	$ 377,072
00328	Work Orientation & Rehab (WORC)	$ 0	$ 0	$ 0	$ 0	$ 15,710	$ 0	$ 15,710	$ 15,710	$ 15,710
00472	The Devereaux Foundation	$ 0	$ 0	$ 0	$ 0	$ 334,084	$ 0	$ 334,084	$ 334,084	$ 334,084
00502	Harbor/UCLA	$ 0	$ 0	$ 0	$ 0	$ 1,461,337	$ 0	$ 1,461,337	$ 3,632,222	$ 1,461,337
00503	MLK Medical Center	$ 0	$ 0	$ 0	$ 0	$ 3,075,401	$ 0	$ 3,075,401	$ 6,426,552	$ 3,075,401
00504	LAC/USC Medical Center	$ 0	$ 0	$ 0	$ 0	$ 2,773,263	$ 216	$ 2,773,479	$ 8,703,710	$ 2,773,479
00505	Olive View Medical Center	$ 231,927	$ 0	$ 141,254	$ 948	$ 1,334,030	$ 5,081	$ 1,339,111	$ 4,325,864	$ 1,339,111
00506	So. Central Health & Rehab Program	$ 0	$ 0	$ 101,465	$ 0	$ 1,250,979	$ 0	$ 1,250,979	$ 1,249,917	$ 1,249,917
00508	Homes for Life Foundation	$ 0	$ 0	$ 0	$ 0	$ 219,762	$ 0	$ 219,762	$ 262,178	$ 219,762
00518	Olive Crest Treatment Center	$ 0	$ 0	$ 28,683	$ 0	$ 76,870	$ 0	$ 76,870	$ 76,870	$ 76,870
00519	Aspen Health Services	$ 0	$ 0	$ 240,406	$ 0	$ 837,933	$ 0	$ 837,933	$ 837,933	$ 837,933
00527	Exodus Recovery	$ 0	$ 0	$ 1,255,953	$ 0	$ 671,880	$ 0	$ 671,880	$ 671,880	$ 671,880
00543	Star View Adolescent Center	$ 0	$ 0	$ 1	$ 0	$ 7,700,917	$ 0	$ 7,700,917	$ 7,700,917	$ 7,700,917
00558	Shields for Families Project	$ 0	$ 0	$ 0	$ 0	$ 1,818,494	$ 0	$ 1,818,494	$ 1,818,494	$ 1,818,494
00579	Assist. League of So Calif (WRAP)	$ 0	$ 0	$ 0	$ 0	$ 743,637	$ 0	$ 743,637	$ 745,836	$ 743,637
00591	Children's Institute International	$ 0	$ 0	$ 0	$ 0	$ 3,669,322	$ 111,757	$ 3,781,079	$ 3,781,079	$ 3,781,079
00630	Topanga-Roscoe Corporation	$ 0	$ 0	$ 0	$ 0	$ 277,181	$ 0	$ 277,181	$ 277,181	$ 277,181
00647	Five Acres	$ 0	$ 0	$ 1,016,975	$ 0	$ 3,348,006	$ 0	$ 3,348,008	$ 3,348,008	$ 3,346,008
00666	Children's Bureau of So California	$ 0	$ 0	$ 102,686	$ 1,062	$ 3,236,452	$ 38,565	$ 3,275,037	$ 3,275,037	$ 3,275,037
00687	Youth Intervention Program	$ 0	$ 0	$ 2,631,032	$ 0	$ 1,556,983	$ 0	$ 1,556,983	$ 3,153,491	$ 1,556,983
00690	Enrichment Through Employment	$ 0	$ 0	$ 33,276	$ 0	$ 31,484	$ 0	$ 31,484	$ 31,484	$ 31,484
00693	Parenting Institute	$ 0	$ 0	$ 0	$ 0	$ 146,677	$ 0	$ 146,677	$ 146,677	$ 146,677
00694	Counseling 4Kids	$ 0	$ 0	$ 0	$ 0	$ 1,247,449	$ 0	$ 1,247,449	$ 1,247,449	$ 1,247,449
00695	El Dorado Community Services	$ 0	$ 0	$ 0	$ 0	$ 45,746	$ 0	$ 45,746	$ 45,746	$ 45,746
00703	LA Center for Group Therapy	$ 0	$ 0	$ 0	$ 0	$ 25,699	$ 0	$ 25,899	$ 25,899	$ 25,899
00711	Pediatric & Family Medical Center	$ 0	$ 0	$ 0	$ 0	$ 3,050	$ 0	$ 3,050	$ 3,050	$ 3,050
00712	Multiservice Family Center	$ 0	$ 0	$ 0	$ 0	$ 12,244	$ 0	$ 12,244	$ 10,800	$ 10,800
00724	Foothill Family Services	$ 0	$ 0	$ 1,823,162	$ 45	$ 2,006,446	$ 67	$ 2,006,513	$ 2,006,513	$ 2,006,513
00778	D'Veal Family & Youth Services	$ 0	$ 0	$ 23,976	$ 0	$ 1,862,567	$ 0	$ 1,862,567	$ 1,862,567	$ 1,862,567
00779	Counseling & Reseach Association	$ 0	$ 0	$ 0	$ 0	$ 3,513,262	$ 0	$ 3,513,262	$ 3,513,262	$ 3,513,262
00780	LA Orphans Home Society (Hollygrov	$ 0	$ 0	$ 0	$ 0	$ 1,362,550	$ 0	$ 1,362,550	$ 1,362,550	$ 1,362,550
00781	Optimist Youth Homes (Boy's Home)	$ 0	$ 0	$ 25,752	$ 0	$ 2,003,954	$ 0	$ 2,003,954	$ 2,003,954	$ 2,003,954
00783	Childnet Youth & Family Services	$ 0	$ 0	$ 0	$ 0	$ 3,335,504	$ 0	$ 3,335,504	$ 3,335,504	$ 3,335,504
00784	St Francis Medical Center	$ 0	$ 0	$ 0	$ 0	$ 592,888	$ 0	$ 592,888	$ 592,888	$ 592,888
00786	Kamila Comprehensive Health	$ 0	$ 0	$ 0	$ 0	$ 78,810	$ 0	$ 78,810	$ 78,810	$ 78,810
00805	Phoenix Houses of LA	$ 0	$ 0	$ 0	$ 0	$ 558,962	$ 0	$ 558,962	$ 555,819	$ 555,819
00838	Prototypes - ICAN	$ 0	$ 0	$ 0	$ 0	$ 299,155	$ 0	$ 299,155	$ 297,871	$ 297,871
00846	Gay & Lesbian Adolescent Soc Svcs	$ 0	$ 0	$ 67,236	$ 0	$ 833,596	$ 0	$ 833,596	$ 833,596	$ 833,596
00848	Rosemary Children's Services	$ 0	$ 0	$ 4,276	$ 0	$ 555,492	$ 0	$ 555,492	$ 554,697	$ 554,897
00880	Bienvenidos Children's Center	$ 0	$ 0	$ 249,967	$ 146	$ 921,655	$ 703	$ 922,358	$ 921,815	$ 921,815
00881	Los Angeles Co Office of Education	$ 0	$ 0	$ 0	$ 0	$ 136,646	$ 0	$ 136,646	$ 136,646	$ 136,646
00938	United American Indian Involvement	$ 0	$ 0	$ 186,163	$ 0	$ 468,119	$ 0	$ 468,119	$ 468,119	$ 468,119
00985	Heritage Clinic	$ 0	$ 0	$ 0	$ 0	$ 202,617	$ 0	$ 202,617	$ 202,786	$ 202,817
00971	McKinley Children's Center	$ 0	$ 0	$ 0	$ 0	$ 1,658,634	$ 0	$ 1,658,634	$ 1,658,634	$ 1,658,634
00984	The Regents / UCLA	$ 0	$ 0	$ 0	$ 0	$ 386,410	$ 0	$ 386,410	$ 386,410	$ 386,410
00993	FH & HF - Torrance I (Sunnyside)	$ 0	$ 0	$ 0	$ 0	$ 123,721	$ 0	$ 123,721	$ 123,721	$ 123,721
00995	Ettie Lee Homes, Inc.	$ 0	$ 0	$ 175,933	$ 0	$ 833,603	$ 0	$ 833,603	$ 812,472	$ 812,472
01030	Caring for Children & Fam with Aids	$ 0	$ 0	$ 0	$ 0	$ 494,168	$ 0	$ 494,168	$ 493,948	$ 493,948
01034	Maryvale	$ 0	$ 0	$ 0	$ 0	$ 1,569,148	$ 0	$ 1,589,148	$ 1,567,117	$ 1,567,117
01044	VIP Community MHC	$ 0	$ 0	$ 0	$ 0	$ 730,678	$ 16,512	$ 747,190	$ 741,080	$ 741,080

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP) INPATIENT (MH 1968, Ln 38 to 39)	(21) Neg. Rates Exceed Costs Healthy Families INPATIENT (MH 1968, Ln 40, 40A)	(22) Neg. Rates Exceed Costs (Excl. HFP) OUTPATIENT (MH 1968, Ln 38 to 39)	(23) Neg. Rates Exceed Costs Healthy Families OUTPATIENT (MH 1968, Ln 40, 40A)	(24) Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	(25) Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	(26) Total Reimbursement (FFP) (Col. 24 + 25)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum (Col. 26 vs 27)
01088	Childrens Center of Antelope Valley	$ 0	$ 0	$ 0	$ 0	$ 230,323	$ 0	$ 230,323	$ 230,323	$ 230,323
01111	Institute of Applied Behavioral Analys	$ 0	$ 0	$ 0	$ 0	$ 9,087	$ 0	$ 9,087	$ 9,087	$ 9,087
01129	Pasadena Residential Care Center	$ 0	$ 0	$ 0	$ 0	$ 17,120	$ 0	$ 17,120	$ 17,120	$ 17,120
01158	Tarzana Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 571	$ 0	$ 571	$ 514	$ 514
	GRAND TOTAL	$ 231,927	$ 0	$ 19,089,856	$ 202,791	$ 184,710,138	$ 3,265,427	$ 187,975,565	$ 203,761,094	$ 187,417,684

(To Sch. 1)

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(29) ADJUSTMENTS County Warrants	(30) ADJUSTMENTS County Other Reports	(31) Final Total Reimbursement (FFP) (Col 28+29+30)
00166	Telecare Corporation	$	$	$ 2,186,958
00171	The Almansor Center	$	$	$ 2,145,401
00173	Assoc for Mexican-American (ALMA)	$	$	$ 1,180,452
00174	Hamburger Home (Aviva Ctr)	$	$	$ 2,271,172
00175	Barbour & Floyd Medical Associates	$	$	$ 754,712
00177	Alcott Center for MH Services	$	$	$ 545,213
00178	Cedars-Sinai Medical Center	$ (7,076)	$ (20,665)	$ 409,187
00179	Children's Hospital Los Angeles	$	$	$ 2,473,110
00180	Community Counseling Service	$	$	$ 1,636,115
00181	Community Family Guidance Center	$	$	$ 1,311,733
00183	Didi Hirsch Psychiatric Service	$	$	$ 5,289,023
00184	Dubnoff Center	$	$	$ 660,586
00185	El Centro De Amistad, Inc	$	$	$ 497,031
00188	Enki Health & Research	$	$	$ 7,253,666
00190	Gateways Hospital & MHC	$	$	$ 1,567,369
00191	The Guidance Center	$ (766)	$	$ 3,551,504
00192	Hathaway Children & Family Svc	$	$	$ 3,892,193
00193	Health Research Association	$	$	$ 93,208
00194	Hillview Mental Health Center, Inc	$	$	$ 2,123,527
00195	Intercommunity Child Guidance Ctr	$	$	$ 1,377,799
00196	Vista Del Mar (Jewish)	$	$	$ 3,296,099
00197	Kedren Community MH Center	$	$	$ 5,529,847
00198	HELP Group (LA Ctr for Therapy)	$	$	$ 3,000,132
00199	Los Angeles Child Guidance Clinic	$	$	$ 4,092,156
00200	Mental Health Assn in LA Co	$	$	$ 2,744,003
00201	National Foundation (Penny Lane)	$	$	$ 7,123,057
00203	Pacific Clinics	$	$	$ 16,498,560
00204	Pasadena Children's Training Society	$	$	$ 6,142,419
00205	Portals House	$	$	$ 3,950,641
00206	Harbor View Rehabilitation Center	$	$	$ 1,556,179
00207	Child & Family Guidance Center	$	$	$ 6,593,786
00208	San Fernando Valley CMHC	$	$	$ 6,803,450
00209	HealthView, Inc.	$	$	$ 367,981
00210	Santa Clarita Child & Family Center	$	$	$ 1,668,063
00211	Center for Healthy Aging	$	$	$ 130,946
00212	Social Model Recovery Systems	$	$	$ 558,624
00213	South Bay Children's Health Center	$	$	$ 169,255
00214	Special Service for Groups	$	$	$ 4,173,046
00215	Step-Up on Second Street	$	$	$ 692,916
00216	Stirling Behavioral Health	$	$	$ 520,290
00217	St. John's Hospital	$	$	$ 831,510
00218	St. Joseph Center	$	$	$ 182,884
00219	Transitional Living Centers	$	$	$ 291,363
00221	Verdugo Mental Health Center	$	$	$ 1,902,508
00258	1736 Family Crisis Center	$	$	$ 72,991
00274	B.R.I.D.G.E.S., Inc.	$	$	$ 555,566
00300	For The Child	$	$	$ 285,789
00310	Watts Labor Community (WLCAC)	$	$	$ 26,429
00315	LAUSD 97th St. Mental Health	$	$	$ 1,268,079
00320	Research & Treatment Institution	$	$	$ 550,877
00321	The Church Home for Children (Hillside:	$	$	$ 3,271,017

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(28) ADJUSTMENTS County Warrants	(29) ADJUSTMENTS County Other Reports	(30) Final Total Reimbursement (FFP) (Col 28+29+30)
00326	Korean Youth Center	$	$	$ 106,104
00327	Clontarf Manor	$	$	$ 377,072
00328	Work Orientation & Rehab (WORC)	$	$	$ 15,710
00472	The Devereaux Foundation	$	$	$ 334,084
00502	Harbor/UCLA	$	$	$ 1,461,337
00503	MLK Medical Center	$	$	$ 3,075,401
00504	LAC/USC Medical Center	$	$	$ 2,773,479
00505	Olive View Medical Center	$	$	$ 1,339,111
00506	So. Central Health & Rehab Program	$	$	$ 1,249,917
00508	Homes for Life Foundation	$	$	$ 219,762
00518	Olive Crest Treatment Center	$	$	$ 76,870
00519	Aspen Health Services	$	$	$ 837,933
00527	Exodus Recovery	$	$	$ 671,880
00543	Star View Adolescent Center	$	$	$ 7,700,917
00558	Shields for Families Project	$	$	$ 1,818,494
00579	Assist. League of So Calif (WRAP)	$	$	$ 743,637
00581	Children's Institute International	$	$	$ 3,781,079
00630	Topanga-Roscoe Corporation	$	$	$ 277,181
00647	Five Acres	$	$	$ 3,348,008
00668	Children's Bureau of So California	$	$	$ 3,275,037
00687	Youth Intervention Program	$	$	$ 1,556,983
00690	Enrichment Through Employment	$	$	$ 31,484
00693	Parenting Institute	$	$	$ 146,677
00694	Counseling 4Kids	$	$	$ 1,247,449
00695	El Dorado Community Services	$	$	$ 45,746
00703	LA Center for Group Therapy	$	$	$ 25,899
00711	Pediatric & Family Medical Center	$	$	$ 3,050
00712	Multiservice Family Center	$	$	$ 10,800
00724	Foothill Family Services	$	$	$ 2,008,513
00778	D'Veal Family & Youth Services	$	$	$ 1,862,567
00779	Counseling & Reseach Association	$	$	$ 3,513,262
00780	LA Orphans Home Society (Hollygrove)	$	$	$ 1,362,550
00781	Optimist Youth Homes (Boy's Home)	$	$	$ 2,003,954
00783	Childnet Youth & Family Services	$	$	$ 3,335,504
00784	St Francis Medical Center	$	$	$ 592,888
00786	Kamila Comprehensive Health	$	$	$ 78,810
00805	Phoenix Houses of LA	$	$	$ 555,819
00838	Prototypes - ICAN	$ (8,333)	$	$ 289,538
00846	Gay & Lesbian Adolescent Soc Svcs	$	$	$ 833,596
00848	Rosemary Children's Services	$	$	$ 554,697
00880	Bienvenidos Children's Center	$	$	$ 921,815
00881	Los Angeles Co Office of Education	$	$	$ 136,646
00938	United American Indian Involvement	$	$	$ 468,119
00965	Heritage Clinic	$	$	$ 202,617
00971	McKinley Children's Center	$	$	$ 1,658,634
00984	The Regents / UCLA	$	$	$ 386,410
00993	FH & HF - Torrance I (Sunnyside)	$	$	$ 123,721
00995	Ettie Lee Homes, Inc.	$	$	$ 812,472
01030	Caring for Children & Fam with Aids	$	$	$ 493,948
01034	Maryvale	$ (37,298)	$	$ 1,529,819
01044	VIP Community MHC	$	$	$ 741,080

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(29) ADJUSTMENTS County Warrants	(30) ADJUSTMENTS County Other Reports	(31) Final Total Reimbursement (FFP) (Col 28+29+30)
01066	Childrens Center of Antelope Valley	$	$	$ 230,323
01111	Institute of Applied Behavioral Analysis	$	$	$ 9,087
01129	Pasadena Residential Care Center	$	$	$ 17,120
01156	Tarzana Treatment Center	$	$	$ 514
	GRAND TOTAL	$ (53,473)	$ (20,665)	$ 187,343,546

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS - COUNTY			
1	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION	$ 288,275,088	$ 601,704	$ 288,876,792 *
				To adjust the Pension Obligation Bond principal amount to agree to the revised accelerated amortization schedule. (The reported amount was based on a 1.76% factor applicable to Mental Health, however, the actual percentage determined by the County Auditor/Controller is 2.05%.)			
				Administration $ 111,564 TAR Managed Care 16,234 Treatment 473,777 DHS 129 Subtotal $ 601,704 Unallowable 764 Total $ 602,468			
2	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 288,876,792	$ (12,087)	$ 288,864,705 *
				To eliminate unsupported and disallowed MAA costs. 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
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS - COUNTY			
3	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 288,864,705	$ 0	$ 288,864,705
				Mode Costs - (MAA) $ (4,318,250) Mode Costs - (Direct Service) 4,318,250 $ 0			
				To reclassify some of the Mode 55 (MAA) cost to treatment cost. The County allocated costs from a cost pool to the various modes utilizing the Relative Value Method of Allocation, including Mode 55 (MAA) in the allocation of costs. Costs for Mode 55 (MAA) must be actual costs and be directly allocated.			
4	MH 1960	9	C	SD/MC ADMINISTRATION	$ 43,385,690	$ (43,385,690)	$ 0
	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	404,486	(404,486)	0
	MH 1960	11	C	NON SD/MC ADMINISTRATION	30,503,992	(30,503,992)	0
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	$ 74,294,168		$ 74,294,168 *
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments are made to administrative costs below.			
5	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS **	$ 74,294,168	$ 127,798	$ 74,421,966 *
				To adjust administrative costs in conjunction with adjustment number 1.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS - COUNTY			
6	MH 1960	9	C	SD/MC ADMINISTRATION	$ 0	$ 43,769,421	$ 43,769,421
	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	0	52,061	52,061
	MH 1960	11	C	NON SD/MC ADMINISTRATION	0	30,600,484	30,600,484
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS **	$ 74,421,966		$ 74,421,966
				To reallocate Total Administrative Costs among Medi-Cal, Healthy Families (SED), and non-Medi-Cal based on percentage of audited Med-Cal costs per Form MH 1968 to total costs per Form MH 1964 in accordance with cost report instructions. CMS PUB. 15-1 SEC. 2304			
7	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	$ 213,900,364	$ 461,819	$ 214,362,183
				To adjust direct service costs in conjunction with adjustment numbers 1, 2 and 3.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

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 - COUNTY			
8	MH 1964	3	A	OTHER 24 HOUR SERVICES (MODE 05 - ALL OTHER SFC)	$ 7,304,668	$ 885,598	$ 8,190,266
	MH 1964	4	A	DAY SERVICES (MODE 10)	4,950,688	600,208	5,550,896
	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1)	141,041,841	17,890,177	158,932,018
	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	4,952,454	(28,052)	4,924,402
				TOTAL	$ 158,249,651	$ 19,347,931	$ 177,597,582
				To distribute audited direct services costs to 24 Hour Other Services, Day Services, Outpatient Services and Outreach Services using the Relative Value Method based on published charges.			
9	MH 1964	3	A	OTHER 24 HOUR SERVICES (MODE 05 - ALL OTHER SFC)	$ 7,304,668	$ 885,598	$ 8,190,266
	MH 1964	4	A	DAY SERVICES (MODE 10)	4,950,688	600,208	5,550,896
	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	158,957,088	17,890,575	176,847,663
	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	4,952,454	(28,052)	4,924,402
	MH 1964	7	A	MAA SERVICES (MODE 55)	14,868,782	(4,330,337)	10,538,445
	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	22,866,683	(14,556,172)	8,310,511
				TOTAL	$ 213,900,363	$ 461,820	$ ~~214,362,182~~
				To reflect the effect of adjustments numbers 1, 2 , 3 and 8.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO SERVICE FUNCTION LEVEL REPORTED COSTS - COUNTY				
10	MH1966	3	B	ASO	MODE 15-34	$ 58,967	$ 0	$ 58,967
	MH1966	3	C	ASO	MODE 15-42	1,032,546	0	1,032,546
	MH1966	3	D	ASO	MODE 15-52	10,988	0	10,988
	MH1966	3	E	ASO	MODE 15-62	77,556	0	77,556
	MH1966	3	F	PSYCHIATRIST - PROVIDER #7287	MODE 15-34	852,760	(851,860)	900
	MH1966	3	G	PSYCHIATRIST	MODE 15-42	9,880,979	(4,926,156)	4,954,823
	MH1966	3	H	PSYCHIATRIST	MODE 15-52	32,345	(30,590)	1,755
	MH1966	3	I	PSYCHIATRIST	MODE 15-62	1,140,777	(241,641)	899,136
	MH1966	3	J	PSYCHIATRIST	MODE 15-69	4,825,085	(868,431)	3,956,654
	MH1966	3	K	PSYCHIATRIST	MODE 15-77	3,245	(3,127)	118
	MH1966	3	L	PSYCHOLOGIST - PROVIDER #7288	MODE 15-34	0	787,114	787,114
	MH1966	3	M	PSYCHOLOGIST	MODE 15-42	0	2,810,828	2,810,828
	MH1966	3	N	PSYCHOLOGIST	MODE 15-52	0	27,356	27,356
	MH1966	3	O	LCSW - PROVIDER #7289	MODE 15-42	0	11,958	11,958
	MH1966	3	P	RN - PROVIDER #7290	MODE 15-42	0	429,504	429,504
	MH1966	3	Q	MFCC - PROVIDER #7291	MODE 15-42	0	159,446	159,446
	MH1966	3	S	MIXED SPECIALTY - PROVIDER #7292	MODE 15-34	0	64,746	64,746
	MH1966	3	T	MIXED SPECIALTY	MODE 15-42	0	1,514,556	1,514,556
	MH1966	3	U	MIXED SPECIALTY	MODE 15-52	0	3,234	3,234
	MH1966	3	V	MIXED SPECIALTY	MODE 15-62	0	241,640	241,640
	MH1966	3	W	MIXED SPECIALTY	MODE 15-69	0	868,692	868,692
	MH1966	3	X	MIXED SPECIALTY	MODE 15-77	0	3,127	3,127
				TOTAL PROGRAM 2 COST		$ 17,915,248	$ 396	$ 17,915,644
				To adjust the fee for service Phase II 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
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO SERVICE FUNCTION LEVEL REPORTED COSTS - COUNTY				
11	MH1966	4	B	ASO	MODE 15-34	$ 2.20	$ 0.00	$ 2.20
	MH1966	4	C	ASO	MODE 15-42	2.20	0.00	2.20
	MH1966	4	D	ASO	MODE 15-52	2.21	0.00	2.21
	MH1966	4	E	ASO	MODE 15-62	4.04	0.00	4.04
	MH1966	4	F	PSYCHIATRIST - PROVIDER #7287	MODE 15-34	0.60	0.15	0.75
	MH1966	4	G	PSYCHIATRIST	MODE 15-42	0.88	(0.01)	0.87
	MH1966	4	H	PSYCHIATRIST	MODE 15-52	0.94	0.06	1.00
	MH1966	4	I	PSYCHIATRIST	MODE 15-62	1.34	0.00	1.34
	MH1966	4	J	PSYCHIATRIST	MODE 15-69	1.63	0.00	1.63
	MH1966	4	K	PSYCHIATRIST	MODE 15-77	1.31	0.00	1.31
	MH1966	4	L	PSYCHOLOGIST - PROVIDER #7288	MODE 15-34	0.00	0.60	0.60
	MH1966	4	M	PSYCHOLOGIST	MODE 15-42	0.00	0.81	0.81
	MH1966	4	N	PSYCHOLOGIST	MODE 15-52	0.00	0.93	0.93
	MH1966	4	O	LCSW - PROVIDER #7289	MODE 15-42	0.00	1.10	1.10
	MH1966	4	P	RN - PROVIDER #7290	MODE 15-42	0.00	1.21	1.21
	MH1966	4	Q	MFCC - PROVIDER #7291	MODE 15-42	0.00	1.30	1.30
	MH1966	4	S	MIXED SPECIALTY - PROVIDER #7292	MODE 15-34	0.00	0.60	0.60
	MH1966	4	T	MIXED SPECIALTY	MODE 15-42	0.00	0.97	0.97
	MH1966	4	U	MIXED SPECIALTY	MODE 15-52	0.00	0.93	0.93
	MH1966	4	V	MIXED SPECIALTY	MODE 15-62	0.00	1.33	1.33
	MH1966	4	W	MIXED SPECIALTY	MODE 15-69	0.00	1.61	1.61
	MH1966	4	X	MIXED SPECIALTY	MODE 15-77	0.00	1.31	1.31

To adjust the cost per unit of Phase II expenditures to agree with County records.

