CALIFORNIA DEPARTMENT OF
Mental Health

Audits – Bay & Central Region
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May 7, 2008

Nancy Pena, Ph.D., Director
Santa Clara County Valley Health & Hospital System
Mental Health Department
828 South Bascom Avenue, Suite 200
San Jose, CA 95128

Dear Dr. Pena:

AUDIT REPORT – SANTA CLARA COUNTY MENTAL HEALTH SERVICES

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

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

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

	Net Program Costs		
	Settled	Allowed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	$41,329,617	$41,098,791	$(230,826)
Federal Share of Healthy Families	$ 22,658	$ 22,555	$ (103)

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

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

TONY GAAN, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

IW 02/14/08

SCHEDULE 1

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

		As Settled	Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL PROGRAM COSTS				
COUNTY PROVIDERS				
MEDI-CAL - FFP	(Sch. 2a)	$ 16,436,176	$ (357,861)	$ 16,078,315
HEALTHY FAMILIES - FFP	(Sch. 2a)	922	1,319	2,241
TOTAL FFP - COUNTY PROIVERS		$ 16,437,098	$ (356,541)	$ 16,080,557
CONTRACT PROVIDERS				
MEDI-CAL - FFP	(Sch. 3b)	$ 24,893,441	$ 127,035	$ 25,020,476
HEALTHY FAMILIES - FFP	(Sch. 3b)	21,736	(1,422)	20,314
TOTAL FFP - COUNTY PROIVERS		$ 24,915,177	$ 125,613	$ 25,040,790
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 41,329,617	$ (230,826)	$ 41,098,791
HEALTHY FAMILIES - FFP		22,658	(103)	22,555
TOTAL FFP - COUNTY PLUS CONTRACT PROIVERS		$ 41,352,275	$ (230,928)	$ 41,121,347

SCHEDULE 2

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

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	$ 6,126,162	$ 922,252	$ 7,048,414
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	14,767,910	(2,803)	14,765,107
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)	51,846	(421)	51,425
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	5,532	462	5,994
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)	282	0	282
9. Total		$ 20,951,732	$ 919,491	$ 21,871,223
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	$ 995,734	$ (0)	$ 995,734
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	270,209	0	270,209
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		$ 1,265,943	$ (0)	$ 1,265,943
Medi-Cal Net Reimbursement for Direct Services				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	$ 5,130,428	$ 922,252	$ 6,052,680
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	14,549,547	(3,224)	14,546,323
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)	5,532	462	5,994
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	282	0	282
25. Total		$ 19,685,789	$ 919,491	$ 20,605,280
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	$ 1,678	$ 0	$ 1,678
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	44,070	588	44,658
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	2,847	38	2,885
29. Total		$ 48,595	$ 626	$ 49,221

SCHEDULE 2a

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

COUNTY OPERATED FEDERAL		As Settled	Audit Adjustments	As Audited
Amount Negotiated Rates Exceed Cost				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	$ 0	$ 0	$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		$ 0	$ 0	$ 0
Medi-Cal Administrative Reimbursement				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	$ 10,707,928	$ 172,340	$ 10,880,268
38. Medi-Cal Administration	(MH 1979, Ln 5)	$ 11,664,722	$ (1,652,393)	$ 10,012,329
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 10,707,928	$ (695,599)	$ 10,012,329
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 3,377	$ (223)	$ 3,154
41. Healthy Families Administration	(MH1979, Ln 9)	$ 1,131	$ 8,667	$ 9,798
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 1,131	$ 2,023	$ 3,154
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	$ 1,062,318	$ (588,920)	$ 473,398
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	$ 298,632	$ (125,173)	$ 173,459
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	$ 10,071,815	$ 502,055	$ 10,573,870
46. Enhanced (Children)	(MH1979, Ln 17,17A)	33,802	(275)	33,527
47. Enhanced (Refugees)	(MH1979, Ln 18)	5,532	462	5,994
48 MAA	(MH 1979, Ln 11, 12 & 13)	25,010	322	25,332
49. Administrative Reimbursement	(MH1979, Ln 6)	5,353,964	(347,800)	5,006,165
50. U.R. Skilled Professional	(MH1979, Ln 14)	796,739	(441,691)	355,049
51. U.R. Other	(MH1979, Ln 15)	149,316	(62,587)	86,730
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		$ 16,436,178	$ (349,513)	$ 16,086,665
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	$ 0	$ 0	$ 0
55. Quality Assurance Review Results	(Adj #)	0	8,350	8,350
56. Total SD/MC Reimbursement - FFP		$ 16,436,178	$ (357,863)	$ 16,078,315
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 183	$ 0	$ 183
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	738	1,320	2,058
60. Total Healthy Families Reimbursement - FFP		$ 921	$ 1,320	$ 2,241
61. Total - FFP (Ln 56 + Ln 60)		$ 16,437,099	$ (356,542)	$ 16,080,557
				(To Sch. 1)

SANTA CLARA 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)
00144	Achieve	$ 0	$ 0	$ 0	$ 0	$ 0	$ 565,920	$ 2,524	$ 0	$ 568,444	$ 0
00150	Family & Children Services	$	$	$ 0	$ 0	$ 0	$ 917,700	$ 6,092	$ 0	$ 923,792	$ 0
00151	AACI	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,724,064	$ 31,076	$ 0	$ 1,755,140	$ 0
00153	Catholic Charities	$ 0	$ 0	$ 0	$ 0	$ 0	$ 663,823	$ 0	$ 0	$ 663,823	$ 0
00154	Chamberlain's	$ 0	$ 0	$ 0	$ 0	$ 0	$ 779,834	$ 25,320	$ 0	$ 805,154	$ 0
00156	Eastfield Ming Quong Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 12,576,711	$ 104,288	$ 0	$ 12,680,999	$ 29,125
00157	Hope Rehabilitation Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,059,697	$	$ 0	$ 1,059,697	$
00158	Indian Health Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 232,965	$	$ 0	$ 232,965	$
00159	InnVision of Santa Clara Valley	$ 0	$ 0	$ 0	$ 0	$ 0	$ 173,286	$	$ 0	$ 173,286	$
00160	Mekong Comm. Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 340,914	$ 621	$ 0	$ 341,535	$
00163	UJIMA Adult & Family Services, In	$ 0	$ 0	$ 0	$ 0	$ 0	$ 314,225	$	$ 0	$ 314,225	$
00164	Community Solutions	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,169,367	$ 3,171	$ 0	$ 2,172,538	$ 233
00250	Children's Health Council	$ 0	$ 0	$ 0	$ 0	$ 0	$ 110,406	$ 0	$ 0	$ 110,406	$
00251	Gardner Family care Corp.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,470,783	$ 53,762	$ 5,555	$ 3,530,100	$
00255	Odd Fellow–Rebeka Children's Se	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,620,050	$ 14,839	$ 0	$ 3,634,889	$ 1,896
00689	Alliance for Comm. Care	$ 0	$ 0	$ 0	$ 0	$ 0	$ 13,391,761	$ 19,250	$ 0	$ 13,411,011	$ 0
00716	Grace Baptist	$ 0	$ 0	$ 0	$ 0	$ 0	$ 565,014	$ 0	$ 0	$ 565,014	$ 0
00840	Starlight Adolescent Center, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,532,336	$ 0	$ 0	$ 3,532,336	$ 0
00959	Eastern European Service Agency	$ 0	$ 0	$ 0	$ 0	$ 0	$ 180,465	$ 0	$ 0	$ 180,465	$ 0
01031	Oasis Care, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,141,045	$ 0	$ 0	$ 2,141,045	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 48,530,366	$ 260,943	$ 5,555	$ 48,796,864	$ 31,254

SANTA CLARA 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)
00144	Achieve	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 568,444	$ 0	$ 0
00150	Family & Children Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 923,792	$ 0	$ 0
00151	AACI	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,755,140	$ 0	$ 0
00153	Catholic Charities	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 663,823	$ 0	$ 0
00154	Chamberlain's	$ 0	$ 0	$	$ 0	$ 0	$ 0	$ 805,154	$ 0	$ 0
00156	Eastfield Ming Quong Inc.	$ 0	$ 0	$	$ 0	$ 0	$ 0	$ 12,680,999	$ 29,125	$
00157	Hope Rehabilitation Services	$ 0	$ 0	$ 195	$ 0	$ 0	$ 0	$ 1,059,502	$ 0	$
00158	Indian Health Center	$ 0	$ 0	$	$ 0	$ 0	$ 0	$ 232,965	$ 0	$ 0
00159	InnVision of Santa Clara Valley	$ 0	$ 0	$	$ 0	$ 0	$ 0	$ 173,286	$ 0	$ 0
00160	Mekong Comm. Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 341,535	$ 0	$ 0
00163	UJIMA Adult & Family Services, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 314,225	$ 0	$ 0
00164	Community Solutions	$ 0	$ 0	$	$ 0	$ 0	$ 0	$ 2,172,538	$ 233	$ 0
00250	Children's Health Council	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 110,406	$ 0	$ 0
00251	Gardner Family care Corp.	$ 0	$ 0	$ 2,394	$ 0	$ 0	$ 0	$ 3,527,706	$ 0	$ 0
00255	Odd Fellow--Rebeka Children's Servi	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,634,889	$ 1,896	$ 0
00689	Alliance for Comm. Care	$ 0	$ 0	$ 114,006	$ 0	$ 0	$ 0	$ 13,297,005	$ 0	$ 0
00716	Grace Baptist	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 565,014	$ 0	$ 0
00840	Starlight Adolescent Center, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,532,336	$ 0	$ 0
00959	Eastern European Service Agency	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 180,465	$ 0	$ 0
01031	Oasis Care, Inc.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,141,045	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
	GRAND TOTAL	$ 0	$ 0	$ 116,595	$ 0	$ 0	$ 0	$ 48,680,269	$ 31,254	$ 0

SANTA CLARA 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
00144	Achieve	$ 0	$ 0	$ 0	$ 0	$ 291,544	$ 0	$ 291,544	$	$ 291,544
00150	Family & Children Services	$ 0	$ 0	$ 0	$ 0	$ 476,099	$ 0	$ 476,099	$ 563,310	$ 476,099
00151	AACI	$ 0	$ 0	$ 208,918	$ 0	$ 854,931	$ 0	$ 854,931	$	$ 854,931
00153	Catholic Charities	$ 0	$ 0	$ 2,098	$ 0	$ 341,623	$ 0	$ 341,623	$	$ 341,623
00154	Chamberlain's	$ 0	$ 0	$ 0	$ 0	$ 418,632	$ 0	$ 418,632	$	$ 418,632
00156	Eastfield Ming Quong Inc.	$ 0	$ 0	$ 0	$ 0	$ 6,545,517	$ 18,931	$ 6,564,448	$	$ 6,564,448
00157	Hope Rehabilitation Services	$ 0	$ 0	$ 0	$ 0	$ 545,112	$	$ 545,112	$	$ 545,112
00158	Indian Health Center	$ 0	$ 0	$ 0	$ 0	$ 119,805	$	$ 119,805	$ 177,148	$ 119,805
00159	InnVision of Santa Clara Valley	$ 0	$ 0	$ 0	$ 0	$ 88,923	$	$ 88,923	$ 358,878	$ 88,923
00160	Mekong Comm. Center	$	$ 0	$ 6,268	$ 0	$ 174,331	$	$ 174,331	$ 234,884	$ 174,331
00163	UJIMA Adult & Family Services, Inc.	$ 0	$ 0	$ 0	$ 0	$ 161,568	$	$ 161,568	$	$ 161,568
00164	Community Solutions	$ 0	$ 0	$ 0	$ 0	$ 1,114,684	$ 151	$ 1,114,835	$	$ 1,114,835
00250	Children's Health Council	$ 0	$ 0	$ 0	$ 0	$ 56,906	$	$ 56,906	$ 159,691	$ 56,906
00251	Gardner Family care Corp.	$ 0	$ 0	$ 366	$ 0	$ 1,825,589	$	$ 1,825,589	$	$ 1,825,589
00255	Odd Fellow--Rebeka Children's Servi	$ 0	$ 0	$ 0	$ 0	$ 1,877,934	$ 1,232	$ 1,879,166	$	$ 1,879,166
00689	Alliance for Comm. Care	$ 0	$ 0	$ 62,034	$ 0	$ 6,824,457	$ 0	$ 6,824,457	$	$ 6,824,457
00716	Grace Baptist	$ 0	$ 0	$ 0	$ 0	$ 291,282	$ 0	$ 291,282	$ 341,926	$ 291,282
00840	Starlight Adolescent Center, Inc.	$ 0	$ 0	$ 0	$ 0	$ 1,816,499	$ 0	$ 1,816,499	$	$ 1,816,499
00959	Eastern European Service Agency	$ 0	$ 0	$ 0	$ 0	$ 92,878	$ 0	$ 92,878	$ 138,485	$ 92,878
01031	Oasis Care, Inc.	$ 0	$ 0	$ 0	$ 0	$ 1,102,162	$ 0	$ 1,102,162	$ 1,191,699	$ 1,102,162
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
	GRAND TOTAL	$ 0	$ 0	$ 279,684	$ 0	$ 25,020,476	$ 20,314	$ 25,040,790	$ 3,166,021	$ 25,040,790