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS - CONTRACT PROVIDERS			
12	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00502 HARBOR/UCLA MED CTR	$ 13,226,772	$ (31,683)	$ 13,195,089
	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00503 MLK/DREW MED CTR	22,261,599	(5,209)	22,256,390
	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00504 LAC + USC MED CTR	31,275,378	(61,347)	31,214,031
	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00505 LAC OLIVE VIEW UCLA	14,700,255	(34,677)	14,665,578
	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00687 YOUTH INTERVENTION	4,889,962	(2,940,787)	1,949,175
				TOTAL	$ 86,353,966	$ (3,073,703)	$ 83,280,263
				To adjust reported allowable costs for allocation to agree to the individual contract providers' audit report.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS			
13	MH 1966A	2	B	TOTAL UNITS - MODE 55/01	434,670	(1,380)	433,290 *
	MH 1966A	2	C	TOTAL UNITS - MODE 55/04	211,821	(470)	211,351 *
	MH 1966A	2	D	TOTAL UNITS - MODE 55/09	111,568	0	111,568 *
	MH 1966A	2	E	TOTAL UNITS - MODE 55/11	664,783	(1,109)	663,674 *
	MH 1966A	2	F	TOTAL UNITS - MODE 55/14	1,152,253	0	1,152,253 *
	MH 1966A	2	G	TOTAL UNITS - MODE 55/17	1,016,016	0	1,016,016 *
	MH 1966A	2	H	TOTAL UNITS - MODE 55/21	1,704,553	0	1,704,553 *
	MH 1966A	2	I	TOTAL UNITS - MODE 55/24	1,783,511	0	1,783,511 *
	MH 1966A	2	J	TOTAL UNITS - MODE 55/27	496,132	(90)	496,042 *
	MH 1966A	2	K	TOTAL UNITS - MODE 55/31	1,676,922	(7,195)	1,669,727 *
	MH 1966A	2	L	TOTAL UNITS - MODE 55/35	1,131,059	(840)	1,130,219 *
				TOTAL	10,383,288	(11,084)	10,372,204

To eliminate unsupported total units of service for MAA due to lack of supporting documentation for testing facility, Hollywood Mental Health Center (Provider #1909). Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS				
14	MH 1966A	2	B	TOTAL UNITS - MODE 55/01	**	433,290	0	433,290
	MH 1966A	2	C	TOTAL UNITS - MODE 55/04	**	211,351	0	211,351
	MH 1966A	2	D	TOTAL UNITS - MODE 55/09	**	111,568	0	111,568
	MH 1966A	2	E	TOTAL UNITS - MODE 55/11	**	663,674	0	663,674
	MH 1966A	2	F	TOTAL UNITS - MODE 55/14	**	1,152,253	0	1,152,253
	MH 1966A	2	G	TOTAL UNITS - MODE 55/17	**	1,016,016	0	1,016,016
	MH 1966A	2	H	TOTAL UNITS - MODE 55/21	**	1,704,553	0	1,704,553
	MH 1966A	2	I	TOTAL UNITS - MODE 55/24	**	1,783,511	(1,680)	1,781,831
	MH 1966A	2	J	TOTAL UNITS - MODE 55/27	**	496,042	0	496,042
	MH 1966A	2	K	TOTAL UNITS - MODE 55/31	**	1,669,727	0	1,669,727
	MH 1966A	2	L	TOTAL UNITS - MODE 55/35	**	1,130,219	0	1,130,219
				TOTAL		10,372,204	(1,680)	10,370,524

To eliminate MAA total units due to the County's discovery that claims had been submitted and reimbursement received for an employee excluded from participation in federally funded programs. Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS					
15	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%		11,597,727	440,612	12,038,339	
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%		35,010,738	2,184,379	37,195,117	
	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - 51.40%		500,155	(361,671)	138,484	
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - 50.00%		2,242,100	(1,930,369)	311,731	
				TOTAL - 51.40%		12,097,882	78,941	12,176,823	*
				TOTAL - 50.00%		37,252,838	254,010	37,506,848	*
				To adjust reported Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health (DMH) Summary of Approved Claims Report. The State DMH Summary of Approved Claims Report agreed to County records. Copies of workpapers detailing adjustments by service functions have been provided to the County.					
16	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	12,176,823	(138,484)	12,038,339	*
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	37,506,848	(311,731)	37,195,117	*
				TOTAL		49,683,671	(450,215)	49,233,456	
				To eliminate Medi/Medi units for settlement purposes. Copies of workpapers detailing adjustments by service functions have been provided to the County. HCFA Pub 15-1, Section 108, 2304					
17	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	12,038,339	(40,365)	11,997,974	*
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	37,195,117	(122,987)	37,072,130	*
				TOTAL		49,233,456	(163,352)	49,070,104	
				To eliminate Invalid Medi-Cal units. Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS				
18	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	11,997,974	(14,711)	11,983,263
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	37,072,130	(21,446)	37,050,684
				TOTAL		49,070,104	(36,157)	49,033,947
				To eliminate disallowed units from M.R. Grant CPA report. Copies of workpapers detailing adjustments by service functions have been provided to the County.				
19	MH 1966A	2	G	MEDI-CAL UNITS PROGRAM 2 15/42 PSYCHIATRIST		5,680,900	(60)	5,680,840
	MH 1966A	2	L	MEDI-CAL UNITS PROGARM 2 15/42 PSYCHOLOGIST		1,314,690	(30)	1,314,660
				TOTAL		6,995,590	(90)	6,995,500
				To adjust Medi-Cal units for Program 2 not to exceed total units as Medi-Cal units can not be greater than total units. Copies of workpapers detailing adjustments by service functions have been provided to the County.				
20	MH 1966A	10	TOTAL	TOTAL ENHANCED SD/MC (CHILDREN) UNITS - 65.98%		3,453	(1,158)	2,295
	MH 1966A	10A	TOTAL	TOTAL ENHANCED SD/MC (CHILDREN) UNITS - 65.00%		4,376	1,158	5,534
				TOTAL		7,829	0	7,829
				To adjust reported Enhanced SD/MC (Children) units to agree with the State Department of Mental Health (DMH) Summary of Approved Claims Report. The State DMH Summary of Approved Claims Report agreed to County records. Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS			
21	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILIES UNITS - 65.98%	47,106	0	47,106 *
	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS - 65.00%	231,363	153	231,516 *
				TOTAL	278,469	153	278,622
				To adjust reported Healthy Families (SED) units to agree with the State Department of Mental Health (DMH) Summary of Approved Claims Report. The State DMH Summary of Approved Claims Report agreed to County records. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
22	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILIES UNITS - 65.98% **	47,106	0	47,106
	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS - 65.00% **	231,516	(58)	231,458
				TOTAL	278,622	(58)	278,564
				To eliminate Invalid Healthy Families (SED) units. Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS			
23	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00502 HARBOR/UCLA MEDICAL CENTER	183,266	214	183,480
	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00503 MLK/DREW MEDICAL CENTER	1,239,379	7,269	1,246,648
	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00504 LAC + USC MEDICAL CENTER	1,446,352	105,880	1,552,232
	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00505 LAC OLIVE VIEW MEDICAL CENTER	155,690	261	155,951
				TOTAL	3,024,687	113,624	3,138,311
				To adjust reported total units to agree to the individual contract providers' audit report.			
24	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00712 MULTISERVICE FAMILY CENTER, INC.	15,860	6,568	22,428
				To adjust reported total units to agree with actual services provided. (No separate audit report will be issued for contract provider.)			
25	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00502 HARBOR/UCLA - 51.40%	12,367	(455)	11,912
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00502 HARBOR/UCLA - 50.00%	41,427	(5)	41,422
	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00503 MLK/DREW - 51.40%	199,221	(3,092)	196,129
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00503 MLK/DREW - 50.00%	470,311	1,883	472,194
	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00504 LAC + USC - 51.40%	252,739	(144,008)	108,731
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00504 LAC + USC - 50.00%	280,404	183,508	463,912
	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 51.40%	7,623	(286)	7,337
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 50.00%	23,127	(147)	22,980
				TOTAL	1,287,219	37,398	1,324,617
				To adjust reported Medi-Cal units to agree to the individual contract providers' audit report.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS			
26	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00502 HARBOR/UCLA - 51.40%	40	(40)	0
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00502 HARBOR/UCLA - 50.00%	60	(60)	0
	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00503 MLK/DREW - 51.40%	754	(227)	527
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00503 MLK/DREW - 50.00%	3,077	(1,540)	1,537
	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00504 LAC + USC - 51.40%	6,501	(5,974)	527
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00504 LAC + USC - 50.00%	32,220	(30,683)	1,537
	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 51.40%	6	(6)	0
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 50.00%	81	(81)	0
				TOTAL	42,739	(38,611)	4,128
				To adjust reported Medicare/Medi-Cal Crossover units to agree to the individual contract providers' audit report.			
27	MH 1966A	10A	TOTAL	TOTAL ENHANCED UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 50.00%	0	19	19
				To adjust reported Enhanced SD/MC (Children) units to agree to the individual contract providers' audit report.			
28	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS - LE # 00504 LAC + USC - 50.00%	136	(16)	120
	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 50.00%	0	157	157
				TOTAL	136	141	277
				To adjust reported Healthy Families (SED) units to agree to the individual contract providers' audit report.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
29	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%		30,818,937	1,349,766	32,168,703 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%		101,312,946	4,130,393	105,443,339 *
				TOTAL		132,131,883	5,480,159	137,612,042
				To adjust reported Medi-Cal units to include reported Medicare/Medi-Cal Crossover units for contract providers. (No separate audit report will be issued for these contract providers.)				
30	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40% **		32,168,703	477,713	32,646,416 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00% **		105,443,339	4,535,431	109,978,770 *
				TOTAL		137,612,042	5,013,144	142,625,186
				DMH Approved Claims - Medi-Cal Units	142,108,158			
				DMH Approved Claims - Medicare/Medi-Cal Crossover Units	517,028			
					142,625,186			
				To adjust reported Medi-Cal and Medicare//Medi-Cal Crossover units for contract providers to agree with State Department of Mental Health (SDMH) Summary of Approved Claims Report dated April 27, 2007. The State Department of Mental Health Summary of Approved Claims agreed to the County's Records. Copies of workpapers detailing adjustments by services function have been provided to the County. (No separate audit report will be issued for these contract providers.)				
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
31	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	32,646,416	(380,016)	32,266,400 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	109,978,770	(983,487)	108,995,283 *
				TOTAL		142,625,186	(1,363,503)	141,261,683
				County Invalid - Medi-Cal Units	(1,317,046)			
				County Invalid - Medicare/Medi-Cal Crossover Untis	(46,457)			
					(1,363,503)			
				To eliminate invalid units identified by the County for contract providers. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)				
32	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	32,266,400	(13,778)	32,252,622 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	108,995,283	(29,654)	108,965,629 *
				TOTAL		141,261,683	(43,432)	141,218,251
				To eliminate dissallowed units indentified by M.R. Grant, CPA audit reports for contract providers. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
33	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	32,252,622	(138,771)	32,113,851 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	108,965,629	(378,257)	108,587,372 *
				TOTAL		141,218,251	(517,028)	140,701,223
				To eliminate audited Medicare/Medi-Cal Crossover units for contract providers for settlement purposes. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)				
34	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	32,113,851	0	32,113,851
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	108,587,372	(247,009)	108,340,363
				TOTAL		140,701,223	(247,009)	140,454,214
				To reduce Medi-Cal units for contract providers where audited total Medi-Cal units exceed audited total units. Medi-Cal units can not be greater than total units. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS			
35	MH1966A	10	TOTAL	TOTAL ENHANCED UNITS - 65.98%	49,180	(43,915)	5,265
	MH1966A	10A	TOTAL	TOTAL ENHANCED UNITS - 65.00%	143,080	(134,919)	8,161
				TOTAL	192,260	(178,834)	13,426
				To adjust reported Enhanced SD/MC (Children) units for contract providers to agree with State Department of Mental Health (SDMH) Summary of Approved Claims Report dated April 27, 2007. The State Department of Mental Health Summary of Approved Claims agreed to the County's Records. Copies of workpapers detailing adjustments by services function have been provided to the County. (No separate audit report will be issued for these contract providers.)			
36	MH1966A	10B	TOTAL	TOTAL REFUGEES UNITS - 100%	0	3,072	3,072
				To adjust reported Enhanced SD/MC (Refugees) units for contract providers to agree with State Department of Mental Health (SDMH) Summary of Approved Claims Report dated April 27, 2007. The State Department of Mental Health Summary of Approved Claims agreed to the County's Records. Copies of workpapers detailing adjustments by services function have been provided to the County. (No separate audit report will be issued for these contract providers.)			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS			
37	MH1966A	11	TOTAL	TOTAL HEALTHY FAMILIES (SED) UNITS - 65.98%	580,047	(28,331)	551,716 *
	MH1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES (SED) UNITS - 65.00%	1,927,531	(26,162)	1,901,369 *
				TOTAL	2,507,578	(54,493)	2,453,085
				To adjust reported Healthy Families (SED) units for contract providers to agree with State Department of Mental Health (SDMH) Summary of Approved Claims Report dated April 27, 2007. The State Department of Mental Health Summary of Approved Claims agreed to the County's Records. Copies of workpapers detailing adjustments by services function have been provided to the County. (No separate audit report will be issued for these contract providers.)			
38	MH1966A	11	TOTAL	TOTAL HEALTHY FAMILIES (SED) UNITS - 65.98% **	551,716	(3,887)	547,829
	MH1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES (SED) UNITS - 65.00% **	1,901,369	(9,954)	1,891,415
				TOTAL	2,453,085	(13,841)	2,439,244
				To eliminate invalid units identified by the County for contract providers. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED PATIENT REVENUES - CONTRACT PROVIDERS				
39	SCH 3a	TOTAL	11	TOTAL INPATIENT REVENUES (EXCL.HFP)		$ 604,472	$ (59,310)	$ 545,162
	SCH 3a	TOTAL	12	TOTAL INPATIENT REVENUES HEALTHY FAMILIES		0	0	0
	SCH 3a	TOTAL	13	TOTAL OUTPATIENT REVENUES (EXCL.HFP)		1,358,509	20,264	1,378,773
	SCH 3a	TOTAL	14	TOTAL OUTPATIENT REVENUES HEALTHY FAMILIES		0	0	0
				TOTAL		$ 1,962,981	$ (39,046)	$ 1,923,935
				LE# 00502 Harbor/UCLA Medical Center	$ (9,609)			
				LE# 00503 MLK/Drew Medical Center	(11,616)			
				LE# 00504 LAC/USC Medical Center	(17,071)			
				LE# 00505 LAC Olive View UCLA Medical Center	(750)			
					$ (39,046)			
				To adjust reported Patient and Other Payor Revenues to agree to the individual contract provider's audit report.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT				
40	MH1979	23	J	ADJUSTED TOTAL SD/MC REIMIRURSEMENT (FFP) - COUNTY		$ 71,155,397	$ 3,655,241	$ 74,810,638 *
				To adjust Total SD/MC Reimbursement (FFP) for county providers to reflect the result of adjustments made to cost and units.				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT			
41	SCH. 2 a	55	3	BOTTOMLINE ADJUSTMENTS - COUNTY	$ 0	$ (1,159,594)	$ (1,159,594)
				Bottomline Adjustment - County Warrants $ (941,376) Bottomline Adjustment - County Other Reports (195,878) Bottomline Adjustment - State Medi-Cal Oversight (22,340) $ (1,159,594)			
				To include bottomline adjustments for county providers regarding county issued warrants, other reports by county and State Department of Mental Health's Medi-Cal Oversight Report of Findings.			
42	SCH. 2 a	57	3	TOTAL SD/MC REIMIBURSEMENT FFP - COUNTY *	$ 74,810,638	$ (1,159,594)	$ 73,651,044
				To adjust Total SD/MC Reimbursement FFP to reflect bottomline adjustments.			
43	SCH. 2 a	61	3	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	$ 622,110	$ (184,010)	$ 438,100
				To adjust Total Healthy Families Reimbursement (FFP) for county providers to reflect the result of adjustments made to cost and units.			
44	SCH. 3b	TOTAL	24	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDERS	$ 185,698,417	$ (988,279)	$ 184,710,138
	SCH. 3b	TOTAL	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - CONTRACT PROVIDERS	3,403,023	(137,596)	3,265,427
				TOTAL	$ 189,101,440	$ (1,125,875)	$ 187,975,565 *
				To adjust Total SD/MC Reimbursement (FFP) for contract providers due to the adjustments to reported costs, revenues and units.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT			
45	SCH. 3b	TOTAL	27	FFP CONTRACT MAXIMUM - CONTRACT PROVIDERS	$ 188,417,975	$ 15,343,119	$ 203,761,094
				To adjust the FFP Contract Maximum for contract providers. Because of an error in the audited Medi-Cal units on the audited cost reports, the contract maximum for 23 contract providers were not adjusted from the reported amounts to the audited amounts. The audited Medi-Cal units reflected on these 23 audited cost reports did not eliminate the invalid units for crossover units. The audited Medi-Cal units for these 23 contract providers are overstated by 46,457 units. (See audit adjustment #31.) This error has caused other flow through adjustments to be overstated. In order not to overstate FFP reimbursement, the FFP contract maximums were not adjusted to reflect the audited amounts. A revised or amended audit report will be necessary.			
46	SCH. 3b	TOTAL	28	LOWER OF FFP OR CONTRACT MAXIMUM - CONTRACT PROVIDERS **	$ 187,975,565	$ (557,881)	$ 187,417,684 *
				To reflect the lower of FFP Reimbursement or contract maximum for contract providers. Because of the reported FFP contract maximum for the 23 contract providers, FFP reimbursement may be understated. A revised or amended audit report will be necessary.			
47	SCH. 3c	TOTAL	29	BOTTOMLINE ADJUSTMENTS - COUNTY WARRANTS - CONTRACT PROVIDERS	$ 0	$ (53,473)	$ (53,473)
	SCH. 3c	TOTAL	30	BOTTOMLINE ADJUSTMENTS - COUNTY OTHER REORTS - CONTRACT PROV.	0	(20,665)	(20,665)
				TOTAL	$ 0	$ (74,138)	$ (74,138)
				To include bottomline adjustments for contract providers regarding county issued warrants and other reports by county.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	48	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT			
48	SCH. 3c	TOTAL	31	FINAL TOTAL REIMBURSEMENT (FFP) - CONTRACT PROVIDERS **	$ 187,417,684	$ (74,138)	$ 187,343,546
				To adjust Final Total Reimbursement (FFP) for contract providers to reflect bottomline adjustments.			

* 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: LOS ANGELES
County Code: 19

	Legal Entity: County of Los Angeles	A	B	C
	Legal Entity Number: 00019	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	200,749,737	791,854,832	992,604,569
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(668,770,122)	(668,770,122)
4	Other Adjustments (Provide Detail)	(4,508,044)	(232,512)	(4,740,556)
5	Total Costs Before Medi-Cal Adjustments	196,241,693	122,852,198	319,093,891
6	Medi-Cal Adjustments from MH 1961			(30,229,185)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			288,864,706
	Administrative Costs (County Only)			
9	SD/MC Administration			43,769,421
10	Healthy Families Administration			52,061
11	Non-SD/MC Administration			30,600,484
12	Total Administrative Costs			74,421,966
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			80,557
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			80,557
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			214,362,183
19	Total Costs - Lines 9 through 18			288,864,706

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

MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04) **Fiscal Year 2002-2003**

County: LOS ANGELES
County Code: 19

	Legal Entity: County of Los Angeles	A	B	C
	Legal Entity Number: 00019	Salaries and Benefits	Other	Total Adjustments
1	Non-SD/MC Reimbursable	0	(12,880)	(12,880)
2	MH Pharmacy Program	(259,025)	(30,781,648)	(31,040,673)
3	Ambulance		(684,447)	(684,447)
4	Food Costs		(101,553)	(101,553)
5	Donation		(1,706)	(1,706)
6	Judgement and Damages		(456,427)	(456,427)
7	County Counsel Litigation Damages		(611,251)	(611,251)
8	CAP Litigation Charge		(387,357)	(387,357)
9	Uninsured Losses		(32,374)	(32,374)
10	Audit Settlement & Bad Debts		3,061,456	3,061,456
11	Applicable OH	(327,309)	(224,281)	(551,590)
12				
13	**ADJUSTMENTS PER STATE DMH AUDIT**			
14				
15	To include the bond pension obligation costs.		601,704	601,704
16	To include the bond pension obligation costs.		(12,087)	(12,087)
17				
18				
19				
20	**Total Adjustments**	(586,334)	(29,642,851)	(30,229,185)

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: LOS ANGELES
County Code: 19

	Legal Entity: County of Los Angeles	A
	Legal Entity Number: 00019	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	214,362,183
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	8,190,266
4	Day Services (Mode 10)	5,550,896
5	Outpatient Services (Mode 15 Program 1 + Program 2)	176,847,663
6	Outreach Services (Mode 45)	4,924,402
7	Medi-Cal Administrative Activities (Mode 55)	10,538,445
8	Support Services (Mode 60)	8,310,511
9	Total - Lines 2 through 8	214,362,183

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles Legal Entity Number: 00019 Mode: 05 - Hospital Inpatient (SFC 10-19)			A Mode Total	B Service Function	C Service Function	D Service Function	E Service Function	F Service Function	G 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 (Children) Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
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							
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								

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: LOS ANGELES
County Code: 19

CR

	Legal Entity: County of Los Angeles Legal Entity Number: 00019 Mode: 05 - Other 24 Hour Services (All Other SFC)		A Mode Total	B Service Function 50	C Service Function	D Service Function	E Service Function	F Service Function	G Service Function
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			31,995					
3	Gross Cost		8,190,266	8,190,266					
4	Cost per Unit			255.99					
5	SMA per Unit								
6	Published Charge per Unit			265.73					
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			31,995					
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		8,190,266	8,190,266					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
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	92	98			
1	Allocation Percentage		100.00%	71.46%	4.22%	24.32%			
2	Total Units			23,590	3,354	12,381			
3	Gross Cost		5,550,896	3,966,870	234,248	1,349,778			
4	Cost per Unit			168.16	69.84	109.02			
5	SMA per Unit			177.60	73.77	115.14			
6	Published Charge per Unit			174.56	72.50	113.17			
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		5,272	852	2,057			
8A		10/01/02 - 06/30/03		16,861	1,647	6,337			
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			1,457	855	3,987			
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,170,293	886,534	59,505	224,254			
13A		10/01/02 - 06/30/03	3,641,218	2,835,328	115,029	690,860			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,236,002	936,307	62,852	236,843			
14A		10/01/02 - 06/30/03	3,845,655	2,994,514	121,499	729,642			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,214,841	920,280	61,770	232,791			
15A		10/01/02 - 06/30/03	3,779,822	2,943,256	119,408	717,158			
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		739,385	245,008	59,714	434,663			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
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
				03	04	05	06	10	12
1	Allocation Percentage		100.00%	3.48%	12.77%	0.04%	0.00%	2.47%	0.15%
2	Total Units			3,393,411	12,463,992	36,492	1,485	1,869,166	111,623
3	Gross Cost		158,932,019	5,524,570	20,291,735	59,410	2,418	3,925,362	234,415
4	Cost per Unit			1.63	1.63	1.63	1.63	2.10	2.10
5	SMA per Unit			1.77	1.77	1.77	1.77	2.28	2.28
6	Published Charge per Unit			1.69	1.69	1.69	1.69	2.18	2.18
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		379,314	1,917,912			282,092	10,334
8A		10/01/02 - 06/30/03		1,302,092	5,761,749		980	861,778	29,682
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						553	
9A		10/01/02 - 06/30/03						263	
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		120	555			90	
10A		10/01/02 - 06/30/03		1,420	1,085			165	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03			2,355			73	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		1,250	6,810			4,737	100
11A		10/01/02 - 06/30/03		12,972	37,322		185	25,109	1,931
12	Non-Medi-Cal Units			1,696,243	4,736,204	36,492	320	694,306	69,576
13	Medi-Cal Costs	07/01/02 - 09/30/02	17,538,705	617,534	3,122,416			592,410	21,702
13A		10/01/02 - 06/30/03	55,091,731	2,119,843	9,380,292		1,596	1,809,786	62,334
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	18,884,108	671,386	3,394,704			643,170	23,562
14A		10/01/02 - 06/30/03	59,314,299	2,304,703	10,198,296		1,735	1,964,854	67,675
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	18,204,710	641,041	3,241,271			614,961	22,528
15A		10/01/02 - 06/30/03	57,164,288	2,200,535	9,737,356		1,656	1,878,676	64,707
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	453,710					1,161	
17A		10/01/02 - 06/30/03	1,199,635					552	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	482,233					1,261	
18A		10/01/02 - 06/30/03	1,267,690					600	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	470,981					1,206	
19A		10/01/02 - 06/30/03	1,245,300					573	
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	4,747	195	904			189	
21A		10/01/02 - 06/30/03	9,000	2,312	1,766			347	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	5,132	212	982			205	
22A		10/01/02 - 06/30/03	9,717	2,513	1,920			376	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	4,928	203	938			196	
23A		10/01/02 - 06/30/03	9,342	2,400	1,834			360	
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	11,527		3,834			153	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	12,329		4,168			166	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	11,965		3,980			159	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02	105,349	2,035	11,087			9,948	210
29A		10/01/02 - 06/30/03	514,801	21,119	60,761		301	52,730	4,055
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	113,700	2,213	12,054			10,800	228
30A		10/01/02 - 06/30/03	555,389	22,960	66,060		327	57,249	4,403
31	Healthy Families Published Charges	07/01/02 - 09/30/02	109,354	2,113	11,509			10,327	218
31A		10/01/02 - 06/30/03	534,362	21,923	63,074		313	54,738	4,210
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		84,002,813	2,761,532	7,710,675	59,410	521	1,458,085	146,114

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 1)