(To Sch. 1)

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SANTA CLARA COUNTY	00043	69	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO COSTS			
1	MH 1960	3	C	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)	$ (74,274,064)	$ 2,158,732	$ (72,115,332)
				To exclude the Inpatient and Outpatient Consolidation amount from payment to contract providers. The inpatient consolidation will be taken out in Ln. 7 MH 1960, and the outpatient will be included in Program II of Mode 15.			
2	MH 1960	4	C	OTHER ADJUSTMENTS	$ (25,851,133)	$ (104,795)	$ (25,955,928)
				To adjust other adjustments to agree with County's records and supporting documents.			
3	MH 1960	6	C	MEDI-CAL ADJUSTMENTS FROM MH 1961	$ (10,903,091)	$ 76,536	$ (10,826,555) *
				To adjust Medi-Cal adjustments to eliminate the equipment purchased from 1996 to 2001.			
4	MH 1960	6	C	MEDI-CAL ADJUSTMENTS FROM MH 1961 **	$ (10,826,555)	$ (29,395)	$ (10,855,950)
				To adjust Medi-Cal adjustments to deperciate the equipment purchased from 1996 to 2001.			
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION	$ 84,168,656	$ 2,101,081	$ 86,269,737
				To adjust allowable costs for allocation to reflect the effect of adjustments 1 through 4 above.			
6	MH 1960	9	C	SD/MC ADMINISTRATION	$ 11,664,722	$ (1,652,393)	$ 10,012,329
7	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	$ 1,131	$ 8,667	$ 9,798
8	MH 1960	11	C	NON-SD/MC ADMINISTRATION	$ 8,116,838	$ 1,967,178	$ 10,084,016
9	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	$ 19,782,691	$ 323,452	$ 20,106,143
				To adjust administrative costs to agree with the County's records and supporting documents. The gross cost distribution method was used to allocate the audited costs between the above components. This method was agree to prior year audit.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SANTA CLARA COUNTY	00043	69	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO COSTS			
10	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	$ 1,062,318	$ (588,920)	$ 473,398
11	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	298,632	(125,173)	173,459
12	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	207,781	439,875	647,656
13	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	$ 1,568,731	$ (274,218)	$ 1,294,513
				To adjust utilization review costs to agree with the County's records and supporting documents. The gross cost distribution method was used to allocate the audited costs between the above components.			
				ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICES			
14	MH 1964	2	A	HOSPITAL INPATIENT SERVICES (MODE 05-SFC 10-19)	$ 18,305,706	$ (137,119)	$ 18,168,587
	MH 1964	3	A	OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC)	6,954,491	0	6,954,491
15	MH 1964	4	A	DAY SERVICES (MODE 10)	8,621,775	(6,867)	8,614,908
16	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAMS 1 & 2)	28,515,948	2,205,834	30,721,782
	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	329,466	0	329,466
	MH 1964	6	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	79,848	0	79,848
17	MH 1964	9	A	TOTAL	$ 62,807,234	$ 2,061,848	$ 64,869,082
				To accurately reflect expenditures by mode of service to agree with the above adjustments.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SANTA CLARA COUNTY	00043	69	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED TOTAL UNITS OF SERVICE/TIME - COUNTY OPERATED			
18	MH 1966A	2	B	SFC 15-01	2,606,504	39,497	2,646,001
19	MH 1966A	2	C	SFC 15-10	4,918,048	59,362	4,977,410
20	MH 1966A	2	E	SFC 15-60	1,229,925	18,625	1,248,550
21	MH 1966A	2	E	SFC 15-70	57,471	747	58,218
22	MH 1966A	2	D	SFC 15-10 MHS PROVIDER 8396	0	24,765	24,765
23	MH 1966A	2	E	SFC 15-19 MHS PROVIDER 8396	0	60,960	60,960
24	MH 1966A	2	F	SFC 15-60 MHS PROVIDER 8396	0	362,160	362,160
25	MH 1966A	2	G	SFC 15-69 MHS PROVIDER 8396	0	31,710	31,710
26	MH 1966A	2	H	SFC 15-10 MHS PROVIDER 8397	0	38,340	38,340
27	MH 1966A	2	I	SFC 15-10 MHS PROVIDER 8398	0	16,125	16,125
28	MH 1966A	2	J	SFC 15-10 MHS PROVIDER 8399	0	390	390
				To adjust the reported total units of service/time to agree with the County's records and supporting documents.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SANTA CLARA COUNTY	00043	69	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED SD/MC UNITS /TIME COUNTY PROVIDERS					
29	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02		1,188,866	(262)	1,188,604	*
30	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03		3,639,386	2,972	3,642,358	*
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVERUNITS 07/01/02 - 09/30/02		59,236	0	59,236	*
31	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03		155,133	538	155,671	*
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 07/01/02 - 09/30/02		3,371	0	3,371	*
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 10/01/02 - 06/30/03		14,598	0	14,598	*
32	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03		957	12	969	*
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02		0	0	0	*
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03		135	0	135	*
				To adjust the settled SD/MC units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated March 27, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.					
33	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	**	1,188,604	262	1,188,866	*
34	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	**	3,642,358	(1,106)	3,641,252	*
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVERUNITS 07/01/02 - 09/30/02	**	59,236	0	59,236	*
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	**	155,671	0	155,671	*
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 07/01/02 - 09/30/02	**	3,371	0	3,371	*
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 10/01/02 - 06/30/03	**	14,598	0	14,598	*
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	969	0	969	*
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	**	0	0	0	*
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	**	135	0	135	*
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SANTA CLARA COUNTY	00043	69	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS /TIME COUNTY PROVIDERS				
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	**	1,188,866	0	1,188,866 *
35	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	**	3,641,252	40	3,641,292 *
36	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVERUNITS 07/01/02 - 09/30/02	**	59,236	(30)	59,206 *
37	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	**	155,671	(77)	155,594 *
38	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 07/01/02 - 09/30/02	**	3,371	(90)	3,281 *
39	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 10/01/02 - 06/30/03	**	14,598	(165)	14,433 *
40	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	969	(12)	957 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	**	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	**	135	0	135 *
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.				
41	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	**	1,188,866	(3,579)	1,185,287
42	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	**	3,641,292	(7,158)	3,634,134
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVERUNITS 07/01/02 - 09/30/02	**	59,206	0	59,206
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	**	155,594	0	155,594
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 07/01/02 - 09/30/02	**	3,281	0	3,281
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 10/01/02 - 06/30/03	**	14,433	0	14,433
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	957	0	957
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	**	0	0	0
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	**	135	0	135
				To adjust SD/MC units of service/time to reflect the County's Quality Assurance internal adjustments.				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SANTA CLARA COUNTY	00043	69	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME CONTRACT PROVIDERS					
43	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02		4,548,494	(127,387)	4,421,107	*
44	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03		15,484,268	(1,957,588)	13,526,680	*
45	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVERUNITS 07/01/02 - 09/30/02		9	(6)	3	*
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03		135	0	135	*
46	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 07/01/02 - 09/30/02		35,918	(6,885)	29,033	*
47	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 10/01/02 - 06/30/03		87,931	(9,894)	78,037	*
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03		3,531	0	3,531	*
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02		0	0	0	*
48	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03		8,992	(1,909)	7,083	*
				To adjust the settled SD/MC units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated March 27, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.					
49	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	**	4,421,107	132,614	4,553,721	*
50	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	**	13,526,680	(2,138)	13,524,542	*
51	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVERUNITS 07/01/02 - 09/30/02	**	3	6	9	*
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	**	135	0	135	*
52	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 07/01/02 - 09/30/02	**	29,033	3,771	32,804	*
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 10/01/02 - 06/30/03	**	78,037	0	78,037	*
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	3,531	0	3,531	*
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	**	0	0	0	*
53	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	**	7,083	1,909	8,992	*
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SANTA CLARA COUNTY	00043	69	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME CONTRACT PROVIDERS					
54	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	**	4,553,721	(137,479)	4,416,242	*
55	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	**	13,524,542	(3,745)	13,520,797	*
56	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVERUNITS 07/01/02 - 09/30/02	**	9	(6)	3	*
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	**	135	0	135	*
57	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 07/01/02 - 09/30/02	**	32,804	(3,771)	29,033	*
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 10/01/02 - 06/30/03	**	78,037	0	78,037	*
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	3,531	0	3,531	*
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	**	0	0	0	*
58	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	**	8,992	(1,925)	7,067	*
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.					
59	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/02 - 09/30/02	**	4,416,242	(11,293)	4,404,949	
60	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/02 - 06/30/03	**	13,520,797	(22,741)	13,498,056	
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVERUNITS 07/01/02 - 09/30/02	**	3	0	3	
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/02 - 06/30/03	**	135	0	135	
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 07/01/02 - 09/30/02	**	29,033	0	29,033	
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDRENS) UNITS 10/01/02 - 06/30/03	**	78,037	0	78,037	
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	3,531	0	3,531	
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/02 - 09/30/02	**	0	0	0	
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/02 - 06/30/03	**	7,067	0	7,067	
				To adjust SD/MC units of service/time to reflect the County's Quality Assurance internal adjustments.					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SANTA CLARA COUNTY	00043	69	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUES - COUNTY OPERATED				
61	MH 1968	28	E	SD/MC AND CROSSOVER REVENUES 07/01/02 - 09/30/03	INPATIENT	$ 430,477	$ 26,550	$ 457,027
62	MH 1968	28A	E	SD/MC AND CROSSOVER REVENUES 10/01/02 - 06/30/03	INPATIENT	$ 565,257	$ 1,610,508	$ 2,175,765
63	MH 1968	28	K	SD/MC AND CROSSOVER REVENUES 07/01/02 - 09/30/03	OUTPATIENT	$ 90,533	$ (11)	$ 90,522
	MH 1968	28A	K	SD/MC AND CROSSOVER REVENUES 10/01/02 - 06/30/03	OUTPATIENT	$ 179,676	$ 0	$ 179,676
				To adjust SD/MC and Crossover revenues to agree with the County's records and supporting documents.				
				ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUES - CONTRACT PROVIDERS				
	MH 1968	28	K	SD/MC AND CROSSOVER REVENUES 07/01/02 - 09/30/03	HOPE REHAB.	$ 0	$ 0	$ 0
64	MH 1968	28A	K	SD/MC AND CROSSOVER REVENUES 10/01/02 - 06/30/03	HOPE REHAB.	$ 0	$ 195	$ 195
				To adjust SD/MC and Crossover revenues to agree with the County's records and supporting documents.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS				
65	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP)		$ 16,436,176	$ (349,511)	$ 16,086,665 *
66	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT		922	1,319	2,241 *
						$ 16,437,098	$ (348,192)	$ 16,088,906 *
				To adjust the SD/MC (FFP) and the Healthy Families (FFP) due to adjustments to costs, revenues and units of service/time.				
67	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP)	**	$ 16,086,665	$ (8,350)	$ 16,078,315
	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	**	2,241	0	2,241
					**	$ 16,088,906	$ (8,350)	$ 16,080,556
				To adjust the SD/MC (FFP) to incorporate the results of the Quality Assurance Review conducted by the State Department. (See Schedule 2)				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
SANTA CLARA COUNTY	00043	69	June 30, 2003