			CR	CR	CR	CR	CR	CR	CR
			H	I	J	K	L	M	N
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			16	17	31	33	34	41	42
1	Allocation Percentage		0.00%	0.00%	0.02%	0.02%	0.93%	0.58%	33.67%
2	Total Units		1,449	905	12,379	17,745	707,088	439,861	25,478,750
3	Gross Cost		3,043	1,901	25,997	37,266	1,484,928	923,735	53,506,916
4	Cost per Unit		2.10	2.10	2.10	2.10	2.10	2.10	2.10
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit		2.18	2.18	2.18	2.18	2.18	2.18	2.18
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02			6,297	420	144,096	43,613	2,684,017
8A		10/01/02 - 06/30/03		405	940	3,885	368,163	131,804	8,519,125
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					630		38,340
9A		10/01/02 - 06/30/03					114		17,180
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							1,275
10A		10/01/02 - 06/30/03							1,215
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							559
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			15		1,747	1,328	22,611
11A		10/01/02 - 06/30/03		250			5,862	7,829	97,973
12	Non-Medi-Cal Units		1,449	250	5,127	13,440	186,476	255,287	14,096,455
13	Medi-Cal Costs	07/01/02 - 09/30/02			13,224	882	302,610	91,590	5,636,598
13A		10/01/02 - 06/30/03		851	1,974	8,159	773,165	276,796	17,890,678
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02			14,357	958	328,539	99,438	6,119,559
14A		10/01/02 - 06/30/03		923	2,143	8,858	839,412	300,513	19,423,605
15	Medi-Cal Published Charges	07/01/02 - 09/30/02			13,727	916	314,129	95,076	5,851,157
15A		10/01/02 - 06/30/03		883	2,049	8,469	802,595	287,333	18,571,693
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					1,323		80,516
17A		10/01/02 - 06/30/03					239		36,079
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02					1,436		87,415
18A		10/01/02 - 06/30/03					260		39,170
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02					1,373		83,581
19A		10/01/02 - 06/30/03					249		37,452
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							2,678
21A		10/01/02 - 06/30/03							2,552
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							2,907
22A		10/01/02 - 06/30/03							2,770
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							2,780
23A		10/01/02 - 06/30/03							2,649
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							1,174
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							1,275
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							1,219
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02			32		3,669	2,789	47,484
29A		10/01/02 - 06/30/03		525			12,311	16,441	205,749
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02			34		3,983	3,028	51,553
30A		10/01/02 - 06/30/03		570			13,365	17,850	223,378
31	Healthy Families Published Charges	07/01/02 - 09/30/02			33		3,808	2,895	49,292
31A		10/01/02 - 06/30/03		545			12,779	17,067	213,581
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		3,043	525	10,767	28,225	391,611	536,118	29,603,408

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 1)

			CR	CR	CR	CR	CR	CR	CR
			O	P	Q	R	S	T	U
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			44	47	52	54	58	61	62
1	Allocation Percentage		0.04%	0.01%	8.31%	0.07%	0.02%	0.12%	24.61%
2	Total Units		29,567	5,486	6,287,218	54,800	13,483	46,896	9,758,925
3	Gross Cost		62,092	11,521	13,203,538	115,083	28,315	187,934	39,108,451
4	Cost per Unit		2.10	2.10	2.10	2.10	2.10	4.01	4.01
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	4.23	4.23
6	Published Charge per Unit		2.18	2.18	2.18	2.18	2.18	4.16	4.16
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		30	813,453	3,910		5,390	883,552
8A		10/01/02 - 06/30/03		3,379	2,663,759	14,262		14,620	2,956,535
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			13,018				85,683
9A		10/01/02 - 06/30/03			5,113				287,471
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							195
10A		10/01/02 - 06/30/03							360
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03			15				1,375
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			931	1,435			4,230
11A		10/01/02 - 06/30/03		367	5,834	3,097		280	19,754
12	Non-Medi-Cal Units		29,567	1,710	2,785,095	32,096	13,483	26,606	5,519,770
13	Medi-Cal Costs	07/01/02 - 09/30/02		63	1,708,300	8,211		21,600	3,540,795
13A		10/01/02 - 06/30/03		7,096	5,594,055	29,951		58,589	11,848,180
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02		68	1,854,673	8,915		22,800	3,737,425
14A		10/01/02 - 06/30/03		7,704	6,073,371	32,517		61,843	12,506,143
15	Medi-Cal Published Charges	07/01/02 - 09/30/02		65	1,773,328	8,524		22,422	3,675,576
15A		10/01/02 - 06/30/03		7,366	5,806,995	31,091		60,819	12,299,186
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			27,339				343,371
17A		10/01/02 - 06/30/03			10,738				1,152,027
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02			29,681				362,439
18A		10/01/02 - 06/30/03			11,658				1,216,002
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02			28,379				356,441
19A		10/01/02 - 06/30/03			11,146				1,195,879
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							781
21A		10/01/02 - 06/30/03							1,443
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							825
22A		10/01/02 - 06/30/03							1,523
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							811
23A		10/01/02 - 06/30/03							1,498
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			32				5,510
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03			34				5,816
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03			33				5,720
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02			1,955	3,014			16,952
29A		10/01/02 - 06/30/03		771	12,252	6,504		1,122	79,163
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02			2,123	3,272			17,893
30A		10/01/02 - 06/30/03		837	13,302	7,061		1,184	83,559
31	Healthy Families Published Charges	07/01/02 - 09/30/02			2,030	3,128			17,597
31A		10/01/02 - 06/30/03		800	12,718	6,751		1,165	82,177
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		62,092	3,591	5,848,868	67,403	28,315	106,623	22,120,229

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 1)

			CR	CR	CR	CR	CR	CR	
			V	W	X	Y	Z	AA	AB
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			65	67	71	74	76	77	
1	Allocation Percentage		0.01%	0.00%	0.01%	0.00%	0.00%	12.69%	
2	Total Units		2,505	20	5,757	842	280	6,242,099	
3	Gross Cost		10,039	80	18,579	2,717	904	20,161,071	
4	Cost per Unit		4.01	4.00	3.23	3.23	3.23	3.23	
5	SMA per Unit		4.23	4.23	3.41	3.41	3.41	3.41	
6	Published Charge per Unit		4.16	4.16	3.35	3.35	3.35	3.35	
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02			855			575,261	
8A		10/01/02 - 06/30/03		20	1,482		240	1,617,023	
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						180	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						255	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						1,912	
11A		10/01/02 - 06/30/03			85			12,608	
12	Non-Medi-Cal Units		2,505		3,335	842	40	4,034,860	
13	Medi-Cal Costs	07/01/02 - 09/30/02			2,759			1,858,009	
13A		10/01/02 - 06/30/03		80	4,783		775	5,222,749	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02			2,916			1,961,640	
14A		10/01/02 - 06/30/03		85	5,054		818	5,514,048	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02			2,864			1,927,124	
15A		10/01/02 - 06/30/03		83	4,965		804	5,417,027	
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						581	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03						614	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03						603	
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						824	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						870	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						854	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02						6,175	
29A		10/01/02 - 06/30/03			274			40,722	
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						6,520	
30A		10/01/02 - 06/30/03			290			42,993	
31	Healthy Families Published Charges	07/01/02 - 09/30/02						6,405	
31A		10/01/02 - 06/30/03			285			42,237	
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		10,039		10,763	2,717	129	13,032,010	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 2)

			A	B	C	D	E	F	G
			Mode Total	ASO Service Function	ASO Service Function	ASO Service Function	ASO Service Function	MHS Service Function	MHS Service Function
				34	42	52	62	34	42
1	Allocation Percentage		100.00%	0.33%	5.76%	0.06%	0.43%	0.01%	27.66%
2	Total Units			26,841	469,077	4,964	19,188	1,200	5,680,840
3	Gross Cost		17,915,644	58,967	1,032,546	10,988	77,556	900	4,954,823
4	Cost per Unit			2.20	2.20	2.21	4.04	0.75	0.87
5	SMA per Unit			2.28	2.28	2.28	4.23	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		9,156	113,505	1,885	4,468	480	1,380,700
8A		10/01/02 - 06/30/03		17,685	354,588	3,079	14,595	720	4,293,580
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							260
9A		10/01/02 - 06/30/03							320
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							60
10A		10/01/02 - 06/30/03			984		125		
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							5,920
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	4,438,300	20,115	249,851	4,173	18,059	360	1,204,245
13A		10/01/02 - 06/30/03	13,465,481	38,852	780,529	6,815	58,992	540	3,744,856
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	11,464,719	20,876	258,791	4,298	18,900	1,094	3,147,996
14A		10/01/02 - 06/30/03	34,773,409	40,322	808,461	7,020	61,737	1,642	9,789,362
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	227						227
17A		10/01/02 - 06/30/03	1,824						279
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	593						593
18A		10/01/02 - 06/30/03	4,844						730
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	52						52
21A		10/01/02 - 06/30/03	2,671		2,166		505		
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	137						137
22A		10/01/02 - 06/30/03	2,772		2,244		529		
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	6,992						5,163
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	18,670						13,498
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		97		(0)		(0)		(0)

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

DETAIL COST REPORT

Fiscal Year 2002-2003

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 2)

			MHS	MHS	MHS	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
			52	62	69	77	34	42	52
1	Allocation Percentage		0.01%	5.02%	22.08%	0.00%	4.39%	15.69%	0.15%
2	Total Units		1,755	671,920	2,424,125	90	1,314,690	3,486,118	29,310
3	Gross Cost		1,755	899,136	3,956,654	118	787,114	2,810,828	27,356
4	Cost per Unit		1.00	1.34	1.63	1.31	0.60	0.81	0.93
5	SMA per Unit		2.28	4.23	4.23	3.41	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	285	169,020	604,375	45	307,560	936,980	6,840
8A		10/01/02 - 06/30/03	1,470	502,660	1,818,975	45	1,007,130	2,547,068	22,470
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03		105	625			300	
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		135	150			1,740	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units							30	
13	Medi-Cal Costs	07/01/02 - 09/30/02	285	226,176	986,460	59	184,138	755,479	6,384
13A		10/01/02 - 06/30/03	1,470	672,639	2,968,929	59	602,976	2,053,680	20,972
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	650	714,955	2,556,506	153	701,237	2,136,314	15,595
14A		10/01/02 - 06/30/03	3,352	2,126,252	7,694,264	153	2,296,256	5,807,315	51,232
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		141	1,020			242	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03		444	2,644			684	
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		181	245			1,403	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03		571	635			3,967	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs			(0)	(0)			24	

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 2)

			MHS	MHS	MHS	MHS	MHS	MHS	MHS
			O	P	Q	R	S	T	U
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			42	42	42	52	34	42	52
1	Allocation Percentage		0.07%	2.40%	0.89%		0.36%	8.45%	0.02%
2	Total Units		10,860	354,702	123,030		107,880	1,555,756	3,465
3	Gross Cost		11,958	429,504	159,446		64,746	1,514,556	3,234
4	Cost per Unit		1.10	1.21	1.30		0.60	0.97	0.93
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	2,490	76,560	30,750		16,440	400,622	
8A		10/01/02 - 06/30/03	8,370	278,082	92,280		91,440	1,155,074	3,375
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03						60	90
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			60					
13	Medi-Cal Costs	07/01/02 - 09/30/02	2,742	92,705	39,852		9,867	390,013	
13A		10/01/02 - 06/30/03	9,216	336,726	119,594		54,879	1,124,485	3,150
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	5,677	174,557	70,110		37,483	913,418	
14A		10/01/02 - 06/30/03	19,084	634,027	210,398		208,483	2,633,569	7,695
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						58	84
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03						137	205
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		(0)	73	(0)			(0)	

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19

			MHS	MHS	MHS				
	Legal Entity: County of Los Angeles		V	W	X	Y	Z	AA	AB
	Legal Entity Number: 00019		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Mode: 15 - Outpatient (Program 2)		62	69	77				
1	Allocation Percentage		1.35%	4.85%	0.02%				
2	Total Units		181,195	540,025	2,385				
3	Gross Cost		241,640	868,692	3,127				
4	Cost per Unit		1.33	1.61	1.31				
5	SMA per Unit		4.23	4.23	3.41				
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	49,425	112,050	900				
8A		10/01/02 - 06/30/03	131,770	427,975	1,485				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units								
13	Medi-Cal Costs	07/01/02 - 09/30/02	65,913	180,245	1,180				
13A		10/01/02 - 06/30/03	175,727	688,447	1,947				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	209,068	473,972	3,069				
14A		10/01/02 - 06/30/03	557,387	1,810,334	5,064				
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								

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: LOS ANGELES
County Code: 19

	Legal Entity: County of Los Angeles	A	B	C	D	E	F	G
	Legal Entity Number: 00019		CR	CR	CR	CR		
	Mode: 45 - Outreach	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			10	13	20	28		
1	Allocation Percentage	100.00%	27.91%		71.74%	0.34%		
2	Total Units		8,075	37	22,486	107		
3	Gross Cost	4,924,402	1,374,608		3,532,982	16,812		
4	Cost per Unit		170.23		157.12	157.12		
5	Non-Medi-Cal Units		8,075	37	22,486	107		
6	Non-Medi-Cal Costs	4,924,402	1,374,608		3,532,982	16,812		

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: LOS ANGELES

County Code: 19

			MAA	MAA	MAA	MAA	MAA	MAA
Legal Entity: County of Los Angeles		A	B	C	D	E	F	G
Legal Entity Number: 00019			Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities		Mode Total	Function	Function	Function	Function	Function	Function
			01	04	09	11	14	17
1	Allocation Percentage	100.00%	3.23%	1.26%	0.81%	5.36%	12.69%	8.28%
2	Total Units		433,290	211,351	111,568	663,674	1,152,253	1,016,016
3	Total Expenditures	10,538,445	340,629	133,188	85,611	565,170	1,337,295	872,485
4	Cost per Unit		0.79	0.63	0.77	0.85	1.16	0.86
5	Non-Medi-Cal Costs	5,321,311						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19

		MAA	MAA	MAA	MAA	MAA		
Legal Entity: County of Los Angeles		H	I	J	K	L	M	N
Legal Entity Number: 00019		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities								
		21	24	27	31	35		
1	Allocation Percentage	18.05%	23.83%	6.04%	11.00%	9.43%		
2	Total Units	1,704,553	1,781,831	496,042	1,669,727	1,130,219		
3	Total Expenditures	1,902,006	2,511,727	636,835	1,159,541	993,958		
4	Cost per Unit	1.12	1.41	1.28	0.69	0.88		
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: LOS ANGELES
County Code: 19

			CR	CR	CR	CR	CR	
	Legal Entity: County of Los Angeles	A	B	C	D	E	F	G
	Legal Entity Number: 00019	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Mode: 60 - Support		20	30	40	63	64	
1	Allocation Percentage	100.00%	10.66%	35.75%	36.43%	17.15%		
2	Total Units		4,662	15,636	144,608	15,021		
3	Gross Cost	8,310,511	885,950	2,971,410	3,027,733	1,425,418		
4	Cost per Unit		190.04	190.04	20.94	94.90		
5	Non-Medi-Cal Units (Same as Line 2)		4,662	15,636	144,608	15,021		
6	Non-Medi-Cal Costs (Same as Line 3)	8,310,511	885,950	2,971,410	3,027,733	1,425,418		

. ORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1988 (10/04)

Fiscal Year 2002-2003

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019

			REIMBURSEMENT TYPE				PC	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55				Total Inpatient						
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02							1,170,293	17,538,705	18,708,998	4,438,300	23,147,298
1A		10/01/02 - 06/30/03							3,641,218	55,091,731	58,732,949	13,465,481	72,198,430
2	Medi-Cal SMA	07/01/02 - 09/30/02							1,236,002	18,884,108	20,120,110	11,464,719	31,584,829
2A		10/01/02 - 06/30/03							3,845,655	59,314,299	63,159,954	34,773,409	97,933,362
3	Medi-Cal P. C.	07/01/02 - 09/30/02							1,214,841	18,204,710	19,419,551		19,419,551
3A		10/01/02 - 06/30/03							3,779,822	57,184,288	60,964,110		60,964,110
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							1,170,293	17,538,705	18,708,998	4,438,300	23,147,298
5A		10/01/02 - 06/30/03							3,641,218	55,091,731	58,732,949	13,465,481	72,198,430
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								453,710	453,710	227	453,937
6A		10/01/02 - 06/30/03								1,199,635	1,199,635	1,824	1,201,459
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								482,233	482,233	593	482,825
7A		10/01/02 - 06/30/03								1,267,690	1,267,690	4,844	1,272,533
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								470,981	470,981		470,981
8A		10/01/02 - 06/30/03								1,245,300	1,245,300		1,245,300
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								453,710	453,710	227	453,937
10A		10/01/02 - 06/30/03								1,199,635	1,199,635	1,824	1,201,459
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							1,170,293	17,992,415	19,162,708	4,438,527	23,601,235
11A		10/01/02 - 06/30/03							3,641,218	56,291,367	59,932,584	13,467,305	73,399,889
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								4,747	4,747	52	4,799
12A		10/01/02 - 06/30/03								9,000	9,000	2,671	11,672
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								5,132	5,132	137	5,269
13A		10/01/02 - 06/30/03								9,717	9,717	2,772	12,489
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								4,928	4,928		4,928
14A		10/01/02 - 06/30/03								9,342	9,342		9,342
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								4,747	4,747	52	4,799
16A		10/01/02 - 06/30/03								9,000	9,000	2,671	11,672
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03								11,527	11,527	6,992	18,518
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03								12,329	12,329	18,670	31,000
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03								11,965	11,965		11,965
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							1,170,293	17,997,162	19,167,455	4,438,579	23,606,034
21A	(Excludes Refugees)	10/01/02 - 06/30/03							3,641,218	56,300,367	59,941,584	13,469,976	73,411,561
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03								11,527	11,527	6,992	18,518
23	Healthy Families Cost	07/01/02 - 09/30/02								105,349	105,349		105,349
23A		10/01/02 - 06/30/03								514,801	514,801		514,801
24	Healthy Families SMA	07/01/02 - 09/30/02								113,700	113,700		113,700
24A		10/01/02 - 06/30/03								555,389	555,389		555,389
25	Healthy Families P. C.	07/01/02 - 09/30/02								109,354	109,354		109,354
25A		10/01/02 - 06/30/03								534,362	534,362		534,362
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								105,349	105,349		105,349
27A		10/01/02 - 06/30/03								514,801	514,801		514,801
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02							6,849	95,156	102,005		102,005
28A		10/01/02 - 06/30/03							20,464	285,771	306,235		306,235
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		559,428	4,928,449	5,050,568	10,538,445							
33	Medi-Cal Eligibility Factor (Average)			46.68%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	559,428	2,300,354	2,357,353	5,217,134			1,163,444	17,902,006	19,065,450	4,438,579	23,504,029
35A		10/01/02 - 06/30/03							3,620,754	56,014,596	59,635,349	13,469,976	73,105,326
36	Net Due - Enhanced SD/MC (Refugees)									11,527	11,527	6,992	18,518
37	Net Due - Healthy Families	07/01/02 - 09/30/02								105,349	105,349		105,349
37A		10/01/02 - 06/30/03								514,801	514,801		514,801
	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

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1979 (9/94)

County: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles
Legal Entity Number: 0001B

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

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 Published Charges				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	M-1901 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%	
									Totals																
							Equivalent values from MH1966																		

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: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles
Legal Entity Number: 00019

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_MODES(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 - 09/30/03	Total 2nd Period FFP $ 04/01/02 - 09/30/03
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 - 09/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/03 - 09/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 09/30/03	Costs 10/01/02 - 09/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 09/30/03	Revenue 10/01/02 - 09/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 09/30/03	Net Costs 10/01/02 - 09/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	
																						51.40%	50.00%	54.35%	
B	1	CR	05	50																					
									Totals																
							Equivalent values from MH1966																		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1979 (9/00)

Fiscal Year 2002-2003

County: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles
Legal Entity Number: 00019

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 % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%	
B	2	CR	10	65	5,272	11,154	5,707	66.15%	33.85%	509,534	1,875,645	959,653	2,835,328	5,178	10,546	5,398	15,942	501,358	1,865,099	954,287	2,819,386	453,018	932,550	518,655	1,451,205
C	3	CR	10	92	852	1,338	309	81.24%	18.76%	59,505	93,448	21,581	115,029	348	513	118	631	59,157	92,935	21,463	114,398	30,407	46,468	11,665	58,133
D	4	CR	10	98	2,057	4,445	1,892	70.14%	29.86%	224,254	484,594	206,266	690,860	1,325	2,729	1,162	3,891	222,929	481,865	205,104	686,969	114,586	240,933	111,474	352,407
				Totals						1,170,293	2,453,687	1,187,530	3,641,218	6,849	13,788	6,676	20,464	1,163,444	2,439,899	1,180,854	3,620,754	598,010	1,219,950	641,794	1,861,744
				Equivalent values from MH1966						1,170,293			3,641,218	6,849			20,464								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1979 (10/94)

County: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles
Legal Entity Number: 00019

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

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 MH1968_MODE15_(1)				From MH1901_Schedule_B				Calculated				Calculated			
Formula								B / (B + C)	C / (B + C)		(D * I)	(E * I)			(D * M)	(E * M)		(F - J)	(G - K)	(H - L)	(O + P)	(51.40% * N)	(50.00% * O)	(54.35% * P)	(S + T)
Period					1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP $ 07/01/02 - 09/30/02	2nd Period/ Part I FFP $ 10/01/02 - 03/30/03	2nd Period/ Part II FFP $ 04/01/02 - 06/30/03	Total 2nd Period FFP $ 04/01/02 - 09/30/03
MH1968 Cost Report Column	MH1968 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 - 09/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 09/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 09/30/03	Costs 10/01/02 - 09/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 09/30/03	Revenue 10/01/02 - 09/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 09/30/03	Net Costs 10/01/02 - 09/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	
																						51.40%	50.00%	54.35%	
B	5	CR	15	03	379,314	842,452	459,640	64.70%	35.30%	617,534	1,371,536	748,307	2,119,843					617,534	1,371,536	748,307	2,119,843	317,412	685,768	406,705	1,092,473
C	6	CR	15	04	1,917,912	3,710,779	2,050,970	64.40%	35.60%	3,122,416	6,041,254	3,339,038	9,380,292	17,819	33,168	18,332	51,500	3,104,597	6,008,086	3,320,706	9,328,792	1,595,763	3,004,043	1,804,804	4,808,847
D	7	CR	15	05																					
E	8	CR	15	06		320	680	32.65%	67.35%		521	1,075	1,596		3	5	8		518	1,069	1,588		259	581	840
F	9	CR	15	10	282,645	621,250	240,791	72.07%	27.93%	593,572	1,304,663	505,676	1,810,338	3,307	7,048	2,732	9,780	590,265	1,297,614	502,944	1,800,558	303,396	648,807	273,350	922,157
G	10	CR	15	12	10,334	18,217	11,465	61.37%	38.63%	21,702	38,257	24,077	62,334					21,702	38,257	24,077	62,334	11,155	19,128	13,086	32,214
H	11	CR	15	16																					
I	12	CR	15	17		385	20	95.06%	4.94%		809	42	851		5	0	5		804	42	846		402	23	425
J	13	CR	15	31	6,297	940		100.00%		13,224	1,974		1,974	76	11		11	13,148	1,963		1,963	6,758	982		982
K	14	CR	15	33	420	3,405	460	87.64%	12.36%	882	7,151	1,008	8,159					882	7,151	1,008	8,159	453	3,575	548	4,123
L	15	CR	15	34	144,726	275,005	93,272	74.67%	25.33%	303,933	577,527	195,677	773,404	1,744	2,655	900	3,555	302,189	574,873	194,977	769,849	155,325	287,436	105,970	393,406
M	16	CR	15	41	43,613	85,034	46,770	64.52%	35.48%	91,590	178,577	98,220	276,796					91,590	178,577	98,220	276,796	47,077	89,288	53,382	142,671
N	17	CR	15	42	2,722,357	5,997,288	2,539,017	70.26%	29.74%	5,717,114	12,594,667	5,332,089	17,926,757	31,118	66,521	28,162	94,683	5,685,996	12,528,147	5,303,927	17,832,074	2,922,902	6,264,073	2,882,684	9,146,756
O	18	CR	15	44																					
P	19	CR	15	47	30	1,666	1,693	49.90%	50.10%	63	3,541	3,555	7,096		17	17	34	63	3,524	3,538	7,062	32	1,762	1,923	3,685
Q	20	CR	15	52	826,471	1,936,517	730,355	72.63%	27.37%	1,735,639	4,071,003	1,533,790	5,604,793	9,861	22,061	8,312	30,373	1,725,778	4,048,942	1,525,478	5,574,420	887,050	2,024,471	829,097	2,853,568
R	21	CR	15	54	3,910	10,438	3,824	73.19%	26.81%	8,211	21,920	8,031	29,951					8,211	21,920	8,031	29,951	4,221	10,960	4,365	15,325
S	22	CR	15	56																					
T	23	CR	15	61	5,390	10,080	4,560	68.81%	31.19%	21,600	40,315	18,274	58,589					21,600	40,315	18,274	58,589	11,103	20,158	9,932	30,089
U	24	CR	15	62	969,235	2,106,700	1,137,306	64.94%	35.06%	3,884,165	8,442,505	4,557,702	13,000,207	21,994	45,416	24,518	69,934	3,862,171	8,397,089	4,533,184	12,930,273	1,985,156	4,198,544	2,463,786	6,662,330
V	25	CR	15	65																					
W	26	CR	15	67			20		100.00%			80	80							80	80			43	43
X	27	CR	15	71	855	1,462		100.00%		2,759	4,783		4,783					2,759	4,783		4,783	1,418	2,391		2,391
Y	28	CR	15	74																					
Z	29	CR	15	76			240		100.00%			775	775							775	775			421	421
AA	30	CR	15	77	575,261	1,127,467	489,556	69.72%	30.28%	1,856,009	3,641,554	1,581,195	5,222,749	9,237	18,050	7,838	25,888	1,846,772	3,623,504	1,573,357	5,196,861	950,269	1,811,752	855,120	2,666,871
									Totals	17,992,415	38,342,557	17,948,810	56,291,367	95,156	194,954	90,617	285,771	17,897,259	38,147,602	17,857,993	56,005,596	9,199,191	19,073,801	9,705,819	28,779,620
									Equivalent values from MH1968	17,992,415			56,291,367	95,156			285,771								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1979 (99/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles
Legal Entity Number: 00019