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT CONTRACT PROVIDERS				
68	MH 1979	21	TOTAL	TOTAL SD/MC REIMBURSEMENT (FFP)		$ 24,893,441	$ 127,035	$ 25,020,476
69	MH 1979	27	TOTAL	TOTAL HEALTHY FAMILIES REIMBURSEMENT		21,736	(1,422)	20,314
						$ 24,915,177	$ 125,613	$ 25,040,790
				To adjust the SD/MC (FFP) and the Healthy Families (FFP) due to adjustments to costs, revenues and units of service/time.				
						As Settled	Adjustments	As Audited
				Achieve	00144	$ 291,845	$ (301)	$ 291,544
				Adult & Child Guidance	00150	486,980	(10,881)	476,099
				AACI	00151	855,972	(1,041)	854,931
				Catholic Charities	00153	347,807	(6,184)	341,623
				Chamberlain's	00154	418,972	(340)	418,632
				Eastfield Ming Quong	00156	6,581,196	(16,748)	6,564,448
				Hope Rehabilitation Ctr.	00157	563,605	(18,493)	545,112
				Indian Health Center	00158	125,728	(5,923)	119,805
				Innvision	00159	90,216	(1,293)	88,923
				Mekong Comm. Center	00160	179,107	(4,776)	174,331
				UJIMA	00163	162,175	(607)	161,568
				Community Solutions	00164	1,108,977	5,858	1,114,835
				Children's Health Council	00250	57,036	(130)	56,906
				Gardner Health Center	00251	1,862,799	(37,210)	1,825,589
				Oddfellow-Rebekah Chd.	00255	1,879,865	(699)	1,879,166
				Alliance for Comm. Care	00689	6,599,699	224,758	6,824,457
				Grace Baptist	00716	291,439	(157)	291,282
				Starlight	00840	1,816,602	(103)	1,816,499
				Eastern European Service Agency	00959	92,878	0	92,878
				Oasis Care, Inc.	01031	1,102,279	(117)	1,102,162
						$ 24,915,177	$ 125,613	$ 25,040,790

* 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: SANTA CLARA COUNTY
County Code: 43

	Legal Entity: SANTA CLARA COUNTY	A	B	C
	Legal Entity Number: 00043	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	33,366,326	158,909,309	192,275,635
2	Encumbrances		3,854,965	3,854,965
3	Less: Payments to Contract Providers (County Only)		(72,115,332)	(72,115,332)
4	Other Adjustments (Provide Detail)	(2,192,775)	(23,763,153)	(25,955,928)
5	Total Costs Before Medi-Cal Adjustments	31,173,551	66,885,789	98,059,340
6	Medi-Cal Adjustments from MH 1961			(10,855,950)
7	Managed Care Consolidation (County Only)			(933,656)
8	Allowable Costs for Allocation			86,269,737
	Administrative Costs (County Only)			
9	SD/MC Administration			10,012,329
10	Healthy Families Administration			9,798
11	Non-SD/MC Administration			10,084,016
12	Total Administrative Costs			20,106,143
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			473,398
14	Other SD/MC Utilization Review			173,459
15	Non-SD/MC Utilization Review			647,656
16	Total Utilization Review Costs			1,294,513
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			64,869,081
19	Total Costs - Lines 9 through 18			86,269,737

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

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

County: SANTA CLARA COUNTY
County Code: 43

	Legal Entity: SANTA CLARA COUNTY	A	B	C
	Legal Entity Number: 00043	Salaries and Benefits	Other	Total Adjustments
1	Reverse prior year claim		(1,953,541)	(1,953,541)
2	Adjustment to Obj 7		1,956,982	1,956,982
3	Eliminate the equipment purchased in Obj 4		(305,656)	(305,656)
4	Depreciation of building & equipment		58,531	58,531
5	Misc. revenue offset		(201,621)	(201,621)
6	Pharmacy revenue offset		(10,410,645)	(10,410,645)
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**		(10,855,950)	(10,855,950)

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: SANTA CLARA COUNTY
County Code: 43

	Legal Entity: SANTA CLARA COUNTY	A
	Legal Entity Number: 00043	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	64,869,081
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	18,168,587
3	Other 24 Hour Services (Mode 05-All Other SFC)	6,954,491
4	Day Services (Mode 10)	8,614,908
5	Outpatient Services (Mode 15 Program 1 + Program 2)	30,721,782
6	Outreach Services (Mode 45)	329,466
7	Medi-Cal Administrative Activities (Mode 55)	79,848
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	64,869,081

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: SANTA CLARA COUNTY
County Code: 43

			A	B	C	D	E	F	G
	Legal Entity: SANTA CLARA COUNTY			CR	CR				
	Legal Entity Number: 00043								
	Mode: 05 - Hospital Inpatient (SFC 10-19)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				10	19				
1	Allocation Percentage		100.00%	71.91%	28.09%				
2	Total Units			12,560	4,906				
3	Gross Cost		18,168,587	13,065,236	5,103,351				
4	Cost per Unit			1,040.23	1,040.23				
5	SMA per Unit			838.20	235.96				
6	Published Charge per Unit			900.00	900.00				
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		757	875				
8A		10/01/02 - 06/30/03		3,822	1,939				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		758	82				
9A		10/01/02 - 06/30/03		1,619	22				
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03			3				
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			5,604	1,985				
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,697,649	787,451	910,198				
13A		10/01/02 - 06/30/03	5,992,742	3,975,743	2,016,999				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	993,926	634,517	359,409				
14A		10/01/02 - 06/30/03	4,037,546	3,203,600	833,946				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,468,800	681,300	787,500				
15A		10/01/02 - 06/30/03	5,184,900	3,439,800	1,745,100				
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	873,790	788,491	85,299				
17A		10/01/02 - 06/30/03	1,707,011	1,684,126	22,885				
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	654,704	635,356	19,349				
18A		10/01/02 - 06/30/03	1,362,237	1,357,046	5,191				
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	756,000	682,200	73,800				
19A		10/01/02 - 06/30/03	1,476,900	1,457,100	19,800				
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	3,121		3,121				
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	2,700		2,700				
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		7,894,275	5,829,426	2,064,849				

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: SANTA CLARA COUNTY
County Code: 43

CR

	Legal Entity: SANTA CLARA COUNTY Legal Entity Number: 00043 Mode: 05 - Other 24 Hour Services (All Other SFC)		A Mode Total	B Service Function	C Service Function	D Service Function	E Service Function	F Service Function	G Service Function
				50					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			8,695					
3	Gross Cost		6,954,491	6,954,491					
4	Cost per Unit			799.83					
5	SMA per Unit								
6	Published Charge per Unit			118.00					
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			8,695					
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		6,954,491	6,954,491					

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: SANTA CLARA COUNTY
County Code: 43

CR

	Legal Entity: SANTA CLARA COUNTY		A	B	C	D	E	F	G
	Legal Entity Number: 00043			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
				20					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			86,856					
3	Gross Cost		8,614,908	8,614,908					
4	Cost per Unit			99.19					
5	SMA per Unit			82.94					
6	Published Charge per Unit			98.62					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		6,070					
8A		10/01/02 - 06/30/03		19,693					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		1,901					
9A		10/01/02 - 06/30/03		4,097					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		38					
10A		10/01/02 - 06/30/03		84					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		46					
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			54,927					
13	Medi-Cal Costs	07/01/02 - 09/30/02	602,060	602,060					
13A		10/01/02 - 06/30/03	1,953,272	1,953,272					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	503,446	503,446					
14A		10/01/02 - 06/30/03	1,633,337	1,633,337					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	598,623	598,623					
15A		10/01/02 - 06/30/03	1,942,124	1,942,124					
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	188,553	188,553					
17A		10/01/02 - 06/30/03	406,365	406,365					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	157,669	157,669					
18A		10/01/02 - 06/30/03	339,805	339,805					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	187,477	187,477					
19A		10/01/02 - 06/30/03	404,046	404,046					
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	3,769	3,769					
21A		10/01/02 - 06/30/03	8,332	8,332					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	3,152	3,152					
22A		10/01/02 - 06/30/03	6,967	6,967					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	3,748	3,748					
23A		10/01/02 - 06/30/03	8,284	8,284					
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	4,563	4,563					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	3,815	3,815					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	4,537	4,537					
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		5,447,995	5,447,995					

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: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY
Legal Entity Number: 00043
Mode: 15 - Outpatient (Program 1)

			A	B	C	D	E	F	G
				CR	CR	CR	CR		
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				01	10	60	70		
1	Allocation Percentage		100.00%	21.78%	52.71%	24.58%	0.92%		
2	Total Units			2,646,001	4,977,410	1,248,550	58,218		
3	Gross Cost		29,457,514	6,416,254	15,528,213	7,241,435	271,612		
4	Cost per Unit			2.42	3.12	5.80	4.67		
5	SMA per Unit			1.77	2.28	4.23	3.41		
6	Published Charge per Unit			2.10	2.71	5.03	4.05		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		357,931	602,359	122,881	7,724		
8A		10/01/02 - 06/30/03		1,124,498	1,797,795	392,790	28,657		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			1,085	55,312	68		
9A		10/01/02 - 06/30/03			4,840	145,016			
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		852	2,306	85			
10A		10/01/02 - 06/30/03		2,070	10,946	1,250	80		
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		21	85	120			
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03		50	85				
12	Non-Medi-Cal Units			1,160,579	2,557,909	531,096	21,689		
13	Medi-Cal Costs	07/01/02 - 09/30/02	3,495,875	867,942	1,879,202	712,695	36,036		
13A		10/01/02 - 06/30/03	10,747,260	2,726,781	5,608,649	2,278,133	133,697		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	2,553,042	633,538	1,373,379	519,787	26,339		
14A		10/01/02 - 06/30/03	7,848,556	1,990,361	4,098,973	1,661,502	97,720		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	3,033,422	751,655	1,632,393	618,091	31,282		
15A		10/01/02 - 06/30/03	9,325,265	2,361,446	4,872,024	1,975,734	116,061		
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	324,505		3,385	320,803	317		
17A		10/01/02 - 06/30/03	856,174		15,100	841,075			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	236,675		2,474	233,970	232		
18A		10/01/02 - 06/30/03	624,453		11,035	613,418			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	281,435		2,940	278,219	275		
19A		10/01/02 - 06/30/03	742,547		13,116	729,430			
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	9,753	2,066	7,194	493			
21A		10/01/02 - 06/30/03	46,791	5,020	34,149	7,250	373		
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	7,125	1,508	5,258	360			
22A		10/01/02 - 06/30/03	34,181	3,664	24,957	5,288	273		
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	8,466	1,789	6,249	428			
23A		10/01/02 - 06/30/03	40,622	4,347	29,664	6,288	324		
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	1,012	51	265	696			
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	739	37	194	508			
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	878	44	230	604			
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	386	121	265				
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03	282	89	194				
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03	335	105	230				
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		13,975,757	2,814,273	7,980,005	3,080,291	101,189		

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: SANTA CLARA COUNTY
County Code: 43
Legal Entity: SANTA CLARA COUNTY
Legal Entity Number: 00043
Mode: 15 - Outpatient (Program 2)

				ASO	ASO	MHS	MHS	MHS	MHS
			A	B	C	D	E	F	G
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				10	60	19	69	10	19
1	Allocation Percentage		100.00%	2.79%	0.57%	0.01%	0.17%	3.84%	0.18%
2	Total Units			57,480	3,060	575	480	24,765	60,960
3	Gross Cost		1,264,268	35,289	7,227	109	2,144	48,587	2,253
4	Cost per Unit			0.61	2.36	0.19	4.47	1.96	0.04
5	SMA per Unit			2.28	4.23	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		240	30			6,345	140
8A		10/01/02 - 06/30/03		480	45	30	170	17,125	55
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						580	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			56,760	2,985	545	310	715	60,765
13	Medi-Cal Costs	07/01/02 - 09/30/02	211,627	147	71			12,448	5
13A		10/01/02 - 06/30/03	656,497	295	106	6	759	33,598	2
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	325,856	547	127			14,467	319
14A		10/01/02 - 06/30/03	1,009,770	1,094	190	68	719	39,045	125
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	1,440					1,138	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	1,767					1,322	
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		394,704	34,847	7,050	103	1,385	1,403	2,246

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

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SANTA CLARA COUNTY
County Code: 43
Legal Entity: SANTA CLARA COUNTY
Legal Entity Number: 00043
Mode: 15 - Outpatient (Program 2)