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 % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%	
B	50	ASO	15	34	9,156	11,678	6,007	66.03%	33.97%	20,115	25,655	13,197	38,852					20,115	25,655	13,197	38,852	10,339	12,828	7,172	20,000
C	51	ASO	15	42	113,505	218,556	136,030	61.64%	38.36%	249,851	481,096	299,433	780,529					249,851	481,096	299,433	780,529	128,423	240,548	162,742	403,290
D	52	ASO	15	52	1,865	1,384	1,715	44.30%	55.70%	4,173	3,019	3,796	6,815					4,173	3,019	3,796	6,815	2,145	1,510	2,063	3,573
E	53	ASO	15	62	4,466	8,849	5,646	61.32%	38.68%	18,059	36,171	22,821	58,992					18,059	36,171	22,821	58,992	9,282	18,085	12,403	30,488
F	54	MHS	15	34	480	720		100.00%		360	540		540					360	540		540	185	270		270
G	55	MHS	15	42	1,380,960	1,534,340	2,759,560	35.73%	64.27%	1,204,472	1,338,250	2,406,885	3,745,135					1,204,472	1,338,250	2,406,885	3,745,135	619,099	669,125	1,308,142	1,977,267
H	56	MHS	15	52	285	1,470		100.00%		285	1,470		1,470					285	1,470		1,470	146	735		735
I	57	MHS	15	62	189,020	295,845	207,120	58.80%	41.20%	226,176	395,620	277,160	672,780					226,176	395,620	277,160	672,780	116,254	197,810	150,636	348,446
J	58	MHS	15	69	604,375	1,070,325	749,275	58.82%	41.18%	986,460	1,746,963	1,222,966	2,969,949					986,460	1,746,963	1,222,966	2,969,949	507,041	873,482	664,682	1,538,174
K	59	MHS	15	77	45	45		100.00%		59	59		59					59	59		59	30	30		30
L	60	MHS	15	34	307,560	1,007,130		100.00%		184,138	602,976		602,976					184,138	602,976		602,976	94,647	301,488		301,488
M	61	MHS	15	42	836,980	2,847,366		100.00%		755,479	2,053,922		2,053,922					755,479	2,053,922		2,053,922	388,316	1,026,961		1,026,961
N	62	MHS	15	52	6,840	22,470		100.00%		6,384	20,972		20,972					6,384	20,972		20,972	3,281	10,486		10,486
O	63	MHS	15	42	2,490	8,370		100.00%		2,742	9,216		9,216					2,742	9,216		9,216	1,409	4,608		4,608
P	64	MHS	15	42	76,560	278,062		100.00%		92,705	336,726		336,726					92,705	336,726		336,726	47,651	168,363		168,363
Q	65	MHS	15	42	30,750	92,250		100.00%		39,852	119,594		119,594					39,852	119,594		119,594	20,484	59,797		59,797
R	66	MHS	15	52																					
S	67	MHS	15	34	16,440	91,440		100.00%		9,867	54,879		54,879					9,867	54,879		54,879	5,072	27,440		27,440
T	68	MHS	15	42	400,622	1,155,134		100.00%		390,013	1,124,543		1,124,543					390,013	1,124,543		1,124,543	200,466	562,272		562,272
U	69	MHS	15	52		3,466		100.00%			3,234		3,234						3,234		3,234		1,617		1,617
V	70	MHS	15	62	49,425	131,770		100.00%		65,913	175,727		175,727					65,913	175,727		175,727	33,879	87,864		87,864
W	71	MHS	15	69	112,050	427,975		100.00%		180,245	688,447		688,447					180,245	688,447		688,447	92,646	344,223		344,223
X	72	MHS	15	77	900	1,495		100.00%		1,180	1,947		1,947					1,180	1,947		1,947	607	974		974
									Totals	4,438,527	9,221,047	4,246,258	13,467,305					4,438,527	9,221,047	4,246,258	13,467,305	2,281,403	4,610,524	2,307,841	6,918,365
									Equivalent values from MH1966	4,438,527			13,467,305												

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: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles

Legal Entity Number: 00019		A	B	C	D	E	F
	Data Type	Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
	Source	MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
	Formula					(C6 / A6)	(D6 / B6)
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
	Mode	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	1,163,444	3,620,754	598,010	1,861,744		
4	15 - Outpatient (Program 1)	17,897,259	56,005,596	9,199,191	28,779,620		
5	15 - Outpatient (Program 2)	4,438,527	13,467,305	2,281,403	6,918,365		
6	Totals	23,499,230	73,093,654	12,078,604	37,559,729		
7	Totals from MH1979	23,499,230	73,093,654	12,078,604	37,559,729		
8	Effective SD/MC FFP %					51.40%	51.39%

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: LOS ANGELES
County Code: 19

	Legal Entity: County of Los Angeles		A	B	C	D	E	F	G	H	I	J
								FFP % Source: MH1978 E8	FFP % Source: MH1978 F8			
	Legal Entity Number: 00019		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.39% FFP	[1]Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement				97,036,113	97,036,113						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			74,927,918	359,970,511	434,898,429						
3	Total Medi-Cal Direct Service Gross Reimbursement					531,934,542						
4	Medi-Cal Administrative Reimbursement Limit					79,790,181						
5	Medi-Cal Administration					43,769,421						
6	Medi-Cal Administrative Reimbursement					43,769,421	21,884,711					21,884,711
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				5,704,989	5,704,989						
8	Healthy Families Administrative Reimbursement Limit					570,499						
9	Healthy Families Administration					52,061						
10	Healthy Families Administrative Reimbursement					52,061				33,970		33,970
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09		559,428			559,428	279,714					279,714
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		2,300,354			2,300,354	1,150,177					1,150,177
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)		2,357,353			2,357,353					1,768,014	1,768,014
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)					80,557					60,418	60,418
15	Other SD/MC Utilization Review (County Only)											
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02			23,499,230	23,499,230		12,078,604				12,078,604
16A		10/01/02 - 06/30/03			73,093,654	73,093,654			37,559,729			37,559,729
17	Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02			4,799	4,799				3,167		3,167
17A		10/01/02 - 06/30/03			11,672	11,672				7,587		7,587
18	Enhanced SD/MC Net Reimb. (Refugees)				18,518	18,518				18,518		18,518
19	Total SD/MC Reimbursement Before Excess FFP											74,810,638
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											74,810,638
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											74,810,638
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02			105,349	105,349				69,509		69,509
24A		10/01/02 - 06/30/03			514,801	514,801				334,621		334,621
25	Total Healthy Families Reimbursement Before Excess FFP											438,100
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											438,100

CALIFORNIA DEPARTMENT OF
Mental Health

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

August 26, 2008

Marvin J. Southard, D.S.W., Director
Los Angeles County Department of Mental Health
550 So. Vermont Avenue. 12th Floor
Los Angeles, CA 90020

Dear Dr. Southard:

REVISED AUDIT REPORT
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Los Angeles County Community Mental Health Services, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

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

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

	Net Program Costs		
	Settled	Allowed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	$ 256,853,816	$ 254,425,204	$ (2,428,612)
Federal Share of Healthy Families/Medi-Cal	$ 4,025,131	$ 3,667,620	$ (357,511)
State General Funds EPSDT Due State	$ 126,811,626	$ 125,911,518	$ (900,108)

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

Care 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 Care Services, 1029 J St, 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 Branch – Southern Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

LOS ANGELES
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)	$ 71,155,399	$ (1,279,677)	$ 69,875,722
HEALTHY FAMILIES - FFP	(Sch. 2a)	622,108	(219,915)	402,193
TOTAL FFP - COUNTY PROVIDERS		$ 71,777,507	$ (1,499,592)	$ 70,277,915
CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 185,698,417	$ (1,148,935)	$ 184,549,482
HEALTHY FAMILIES - FFP	(Sch. 3b)	3,403,023	(137,596)	3,265,427
TOTAL FFP - CONTRACT PROVIDERS	(Sch. 3c)	$ 189,101,440	$ (1,286,531)	$ 187,814,909
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 256,853,816	$ (2,428,612)	$ 254,425,204
HEALTHY FAMILIES - FFP		4,025,131	(357,511)	3,667,620
TOTAL FFP - COUNTY PLUS CONTRACT PROIVERS		$ 260,878,947	$ (2,786,123)	$ 258,092,824
SUMMARY OF STATE GENERAL FUND				
EPSDT - SGF	(Sch 4)	$ 126,811,626	$ (900,108)	$ 125,911,518

SCHEDULE 2

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

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	$ 0	$ 0	$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	87,744,287	2,774,063	90,518,350
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	14,908	436	15,344
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	17,419	155	17,574
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	549,642	19,680	569,322
9. Total		$ 88,326,256	$ 2,794,334	$ 91,120,590
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	$ 0	$ 0	$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	408,240	0	408,240
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		$ 408,240	$ 0	$ 408,240
Medi-Cal Net Reimbursement for Direct Services				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	$ 0	$ 0	$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	87,350,955	2,774,499	90,125,454
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)	17,419	155	17,574
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	549,642	19,680	569,322
25. Total		$ 87,918,016	$ 2,794,334	$ 90,712,350
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	$ 1,085,534	$ (526,106)	$ 559,428
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	3,770,366	(1,470,012)	2,300,354
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	2,662,965	(305,612)	2,357,353
29. Total		$ 7,518,865	$ (2,301,730)	$ 5,217,135

SCHEDULE 2a

LOS ANGELES
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)	$ 78,844,928	$ 63,147	$ 78,908,075
38. Medi-Cal Administration	(MH 1979, Ln 5)	$ 43,385,690	$ (510,966)	$ 42,874,724
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 43,385,690	$ (510,966)	$ 42,874,724
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 584,642	$ (19,226)	$ 565,416
41. Healthy Families Administration	(MH1979, Ln 9)	$ 404,486	$ (356,692)	$ 47,794
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 404,486	$ (356,692)	$ 47,794
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	$ 80,557	$ 0	$ 80,557
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	$ 0	$ 0	$ 0
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	$ 44,949,787	$ 1,356,944	$ 46,306,731
46. Enhanced (Children)	(MH1979, Ln 17,17A)	9,756	260	10,016
47. Enhanced (Refugees)	(MH1979, Ln 18)	17,419	155	17,574
48 MAA	(MH 1979, Ln 11, 12 & 13)	4,425,174	(1,227,269)	3,197,905
49. Administrative Reimbursement	(MH1979, Ln 6)	21,692,845	(255,483)	21,437,362
50. U.R. Skilled Professional	(MH1979, Ln 14)	60,418	(0)	60,418
51. U.R. Other	(MH1979, Ln 15)		0	0
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0	0
53. Subtotal- FFP		$ 71,155,399	$ (125,393)	$ 71,030,006
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	$ 0	$ 0	$ 0
55. Bottomline Adjustments	(Adj # 41)	0	(1,154,284)	(1,154,284)
56. Total SD/MC Reimbursement - FFP	(Ln 53 + Ln 54 + Ln 55)	$ 71,155,399	$ (1,279,677)	$ 69,875,722
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 358,181	$ 12,826	$ 371,007
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	263,927	(232,741)	31,186
60. Total Healthy Families Reimbursement - FFP		$ 622,108	$ (219,915)	$ 402,193
61. Total - FFP (Ln 56 + Ln 60)		$ 71,777,507	$ (1,499,592)	$ 70,277,915
				(To Sch. 1)

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(1) Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		INPATIENT					OUTPATIENT				
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00108	Telecare Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,267,685	$ 0	$ 0	$ 4,267,685	$ 0
00171	The Almansor Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,891,434	$ 112	$ 0	$ 3,891,546	$ 309,037
00173	Assoc for Mexican-American (ALMA)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,489,697	$ 0	$ 0	$ 2,489,697	$ 0
00174	Hamburger Home (Aviva Ctr)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,423,540	$ 0	$ 0	$ 4,423,540	$ 136,158
00175	Barbour & Floyd Medical Associates	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,567,344	$ 0	$ 0	$ 1,567,344	$ 0
00177	Alcott Center for MH Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,072,580	$ 0	$ 0	$ 1,072,580	$ 0
00178	Cedars-Sinai Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 851,600	$ 0	$ 0	$ 851,600	$ 0
00179	Children's Hospital Los Angeles	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,573,207	$ 0	$ 0	$ 4,573,207	$ 181,971
00180	Community Counseling Service	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,285,649	$ 0	$ 0	$ 3,285,649	$ 56,218
00181	Community Family Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,362,853	$ 1,816	$ 0	$ 2,364,669	$ 148,688
00183	Didi Hirsch Psychiatric Service	$ 0	$ 0	$ 0	$ 0	$ 0	$ 10,441,502	$ 0	$ 0	$ 10,441,502	$ 353,198
00184	Dubnoff Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,310,258	$ 0	$ 0	$ 1,310,258	$ 61,955
00185	El Centro De Amistad, Inc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,189,341	$ 0	$ 0	$ 1,189,341	$ 498
00188	Enki Health & Research	$ 0	$ 0	$ 0	$ 0	$ 0	$ 13,881,868	$ 0	$ 0	$ 13,881,868	$ 593,587
00190	Gateways Hospital & MHC	$ 1,744,215	$ 4,235	$ 0	$ 1,748,450	$ 0	$ 1,313,767	$ 0	$ 0	$ 1,313,767	$ 10,551
00191	The Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,992,728	$ 0	$ 0	$ 6,992,728	$ 5,961
00192	Hathaway Children & Family Svc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,932,910	$ 0	$ 0	$ 7,932,910	$ 316,851
00193	Health Research Association	$ 0	$ 0	$ 0	$ 0	$ 0	$ 193,257	$ 0	$ 0	$ 193,257	$ 0
00194	Hillview Mental Health Center, Inc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,215,116	$ 0	$ 0	$ 4,215,116	$ 0
00195	Intercommunity Child Guidance Ctr	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,413,021	$ 0	$ 0	$ 2,413,021	$ 286,374
00196	Vista Del Mar (Jewish)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,477,312	$ 0	$ 0	$ 6,477,312	$ 0
00197	Kedren Community MH Center	$ 1,649,709	$ 0	$ 0	$ 1,649,709	$ 0	$ 9,312,999	$ 0	$ 0	$ 9,312,999	$ 2,534
00198	HELP Group (LA Ctr for Therapy)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,818,477	$ 594	$ 0	$ 5,819,071	$ 12,118
00199	Los Angeles Child Guidance Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,781,434	$ 0	$ 0	$ 7,781,434	$ 183,748
00200	Mental Health Assn in LA Co	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,412,877	$ 0	$ 0	$ 5,412,877	$ 0
00201	National Foundation (Penny Lane)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 13,634,605	$ 0	$ 0	$ 13,634,605	$ 176,070
00203	Pacific Clinics	$ 0	$ 0	$ 0	$ 0	$ 0	$ 32,842,761	$ 1,038	$ 0	$ 32,843,799	$ 337,918
00204	Pasadena Children's Training Society	$ 0	$ 0	$ 0	$ 0	$ 0	$ 11,903,000	$ 0	$ 0	$ 11,903,000	$ 97,482
00205	Portals House	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,855,579	$ 0	$ 0	$ 7,855,579	$ 0
00206	Harbor View Rehabilitation Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,157,649	$ 0	$ 0	$ 3,157,649	$ 8,463
00207	Child & Family Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 11,875,259	$ 7,858	$ 0	$ 11,883,117	$ 769,555
00208	San Fernando Valley CMHC	$ 0	$ 0	$ 0	$ 0	$ 0	$ 13,424,754	$ 5,851	$ 851	$ 13,431,456	$ 46,648
00209	HealthView, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 725,518	$ 0	$ 0	$ 725,518	$ 0
00210	Santa Clarita Child & Family Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,856,104	$ 0	$ 0	$ 2,856,104	$ 306,610
00211	Center for Healthy Aging	$ 0	$ 0	$ 0	$ 0	$ 0	$ 285,483	$ 0	$ 0	$ 285,483	$ 0
00212	Social Model Recovery Systems	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,104,032	$ 0	$ 0	$ 1,104,032	$ 0
00213	South Bay Children's Health Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 316,305	$ 0	$ 0	$ 316,305	$ 9,610
00214	Special Service for Groups	$ 0	$ 0	$ 0	$ 0	$ 0	$ 8,386,480	$ 997	$ 892	$ 8,388,369	$ 94,329
00215	Step-Up on Second Street	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,369,122	$ 0	$ 0	$ 1,369,122	$ 0
00216	Stirling Behavioral Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 954,559	$ 0	$ 0	$ 954,559	$ 46,353
00217	St. John's Hospital	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,519,070	$ 0	$ 0	$ 1,519,070	$ 102,382
00218	St. Joseph Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 362,267	$ 0	$ 0	$ 362,267	$ 0
00219	Transitional Living Centers	$ 0	$ 0	$ 0	$ 0	$ 0	$ 566,606	$ 0	$ 0	$ 566,606	$ 0
00221	Verdugo Mental Health Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,603,866	$ 2,535	$ 4,201	$ 3,610,602	$ 59,378
00256	1736 Family Crisis Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 141,807	$ 0	$ 0	$ 141,807	$ 0
00274	B.R.I.D.G.E.S., Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,324,544	$ 0	$ 0	$ 1,324,544	$ 0
00300	For The Child	$ 0	$ 0	$ 0	$ 0	$ 0	$ 556,653	$ 0	$ 0	$ 556,653	$ 0
00310	Watts Labor Community (WLCAC)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 51,709	$ 0	$ 0	$ 51,709	$ 0
00315	LAUSD 97th St. Mental Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,454,941	$ 0	$ 0	$ 2,454,941	$ 6,065
00320	Research & Treatment Institution	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,072,046	$ 0	$ 0	$ 1,072,046	$ 0
00321	The Church Home for Children (Hillside:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,054,316	$ 0	$ 0	$ 7,054,316	$ 98,499

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(1) Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		I N P A T I E N T					O U T P A T I E N T				
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00326	Korean Youth Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 206,160	$ 0	$ 0	$ 206,160	$ 16
00327	Clontarf Manor	$ 0	$ 0	$ 0	$ 0	$ 0	$ 740,274	$ 0	$ 0	$ 740,274	$ 0
00328	Work Orientation & Rehab (WORC)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 30,868	$ 0	$ 0	$ 30,868	$ 0
00472	The Devereaux Foundation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 647,852	$ 0	$ 0	$ 647,852	$ 0
00502	Harbor/UCLA	$ 1,708,405	$ 0	$ 0	$ 1,708,405	$ 0	$ 1,205,303	$ 0	$ 0	$ 1,205,303	$ 0
00503	MLK Medical Center	$ 2,773,021	$ 0	$ 0	$ 2,773,021	$ 0	$ 3,395,348	$ 0	$ 0	$ 3,395,348	$ 0
00504	LAC/USC Medical Center	$ 2,566,790	$ 0	$ 0	$ 2,566,790	$ 0	$ 3,045,054	$ 0	$ 0	$ 3,045,054	$ 332
00505	Olive View Medical Center	$ 1,854,350	$ 0	$ 0	$ 1,854,350	$ 0	$ 1,218,029	$ 1,576	$ 0	$ 1,219,605	$ 8,182
00506	So. Central Health & Rehab Program	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,475,382	$ 0	$ 0	$ 2,475,382	$ 0
00508	Homes for Life Foundation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 424,693	$ 0	$ 0	$ 424,693	$ 0
00518	Olive Crest Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 163,365	$ 0	$ 0	$ 163,365	$ 0
00519	Aspen Health Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,742,022	$ 0	$ 0	$ 1,742,022	$ 0
00527	Exodus Recovery	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,384,587	$ 0	$ 0	$ 1,384,587	$ 0
00543	Star View Adolescent Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 14,971,416	$ 0	$ 0	$ 14,971,416	$ 0
00558	Shields for Families Project	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,521,404	$ 0	$ 0	$ 3,521,404	$ 0
00579	Assist. League of So Calif (WRAP)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,444,540	$ 0	$ 0	$ 1,444,540	$ 0
00591	Children's Institute International	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,122,639	$ 0	$ 0	$ 7,122,639	$ 171,457
00630	Topanga-Roscoe Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 533,947	$ 0	$ 0	$ 533,947	$ 0
00647	Five Acres	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,993,882	$ 0	$ 0	$ 6,993,882	$ 0
00668	Children's Bureau of So California	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,321,495	$ 5,085	$ 0	$ 6,326,580	$ 59,399
00687	Youth Intervention Program	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,374,091	$ 0	$ 0	$ 4,374,091	$ 0
00690	Enrichment Through Employment	$ 0	$ 0	$ 0	$ 0	$ 0	$ 77,019	$ 0	$ 0	$ 77,019	$ 0
00693	Parenting Institute	$ 0	$ 0	$ 0	$ 0	$ 0	$ 286,383	$ 0	$ 0	$ 286,383	$ 0
00694	Counseling 4Kids	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,415,492	$ 0	$ 0	$ 2,415,492	$ 0
00695	El Dorado Community Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 88,354	$ 0	$ 0	$ 88,354	$ 0
00703	LA Center for Group Therapy	$ 0	$ 0	$ 0	$ 0	$ 0	$ 50,976	$ 0	$ 0	$ 50,976	$ 0
00711	Pediatric & Family Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,967	$ 0	$ 0	$ 5,967	$ 0
00712	Multiservice Family Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 23,475	$ 0	$ 0	$ 23,475	$ 0
00724	Foothill Family Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,776,905	$ 0	$ 0	$ 4,776,905	$ 119
00778	D'Veal Family & Youth Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,620,716	$ 0	$ 0	$ 3,620,716	$ 0
00779	Counseling & Reseach Association	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,799,534	$ 1,964	$ 0	$ 6,801,498	$ 0
00780	LA Orphans Home Society (Hollygrove)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,643,785	$ 0	$ 0	$ 2,643,785	$ 0
00781	Optimist Youth Homes (Boy's Home)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,910,469	$ 0	$ 0	$ 3,910,469	$ 0
00783	Childnet Youth & Family Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,503,876	$ 0	$ 0	$ 6,503,876	$ 0
00784	St Francis Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,142,000	$ 0	$ 0	$ 1,142,000	$ 0
00786	Kamila Comprehensive Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 154,220	$ 0	$ 0	$ 154,220	$ 0
00805	Phoenix Houses of LA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,085,892	$ 0	$ 0	$ 1,085,892	$ 0
00838	Prototypes - ICAN	$ 0	$ 0	$ 0	$ 0	$ 0	$ 569,612	$ 0	$ 0	$ 569,612	$ 0
00846	Gay & Lesbian Adolescent Soc Svcs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,650,324	$ 0	$ 0	$ 1,650,324	$ 0
00848	Rosemary Children's Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,079,883	$ 0	$ 0	$ 1,079,883	$ 0
00860	Bienvenidos Children's Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,914,044	$ 0	$ 0	$ 1,914,044	$ 1,121
00881	Los Angeles Co Office of Education	$ 0	$ 0	$ 0	$ 0	$ 0	$ 265,341	$ 0	$ 0	$ 265,341	$ 0
00938	United American Indian Involvement	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,000,824	$ 0	$ 0	$ 1,000,824	$ 0
00965	Heritage Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 398,303	$ 0	$ 0	$ 398,303	$ 0
00971	McKinley Children's Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,232,831	$ 0	$ 0	$ 3,232,831	$ 0
00984	The Regents / UCLA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 749,975	$ 0	$ 0	$ 749,975	$ 0
00993	FH & HF - Torrance I (Sunnyside)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 239,162	$ 0	$ 0	$ 239,162	$ 0
00995	Ettie Lee Homes, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,707,227	$ 0	$ 0	$ 1,707,227	$ 0
01030	Caring for Children & Fam with Aids	$ 0	$ 0	$ 0	$ 0	$ 0	$ 959,090	$ 0	$ 0	$ 959,090	$ 0
01034	Maryvale	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,053,892	$ 0	$ 0	$ 3,053,892	$ 0
01044	VIP Community MHC	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,414,915	$ 0	$ 0	$ 1,414,915	$ 25,403

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(1) Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		INPATIENT					OUTPATIENT				
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
01066	Childrens Center of Antelope Valley	$ 0	$ 0	$ 0	$ 0	$ 0	$ 437,523	$ 0	$ 0	$ 437,523	$ 0
01111	Institute of Applied Behavioral Analysis	$ 0	$ 0	$ 0	$ 0	$ 0	$ 16,720	$ 0	$ 0	$ 16,720	$ 0
01129	Pasadena Residential Care Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 31,500	$ 0	$ 0	$ 31,500	$ 0
01156	Tarzana Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,050	$ 0	$ 0	$ 1,050	$ 0
	GRAND TOTAL	$ 12,296,490	$ 4,235	$ 0	$ 12,300,725	$ 0	$ 357,141,121	$ 29,426	$ 5,944	$ 357,176,491	$ 5,084,838