			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
			60	69	10	10	10		
1	Allocation Percentage		82.54%	5.46%	2.95%	1.45%	0.04%		
2	Total Units		362,160	31,710	38,340	16,125	390		
3	Gross Cost		1,043,494	68,971	37,339	18,328	527		
4	Cost per Unit		2.88	2.18	0.97	1.14	1.35		
5	SMA per Unit		4.23	4.23	2.28	2.28	2.28		
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	59,145	6,570	12,030	1,980	210		
8A		10/01/02 - 06/30/03	182,860	24,980	24,750	14,445			
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	105						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		120,050	160	1,560	(300)	180		
13	Medi-Cal Costs	07/01/02 - 09/30/02	170,415	14,290	11,716	2,251	284		
13A		10/01/02 - 06/30/03	526,876	54,333	24,104	16,418			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	250,183	27,791	27,428	4,514	479		
14A		10/01/02 - 06/30/03	773,498	105,665	56,430	32,935			
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	303						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	444						
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		345,901	348	1,519	(341)	243		

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: SANTA CLARA COUNTY

County Code: 43

CR

	Legal Entity: SANTA CLARA COUNTY	A	B	C	D	E	F	G
	Legal Entity Number: 00043		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			10					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units							
3	Gross Cost	329,466	329,466					
4	Cost per Unit							
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs	329,466	329,466					

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: SANTA CLARA COUNTY

County Code: 43

	Legal Entity: SANTA CLARA COUNTY	A	B	C	D	E	F	G
	Legal Entity Number: 00043		MAA	MAA	MAA	MAA		
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			07	14	24	35		
1	Allocation Percentage	100.00%	2.10%	52.99%	5.94%	38.97%		
2	Total Units		1,740	35,790	1,725	23,670		
3	Total Expenditures	79,848	1,678	42,308	4,744	31,118		
4	Cost per Unit		0.96	1.18	2.75	1.31		
5	Non-Medi-Cal Costs	30,627						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

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

Fiscal Year 2002-2003

County: SANTA CLARA COUNTY
County Code 43
Legal Entity: SANTA CLARA COUNTY
Legal Entity Number: 00043

			REIMBURSEMENT TYPE				SMA		SMA			Costs	
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55			Total MAA	Total Inpatient Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col I + Col J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29								
1	Medi-Cal Costs	07/01/02 - 09/30/02					1,697,649		602,060	3,495,875	4,097,934	211,627	4,309,561
1A		10/01/02 - 06/30/03					5,992,742		1,953,272	10,747,260	12,700,532	656,497	13,357,028
2	Medi-Cal SMA	07/01/02 - 09/30/02					993,926		503,446	2,553,042	3,056,488	325,856	3,382,344
2A		10/01/02 - 06/30/03					4,037,546		1,633,337	7,848,556	9,481,894	1,009,770	10,491,664
3	Medi-Cal P. C.	07/01/02 - 09/30/02					1,468,800		598,623	3,033,422	3,632,045		3,632,045
3A		10/01/02 - 06/30/03					5,184,900		1,942,124	9,325,265	11,267,388		11,267,388
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					993,926		503,446	2,553,042	3,056,488	211,627	3,268,115
5A		10/01/02 - 06/30/03					4,037,546		1,633,337	7,848,556	9,481,894	656,497	10,138,390
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02					873,790		188,553	324,505	513,058		513,058
6A		10/01/02 - 06/30/03					1,707,011		406,365	856,174	1,262,540		1,262,540
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02					654,704		157,669	236,675	394,344		394,344
7A		10/01/02 - 06/30/03					1,362,237		339,805	624,453	964,258		964,258
8	Medicare/Medi-Cal Crossover P C.	07/01/02 - 09/30/02					756,000		187,477	281,435	468,912		468,912
8A		10/01/02 - 06/30/03					1,476,900		404,046	742,547	1,146,593		1,146,593
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					654,704		157,669	236,675	394,344		394,344
10A		10/01/02 - 06/30/03					1,362,237		339,805	624,453	964,258		964,258
11	Total SD/MC + Crossover Gross Reim	07/01/02 - 09/30/02					1,648,631		661,115	2,789,717	3,450,832	211,627	3,662,459
11A		10/01/02 - 06/30/03					5,399,783		1,973,143	8,473,009	10,446,152	656,497	11,102,648
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02							3,769	9,753	13,522		13,522
12A		10/01/02 - 06/30/03					3,121		8,332	46,791	55,123		55,123
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02							3,152	7,125	10,277		10,277
13A		10/01/02 - 06/30/03							6,967	34,181	41,148		41,148
14	Enhanced SD/MC (Children) P C.	07/01/02 - 09/30/02							3,748	8,466	12,214		12,214
14A		10/01/02 - 06/30/03					2,700		8,284	40,622	48,906		48,906
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							3,152	7,125	10,277		10,277
16A		10/01/02 - 06/30/03							6,967	34,181	41,148		41,148
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03							4,563	1,012	5,575	1,440	7,015
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03							3,815	739	4,554	1,767	6,320
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03							4,537	878	5,415		5,415
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					1,648,631		664,266	2,796,843	3,461,109	211,627	3,672,736
21A	(Excludes Refugees)	10/01/02 - 06/30/03					5,399,783		1,980,110	8,507,190	10,487,300	656,497	11,143,796
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03							3,815	739	4,554	1,440	5,994
23	Healthy Families Cost	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03								386	386		386
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03								282	282		282
25	Healthy Families P. C	07/01/02 - 09/30/02											
25A		10/01/02 - 06/30/03								335	335		335
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim	07/01/02 - 09/30/02											
27A		10/01/02 - 06/30/03								282	282		282
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02					430,477		40,977	49,556	90,533		90,533
28A		10/01/02 - 06/30/03					565,257		86,846	92,830	179,676		179,676
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		1,678	73,426	4,744	79,848							
33	Medi-Cal Eligibility Factor (Average)			60.82%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	1,678	44,658	2,885	49,221	1,218,154		623,290	2,747,286	3,370,576	211,627	3,582,203
35A		10/01/02 - 06/30/03					4,834,526		1,893,263	8,414,360	10,307,624	656,497	10,964,121
36	Net Due - Enhanced SD/MC (Refugees)								3,815	739	4,554	1,440	5,994
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
37A		10/01/02 - 06/30/03								282	282		282
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

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

Fiscal Year 2002-2003

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY
Legal Entity Number: 00043