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP) INPATIENT (MH 1968, Ln 28 to 30)	(12) Healthy Families Revenue INPATIENT (MH 1968, Ln 31)	(13) Total Revenue (Excl. HFP) OUTPATIENT (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue OUTPATIENT (MH 1968, Ln 31)	(15) Total Net Cost (Excl. HFP) INPATIENT (Col 4-11)	(16) Net Cost Healthy Families INPATIENT (Col 5-12)	(17) Total Net Cost (Excl. HFP) OUTPATIENT (Col 9-13)	(18) Net Cost Healthy Families OUTPATIENT (Col 10-14)	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
00108	Telecare Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,267,685	$ 0	$ 0
00171	The Almansor Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,891,546	$ 309,037	$ 0
00173	Assoc for Mexican-American (ALMA)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,489,697	$ 0	$ 0
00174	Hamburger Home (Aviva Ctr)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,423,540	$ 136,158	$ 0
00175	Barbour & Floyd Medical Associates	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,567,344	$ 0	$ 0
00177	Alcott Center for MH Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,072,580	$ 0	$ 0
00178	Cedars-Sinai Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 851,600	$ 0	$ 0
00179	Children's Hospital Los Angeles	$ 0	$ 0	$ 636	$ 0	$ 0	$ 0	$ 4,572,571	$ 181,971	$ 0
00180	Community Counseling Service	$ 0	$ 0	$ 28,958	$ 0	$ 0	$ 0	$ 3,256,691	$ 56,218	$ 0
00181	Community Family Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,364,669	$ 148,688	$ 0
00183	Didi Hirsch Psychiatric Service	$ 0	$ 0	$ 68,358	$ 0	$ 0	$ 0	$ 10,373,144	$ 353,198	$ 0
00184	Dubnoff Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,310,258	$ 61,955	$ 0
00185	El Centro De Amistad, Inc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,189,341	$ 498	$ 0
00188	Enki Health & Research	$ 0	$ 0	$ 297,534	$ 0	$ 0	$ 0	$ 13,584,334	$ 593,587	$ 0
00190	Gateways Hospital & MHC	$ 0	$ 0	$ 0	$ 0	$ 1,748,450	$ 0	$ 1,313,767	$ 10,551	$ 0
00191	The Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,992,728	$ 5,961	$ 0
00192	Hathaway Children & Family Svc	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,932,910	$ 316,851	$ 0
00193	Health Research Association	$ 0	$ 0	$ 12,305	$ 0	$ 0	$ 0	$ 180,952	$ 0	$ 0
00194	Hillview Mental Health Center, Inc	$ 0	$ 0	$ 3,017	$ 0	$ 0	$ 0	$ 4,212,099	$ 0	$ 0
00195	Intercommunity Child Guidance Ctr	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,413,021	$ 286,374	$ 0
00196	Vista Del Mar (Jewish)	$ 0	$ 0	$ 66,867	$ 0	$ 0	$ 0	$ 6,410,445	$ 0	$ 0
00197	Kedren Community MH Center	$ 0	$ 0	$ 0	$ 0	$ 1,649,709	$ 0	$ 9,312,999	$ 2,534	$ 0
00198	HELP Group (LA Ctr for Therapy)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,819,071	$ 12,118	$ 0
00199	Los Angeles Child Guidance Clinic	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,781,434	$ 183,748	$ 0
00200	Mental Health Assn in LA Co	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,412,877	$ 0	$ 24,527
00201	National Foundation (Penny Lane)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 13,634,605	$ 176,070	$ 0
00203	Pacific Clinics	$ 0	$ 0	$ 65,218	$ 0	$ 0	$ 0	$ 32,778,581	$ 337,918	$ 0
00204	Pasadena Children's Training Societ	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 11,903,000	$ 97,482	$ 0
00205	Portals House	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,855,579	$ 0	$ 30,066
00206	Harbor View Rehabilitation Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,157,649	$ 8,463	$ 0
00207	Child & Family Guidance Center	$ 0	$ 0	$ 49,898	$ 0	$ 0	$ 0	$ 11,833,219	$ 769,555	$ 0
00208	San Fernando Valley CMHC	$ 0	$ 0	$ 101,390	$ 0	$ 0	$ 0	$ 13,330,066	$ 46,648	$ 0
00209	HealthView, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 725,518	$ 0	$ 0
00210	Santa Clarita Child & Family Center	$ 0	$ 0	$ 50	$ 0	$ 0	$ 0	$ 2,856,054	$ 306,610	$ 0
00211	Center for Healthy Aging	$ 0	$ 0	$ 30,857	$ 0	$ 0	$ 0	$ 254,626	$ 0	$ 0
00212	Social Model Recovery Systems	$ 0	$ 0	$ 19,359	$ 0	$ 0	$ 0	$ 1,084,673	$ 0	$ 0
00213	South Bay Children's Health Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 316,305	$ 9,610	$ 0
00214	Special Service for Groups	$ 0	$ 0	$ 103,456	$ 0	$ 0	$ 0	$ 8,284,913	$ 94,329	$ 0
00215	Step-Up on Second Street	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,369,122	$ 0	$ 0
00216	Stirling Behavioral Health	$ 0	$ 0	$ 5,426	$ 0	$ 0	$ 0	$ 949,133	$ 46,353	$ 0
00217	St. John's Hospital	$ 0	$ 0	$ 33,251	$ 0	$ 0	$ 0	$ 1,485,819	$ 102,382	$ 0
00218	St. Joseph Center	$ 0	$ 0	$ 7,592	$ 0	$ 0	$ 0	$ 354,675	$ 0	$ 0
00219	Transitional Living Centers	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 566,606	$ 0	$ 0
00221	Verdugo Mental Health Center	$ 0	$ 0	$ 604	$ 0	$ 0	$ 0	$ 3,609,998	$ 59,378	$ 0
00256	1736 Family Crisis Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 141,807	$ 0	$ 0
00274	B.R.I.D.G.E.S., Inc.	$ 0	$ 0	$ 249,774	$ 0	$ 0	$ 0	$ 1,074,770	$ 0	$ 0
00300	For The Child	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 556,653	$ 0	$ 0
00310	Watts Labor Community (WLCAC)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 51,709	$ 0	$ 0
00315	LAUSD 97th St. Mental Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,454,941	$ 6,065	$ 0
00320	Research & Treatment Institution	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,072,046	$ 0	$ 0
00321	The Church Home for Children (Hillsi	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,054,316	$ 98,499	$ 0

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP) INPATIENT (MH 1968, Ln 28 to 30)	(12) Healthy Families Revenue INPATIENT (MH 1968, Ln 31)	(13) Total Revenue (Excl. HFP) OUTPATIENT (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue OUTPATIENT (MH 1968, Ln 31)	(15) Total Net Cost (Excl. HFP) INPATIENT (Col 4-11)	(16) Net Cost Healthy Families INPATIENT (Col 5-12)	(17) Total Net Cost (Excl. HFP) OUTPATIENT (Col 9-13)	(18) Net Cost Healthy Families OUTPATIENT (Col 10-14)	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
00326	Korean Youth Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 206,160	$ 16	$ 0
00327	Clontarf Manor	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 740,274	$ 0	$ 0
00328	Work Orientation & Rehab (WORC)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 30,868	$ 0	$ 0
00472	The Devereaux Foundation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 647,852	$ 0	$ 0
00502	Harbor/UCLA	$ 58,003	$ 0	$ 5,227	$ 0	$ 1,650,402	$ 0	$ 1,200,076	$ 0	$ 0
00503	MLK Medical Center	$ 163,688	$ 0	$ 23,333	$ 0	$ 2,609,333	$ 0	$ 3,372,015	$ 0	$ 0
00504	LAC/USC Medical Center	$ 96,185	$ 0	$ 110,790	$ 0	$ 2,470,605	$ 0	$ 2,934,264	$ 332	$ 0
00505	Olive View Medical Center	$ 227,286	$ 0	$ 77,161	$ 0	$ 1,627,064	$ 0	$ 1,142,444	$ 8,182	$ 0
00506	So. Central Health & Rehab Program	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,475,382	$ 0	$ 0
00508	Homes for Life Foundation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 424,693	$ 0	$ 0
00518	Olive Crest Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 163,365	$ 0	$ 0
00519	Aspen Health Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,742,022	$ 0	$ 0
00527	Exodus Recovery	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,384,587	$ 0	$ 0
00543	Star View Adolescent Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 14,971,416	$ 0	$ 0
00558	Shields for Families Project	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,521,404	$ 0	$ 0
00579	Assist. League of So Calif (WRAP)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,444,540	$ 0	$ 0
00591	Children's Institute International	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,122,639	$ 171,457	$ 0
00630	Topanga-Roscoe Corporation	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 533,947	$ 0	$ 0
00647	Five Acres	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,993,882	$ 0	$ 0
00668	Children's Bureau of So California	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,326,580	$ 59,399	$ 0
00687	Youth Intervention Program	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,374,091	$ 0	$ 0
00690	Enrichment Through Employment	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 77,019	$ 0	$ 0
00693	Parenting Institute	$ 0	$ 0	$ 985	$ 0	$ 0	$ 0	$ 285,398	$ 0	$ 0
00694	Counseling 4Kids	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,415,492	$ 0	$ 0
00695	El Dorado Community Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 88,354	$ 0	$ 0
00703	LA Center for Group Therapy	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 50,976	$ 0	$ 0
00711	Pediatric & Family Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,967	$ 0	$ 0
00712	Multiservice Family Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 23,475	$ 0	$ 0
00724	Foothill Family Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,776,905	$ 119	$ 0
00778	D'Veal Family & Youth Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,620,716	$ 0	$ 0
00779	Counseling & Reseach Association	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 6,801,498	$ 0	$ 0
00780	LA Orphans Home Society (Hollygrov	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,643,785	$ 0	$ 0
00781	Optimist Youth Homes (Boy's Home)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,910,469	$ 0	$ 0
00783	Childnet Youth & Family Services	$ 0	$ 0	$ 11,351	$ 0	$ 0	$ 0	$ 6,492,525	$ 0	$ 0
00784	St Francis Medical Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,142,000	$ 0	$ 0
00786	Kamila Comprehensive Health	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 154,220	$ 0	$ 0
00805	Phoenix Houses of LA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,085,892	$ 0	$ 0
00838	Prototypes - ICAN	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 569,612	$ 0	$ 0
00846	Gay & Lesbian Adolescent Soc Svcs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,650,324	$ 0	$ 0
00848	Rosemary Children's Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,079,883	$ 0	$ 0
00860	Bienvenidos Children's Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,914,044	$ 1,121	$ 0
00881	Los Angeles Co Office of Education	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 265,341	$ 0	$ 0
00938	United American Indien Involvement	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,000,824	$ 0	$ 0
00965	Heritage Clinic	$ 0	$ 0	$ 5,376	$ 0	$ 0	$ 0	$ 392,927	$ 0	$ 0
00971	McKinley Children's Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,232,831	$ 0	$ 0
00984	The Regents / UCLA	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 749,975	$ 0	$ 0
00993	FH & HF - Torrance I (Sunnyside)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 239,162	$ 0	$ 0
00995	Ettie Lee Homes, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,707,227	$ 0	$ 0
01030	Caring for Children & Fam with Aids	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 959,090	$ 0	$ 0
01034	Maryvale	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,053,892	$ 0	$ 0
01044	VIP Community MHC	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,414,915	$ 25,403	$ 0

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP Reimbursement
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
01066	Childrens Center of Antelope Valley	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 437,523	$ 0	$ 0
01111	Institute of Applied Behavioral Analys	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 16,720	$ 0	$ 0
01129	Pasadena Residential Care Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 31,500	$ 0	$ 0
01156	Tarzana Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,050	$ 0	$ 0
	GRAND TOTAL	$ 545,162	$ 0	$ 1,378,773	$ 0	$ 11,755,563	$ 0	$ 355,797,718	$ 5,084,838	$ 54,593

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP) INPATIENT (MH 1968, Ln 38 to 39)	(21) Neg. Rates Exceed Costs Healthy Families INPATIENT (MH 1968, Ln 40, 40A)	(22) Neg. Rates Exceed Costs (Excl. HFP) OUTPATIENT (MH 1968, Ln 38 to 39)	(23) Neg. Rates Exceed Costs Healthy Families OUTPATIENT (MH 1968, Ln 40, 40A)	(24) Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	(25) Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	(26) Total Reimbursement (FFP) (Col. 24 + 25)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum (Col. 26 vs 27)
00108	Telecare Corporation	$ 0	$ 0	$ 25,420	$ 0	$ 2,190,315	$ 0	$ 2,190,315	$ 2,190,315	$ 2,190,315
00171	The Almansor Center	$ 0	$ 0	$ 238,558	$ 18,945	$ 1,948,384	$ 197,017	$ 2,145,401	$ 2,145,401	$ 2,145,401
00173	Assoc for Mexican-American (ALMA)	$ 0	$ 0	$ 381,283	$ 0	$ 1,183,063	$ 0	$ 1,183,063	$ 1,183,063	$ 1,183,063
00174	Hamburger Home (Aviva Ctr)	$ 0	$ 0	$ 391,643	$ 12,103	$ 2,185,467	$ 85,705	$ 2,271,172	$ 2,271,172	$ 2,271,172
00175	Barbour & Floyd Medical Associates	$ 0	$ 0	$ 192,167	$ 0	$ 754,712	$ 0	$ 754,712	$ 754,712	$ 754,712
00177	Alcott Center for MH Services	$ 0	$ 0	$ 24,924	$ 0	$ 545,854	$ 0	$ 545,854	$ 545,854	$ 545,854
00178	Cedars-Sinai Medical Center	$ 0	$ 0	$ 0	$ 0	$ 436,928	$ 0	$ 436,928	$ 436,928	$ 436,928
00179	Children's Hospital Los Angeles	$ 0	$ 0	$ 0	$ 0	$ 2,354,592	$ 118,518	$ 2,473,110	$ 2,473,110	$ 2,473,110
00180	Community Counseling Service	$ 0	$ 0	$ 217,708	$ 3,725	$ 1,622,882	$ 35,733	$ 1,658,615	$ 1,658,615	$ 1,658,615
00181	Community Family Guidance Center	$ 0	$ 0	$ 6,865	$ 432	$ 1,214,830	$ 96,903	$ 1,311,733	$ 1,311,733	$ 1,311,733
00183	Didi Hirsch Psychiatric Service	$ 0	$ 0	$ 63,657	$ 5,462	$ 5,319,523	$ 228,759	$ 5,548,282	$ 5,548,282	$ 5,548,282
00184	Dubnoff Center	$ 0	$ 0	$ 209,362	$ 9,900	$ 622,689	$ 37,897	$ 660,586	$ 660,586	$ 660,586
00185	El Centro De Amistad, Inc	$ 0	$ 0	$ 455,088	$ 190	$ 496,755	$ 276	$ 497,031	$ 497,031	$ 497,031
00188	Enki Health & Research	$ 0	$ 0	$ 500,435	$ 21,399	$ 6,870,255	$ 382,000	$ 7,252,255	$ 7,252,255	$ 7,252,255
00190	Gateways Hospital & MHC	$ 14,825	$ 0	$ 11,172	$ 94	$ 1,567,289	$ 6,886	$ 1,574,175	$ 1,574,175	$ 1,574,175
00191	The Guidance Center	$ 0	$ 0	$ 188,795	$ 257	$ 3,548,439	$ 3,831	$ 3,552,270	$ 3,552,270	$ 3,552,270
00192	Hathaway Children & Family Svc	$ 0	$ 0	$ 1,349,425	$ 49,347	$ 3,740,718	$ 194,410	$ 3,935,128	$ 3,935,128	$ 3,935,128
00193	Health Research Association	$ 0	$ 0	$ 0	$ 0	$ 93,208	$ 0	$ 93,208	$ 93,208	$ 93,208
00194	Hillview Mental Health Center, Inc	$ 0	$ 0	$ 173,017	$ 0	$ 2,123,527	$ 0	$ 2,123,527	$ 2,123,527	$ 2,123,527
00195	Intercommunity Child Guidance Ctr	$ 0	$ 0	$ 180,564	$ 21,429	$ 1,196,228	$ 181,571	$ 1,377,799	$ 1,377,799	$ 1,377,799
00196	Vista Del Mar (Jewish)	$ 0	$ 0	$ 0	$ 0	$ 3,296,099	$ 0	$ 3,296,099	$ 3,296,099	$ 3,296,099
00197	Kedren Community MH Center	$ 0	$ 0	$ 438,355	$ 119	$ 5,528,205	$ 1,642	$ 5,529,847	$ 5,529,847	$ 5,529,847
00198	HELP Group (LA Ctr for Therapy)	$ 0	$ 0	$ 0	$ 0	$ 2,992,209	$ 7,923	$ 3,000,132	$ 3,000,132	$ 3,000,132
00199	Los Angeles Child Guidance Clinic	$ 0	$ 0	$ 147,641	$ 3,487	$ 3,973,176	$ 118,980	$ 4,092,156	$ 4,092,156	$ 4,092,156
00200	Mental Health Assn in LA Co	$ 0	$ 0	$ 284,926	$ 0	$ 2,742,719	$ 0	$ 2,742,719	$ 2,742,719	$ 2,742,719
00201	National Foundation (Penny Lane)	$ 0	$ 0	$ 11,366	$ 147	$ 7,008,287	$ 114,770	$ 7,123,057	$ 7,123,057	$ 7,123,057
00203	Pacific Clinics	$ 0	$ 0	$ 1,841,578	$ 18,947	$ 16,420,675	$ 215,363	$ 16,636,038	$ 16,636,038	$ 16,636,038
00204	Pasadena Children's Training Societ	$ 0	$ 0	$ 167,639	$ 1,373	$ 6,079,258	$ 63,161	$ 6,142,419	$ 6,142,419	$ 6,142,419
00205	Portals House	$ 0	$ 0	$ 520,800	$ 0	$ 3,953,391	$ 0	$ 3,953,391	$ 3,953,391	$ 3,953,391
00206	Harbor View Rehabilitation Center	$ 0	$ 0	$ 297,527	$ 797	$ 1,550,794	$ 5,385	$ 1,556,179	$ 1,556,179	$ 1,556,179
00207	Child & Family Guidance Center	$ 0	$ 0	$ 0	$ 0	$ 6,091,770	$ 502,016	$ 6,593,786	$ 6,593,786	$ 6,593,786
00208	San Fernando Valley CMHC	$ 0	$ 0	$ 314,863	$ 2,327	$ 6,772,421	$ 29,808	$ 6,802,229	$ 6,802,229	$ 6,802,229
00209	HealthView, Inc.	$ 0	$ 0	$ 26,171	$ 0	$ 367,981	$ 0	$ 367,981	$ 367,981	$ 367,981
00210	Santa Clarita Child & Family Center	$ 0	$ 0	$ 0	$ 0	$ 1,468,127	$ 199,936	$ 1,668,063	$ 1,668,063	$ 1,668,063
00211	Center for Healthy Aging	$ 0	$ 0	$ 0	$ 0	$ 130,946	$ 0	$ 130,946	$ 130,946	$ 130,946
00212	Social Model Recovery Systems	$ 0	$ 0	$ 0	$ 0	$ 558,643	$ 0	$ 558,643	$ 558,643	$ 558,643
00213	South Bay Children's Health Center	$ 0	$ 0	$ 0	$ 0	$ 163,008	$ 6,247	$ 169,255	$ 169,255	$ 169,255
00214	Special Service for Groups	$ 0	$ 0	$ 605,635	$ 6,806	$ 4,111,482	$ 59,798	$ 4,171,280	$ 4,171,280	$ 4,171,280
00215	Step-Up on Second Street	$ 0	$ 0	$ 14,263	$ 0	$ 700,654	$ 0	$ 700,654	$ 700,654	$ 700,654
00216	Stirling Behavioral Health	$ 0	$ 0	$ 0	$ 0	$ 490,101	$ 30,189	$ 520,290	$ 520,290	$ 520,290
00217	St. John's Hospital	$ 0	$ 0	$ 0	$ 0	$ 764,816	$ 66,694	$ 831,510	$ 831,510	$ 831,510
00218	St. Joseph Center	$ 0	$ 0	$ 0	$ 0	$ 182,884	$ 0	$ 182,884	$ 182,884	$ 182,884
00219	Transitional Living Centers	$ 0	$ 0	$ 0	$ 0	$ 291,348	$ 0	$ 291,348	$ 291,348	$ 291,348
00221	Verdugo Mental Health Center	$ 0	$ 0	$ 0	$ 0	$ 1,863,287	$ 38,781	$ 1,902,068	$ 1,902,068	$ 1,902,068
00256	1736 Family Crisis Center	$ 0	$ 0	$ 0	$ 0	$ 73,172	$ 0	$ 73,172	$ 72,991	$ 72,991
00274	B.R.I.D.G.E.S., Inc.	$ 0	$ 0	$ 0	$ 0	$ 555,566	$ 0	$ 555,566	$ 555,566	$ 555,566
00300	For The Child	$ 0	$ 0	$ 5,220	$ 0	$ 285,789	$ 0	$ 285,789	$ 285,789	$ 285,789
00310	Watts Labor Community (WLCAC)	$ 0	$ 0	$ 0	$ 0	$ 26,429	$ 0	$ 26,429	$ 26,429	$ 26,429
00315	LAUSD 97th St. Mental Health	$ 0	$ 0	$ 0	$ 0	$ 1,264,121	$ 3,958	$ 1,268,079	$ 1,268,079	$ 1,268,079
00320	Research & Treatment Institution	$ 0	$ 0	$ 0	$ 0	$ 550,877	$ 0	$ 550,877	$ 550,877	$ 550,877
00321	The Church Home for Children (Hillsi	$ 0	$ 0	$ 1,668,980	$ 23,304	$ 3,212,679	$ 58,338	$ 3,271,017	$ 3,271,017	$ 3,271,017

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP) INPATIENT (MH 1968, Ln 38 to 39)	(21) Neg. Rates Exceed Costs Healthy Families INPATIENT (MH 1968, Ln 40, 40A)	(22) Neg. Rates Exceed Costs (Excl. HFP) OUTPATIENT (MH 1968, Ln 38 to 39)	(23) Neg. Rates Exceed Costs Healthy Families OUTPATIENT (MH 1968, Ln 40, 40A)	(24) Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	(25) Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	(26) Total Reimbursement (FFP) (Col. 24 + 25)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum (Col. 26 vs 27)
00326	Korean Youth Center	$ 0	$ 0	$ 0	$ 0	$ 106,093	$ 11	$ 106,104	$ 106,104	$ 106,104
00327	Clontarf Manor	$ 0	$ 0	$ 21,344	$ 0	$ 377,072	$ 0	$ 377,072	$ 377,072	$ 377,072
00328	Work Orientation & Rehab (WORC)	$ 0	$ 0	$ 0	$ 0	$ 15,710	$ 0	$ 15,710	$ 15,710	$ 15,710
00472	The Devereaux Foundation	$ 0	$ 0	$ 0	$ 0	$ 334,084	$ 0	$ 334,084	$ 334,084	$ 334,084
00502	Harbor/UCLA	$ 0	$ 0	$ 0	$ 0	$ 1,461,337	$ 0	$ 1,461,337	$ 3,632,222	$ 1,461,337
00503	MLK Medical Center	$ 0	$ 0	$ 0	$ 0	$ 3,075,401	$ 0	$ 3,075,401	$ 6,426,552	$ 3,075,401
00504	LAC/USC Medical Center	$ 0	$ 0	$ 0	$ 0	$ 2,773,263	$ 216	$ 2,773,479	$ 8,703,710	$ 2,773,479
00505	Olive View Medical Center	$ 231,927	$ 0	$ 141,254	$ 948	$ 1,334,030	$ 5,081	$ 1,339,111	$ 4,325,864	$ 1,339,111
00506	So. Central Health & Rehab Program	$ 0	$ 0	$ 101,441	$ 0	$ 1,250,702	$ 0	$ 1,250,702	$ 1,250,702	$ 1,250,702
00508	Homes for Life Foundation	$ 0	$ 0	$ 0	$ 0	$ 215,966	$ 0	$ 215,966	$ 215,966	$ 215,966
00518	Olive Crest Treatment Center	$ 0	$ 0	$ 28,683	$ 0	$ 76,870	$ 0	$ 76,870	$ 76,870	$ 76,870
00519	Aspen Health Services	$ 0	$ 0	$ 240,406	$ 0	$ 837,933	$ 0	$ 837,933	$ 837,933	$ 837,933
00527	Exodus Recovery	$ 0	$ 0	$ 157,953	$ 0	$ 671,880	$ 0	$ 671,880	$ 671,880	$ 671,880
00543	Star View Adolescent Center	$ 0	$ 0	$ 1	$ 0	$ 7,700,917	$ 0	$ 7,700,917	$ 7,700,917	$ 7,700,917
00558	Shields for Families Project	$ 0	$ 0	$ 0	$ 0	$ 1,818,494	$ 0	$ 1,818,494	$ 1,818,494	$ 1,818,494
00579	Assist. League of So Calif (WRAP)	$ 0	$ 0	$ 0	$ 0	$ 742,474	$ 0	$ 742,474	$ 742,474	$ 742,474
00591	Children's Institute International	$ 0	$ 0	$ 0	$ 0	$ 3,669,322	$ 111,757	$ 3,781,079	$ 3,781,079	$ 3,781,079
00630	Topanga-Roscoe Corporation	$ 0	$ 0	$ 0	$ 0	$ 277,181	$ 0	$ 277,181	$ 277,181	$ 277,181
00647	Five Acres	$ 0	$ 0	$ 1,018,975	$ 0	$ 3,348,008	$ 0	$ 3,348,008	$ 3,348,008	$ 3,348,008
00668	Children's Bureau of So California	$ 0	$ 0	$ 102,686	$ 1,062	$ 3,236,452	$ 38,585	$ 3,275,037	$ 3,275,037	$ 3,275,037
00687	Youth Intervention Program	$ 0	$ 0	$ 2,631,032	$ 0	$ 1,556,983	$ 0	$ 1,556,983	$ 3,153,491	$ 1,556,983
00690	Enrichment Through Employment	$ 0	$ 0	$ 33,276	$ 0	$ 31,484	$ 0	$ 31,484	$ 31,484	$ 31,484
00693	Parenting Institute	$ 0	$ 0	$ 0	$ 0	$ 146,677	$ 0	$ 146,677	$ 146,677	$ 146,677
00694	Counseling 4Kids	$ 0	$ 0	$ 0	$ 0	$ 1,247,449	$ 0	$ 1,247,449	$ 1,247,449	$ 1,247,449
00695	El Dorado Community Services	$ 0	$ 0	$ 0	$ 0	$ 45,746	$ 0	$ 45,746	$ 45,746	$ 45,746
00703	LA Center for Group Therapy	$ 0	$ 0	$ 0	$ 0	$ 25,899	$ 0	$ 25,899	$ 25,899	$ 25,899
00711	Pediatric & Family Medical Center	$ 0	$ 0	$ 0	$ 0	$ 3,050	$ 0	$ 3,050	$ 3,050	$ 3,050
00712	Multiservice Family Center	$ 0	$ 0	$ 0	$ 0	$ 12,244	$ 0	$ 12,244	$ 10,800	$ 10,800
00724	Foothill Family Services	$ 0	$ 0	$ 1,823,162	$ 45	$ 2,006,446	$ 67	$ 2,006,513	$ 2,006,513	$ 2,006,513
00778	D'Veal Family & Youth Services	$ 0	$ 0	$ 23,976	$ 0	$ 1,862,567	$ 0	$ 1,862,567	$ 1,862,567	$ 1,862,567
00779	Counseling & Reseach Association	$ 0	$ 0	$ 0	$ 0	$ 3,513,262	$ 0	$ 3,513,262	$ 3,513,262	$ 3,513,262
00780	LA Orphans Home Society (Hollygrov	$ 0	$ 0	$ 0	$ 0	$ 1,362,550	$ 0	$ 1,362,550	$ 1,362,550	$ 1,362,550
00781	Optimist Youth Homes (Boy's Home)	$ 0	$ 0	$ 25,752	$ 0	$ 2,003,954	$ 0	$ 2,003,954	$ 2,003,954	$ 2,003,954
00783	Childnet Youth & Family Services	$ 0	$ 0	$ 0	$ 0	$ 3,335,504	$ 0	$ 3,335,504	$ 3,335,504	$ 3,335,504
00784	St Francis Medical Center	$ 0	$ 0	$ 0	$ 0	$ 592,888	$ 0	$ 592,888	$ 592,888	$ 592,888
00786	Kamila Comprehensive Health	$ 0	$ 0	$ 0	$ 0	$ 78,810	$ 0	$ 78,810	$ 78,810	$ 78,810
00805	Phoenix Houses of LA	$ 0	$ 0	$ 0	$ 0	$ 558,962	$ 0	$ 558,962	$ 555,819	$ 555,819
00838	Prototypes - ICAN	$ 0	$ 0	$ 0	$ 0	$ 293,421	$ 0	$ 293,421	$ 293,421	$ 293,421
00846	Gay & Lesbian Adolescent Soc Svcs	$ 0	$ 0	$ 67,236	$ 0	$ 833,596	$ 0	$ 833,596	$ 833,596	$ 833,596
00848	Rosemary Children's Services	$ 0	$ 0	$ 4,276	$ 0	$ 555,492	$ 0	$ 555,492	$ 554,697	$ 554,697
00860	Bienvenidos Children's Center	$ 0	$ 0	$ 249,967	$ 146	$ 921,655	$ 703	$ 922,358	$ 921,815	$ 921,815
00881	Los Angeles Co Office of Education	$ 0	$ 0	$ 0	$ 0	$ 136,646	$ 0	$ 136,646	$ 136,646	$ 136,646
00938	United American Indian Involvement	$ 0	$ 0	$ 186,163	$ 0	$ 468,119	$ 0	$ 468,119	$ 468,119	$ 468,119
00965	Heritage Clinic	$ 0	$ 0	$ 0	$ 0	$ 202,647	$ 0	$ 202,647	$ 202,647	$ 202,647
00971	McKinley Children's Center	$ 0	$ 0	$ 0	$ 0	$ 1,658,634	$ 0	$ 1,658,634	$ 1,658,634	$ 1,658,634
00984	The Regents / UCLA	$ 0	$ 0	$ 0	$ 0	$ 386,410	$ 0	$ 386,410	$ 386,410	$ 386,410
00993	FH & HF - Torrance I (Sunnyside)	$ 0	$ 0	$ 0	$ 0	$ 123,721	$ 0	$ 123,721	$ 123,721	$ 123,721
00995	Ettie Lee Homes, Inc.	$ 0	$ 0	$ 175,933	$ 0	$ 833,603	$ 0	$ 833,603	$ 812,472	$ 812,472
01030	Caring for Children & Fam with Aids	$ 0	$ 0	$ 0	$ 0	$ 494,188	$ 0	$ 494,188	$ 493,948	$ 493,948
01034	Maryvale	$ 0	$ 0	$ 0	$ 0	$ 1,569,148	$ 0	$ 1,569,148	$ 1,567,117	$ 1,567,117
01044	VIP Community MHC	$ 0	$ 0	$ 0	$ 0	$ 730,678	$ 16,512	$ 747,190	$ 741,080	$ 741,080

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP) INPATIENT (MH 1968, Ln 38 to 39)	(21) Neg. Rates Exceed Costs Healthy Families INPATIENT (MH 1968, Ln 40, 40A)	(22) Neg. Rates Exceed Costs (Excl. HFP) OUTPATIENT (MH 1968, Ln 38 to 39)	(23) Neg. Rates Exceed Costs Healthy Families OUTPATIENT (MH 1968, Ln 40, 40A)	(24) Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	(25) Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	(26) Total Reimbursement (FFP) (Col. 24 + 25)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum (Col. 26 vs 27)
01088	Childrens Center of Antelope Valley	$ 0	$ 0	$ 0	$ 0	$ 230,323	$ 0	$ 230,323	$ 230,323	$ 230,323
01111	Institute of Applied Behavioral Analys	$ 0	$ 0	$ 0	$ 0	$ 9,087	$ 0	$ 9,087	$ 9,087	$ 9,087
01129	Pasadena Residential Care Center	$ 0	$ 0	$ 0	$ 0	$ 17,120	$ 0	$ 17,120	$ 17,120	$ 17,120
01156	Tarzana Treatment Center	$ 0	$ 0	$ 0	$ 0	$ 571	$ 0	$ 571	$ 514	$ 514
	GRAND TOTAL	$ 246,752	$ 0	$ 17,988,563	$ 202,791	$ 184,659,295	$ 3,265,427	$ 187,924,722	$ 203,924,575	$ 187,889,047
							(To Sch. 1)			

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(29) ADJUSTMENTS County Warrants	(30) ADJUSTMENTS County Other Reports	(31) Final Total Reimbursement (FFP) (Col 28+29+30)
00108	Telecare Corporation	$	$	$ 2,190,315
00171	The Almansor Center	$	$	$ 2,145,401
00173	Assoc for Mexican-American (ALMA)	$	$	$ 1,183,063
00174	Hamburger Home (Aviva Ctr)	$	$	$ 2,271,172
00175	Barbour & Floyd Medical Associates	$	$	$ 754,712
00177	Alcott Center for MH Services	$	$	$ 545,854
00178	Cedars-Sinai Medical Center	$ (7,076)	$ (20,665)	$ 409,187
00179	Children's Hospital Los Angeles	$	$	$ 2,473,110
00180	Community Counseling Service	$	$	$ 1,658,615
00181	Community Family Guidance Center	$	$	$ 1,311,733
00183	Didi Hirsch Psychiatric Service	$	$	$ 5,548,282
00184	Dubnoff Center	$	$	$ 660,586
00185	El Centro De Amistad, Inc	$	$	$ 497,031
00188	Enki Health & Research	$	$	$ 7,252,255
00190	Gateways Hospital & MHC	$	$	$ 1,574,175
00191	The Guidance Center	$ (766)	$	$ 3,551,504
00192	Hathaway Children & Family Svc	$	$	$ 3,935,128
00193	Health Research Association	$	$	$ 93,208
00194	Hillview Mental Health Center, Inc	$	$	$ 2,123,527
00195	Intercommunity Child Guidance Ctr	$	$	$ 1,377,799
00196	Vista Del Mar (Jewish)	$	$	$ 3,296,099
00197	Kedren Community MH Center	$	$	$ 5,529,847
00198	HELP Group (LA Ctr for Therapy)	$	$	$ 3,000,132
00199	Los Angeles Child Guidance Clinic	$	$	$ 4,092,156
00200	Mental Health Assn in LA Co	$	$	$ 2,742,719
00201	National Foundation (Penny Lane)	$	$	$ 7,123,057
00203	Pacific Clinics	$	$	$ 16,636,038
00204	Pasadena Children's Training Society	$	$	$ 6,142,419
00205	Portals House	$	$	$ 3,953,391
00206	Harbor View Rehabilitation Center	$	$	$ 1,556,179
00207	Child & Family Guidance Center	$	$	$ 6,593,786
00208	San Fernando Valley CMHC	$	$	$ 6,802,229
00209	HealthView, Inc.	$	$	$ 367,981
00210	Santa Clarita Child & Family Center	$	$	$ 1,668,063
00211	Center for Healthy Aging	$	$	$ 130,946
00212	Social Model Recovery Systems	$	$	$ 558,643
00213	South Bay Children's Health Center	$	$	$ 169,255
00214	Special Service for Groups	$	$	$ 4,171,280
00215	Step-Up on Second Street	$	$	$ 700,654
00216	Stirling Behavioral Health	$	$	$ 520,290
00217	St. John's Hospital	$	$	$ 831,510
00218	St. Joseph Center	$	$	$ 182,884
00219	Transitional Living Centers	$	$	$ 291,348
00221	Verdugo Mental Health Center	$	$	$ 1,902,068
00256	1736 Family Crisis Center	$	$	$ 72,991
00274	B.R.I.D.G.E.S., Inc.	$	$	$ 555,566
00300	For The Child	$	$	$ 285,789
00310	Watts Labor Community (WLCAC)	$	$	$ 26,429
00315	LAUSD 97th St. Mental Health	$	$	$ 1,268,079
00320	Research & Treatment Institution	$	$	$ 550,877
00321	The Church Home for Children (Hillside	$	$	$ 3,271,017

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(29) ADJUSTMENTS County Warrants	(30) ADJUSTMENTS County Other Reports	(31) Final Total Reimbursement (FFP) (Col 28+29+30)
00326	Korean Youth Center	$	$	$ 106,104
00327	Clontarf Manor	$	$	$ 377,072
00328	Work Orientation & Rehab (WORC)	$	$	$ 15,710
00472	The Devereaux Foundation	$	$	$ 334,084
00502	Harbor/UCLA	$	$	$ 1,461,337
00503	MLK Medical Center	$	$	$ 3,075,401
00504	LAC/USC Medical Center	$	$	$ 2,773,479
00505	Olive View Medical Center	$	$	$ 1,339,111
00506	So. Central Health & Rehab Program	$	$	$ 1,250,702
00508	Homes for Life Foundation	$	$	$ 215,966
00518	Olive Crest Treatment Center	$	$	$ 76,870
00519	Aspen Health Services	$	$	$ 837,933
00527	Exodus Recovery	$	$	$ 671,880
00543	Star View Adolescent Center	$	$	$ 7,700,917
00558	Shields for Families Project	$	$	$ 1,818,494
00579	Assist. League of So Calif (WRAP)	$	$	$ 742,474
00591	Children's Institute International	$	$	$ 3,781,079
00630	Topanga-Roscoe Corporation	$	$	$ 277,181
00647	Five Acres	$	$	$ 3,348,008
00668	Children's Bureau of So California	$	$	$ 3,275,037
00687	Youth Intervention Program	$	$	$ 1,556,983
00690	Enrichment Through Employment	$	$	$ 31,484
00693	Parenting Institute	$	$	$ 146,677
00694	Counseling 4Kids	$	$	$ 1,247,449
00695	El Dorado Community Services	$	$	$ 45,746
00703	LA Center for Group Therapy	$	$	$ 25,899
00711	Pediatric & Family Medical Center	$	$	$ 3,050
00712	Multiservice Family Center	$	$	$ 10,800
00724	Foothill Family Services	$	$	$ 2,006,513
00778	D'Veal Family & Youth Services	$	$	$ 1,862,567
00779	Counseling & Reseach Association	$	$	$ 3,513,262
00780	LA Orphans Home Society (Hollygrove)	$	$	$ 1,362,550
00781	Optimist Youth Homes (Boy's Home)	$	$	$ 2,003,954
00783	Childnet Youth & Family Services	$	$	$ 3,335,504
00784	St Francis Medical Center	$	$	$ 592,888
00786	Kamila Comprehensive Health	$	$	$ 78,810
00805	Phoenix Houses of LA	$	$	$ 555,819
00838	Prototypes - ICAN	$ (8,333)	$	$ 285,088
00846	Gay & Lesbian Adolescent Soc Svcs	$	$	$ 833,596
00848	Rosemary Children's Services	$	$	$ 554,697
00860	Bienvenidos Children's Center	$	$	$ 921,815
00881	Los Angeles Co Office of Education	$	$	$ 136,646
00938	United American Indian Involvement	$	$	$ 468,119
00965	Heritage Clinic	$	$	$ 202,647
00971	McKinley Children's Center	$	$	$ 1,658,634
00984	The Regents / UCLA	$	$	$ 386,410
00993	FH & HF - Torrance I (Sunnyside)	$	$	$ 123,721
00995	Ettie Lee Homes, Inc.	$	$	$ 812,472
01030	Caring for Children & Fam with Aids	$	$	$ 493,948
01034	Maryvale	$ (37,298)	$	$ 1,529,819
01044	VIP Community MHC	$	$	$ 741,080

LOS ANGELES COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(29) ADJUSTMENTS County Warrants	(30) ADJUSTMENTS County Other Reports	(31) Final Total Reimbursement (FFP) (Col 28+29+30)
01066	Childrens Center of Antelope Valley	$	$	$ 230,323
01111	Institute of Applied Behavioral Analysis	$	$	$ 9,087
01129	Pasadena Residential Care Center	$	$	$ 17,120
01156	Tarzana Treatment Center	$	$	$ 514
	GRAND TOTAL	$ (53,473)	$ (20,665)	$ 187,814,909
				(To Sch. 1)

SCHEDULE 4

LOS ANGELES
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)	456,412,914	(2,394,622)	454,018,292
(2) Total SD/MC Claims	469,771,383	0	469,771,383
(3) Percent % (Line 1/Line 2)	97.160%	-0.513%	96.647%
(4) EPSDT Claims	316,150,503	0	316,150,503
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	307,171,829	(1,622,967)	305,548,862
(6) Cost Settled Baseline for EPSDT	40,255,723	0	40,255,723
(7) Net Cost Settlement Amount (Line 5 - Line 6)	266,916,106	(1,622,967)	265,293,139
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	129,614,461	(788,113)	128,826,348
(8a) FY 2001-02 EPSDT settlement (48.64% of net cost (8))	101,586,109	(1,539,997)	100,046,112
(8b) Annual Local Growth (8) - (8a) = 8(b)	28,028,352	751,884	28,780,236
(9) County Match 10% of Local Growth (8b) x 10% = (9)	2,802,835	75,188	2,878,024
(10) Net Cost settlement amount (8) - (9) = (10)	126,811,626	(863,301)	125,948,325
(11) SGF Distribution Settled and Audited	126,811,626	0	126,811,626
(12) EPSDT SGF - Dr. Joseph Ezra, M.D. of Mary Vale	0	(36,807)	(36,807)
(13) SGF Due (State)	(0)	(900,108)	(900,108)
			(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
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS - COUNTY			
1	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION	$ 288,275,088	$ 601,704	$ 288,876,792 *
				To adjust the Pension Obligation Bond principal amount to agree to the revised accelerated amortization schedule. (The reported amount was based on a 1.76% factor applicable to Mental Health, however, the actual percentage determined by the County Auditor/Controller is 2.05%.)			
				Administration $ 111,564			
				TAR Managed Care 16,234			
				Treatment 473,777			
				DHS 129			
				Subtotal $ 601,704			
				Unallowable 764			
				Total $ 602,468			
2	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 288,876,792	$ (12,087)	$ 288,864,705 *
				To eliminate unsupported and disallowed MAA costs. 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
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS - COUNTY			
3	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION **	$ 288,864,705	$ 0	$ 288,864,705
				Mode Costs - (MAA) $ (4,318,250) Mode Costs - (Direct Service) 4,318,250 $ 0			
				To reclassify some of the Mode 55 (MAA) cost to treatment cost. The County allocated costs from a cost pool to the various modes utilizing the Relative Value Method of Allocation, including Mode 55 (MAA) in the allocation of costs. Costs for Mode 55 (MAA) must be actual costs and be directly allocated.			
4	MH 1960	9	C	SD/MC ADMINISTRATION	$ 43,385,690	$ (43,385,690)	$ 0
	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	404,486	(404,486)	0
	MH 1960	11	C	NON SD/MC ADMINISTRATION	30,503,992	(30,503,992)	0
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	$ 74,294,168		$ 74,294,168 *
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments are made to administrative costs below.			
5	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS **	$ 74,294,168	$ 127,798	$ 74,421,966 *
				To adjust administrative costs in conjunction with adjustment number 1.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS - COUNTY			
6	MH 1960	9	C	SD/MC ADMINISTRATION	$ 0	$ 42,874,724	$ 42,874,724
	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	0	47,794	47,794
	MH 1960	11	C	NON SD/MC ADMINISTRATION	0	31,499,448	31,499,448
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS **	$ 74,421,966		$ 74,421,966
				To reallocate Total Administrative Costs among Medi-Cal, Healthy Families (SED), and non-Medi-Cal based on percentage of audited Med-Cal costs per Form MH 1968 to total costs per Form MH 1964 in accordance with cost report instructions. CMS PUB. 15-1 SEC. 2304			
7	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	$ 213,900,364	$ 461,819	$ 214,362,183
				To adjust direct service costs in conjunction with adjustment numbers 1, 2 and 3.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

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 - COUNTY			
8	MH 1964	3	A	OTHER 24 HOUR SERVICES (MODE 05 - ALL OTHER SFC)	$ 7,304,668	$ 214,311	$ 7,518,979
	MH 1964	4	A	DAY SERVICES (MODE 10)	4,950,688	145,248	5,095,936
	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1)	141,041,841	4,863,864	145,905,705
	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	4,952,454	(431,663)	4,520,791
				TOTAL	$ 158,249,651	$ 4,791,760	$ 163,041,411
				To distribute audited direct services costs to 24 Hour Other Services, Day Services, Outpatient Services and Outreach Services using the Relative Value Method based on published charges.			
9	MH 1964	3	A	OTHER 24 HOUR SERVICES (MODE 05 - ALL OTHER SFC)	$ 7,304,668	$ 214,311	$ 7,518,979
	MH 1964	4	A	DAY SERVICES (MODE 10)	4,950,688	145,248	5,095,936
	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	158,957,088	4,864,261	163,821,349
	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	4,952,454	(431,663)	4,520,791
	MH 1964	7	A	MAA SERVICES (MODE 55)	14,868,782	(4,330,337)	10,538,445
	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	22,866,683	0	22,866,683
				TOTAL	$ 213,900,363	$ 461,820	$ 214,362,182
				To reflect the effect of adjustments numbers 1, 2 , 3 and 8.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO SERVICE FUNCTION LEVEL REPORTED COSTS - COUNTY				
10	MH1966	3	B	ASO	MODE 15-34	$ 58,967	$ 0	$ 58,967
	MH1966	3	C	ASO	MODE 15-42	1,032,546	0	1,032,546
	MH1966	3	D	ASO	MODE 15-52	10,988	0	10,988
	MH1966	3	E	ASO	MODE 15-62	77,556	0	77,556
	MH1966	3	F	PSYCHIATRIST - PROVIDER #7287	MODE 15-34	852,760	(851,860)	900
	MH1966	3	G	PSYCHIATRIST	MODE 15-42	9,880,979	(4,926,156)	4,954,823
	MH1966	3	H	PSYCHIATRIST	MODE 15-52	32,345	(30,590)	1,755
	MH1966	3	I	PSYCHIATRIST	MODE 15-62	1,140,777	(241,641)	899,136
	MH1966	3	J	PSYCHIATRIST	MODE 15-69	4,825,085	(868,431)	3,956,654
	MH1966	3	K	PSYCHIATRIST	MODE 15-77	3,245	(3,127)	118
	MH1966	3	L	PSYCHOLOGIST - PROVIDER #7288	MODE 15-34	0	787,114	787,114
	MH1966	3	M	PSYCHOLOGIST	MODE 15-42	0	2,810,828	2,810,828
	MH1966	3	N	PSYCHOLOGIST	MODE 15-52	0	27,356	27,356
	MH1966	3	O	LCSW - PROVIDER #7289	MODE 15-42	0	11,958	11,958
	MH1966	3	P	RN - PROVIDER #7290	MODE 15-42	0	429,504	429,504
	MH1966	3	Q	MFCC - PROVIDER #7291	MODE 15-42	0	159,446	159,446
	MH1966	3	S	MIXED SPECIALTY - PROVIDER #7292	MODE 15-34	0	64,746	64,746
	MH1966	3	T	MIXED SPECIALTY	MODE 15-42	0	1,514,556	1,514,556
	MH1966	3	U	MIXED SPECIALTY	MODE 15-52	0	3,234	3,234
	MH1966	3	V	MIXED SPECIALTY	MODE 15-62	0	241,640	241,640
	MH1966	3	W	MIXED SPECIALTY	MODE 15-69	0	868,692	868,692
	MH1966	3	X	MIXED SPECIALTY	MODE 15-77	0	3,127	3,127
				TOTAL PROGRAM 2 COST		$ 17,915,248	$ 396	$ 17,915,644
				To adjust the fee for service Phase II 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
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO SERVICE FUNCTION LEVEL REPORTED COSTS - COUNTY				
11	MH1966	4	B	ASO	MODE 15-34	$ 2.20	$ 0.00	$ 2.20
	MH1966	4	C	ASO	MODE 15-42	2.20	0.00	2.20
	MH1966	4	D	ASO	MODE 15-52	2.21	0.00	2.21
	MH1966	4	E	ASO	MODE 15-62	4.04	0.00	4.04
	MH1966	4	F	PSYCHIATRIST - PROVIDER #7287	MODE 15-34	0.60	0.15	0.75
	MH1966	4	G	PSYCHIATRIST	MODE 15-42	0.88	(0.01)	0.87
	MH1966	4	H	PSYCHIATRIST	MODE 15-52	0.94	0.06	1.00
	MH1966	4	I	PSYCHIATRIST	MODE 15-62	1.34	0.00	1.34
	MH1966	4	J	PSYCHIATRIST	MODE 15-69	1.63	0.00	1.63
	MH1966	4	K	PSYCHIATRIST	MODE 15-77	1.31	0.00	1.31
	MH1966	4	L	PSYCHOLOGIST - PROVIDER #7288	MODE 15-34	0.00	0.60	0.60
	MH1966	4	M	PSYCHOLOGIST	MODE 15-42	0.00	0.81	0.81
	MH1966	4	N	PSYCHOLOGIST	MODE 15-52	0.00	0.93	0.93
	MH1966	4	O	LCSW - PROVIDER #7289	MODE 15-42	0.00	1.10	1.10
	MH1966	4	P	RN - PROVIDER #7290	MODE 15-42	0.00	1.21	1.21
	MH1966	4	Q	MFCC - PROVIDER #7291	MODE 15-42	0.00	1.30	1.30
	MH1966	4	S	MIXED SPECIALTY - PROVIDER #7292	MODE 15-34	0.00	0.60	0.60
	MH1966	4	T	MIXED SPECIALTY	MODE 15-42	0.00	0.97	0.97
	MH1966	4	U	MIXED SPECIALTY	MODE 15-52	0.00	0.93	0.93
	MH1966	4	V	MIXED SPECIALTY	MODE 15-62	0.00	1.33	1.33
	MH1966	4	W	MIXED SPECIALTY	MODE 15-69	0.00	1.61	1.61
	MH1966	4	X	MIXED SPECIALTY	MODE 15-77	0.00	1.31	1.31

To adjust the cost per unit of Phase II expenditures to agree with County records.

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS - CONTRACT PROVIDERS			
12	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00502 HARBOR/UCLA MED CTR	$ 13,226,772	$ (31,683)	$ 13,195,089
	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00503 MLK/DREW MED CTR	22,261,599	(5,209)	22,256,390
	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00504 LAC + USC MED CTR	31,275,378	(61,347)	31,214,031
	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00505 LAC OLIVE VIEW UCLA	14,700,255	(34,677)	14,665,578
	MH1960	8	C	ALLOWABLE COSTS FOR ALLOCATION - LE# 00687 YOUTH INTERVENTION	4,889,962	(2,940,787)	1,949,175
				TOTAL	$ 86,353,966	$ (3,073,703)	$ 83,280,263
				To adjust reported allowable costs for allocation to agree to the individual contract providers' audit report.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS			
13	MH 1966A	2	B	TOTAL UNITS - MODE 55/01	434,670	(1,380)	433,290 *
	MH 1966A	2	C	TOTAL UNITS - MODE 55/04	211,821	(470)	211,351 *
	MH 1966A	2	D	TOTAL UNITS - MODE 55/09	111,568	0	111,568 *
	MH 1966A	2	E	TOTAL UNITS - MODE 55/11	664,783	(1,109)	663,674 *
	MH 1966A	2	F	TOTAL UNITS - MODE 55/14	1,152,253	0	1,152,253 *
	MH 1966A	2	G	TOTAL UNITS - MODE 55/17	1,016,016	0	1,016,016 *
	MH 1966A	2	H	TOTAL UNITS - MODE 55/21	1,704,553	0	1,704,553 *
	MH 1966A	2	I	TOTAL UNITS - MODE 55/24	1,783,511	0	1,783,511 *
	MH 1966A	2	J	TOTAL UNITS - MODE 55/27	496,132	(90)	496,042 *
	MH 1966A	2	K	TOTAL UNITS - MODE 55/31	1,676,922	(7,195)	1,669,727 *
	MH 1966A	2	L	TOTAL UNITS - MODE 55/35	1,131,059	(840)	1,130,219 *
				TOTAL	10,383,288	(11,084)	10,372,204
				To eliminate unsupported total units of service for MAA due to lack of supporting documentation for testing facility, Hollywood Mental Health Center (Provider #1909). Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS				
14	MH 1966A	2	B	TOTAL UNITS - MODE 55/01	**	433,290	0	433,290
	MH 1966A	2	C	TOTAL UNITS - MODE 55/04	**	211,351	0	211,351
	MH 1966A	2	D	TOTAL UNITS - MODE 55/09	**	111,568	0	111,568
	MH 1966A	2	E	TOTAL UNITS - MODE 55/11	**	663,674	0	663,674
	MH 1966A	2	F	TOTAL UNITS - MODE 55/14	**	1,152,253	0	1,152,253
	MH 1966A	2	G	TOTAL UNITS - MODE 55/17	**	1,016,016	0	1,016,016
	MH 1966A	2	H	TOTAL UNITS - MODE 55/21	**	1,704,553	0	1,704,553
	MH 1966A	2	I	TOTAL UNITS - MODE 55/24	**	1,783,511	(1,680)	1,781,831
	MH 1966A	2	J	TOTAL UNITS - MODE 55/27	**	496,042	0	496,042
	MH 1966A	2	K	TOTAL UNITS - MODE 55/31	**	1,669,727	0	1,669,727
	MH 1966A	2	L	TOTAL UNITS - MODE 55/35	**	1,130,219	0	1,130,219
				TOTAL		10,372,204	(1,680)	10,370,524

To eliminate MAA total units due to the County's discovery that claims had been submitted and reimbursement received for an employee excluded from participation in federally funded programs. Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS					
15	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%		11,597,727	440,612	12,038,339	
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%		35,010,738	2,184,379	37,195,117	
	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - 51.40%		500,155	(361,671)	138,484	
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - 50.00%		2,242,100	(1,930,369)	311,731	
				TOTAL - 51.40%		12,097,882	78,941	12,176,823	*
				TOTAL - 50.00%		37,252,838	254,010	37,506,848	*
				To adjust reported Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health (DMH) Summary of Approved Claims Report. The State DMH Summary of Approved Claims Report agreed to County records. Copies of workpapers detailing adjustments by service functions have been provided to the County.					
16	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	12,176,823	(138,484)	12,038,339	*
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	37,506,848	(311,641)	37,195,207	*
				TOTAL		49,683,671	(450,125)	49,233,546	
				To eliminate Medi/Medi units for settlement purposes. Copies of workpapers detailing adjustments by service functions have been provided to the County. HCFA Pub 15-1, Section 108, 2304					
17	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	12,038,339	(40,365)	11,997,974	*
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	37,195,117	(122,987)	37,072,130	*
				TOTAL		49,233,456	(163,352)	49,070,104	
				To eliminate Invalid Medi-Cal units. Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS				
18	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	11,997,974	(14,711)	11,983,263
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	37,072,130	(21,446)	37,050,684
				TOTAL		49,070,104	(36,157)	49,033,947
				To eliminate disallowed units from M.R. Grant CPA report. Copies of workpapers detailing adjustments by service functions have been provided to the County.				
19	MH 1966A	2	G	MEDI-CAL UNITS PROGRAM 2 15/42 PSYCHIATRIST		5,680,900	(60)	5,680,840
	MH 1966A	2	L	MEDI-CAL UNITS PROGARM 2 15/34 PSYCHOLOGIST		1,314,690	(30)	1,314,660
				TOTAL		6,995,590	(90)	6,995,500
				To adjust Medi-Cal units for Program 2 not to exceed total units as Medi-Cal units can not be greater than total units. Copies of workpapers detailing adjustments by service functions have been provided to the County.				
20	MH 1966A	10	TOTAL	TOTAL ENHANCED SD/MC (CHILDREN) UNITS - 65.98%		3,453	(1,218)	2,235
	MH 1966A	10A	TOTAL	TOTAL ENHANCED SD/MC (CHILDREN) UNITS - 65.00%		4,376	1,218	5,594
				TOTAL		7,829	0	7,829
				To adjust reported Enhanced SD/MC (Children) units to agree with the State Department of Mental Health (DMH) Summary of Approved Claims Report. The State DMH Summary of Approved Claims Report agreed to County records. Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY PROVIDERS			
21	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILIES UNITS - 65.98%	47,106	0	47,106 *
	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS - 65.00%	231,363	153	231,516 *
				TOTAL	278,469	153	278,622
				To adjust reported Healthy Families (SED) units to agree with the State Department of Mental Health (DMH) Summary of Approved Claims Report. The State DMH Summary of Approved Claims Report agreed to County records. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
22	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILIES UNITS - 65.98% **	47,106	0	47,106
	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS - 65.00% **	231,516	(58)	231,458
				TOTAL	278,622	(58)	278,564
				To eliminate Invalid Healthy Families (SED) units. Copies of workpapers detailing adjustments by service functions have been provided 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
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS			
23	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00502 HARBOR/UCLA MEDICAL CENTER	183,266	214	183,480
	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00503 MLK/DREW MEDICAL CENTER	1,239,379	7,269	1,246,648
	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00504 LAC + USC MEDICAL CENTER	1,446,352	105,880	1,552,232
	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00505 LAC OLIVE VIEW MEDICAL CENTER	155,690	261	155,951
				TOTAL	3,024,687	113,624	3,138,311
				To adjust reported total units to agree to the individual contract providers' audit report.			
24	MH1966A	2	TOTAL	TOTAL UNITS - LE# 00712 MULTISERVICE FAMILY CENTER, INC.	15,860	6,568	22,428
				To adjust reported total units to agree with actual services provided. (No separate audit report will be issued for contract provider.)			
25	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00502 HARBOR/UCLA - 51.40%	12,367	(455)	11,912
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00502 HARBOR/UCLA - 50.00%	41,427	(5)	41,422
	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00503 MLK/DREW - 51.40%	199,221	(3,092)	196,129
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00503 MLK/DREW - 50.00%	470,311	1,883	472,194
	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00504 LAC + USC - 51.40%	252,739	(144,008)	108,731
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00504 LAC + USC - 50.00%	280,404	183,508	463,912
	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 51.40%	7,623	(286)	7,337
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 50.00%	23,127	(147)	22,980
				TOTAL	1,287,219	37,398	1,324,617
				To adjust reported Medi-Cal units to agree to the individual contract providers' audit report.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS			
26	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00502 HARBOR/UCLA - 51.40%	40	(40)	0
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00502 HARBOR/UCLA - 50.00%	60	(60)	0
	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00503 MLK/DREW - 51.40%	754	(227)	527
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00503 MLK/DREW - 50.00%	3,077	(1,540)	1,537
	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00504 LAC + USC - 51.40%	6,501	(5,974)	527
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00504 LAC + USC - 50.00%	32,220	(30,683)	1,537
	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 51.40%	6	(6)	0
	MH 1966A	9A	TOTAL	TOTAL MEDI/MEDI UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 50.00%	81	(81)	0
				TOTAL	42,739	(38,611)	4,128
				To adjust reported Medicare/Medi-Cal Crossover units to agree to the individual contract providers' audit report.			
27	MH 1966A	10A	TOTAL	TOTAL ENHANCED UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 65.00%	0	19	19
				To adjust reported Enhanced SD/MC (Children) units to agree to the individual contract providers' audit report.			
28	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS - LE # 00504 LAC + USC - 65.00%	136	(16)	120
	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES UNITS - LE # 00505 LAC OLIVE VIEW UCLA - 65.00%	0	157	157
				TOTAL	136	141	277
				To adjust reported Healthy Families (SED) units to agree to the individual contract providers' audit report.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
29	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%		30,818,937	1,349,766	32,168,703 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%		101,312,946	4,130,393	105,443,339 *
				TOTAL		132,131,883	5,480,159	137,612,042
				To adjust reported Medi-Cal units to include reported Medicare/Medi-Cal Crossover units for contract providers. (No separate audit report will be issued for these contract providers.)				
30	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	32,168,703	477,713	32,646,416 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	105,443,339	4,535,431	109,978,770 *
				TOTAL		137,612,042	5,013,144	142,625,186
				DMH Approved Claims - Medi-Cal Units	142,108,158			
				DMH Approved Claims - Medicare/Medi-Cal Crossover Units	517,028			
					142,625,186			
				To adjust reported Medi-Cal and Medicare//Medi-Cal Crossover units for contract providers to agree with State Department of Mental Health (SDMH) Summary of Approved Claims Report dated April 27, 2007. The State Department of Mental Health Summary of Approved Claims agreed to the County's Records. Copies of workpapers detailing adjustments by services function have been provided to the County. (No separate audit report will be issued for these contract providers.)				
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
31	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	32,646,416	(380,016)	32,266,400 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	109,978,770	(983,487)	108,995,283 *
				TOTAL		142,625,186	(1,363,503)	141,261,683
				County Invalid - Medi-Cal Units	(1,317,046)			
				County Invalid - Medicare/Medi-Cal Crossover Untis	(46,457)			
					(1,363,503)			
				To eliminate invalid units identified by the County for contract providers. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)				
32	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	32,266,400	(13,778)	32,252,622 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	108,995,283	(29,654)	108,965,629 *
				TOTAL		141,261,683	(43,432)	141,218,251
				To eliminate dissallowed units identified by M.R. Grant, CPA audit reports for contract providers. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
33	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	32,252,622	(138,771)	32,113,851 *
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	108,965,629	(378,257)	108,587,372 *
				TOTAL		141,218,251	(517,028)	140,701,223
				To eliminate audited Medicare/Medi-Cal Crossover units for contract providers for settlement purposes. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)				
34	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS - 51.40%	**	32,113,851	(2,677)	32,111,174
	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS - 50.00%	**	108,587,372	(242,610)	108,344,762
				TOTAL		140,701,223	(245,287)	140,455,936
				To reduce Medi-Cal units for contract providers where audited total Medi-Cal units exceed audited total units. Medi-Cal units can not be greater than total units. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS			
35	MH1966A	10	TOTAL	TOTAL ENHANCED UNITS - 65.98%	49,180	(43,915)	5,265
	MH1966A	10A	TOTAL	TOTAL ENHANCED UNITS - 65.00%	143,080	(134,919)	8,161
				TOTAL	192,260	(178,834)	13,426
				To adjust reported Enhanced SD/MC (Children) units for contract providers to agree with State Department of Mental Health (SDMH) Summary of Approved Claims Report dated April 27, 2007. The State Department of Mental Health Summary of Approved Claims agreed to the County's Records. Copies of workpapers detailing adjustments by services function have been provided to the County. (No separate audit report will be issued for these contract providers.)			
36	MH1966A	10B	TOTAL	TOTAL REFUGEES UNITS - 100%	0	3,072	3,072
				To adjust reported Enhanced SD/MC (Refugees) units for contract providers to agree with State Department of Mental Health (SDMH) Summary of Approved Claims Report dated April 27, 2007. The State Department of Mental Health Summary of Approved Claims agreed to the County's Records. Copies of workpapers detailing adjustments by services function have been provided to the County. (No separate audit report will be issued for these contract providers.)			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
37	MH1966A	11	TOTAL	TOTAL HEALTHY FAMILIES (SED) UNITS - 65.98%		580,047	(28,331)	551,716 *
	MH1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES (SED) UNITS - 65.00%		1,927,531	(26,162)	1,901,369 *
				TOTAL		2,507,578	(54,493)	2,453,085
				To adjust reported Healthy Families (SED) units for contract providers to agree with State Department of Mental Health (SDMH) Summary of Approved Claims Report dated April 27, 2007. The State Department of Mental Health Summary of Approved Claims agreed to the County's Records. Copies of workpapers detailing adjustments by services function have been provided to the County. (No separate audit report will be issued for these contract providers.)				
38	MH1966A	11	TOTAL	TOTAL HEALTHY FAMILIES (SED) UNITS - 65.98%	**	551,716	(3,887)	547,829
	MH1966A	11A	TOTAL	TOTAL HEALTHY FAMILIES (SED) UNITS - 65.00%	**	1,901,369	(9,954)	1,891,415
				TOTAL		2,453,085	(13,841)	2,439,244
				To eliminate invalid units identified by the County for contract providers. Copies of workpapers detailing adjustments by service function have been provided to the County. (No separate audit report will be issued for these contract providers.)				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT			
41	SCH. 2 a	55	3	BOTTOMLINE ADJUSTMENTS - COUNTY	$ 0	$ (1,154,284)	$ (1,154,284)
				Bottomline Adjustment - County Warrants $ (941,376) Bottomline Adjustment - County Other Reports (190,568) Bottomline Adjustment - State Medi-Cal Oversight (22,340) $ (1,154,284)			
				To include bottomline adjustments for county providers regarding county issued warrants, other reports by county and State Department of Mental Health's Medi-Cal Oversight Report of Findings.			
42	SCH. 2 a	56	3	TOTAL SD/MC REIMIBURSEMENT FFP - COUNTY *	$ 71,030,006	$ (1,154,284)	$ 69,875,722
				To adjust Total SD/MC Reimbursement FFP to reflect bottomline adjustments.			
43	SCH. 2 a	60	3	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	$ 622,110	$ (219,917)	$ 402,193
				To adjust Total Healthy Families Reimbursement (FFP) for county providers to reflect the result of adjustments made to cost and units.			
44	SCH. 3b	TOTAL	24	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDERS	$ 185,698,417	$ (1,039,122)	$ 184,659,295
	SCH. 3b	TOTAL	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - CONTRACT PROVIDERS	3,403,023	(137,596)	3,265,427
				TOTAL	$ 189,101,440	$ (1,176,718)	$ 187,924,722 *
				To adjust Total SD/MC Reimbursement (FFP) for contract providers due to the adjustments to reported costs, revenues and units.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT			
45	SCH. 3b	TOTAL	27	FFP CONTRACT MAXIMUM - CONTRACT PROVIDERS	$ 188,417,975	$ 15,506,600	$ 203,924,575
				To adjust the FFP Contract Maximum for contract providers to reflect the audited amounts.			
46	SCH. 3b	TOTAL	28	LOWER OF FFP OR CONTRACT MAXIMUM - CONTRACT PROVIDERS **	$ 187,924,722	$ (35,675)	$ 187,889,047 *
				To reflect the lower of FFP Reimbursement or contract maximum for contract providers.			
47	SCH. 3c	TOTAL	29	BOTTOMLINE ADJUSTMENTS - COUNTY WARRANTS - CONTRACT PROVIDERS	$ 0	$ (53,473)	$ (53,473)
	SCH. 3c	TOTAL	30	BOTTOMLINE ADJUSTMENTS - COUNTY OTHER REPORTS - CONTRACT PROV.	0	(20,665)	(20,665)
				TOTAL	$ 0	$ (74,138)	$ (74,138)
				To include bottomline adjustments for contract providers regarding county issued warrants and other reports by county.			
48	SCH. 3c	TOTAL	31	FINAL TOTAL REIMBURSEMENT (FFP) - CONTRACT PROVIDERS **	$ 187,889,047	$ (74,138)	$ 187,814,909
				To adjust Final Total Reimbursement (FFP) for contract providers to reflect bottomline adjustments.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Los Angeles County	19	50	07/01/02 To 06/30/03

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT			
49	SCH 4	10		EPSDT - SGF	$ 126,811,626	$ (863,301)	$ 125,948,325 *
				To adjust the final settlement under EPSDT program to reflect the adjustments made to costs and units of service/time.			
50	SCH 4	12		EPSDT - SGF **	$ 125,948,325	$ (36,807)	$ 125,911,518
				To reflect the overbilling relating to a suspended physician, Dr. Joseph Ezra from Mary Vale for EPSDT SGF.			

* 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: LOS ANGELES
County Code: 19

	Legal Entity: County of Los Angeles	A	B	C		
	Legal Entity Number: 00019	Salaries and Benefits	Other	Total Costs		
1	Mental Health Expenditures	200,749,737	791,854,832	992,604,569		
2	Encumbrances					
3	Less: Payments to Contract Providers (County Only)		(668,770,122)	(668,770,122)		
4	Other Adjustments (Provide Detail)	(4,508,044)	(232,512)	(4,740,556)		
5	Total Costs Before Medi-Cal Adjustments	196,241,693	122,852,198	319,093,891		
6	Medi-Cal Adjustments from MH 1961			(30,229,185)		
7	Managed Care Consolidation (County Only)					
8	Allowable Costs for Allocation			288,864,706		
	Administrative Costs (County Only)					
9	SD/MC Administration			42,874,724		
10	Healthy Families Administration			47,794		
11	Non-SD/MC Administration			31,499,448		
12	Total Administrative Costs			74,421,966		
	Utilization Review Costs (County Only)					
13	Skilled Professional Medical Personnel			80,557		
14	Other SD/MC Utilization Review					
15	Non-SD/MC Utilization Review					
16	Total Utilization Review Costs			80,557		
17	Research and Evaluation (County Only)					
					Crosscheck	
18	Mode Costs (Direct Service and MAA)			214,362,183	214,362,183	***OK***
19	Total Costs - Lines 9 through 18			288,864,706	288,864,706	***OK***

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

MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04) **Fiscal Year 2002-2003**

County: LOS ANGELES
County Code: 19

	Legal Entity: County of Los Angeles	A	B	C
	Legal Entity Number: 00019	Salaries and Benefits	Other	Total Adjustments
1	Non-SD/MC Reimbursable	0	(12,880)	(12,880)
2	MH Pharmacy Program	(259,025)	(30,781,648)	(31,040,673)
3	Ambulance		(684,447)	(684,447)
4	Food Costs		(101,553)	(101,553)
5	Donation		(1,706)	(1,706)
6	Judgement and Damages		(456,427)	(456,427)
7	County Counsel Litigation Damages		(611,251)	(611,251)
8	CAP Litigation Charge		(387,357)	(387,357)
9	Uninsured Losses		(32,374)	(32,374)
10	Audit Settlement & Bad Debts		3,061,456	3,061,456
11	Applicable OH	(327,309)	(224,281)	(551,590)
12				
13	**ADJUSTMENTS PER STATE DMH AUDIT**			
14				
15	To include the bond pension obligation costs.		601,704	601,704
16	To include the bond pension obligation costs.		(12,087)	(12,087)
17				
18				
19				
20	**Total Adjustments**	(586,334)	(29,642,851)	(30,229,185)

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: LOS ANGELES
County Code: 19

	Legal Entity: County of Los Angeles	A
	Legal Entity Number: 00019	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	214,362,183
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	7,518,979
4	Day Services (Mode 10)	5,095,936
5	Outpatient Services (Mode 15 Program 1 + Program 2)	163,821,349
6	Outreach Services (Mode 45)	4,520,791
7	Medi-Cal Administrative Activities (Mode 55)	10,538,445
8	Support Services (Mode 60)	22,866,683
9	Total - Lines 2 through 8	214,362,183

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: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles			A	B	C	D	E	F	G
Legal Entity Number: 00019				Service	Service	Service	Service	Service	Service
Mode: 05 - Hospital Inpatient (SFC 10-19)			Mode Total	Function	Function	Function	Function	Function	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 (Children) Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
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							
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								

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: LOS ANGELES
County Code: 19

CR

	Legal Entity: County of Los Angeles		A	B	C	D	E	F	G
	Legal Entity Number: 00019			Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (All Other SFC)		Mode Total	Function	Function	Function	Function	Function	Function
				50					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			31,995					
3	Gross Cost		7,518,979	7,518,979					
4	Cost per Unit			235.00					
5	SMA per Unit								
6	Published Charge per Unit			265.73					
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			31,995					
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		7,518,979	7,518,979					

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: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
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	92	98			
1	Allocation Percentage		100.00%	71.46%	4.22%	24.32%			
2	Total Units			23,590	3,354	12,381			
3	Gross Cost		5,095,936	3,641,739	215,049	1,239,148			
4	Cost per Unit			154.38	64.12	100.08			
5	SMA per Unit			177.60	73.77	115.14			
6	Published Charge per Unit			174.56	72.50	113.17			
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		5,272	852	2,057			
8A		10/01/02 - 06/30/03		16,861	1,647	6,337			
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			1,457	855	3,987			
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,074,374	813,872	54,628	205,874			
13A		10/01/02 - 06/30/03	3,342,778	2,602,940	105,601	634,236			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,236,002	936,307	62,852	236,843			
14A		10/01/02 - 06/30/03	3,845,655	2,994,514	121,499	729,642			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,214,841	920,280	61,770	232,791			
15A		10/01/02 - 06/30/03	3,779,822	2,943,256	119,408	717,158			
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		678,784	224,926	54,820	399,037			

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: LOS ANGELES
County Code: 19

				CR	CR	CR	CR	CR	CR
Legal Entity: County of Los Angeles			A	B	C	D	E	F	G
Legal Entity Number: 00019				Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)			Mode Total	03	04	05	06	10	12
1	Allocation Percentage		100.00%	3.48%	12.77%	0.04%	0.00%	2.47%	0.15%
2	Total Units			3,393,411	12,463,992	36,492	1,485	1,869,166	111,623
3	Gross Cost		145,905,705	5,071,768	18,628,593	54,541	2,219	3,603,633	215,202
4	Cost per Unit			1.49	1.49	1.49	1.49	1.93	1.93
5	SMA per Unit			1.77	1.77	1.77	1.77	2.28	2.28
6	Published Charge per Unit			1.69	1.69	1.69	1.69	2.18	2.18
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		379,314	1,917,912			282,092	10,334
8A		10/01/02 - 06/30/03		1,302,092	5,761,749		980	861,778	29,682
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						553	
9A		10/01/02 - 06/30/03						263	
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		120	555			90	
10A		10/01/02 - 06/30/03		1,420	1,085			165	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03			2,355			73	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		1,250	6,810			4,737	100
11A		10/01/02 - 06/30/03		12,972	37,322		185	25,109	1,931
12	Non-Medi-Cal Units			1,696,243	4,736,204	36,492	320	694,306	69,576
13	Medi-Cal Costs	07/01/02 - 09/30/02	16,101,205	566,920	2,866,498			543,855	19,923
13A		10/01/02 - 06/30/03	50,576,327	1,946,097	8,611,469		1,464	1,661,453	57,225
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	18,884,108	671,386	3,394,704			643,170	23,562
14A		10/01/02 - 06/30/03	59,314,299	2,304,703	10,198,296		1,735	1,964,854	67,675
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	18,204,710	641,041	3,241,271			614,961	22,528
15A		10/01/02 - 06/30/03	57,184,288	2,200,535	9,737,356		1,656	1,878,676	64,707
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	416,523					1,066	
17A		10/01/02 - 06/30/03	1,101,311					507	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	482,233					1,261	
18A		10/01/02 - 06/30/03	1,267,690					600	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	470,981					1,206	
19A		10/01/02 - 06/30/03	1,245,300					573	
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	4,358	179	829			174	
21A		10/01/02 - 06/30/03	8,263	2,122	1,622			318	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	5,132	212	982			205	
22A		10/01/02 - 06/30/03	9,717	2,513	1,920			376	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	4,928	203	938			196	
23A		10/01/02 - 06/30/03	9,342	2,400	1,834			360	
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	10,582		3,520			141	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	12,329		4,168			166	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	11,965		3,980			159	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02	96,715	1,868	10,178			9,133	193
29A		10/01/02 - 06/30/03	472,607	19,388	55,781		276	48,409	3,723
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	113,700	2,213	12,054			10,800	228
30A		10/01/02 - 06/30/03	555,389	22,960	66,060		327	57,249	4,403
31	Healthy Families Published Charges	07/01/02 - 09/30/02	109,354	2,113	11,509			10,327	218
31A		10/01/02 - 06/30/03	534,362	21,923	63,074		313	54,738	4,210
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		77,117,814	2,535,193	7,078,697	54,541	478	1,338,578	134,138

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 1)

			CR	CR	CR	CR	CR	CR	CR
			H	I	J	K	L	M	N
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			16	17	31	33	34	41	42
1	Allocation Percentage		0.00%	0.00%	0.02%	0.02%	0.93%	0.58%	33.67%
2	Total Units		1,449	905	12,379	17,745	707,088	439,861	25,478,750
3	Gross Cost		2,794	1,745	23,866	34,211	1,363,221	848,024	49,121,406
4	Cost per Unit		1.93	1.93	1.93	1.93	1.93	1.93	1.93
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit		2.18	2.18	2.18	2.18	2.18	2.18	2.18
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02			6,297	420	144,096	43,613	2,684,017
8A		10/01/02 - 06/30/03		405	940	3,885	368,163	131,804	8,519,125
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					630		38,340
9A		10/01/02 - 06/30/03					114		17,180
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							1,275
10A		10/01/02 - 06/30/03							1,215
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							559
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			15		1,747	1,328	22,611
11A		10/01/02 - 06/30/03		250			5,862	7,829	97,973
12	Non-Medi-Cal Units		1,449	250	5,127	13,440	186,476	255,287	14,096,455
13	Medi-Cal Costs	07/01/02 - 09/30/02			12,140	810	277,808	84,083	5,174,614
13A		10/01/02 - 06/30/03		781	1,812	7,490	709,795	254,110	16,424,330
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02			14,357	958	328,539	99,438	6,119,559
14A		10/01/02 - 06/30/03		923	2,143	8,858	839,412	300,513	19,423,605
15	Medi-Cal Published Charges	07/01/02 - 09/30/02			13,727	916	314,129	95,076	5,851,157
15A		10/01/02 - 06/30/03		883	2,049	8,469	802,595	287,333	18,571,693
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					1,215		73,917
17A		10/01/02 - 06/30/03					220		33,122
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02					1,436		87,415
18A		10/01/02 - 06/30/03					260		39,170
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02					1,373		83,581
19A		10/01/02 - 06/30/03					249		37,452
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							2,458
21A		10/01/02 - 06/30/03							2,342
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							2,907
22A		10/01/02 - 06/30/03							2,770
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							2,780
23A		10/01/02 - 06/30/03							2,649
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							1,078
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							1,275
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							1,219
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02			29		3,368	2,560	43,593
29A		10/01/02 - 06/30/03		482			11,302	15,094	188,886
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02			34		3,983	3,028	51,553
30A		10/01/02 - 06/30/03		570			13,365	17,850	223,378
31	Healthy Families Published Charges	07/01/02 - 09/30/02			33		3,808	2,895	49,292
31A		10/01/02 - 06/30/03		545			12,779	17,067	213,581
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		2,794	482	9,885	25,911	359,514	492,177	27,177,067

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 1)

			CR	CR	CR	CR	CR	CR	CR
			O	P	Q	R	S	T	U
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			44	47	52	54	56	61	62
1	Allocation Percentage		0.04%	0.01%	8.31%	0.07%	0.02%	0.12%	24.61%
2	Total Units		29,567	5,486	6,287,218	54,800	13,483	46,896	9,758,925
3	Gross Cost		57,003	10,577	12,121,356	105,651	25,994	172,530	35,903,062
4	Cost per Unit		1.93	1.93	1.93	1.93	1.93	3.68	3.68
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	4.23	4.23
6	Published Charge per Unit		2.18	2.18	2.18	2.18	2.18	4.16	4.16
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		30	813,453	3,910		5,390	883,552
8A		10/01/02 - 06/30/03		3,379	2,663,759	14,262		14,620	2,956,535
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			13,018				85,683
9A		10/01/02 - 06/30/03			5,113				287,471
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							195
10A		10/01/02 - 06/30/03							360
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03			15				1,375
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			931	1,435			4,230
11A		10/01/02 - 06/30/03		367	5,834	3,097		280	19,754
12	Non-Medi-Cal Units		29,567	1,710	2,785,095	32,096	13,483	26,606	5,519,770
13	Medi-Cal Costs	07/01/02 - 09/30/02		58	1,568,286	7,538		19,830	3,250,586
13A		10/01/02 - 06/30/03		6,515	5,135,558	27,496		53,787	10,877,085
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02		68	1,854,673	8,915		22,800	3,737,425
14A		10/01/02 - 06/30/03		7,704	6,073,371	32,517		61,843	12,506,143
15	Medi-Cal Published Charges	07/01/02 - 09/30/02		65	1,773,328	8,524		22,422	3,675,576
15A		10/01/02 - 06/30/03		7,366	5,806,995	31,091		60,819	12,299,186
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			25,098				315,228
17A		10/01/02 - 06/30/03			9,858				1,057,605
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02			29,681				362,439
18A		10/01/02 - 06/30/03			11,658				1,216,002
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02			28,379				356,441
19A		10/01/02 - 06/30/03			11,146				1,195,879
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							717
21A		10/01/02 - 06/30/03							1,324
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							825
22A		10/01/02 - 06/30/03							1,523
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							811
23A		10/01/02 - 06/30/03							1,498
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			29				5,059
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03			34				5,816
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03			33				5,720
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02			1,795	2,767			15,562
29A		10/01/02 - 06/30/03		708	11,248	5,971		1,030	72,675
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02			2,123	3,272			17,893
30A		10/01/02 - 06/30/03		837	13,302	7,061		1,184	83,559
31	Healthy Families Published Charges	07/01/02 - 09/30/02			2,030	3,128			17,597
31A		10/01/02 - 06/30/03		800	12,718	6,751		1,165	82,177
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		57,003	3,297	5,369,486	61,879	25,994	97,883	20,307,221

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19

			CR	CR	CR	CR	CR	CR	
Legal Entity: County of Los Angeles			V	W	X	Y	Z	AA	AB
Legal Entity Number: 00019			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)			65	67	71	74	76	77	
1	Allocation Percentage		0.01%	0.00%	0.01%	0.00%	0.00%	12.69%	
2	Total Units		2,505	20	5,757	842	280	6,242,099	
3	Gross Cost		9,216	73	17,056	2,495	830	18,508,639	
4	Cost per Unit		3.68	3.65	2.96	2.96	2.96	2.97	
5	SMA per Unit		4.23	4.23	3.41	3.41	3.41	3.41	
6	Published Charge per Unit		4.16	4.16	3.35	3.35	3.35	3.35	
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02			855			575,261	
8A		10/01/02 - 06/30/03		20	1,482		240	1,617,023	
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						180	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						255	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						1,912	
11A		10/01/02 - 06/30/03			85			12,608	
12	Non-Medi-Cal Units		2,505		3,335	842	40	4,034,860	
13	Medi-Cal Costs	07/01/02 - 09/30/02			2,533			1,705,724	
13A		10/01/02 - 06/30/03		73	4,391		711	4,794,684	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02			2,916			1,961,640	
14A		10/01/02 - 06/30/03		85	5,054		818	5,514,048	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02			2,864			1,927,124	
15A		10/01/02 - 06/30/03		83	4,965		804	5,417,027	
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						534	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03						614	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03						603	
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						756	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						870	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						854	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02						5,669	
29A		10/01/02 - 06/30/03			252			37,384	
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						6,520	
30A		10/01/02 - 06/30/03			290			42,993	
31	Healthy Families Published Charges	07/01/02 - 09/30/02						6,405	
31A		10/01/02 - 06/30/03			285			42,237	
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		9,216		9,880	2,495	119	11,963,887	

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: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 2)

			A	B	C	D	E	F	G
				ASO	ASO	ASO	ASO	MHS	MHS
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				34	42	52	62	34	42
1	Allocation Percentage		100.00%	0.33%	5.76%	0.06%	0.43%	0.01%	27.66%
2	Total Units			26,841	469,077	4,964	19,188	1,200	5,680,840
3	Gross Cost		17,915,644	58,967	1,032,546	10,988	77,556	900	4,954,823
4	Cost per Unit			2.20	2.20	2.21	4.04	0.75	0.87
5	SMA per Unit			2.28	2.28	2.28	4.23	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		9,156	113,505	1,885	4,468	480	1,380,700
8A		10/01/02 - 06/30/03		17,685	354,588	3,079	14,595	720	4,293,580
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							260
9A		10/01/02 - 06/30/03							320
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03			984		125		60
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							5,920
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	4,438,300	20,115	249,851	4,173	18,059	360	1,204,245
13A		10/01/02 - 06/30/03	13,465,481	38,852	780,529	6,815	58,992	540	3,744,856
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	11,464,719	20,876	258,791	4,298	18,900	1,094	3,147,996
14A		10/01/02 - 06/30/03	34,773,409	40,322	808,461	7,020	61,737	1,642	9,789,362
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	227						227
17A		10/01/02 - 06/30/03	1,824						279
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	593						593
18A		10/01/02 - 06/30/03	4,844						730
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	2,724		2,166		505		52
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03	2,909		2,244		529		137
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	6,992						5,163
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	18,670						13,498
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		97		(0)		(0)		(0)

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 2)

			MHS	MHS	MHS	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
			52	62	69	77	34	42	52
1	Allocation Percentage		0.01%	5.02%	22.08%	0.00%	4.39%	15.69%	0.15%
2	Total Units		1,755	671,920	2,424,125	90	1,314,690	3,486,118	29,310
3	Gross Cost		1,755	899,136	3,956,654	118	787,114	2,810,828	27,356
4	Cost per Unit		1.00	1.34	1.63	1.31	0.60	0.81	0.93
5	SMA per Unit		2.28	4.23	4.23	3.41	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	285	169,020	604,375	45	307,560	936,980	6,840
8A		10/01/02 - 06/30/03	1,470	502,660	1,818,975	45	1,007,130	2,547,068	22,470
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03		105	625			300	
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		135	150			1,740	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units							30	
13	Medi-Cal Costs	07/01/02 - 09/30/02	285	226,176	986,460	59	184,138	755,479	6,384
13A		10/01/02 - 06/30/03	1,470	672,639	2,968,929	59	602,976	2,053,680	20,972
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	650	714,955	2,556,506	153	701,237	2,136,314	15,595
14A		10/01/02 - 06/30/03	3,352	2,126,252	7,694,264	153	2,296,256	5,807,315	51,232
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		141	1,020			242	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03		444	2,644			684	
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		181	245			1,403	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03		571	635			3,967	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs			(0)	(0)			24	

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatient (Program 2)

			MHS	MHS	MHS	MHS	MHS	MHS	MHS
			O	P	Q	R	S	T	U
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			42	42	42	52	34	42	52
1	Allocation Percentage		0.07%	2.40%	0.89%		0.36%	8.45%	0.02%
2	Total Units		10,860	354,702	123,030		107,880	1,555,756	3,465
3	Gross Cost		11,958	429,504	159,446		64,746	1,514,556	3,234
4	Cost per Unit		1.10	1.21	1.30		0.60	0.97	0.93
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	2,490	76,560	30,750		16,440	400,622	
8A		10/01/02 - 06/30/03	8,370	278,082	92,280		91,440	1,155,074	3,375
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03						60	90
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			60					
13	Medi-Cal Costs	07/01/02 - 09/30/02	2,742	92,705	39,852		9,867	390,013	
13A		10/01/02 - 06/30/03	9,216	336,726	119,594		54,879	1,124,485	3,150
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	5,677	174,557	70,110		37,483	913,418	
14A		10/01/02 - 06/30/03	19,084	634,027	210,398		208,483	2,633,569	7,695
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						58	84
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03						137	205
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		(0)	73	(0)			(0)	

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: LOS ANGELES
County Code: 19

			MHS	MHS	MHS				
Legal Entity: County of Los Angeles			V	W	X	Y	Z	AA	AB
Legal Entity Number: 00019			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)			62	69	77				
1	Allocation Percentage		1.35%	4.85%	0.02%				
2	Total Units		181,195	540,025	2,385				
3	Gross Cost		241,640	868,692	3,127				
4	Cost per Unit		1.33	1.61	1.31				
5	SMA per Unit		4.23	4.23	3.41				
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	49,425	112,050	900				
8A		10/01/02 - 06/30/03	131,770	427,975	1,485				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units								
13	Medi-Cal Costs	07/01/02 - 09/30/02	65,913	180,245	1,180				
13A		10/01/02 - 06/30/03	175,727	688,447	1,947				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	209,068	473,972	3,069				
14A		10/01/02 - 06/30/03	557,387	1,810,334	5,064				
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								

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: LOS ANGELES

County Code: 19

			CR	CR	CR	CR		
	Legal Entity: County of Los Angeles	A	B	C	D	E	F	G
	Legal Entity Number: 00019		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			10	13	20	28		
1	Allocation Percentage	100.00%	27.91%		71.74%	0.34%		
2	Total Units		8,075	37	22,486	107		
3	Gross Cost	4,520,791	1,261,943		3,243,414	15,434		
4	Cost per Unit		156.28		144.24	144.24		
5	Non-Medi-Cal Units		8,075	37	22,486	107		
6	Non-Medi-Cal Costs	4,520,791	1,261,943		3,243,414	15,434		

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: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
Mode: 55 - Medi-Cal Administrative Activities

		A	B	C	D	E	F	G
			MAA	MAA	MAA	MAA	MAA	MAA
		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			01	04	09	11	14	17
1	Allocation Percentage	100.00%	3.23%	1.26%	0.81%	5.36%	12.69%	8.28%
2	Total Units		433,290	211,351	111,568	663,674	1,152,253	1,016,016
3	Total Expenditures	10,538,445	340,629	133,188	85,611	565,170	1,337,295	872,485
4	Cost per Unit		0.79	0.63	0.77	0.85	1.16	0.86
5	Non-Medi-Cal Costs	5,321,311						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

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

DETAIL COST REPORT

County: LOS ANGELES
County Code: 19

		MAA	MAA	MAA	MAA	MAA		
Legal Entity: County of Los Angeles		H	I	J	K	L	M	N
Legal Entity Number: 00019		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities								
		21	24	27	31	35		
1	Allocation Percentage	18.05%	23.83%	6.04%	11.00%	9.43%		
2	Total Units	1,704,553	1,781,831	496,042	1,669,727	1,130,219		
3	Total Expenditures	1,902,006	2,511,727	636,835	1,159,541	993,958		
4	Cost per Unit	1.12	1.41	1.28	0.69	0.88		
5	Non-Medi-Cal Costs							

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: LOS ANGELES
County Code: 19

	Legal Entity: County of Los Angeles	A	B	C	D	E	F	G
	Legal Entity Number: 00019		CR	CR	CR	CR	CR	
	Mode: 60 - Support	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			20	30	40	63	64	
1	Allocation Percentage	100.00%	3.87%	12.99%	13.24%	6.23%	63.66%	
2	Total Units		4,662	15,636	144,608	15,021		
3	Gross Cost	22,866,683	885,950	2,971,410	3,027,733	1,425,418	14,556,172	
4	Cost per Unit		190.04	190.04	20.94	94.90		
5	Non-Medi-Cal Units (Same as Line 2)		4,662	15,636	144,608	15,021		
6	Non-Medi-Cal Costs (Same as Line 3)	22,866,683	885,950	2,971,410	3,027,733	1,425,418	14,556,172	

.LIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL C .REPORT

DEPARTMENT OF MENTAL HEALT

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

Fiscal Year 2002-2003

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019

			REIMBURSEMENT TYPE				PC	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55			Total MAA	Total Inpatient				Total Outpatient		Total Outpatient
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29		Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude Program (2)	Mode 15 Program (2)	(Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02							1,074,374	16,101,205	17,175,579	4,438,300	21,613,879
1A		10/01/02 - 06/30/03							3,342,778	50,576,327	53,919,105	13,465,481	67,384,586
2	Medi-Cal SMA	07/01/02 - 09/30/02							1,236,002	18,884,108	20,120,110	11,464,719	31,584,829
2A		10/01/02 - 06/30/03							3,845,655	59,314,299	63,159,954	34,773,409	97,933,362
3	Medi-Cal P. C.	07/01/02 - 09/30/02							1,214,841	18,204,710	19,419,551		19,419,551
3A		10/01/02 - 06/30/03							3,779,822	57,184,288	60,964,110		60,964,110
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							1,074,374	16,101,205	17,175,579	4,438,300	21,613,879
5A		10/01/02 - 06/30/03							3,342,778	50,576,327	53,919,105	13,465,481	67,384,586
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								416,523	416,523	227	416,750
6A		10/01/02 - 06/30/03								1,101,311	1,101,311	1,824	1,103,135
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								482,233	482,233	593	482,825
7A		10/01/02 - 06/30/03								1,267,690	1,267,690	4,844	1,272,533
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								470,981	470,981		470,981
8A		10/01/02 - 06/30/03								1,245,300	1,245,300		1,245,300
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								416,523	416,523	227	416,750
10A		10/01/02 - 06/30/03								1,101,311	1,101,311	1,824	1,103,135
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							1,074,374	16,517,728	17,592,103	4,438,527	22,030,629
11A		10/01/02 - 06/30/03							3,342,778	51,677,638	55,020,416	13,467,305	68,487,721
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								4,358	4,358		4,358
12A		10/01/02 - 06/30/03								8,263	8,263	2,724	10,986
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								5,132	5,132		5,132
13A		10/01/02 - 06/30/03								9,717	9,717	2,909	12,626
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								4,928	4,928		4,928
14A		10/01/02 - 06/30/03								9,342	9,342		9,342
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								4,358	4,358		4,358
16A		10/01/02 - 06/30/03								8,263	8,263	2,724	10,986
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03								10,582	10,582	6,992	17,574
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03								12,329	12,329	18,670	31,000
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03								11,965	11,965		11,965
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							1,074,374	16,522,086	17,596,461	4,438,527	22,034,987
21A	(Excludes Refugees)	10/01/02 - 06/30/03							3,342,778	51,685,901	55,028,679	13,470,029	68,498,707
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03								10,582	10,582	6,992	17,574
23	Healthy Families Cost	07/01/02 - 09/30/02								96,715	96,715		96,715
23A		10/01/02 - 06/30/03								472,607	472,607		472,607
24	Healthy Families SMA	07/01/02 - 09/30/02								113,700	113,700		113,700
24A		10/01/02 - 06/30/03								555,389	555,389		555,389
25	Healthy Families P. C.	07/01/02 - 09/30/02								109,354	109,354		109,354
25A		10/01/02 - 06/30/03								534,362	534,362		534,362
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								96,715	96,715		96,715
27A		10/01/02 - 06/30/03								472,607	472,607		472,607
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02							6,849	95,156	102,005		102,005
28A		10/01/02 - 06/30/03							20,464	285,771	306,235		306,235
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		559,428	4,928,449	5,050,568	10,538,445							
33	Medi-Cal Eligibility Factor (Average)			46.68%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	559,428	2,300,354	2,357,353	5,217,134			1,067,525	16,426,930	17,494,456	4,438,527	21,932,982
35A		10/01/02 - 06/30/03							3,322,314	51,400,130	54,722,444	13,470,029	68,192,472
36	Net Due - Enhanced SD/MC (Refugees)									10,582	10,582	6,992	17,574
37	Net Due - Healthy Families	07/01/02 - 09/30/02								96,715	96,715		96,715
37A		10/01/02 - 06/30/03								472,607	472,607		472,607
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

LOWER OF COSTS OR CHARGES EXEMPTION DETERMINATION (Optional)

MH 1969 (10/04)

Fiscal Year 2002-2003

County: LOS ANGELES
County Code: 19

	Legal Entity: County of Legal Entity Number: 00019	A	B	C	D	E
		Total Inpatient Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15	Total Outpatient
1	Amount billed to Medi-Cal		7,304,668	4,950,688	158,594,730	170,850,086
	Non-Medicare/Medi-Cal Actual Charges					
2	Non-Medicare/Medi-Cal Patient Revenues					2,276,962
3	Non-Medicare/Medi-Cal Patient Insurance					50,589
4	Subtotal					2,327,551
5	Non-Medicare/Medi-Cal Published Charges			724,549	73,214,504	73,939,053
6	Ratio of Actual to Published Charges	0.00%				3.15%
7	Medi-Cal Adjusted Customary Charges					5,378,244
8	Medi-Cal Costs					72,635,721
9	60 Percent of Medi-Cal Costs					43,581,433

DMH use only

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

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019
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 Published Charges				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%	
									Totals																
									Equivalent values from MH1968																
									Crosscheck	OK			OK	OK			OK								

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: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles
Legal Entity Number: 00019

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_MODES(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 % of Units in 10/01/02 - 03/30/03	2nd Period/ Part II % of Units in 04/01/02 - 06/30/03	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 04/01/02 - 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%	
8	1	CR	05	50																					
									Totals																
									Equivalent values from MH1966																
									Crosscheck	OK			OK	OK			OK								

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: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019

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	2	CR	10	85	9,272	11,154	5,707	66.15%	33.85%	813,872	1,721,914	881,026	2,602,940	5,176	10,546	5,396	15,942	808,696	1,711,368	875,630	2,586,998	415,670	855,684	475,905	1,331,589
C	3	CR	10	92	852	1,338	309	81.24%	18.76%	54,628	85,789	19,812	105,601	348	513	118	631	54,280	85,276	19,694	104,970	27,900	42,638	10,704	53,342
D	4	CR	10	98	2,057	4,445	1,892	70.14%	29.86%	205,874	444,876	189,360	634,236	1,325	2,729	1,162	3,891	204,549	442,147	188,198	630,345	105,138	221,073	102,286	323,359
				Totals						1,074,374	2,252,579	1,090,198	3,342,778	6,849	13,788	6,676	20,464	1,067,525	2,238,791	1,083,522	3,322,314	548,708	1,119,396	588,894	1,708,290
				Equivalent values from MH1968						1,074,374			3,342,778	6,849			20,464								
				Crosscheck						OK			OK	OK			OK								

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: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles
Legal Entity Number: 00019

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 %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	
									Crosscheck	OK			OK	OK			OK					51.40%	50.00%	54.35%	

CALIFORNIA HEALTH AND ERVICES AGENCY

DETAIL REPORT

ENT OF MENTAL HEALTH

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1874 (10/04)

Fiscal Year 2002-2003

County: LOS ANGELES
County Code: 19
Legal Entity: County of Los Angeles
Legal Entity Number: 00019

Mode: 15 - Outpatient (Program 1)					A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Data Type					SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using Costs				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim Costs - Revenue)				FFP Dollars			
Source					From MH1901_Schedule_B_Supplemental			Calculated		From MH1966_MODE15_(1)				From MH1901_Schedule_B				Calculated				Calculated			
Formula								B / (B + C)	C / (B + C)		(D * I)	(E * I)			(D * M)	(E * M)		(F - J)	(G - K)	(H - L)	(O + P)	(51.40% * N)	(50.00% * O)	(54.35% * P)	(S + T)
Period					1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP $ 07/01/02 - 09/30/02	2nd Period/ Part I FFP $ 10/01/02 - 03/30/03	2nd Period/ Part II FFP $ 04/01/02 - 06/30/03	Total 2nd Period FFP $ 04/01/02 - 06/30/03
MH1966 Cost Report Column	MH1901 Sch. B Cost Rpt Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%	
B	5	CR	15	03	379,314	842,452	459,640	64.70%	35.30%	566,920	1,259,123	686,975	1,946,097					566,920	1,259,123	686,975	1,946,097	291,397	629,561	373,371	1,002,932
C	6	CR	15	04	1,917,912	3,710,779	2,050,970	64.40%	35.60%	2,866,498	5,546,104	3,065,365	8,611,469	17,819	33,168	18,332	51,500	2,848,679	5,512,936	3,047,033	8,559,969	1,464,221	2,756,468	1,656,082	4,412,530
D	7	CR	15	05																					
E	8	CR	15	06		320	680	32.65%	67.35%		478	986	1,464		3	5	8		476	981	1,456		238	533	771
F	8	CR	15	10	282,645	621,250	240,791	72.07%	27.93%	544,922	1,197,730	464,230	1,661,960	3,307	7,048	2,732	9,780	541,615	1,190,682	461,498	1,652,180	278,390	595,341	250,824	846,165
G	10	CR	15	12	10,334	18,217	11,465	61.37%	38.63%	19,923	35,121	22,104	57,225					19,923	35,121	22,104	57,225	10,241	17,561	12,013	29,574
H	11	CR	15	16																					
I	12	CR	15	17		385	20	95.06%	4.94%		742	39	781		5	0	5		738	38	776		369	21	390
J	13	CR	15	31	6,297	940		100.00%		12,140	1,812		1,812	76	11		11	12,064	1,801		1,801	6,201	901		901
K	14	CR	15	33	420	3,405	480	87.64%	12.36%	810	6,565	925	7,490					810	6,565	925	7,490	416	3,282	503	3,785
L	15	CR	15	34	144,726	275,005	93,272	74.67%	25.33%	279,023	530,192	179,823	710,015	1,744	2,655	900	3,555	277,279	527,538	178,922	706,460	142,521	263,789	97,244	361,013
M	16	CR	15	41	43,613	85,034	46,770	64.52%	35.48%	84,083	163,940	90,170	254,110					84,083	163,940	90,170	254,110	43,219	81,970	49,007	130,977
N	17	CR	15	42	2,722,357	5,997,286	2,539,017	70.26%	29.74%	5,248,531	11,562,389	4,895,063	16,457,452	31,116	66,521	28,162	94,683	5,217,413	11,495,868	4,866,901	16,362,769	2,681,750	5,747,934	2,645,161	8,393,095
O	18	CR	15	44																					
P	19	CR	15	47	30	1,686	1,693	49.90%	50.10%	58	3,251	3,264	6,515		17	17	34	58	3,234	3,247	6,481	30	1,617	1,765	3,382
Q	20	CR	15	52	828,471	1,936,517	730,355	72.63%	27.37%	1,593,383	3,737,337	1,408,078	5,145,415	9,861	22,061	8,312	30,373	1,583,522	3,715,276	1,399,766	5,115,042	813,831	1,857,638	760,773	2,618,411
R	21	CR	15	54	3,910	10,438	3,824	73.19%	26.81%	7,538	20,124	7,372	27,496					7,538	20,124	7,372	27,496	3,875	10,062	4,007	14,069
S	22	CR	15	58																					
T	23	CR	15	61	5,390	10,080	4,560	68.81%	31.19%	19,830	37,011	16,776	53,787					19,830	37,011	16,776	53,787	10,192	18,505	9,118	27,623
U	24	CR	15	62	989,235	2,106,700	1,137,306	64.94%	35.06%	3,565,813	7,750,544	4,184,146	11,934,690	21,994	45,416	24,518	69,934	3,543,819	7,705,128	4,159,628	11,864,756	1,821,523	3,852,564	2,260,758	6,113,322
V	25	CR	15	65																					
W	26	CR	15	67			20		100.00%			73	73							73	73			40	40
X	27	CR	15	71	855	1,482		100.00%		2,533	4,391		4,391					2,533	4,391		4,391	1,302	2,195		2,195
Y	28	CR	15	74																					
Z	29	CR	15	76			240		100.00%			711	711							711	711			387	387
AA	30	CR	15	77	575,281	1,127,467	489,556	69.72%	30.28%	1,705,724	3,343,087	1,451,597	4,794,684	9,237	18,050	7,838	25,888	1,696,487	3,325,037	1,443,760	4,768,796	871,994	1,662,518	784,683	2,447,202
									Totals	16,517,728	35,199,941	16,477,697	51,677,638	95,156	194,954	90,817	285,771	16,422,572	35,004,987	16,386,861	51,391,867	8,441,202	17,502,493	8,906,270	26,408,763
									Equivalent values from MH1966	16,517,728			51,677,638	95,156			285,771								

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: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles
Legal Entity Number: 00019

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 MH1968_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
MH1968 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%	
									Crosscheck	OK			OK	OK			OK								

CALIFORNIA HEALTH AND I ERVICES AGENCY

DETAIL (EPORT

(ENT OF MENTAL HEALTH

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

Fiscal Year 2002-2003

County LOS ANGELES
County Code 19

Legal Entity County of Los Angeles
Legal Entity Number 00019

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	50	ASO	15	34	8,156	11,678	6,007	66.03%	33.97%	20,115	25,655	13,197	38,852					20,115	25,655	13,197	38,852	10,339	12,828	7,172	20,000
C	51	ASO	15	42	113,505	218,558	136,030	61.64%	38.36%	249,851	481,096	299,433	780,529					249,851	481,096	299,433	780,529	128,423	240,548	162,742	403,290
D	52	ASO	15	52	1,885	1,364	1,715	44.30%	55.70%	4,173	3,019	3,796	6,815					4,173	3,019	3,796	6,815	2,145	1,510	2,063	3,573
E	53	ASO	15	62	4,468	6,948	5,646	61.32%	38.68%	18,059	36,171	22,821	58,992					18,059	36,171	22,821	58,992	9,282	18,085	12,403	30,488
F	54	MHS	15	34	480	720		100.00%		360	540		540					360	540		540	185	270		270
G	55	MHS	15	42	1,380,960	1,534,340	2,759,580	35.73%	64.27%	1,204,472	1,336,250	2,406,885	3,745,135					1,204,472	1,336,250	2,406,885	3,745,135	619,099	669,125	1,308,142	1,977,267
H	56	MHS	15	52	285	1,470		100.00%		285	1,470		1,470					285	1,470		1,470	146	735		735
I	57	MHS	15	62	189,020	295,645	207,120	58.80%	41.20%	226,176	395,620	277,160	672,780					226,176	395,620	277,160	672,780	116,254	197,810	150,636	348,446
J	58	MHS	15	69	604,375	1,070,325	749,275	58.82%	41.18%	986,460	1,746,983	1,222,966	2,969,949					986,460	1,746,983	1,222,966	2,969,949	507,041	873,492	664,682	1,538,174
K	59	MHS	15	77	45	45		100.00%		59	59		59					59	59		59	30	30		30
L	60	MHS	15	34	307,560	1,007,130		100.00%		184,138	602,976		602,976					184,138	602,976		602,976	94,647	301,488		301,488
M	61	MHS	15	42	936,960	2,547,368		100.00%		755,479	2,053,922		2,053,922					755,479	2,053,922		2,053,922	388,316	1,026,961		1,026,961
N	62	MHS	15	52	6,840	22,470		100.00%		6,384	20,972		20,972					6,384	20,972		20,972	3,281	10,486		10,486
O	63	MHS	15	42	2,490	8,370		100.00%		2,742	9,216		9,216					2,742	9,216		9,216	1,409	4,608		4,608
P	64	MHS	15	42	76,560	278,082		100.00%		92,705	336,726		336,726					92,705	336,726		336,726	47,651	168,363		168,363
Q	65	MHS	15	42	30,750	92,280		100.00%		39,852	119,594		119,594					39,852	119,594		119,594	20,484	59,797		59,797
R	66	MHS	15	52																					
S	67	MHS	15	34	16,440	91,440		100.00%		9,867	54,879		54,879					9,867	54,879		54,879	5,072	27,440		27,440
T	68	MHS	15	42	400,622	1,155,134		100.00%		390,013	1,124,543		1,124,543					390,013	1,124,543		1,124,543	200,486	562,272		562,272
U	69	MHS	15	52		3,465		100.00%			3,234		3,234						3,234		3,234		1,617		1,617
V	70	MHS	15	62	49,425	131,770		100.00%		65,913	175,727		175,727					65,913	175,727		175,727	33,879	87,864		87,864
W	71	MHS	15	69	112,050	427,875		100.00%		180,245	688,447		688,447					180,245	688,447		688,447	92,646	344,223		344,223
X	72	MHS	15	77	900	1,485		100.00%		1,180	1,947		1,947					1,180	1,947		1,947	607	974		974
									Totals	4,438,527	9,221,047	4,246,258	13,467,305					4,438,527	9,221,047	4,246,258	13,467,305	2,281,403	4,610,524	2,307,841	6,918,365
							Equivalent values from MH1966			4,438,527			13,467,305												

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: LOS ANGELES
County Code: 19

Legal Entity: County of Los Angeles

Legal Entity Number: 00019		A	B	C	D	E	F
	Data Type	Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
	Source	MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
	Formula					(C6 / A6)	(D6 / B6)
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
	Mode	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	1,067,525	3,322,314	548,708	1,708,290		
4	15 - Outpatient (Program 1)	16,422,572	51,391,867	8,441,202	26,408,763		
5	15 - Outpatient (Program 2)	4,438,527	13,467,305	2,281,403	6,918,365		
6	Totals	21,928,624	68,181,486	11,271,313	35,035,418		
7	Totals from MH1979	21,928,624	68,181,486	11,271,313	35,035,418		
8	Effective SD/MC FFP %					51.40%	51.39%

Crosscheck **OK** **OK** **OK** **OK**

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: LOS ANGELES	LEGAL ENTITY	NAME: County of Los Angeles
COUNTY CODE: 19		NUMBER: 00019

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					
		$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:	
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					
		$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:	
				GRAND TOTAL				