Mode: 05 - Hospital Inpatient (SFC 10 - 19)					A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Data Type					SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using SMA Upper Limits				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars			
Source					From MH1901_Schedule_B_Supplemental			Calculated		From MH1966_HOSPINPT				From MH1901_Schedule_B				Calculated				Calculated			
Formula								B / (B + C)	C / (B + C)		(D * I)	(E * I)			(D * M)	(E * M)		(F - J)	(G - K)	(H - L)	(O + P)	(51.40% * N)	(50.00% * O)	(54.35% * P)	(S + T)
Period					1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP $ 07/01/02 - 09/30/02	2nd Period/ Part I FFP $ 10/01/02 - 03/30/03	2nd Period/ Part II FFP $ 04/01/02 - 06/30/03	Total 2nd Period FFP $ 04/01/02 - 06/30/03
MH1966 Cost Report Column	MH1901 Sch B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FFP % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%	
B	1	CR	05	10	1,515	3,640	1,801	66.90%	33.10%	1,269,873	3,051,048	1,509,598	4,560,646	430,477	378,154	187,103	565,257	839,396	2,672,894	1,322,495	3,995,389	431,450	1,336,447	718,776	2,055,223
C	2	CR	05	19	957	1,294	667	65.99%	34.01%	378,758	553,719	285,418	839,137					378,758	553,719	285,418	839,137	194,681	276,860	155,125	431,984
									Totals	1,648,631	3,604,767	1,795,016	5,399,783	430,477	378,154	187,103	565,257	1,218,154	3,226,613	1,607,913	4,834,526	626,131	1,613,307	873,901	2,487,207
									Equivalent values from MH1966	1,648,631			5,399,783	430,477			565,257								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1974 (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SANTA CLARA COUNTY
County Code: 43
Legal Entity: SANTA CLARA COUNTY
Legal Entity Number: 00043

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 SMA Upper Limits				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars			
Source					From MH1901 Schedule B Supplemental			Calculated		From MH1968 MODE5(OTHR)				From MH1901 Schedule B				Calculated				Calculated			
Formula								B / (B + C)	C / (B + C)		(D * I)	(E * I)			(D * M)	(E * M)		(F - J)	(G - K)	(H - L)	(O + P)	(51.40% * N)	(50.00% * O)	(54.35% * P)	(S + T)
Period					1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP $ 07/01/02 - 09/30/02	2nd Period/ Part I FFP $ 10/01/02 - 03/30/03	2nd Period/ Part II FFP $ 04/01/02 - 06/30/03	Total 2nd Period FFP $ 04/01/02 - 06/30/03
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 % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%	
B	3	CR	05	50																					
									Totals																
									Equivalent values from MH1968																

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: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY
Legal Entity Number: 00043

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 SMA Upper Limits				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars			
				Source	From MH1901_Schedule_B_Supplemental			Calculated		From MH1968_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
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%	
B	4	CR	10	20	7,971	14,993	8,797	63.02%	36.98%	661,115	1,243,519	729,623	1,973,143	40,977	54,732	32,114	86,846	620,138	1,188,787	697,509	1,886,296	318,751	594,393	379,096	973,490
				Totals						661,115	1,243,519	729,623	1,973,143	40,977	54,732	32,114	86,846	620,138	1,188,787	697,509	1,886,296	318,751	594,393	379,096	973,490
				Equivalent values from MH1968						661,115			1,973,143	40,977			86,846								

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: SANTA CLARA COUNTY
County Code: 43
Legal Entity: SANTA CLARA COUNTY
Legal Entity Number: 00043

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 SMA Upper Limits				Medi-Cal Patient and Other Payor Revenue				Net Direct Costs (Gross Reim Costs - Revenue)				FFP Dollars			
				Source	From MH1901_Schedule_B_Supplemental			Calculated		From MH1966_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	01	357,931	747,666	376,832	66.49%	33.51%	833,538	1,323,369	666,993	1,990,361	11	134	68	202	833,526	1,323,234	666,925	1,990,159	325,633	661,617	362,474	1,024,091
C	6	CR	15	10	603,444	1,191,594	611,041	66.10%	33.90%	1,375,852	2,716,834	1,393,173	4,110,006	1,720	3,153	1,617	4,770	1,374,132	2,713,681	1,391,557	4,105,238	706,304	1,356,841	756,311	2,113,152
D	7	CR	15	60	178,193	354,962	182,844	66.00%	34.00%	753,756	1,501,489	773,430	2,274,919	47,692	57,988	29,870	87,857	706,065	1,443,502	743,560	2,187,062	362,917	721,751	404,125	1,125,876
E	8	CR	15	70	7,792	19,070	9,967	66.55%	33.45%	26,571	65,029	32,692	97,720	133				26,437	65,029	32,692	97,720	13,589	32,514	17,768	50,282
									Totals	2,789,717	5,606,721	2,866,288	8,473,009	49,556	61,275	31,555	92,830	2,740,161	5,545,446	2,834,733	8,380,179	1,408,443	2,772,723	1,540,678	4,313,401
									Equivalent values from MH1966	2,789,717			8,473,009	49,556			92,830								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

County: SANTA CLARA COUNTY
County Code: 43

Legal Entity: SANTA CLARA COUNTY
Legal Entity Number: 00043

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

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 % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%	
B	9	ASO	15	10	240	480		100.00%		147	295		295					147	295		295	76	147		147
C	10	ASO	15	60	30	30	15	66.67%	33.33%	71	71	35	106					71	71	35	106	36	35	19	55
D	11	MHS	15	19			30		100.00%			6	6							6	6			3	3
E	12	MHS	15	69		65	105	38.24%	61.78%		290	469	759						290	469	759		145	255	400
F	13	MHS	15	10	6,345	11,980	5,145	69.96%	30.04%	12,448	23,504	10,094	33,598					12,448	23,504	10,094	33,598	6,398	11,752	5,486	17,238
G	14	MHS	15	19	140	55		100.00%		5	2		2					5	2		2	3	1		1
H	15	MHS	15	60	59,145	120,840	62,020	66.08%	33.92%	170,415	348,177	178,699	526,876					170,415	348,177	178,699	526,876	87,593	174,089	97,123	271,211
I	16	MHS	15	69	6,570	17,505	7,475	70.08%	29.92%	14,290	38,074	16,259	54,333					14,290	38,074	16,259	54,333	7,345	19,037	8,837	27,874
J	17	MHS	15	10	12,030	19,830	4,920	80.12%	19.88%	11,716	19,312	4,792	24,104					11,716	19,312	4,792	24,104	6,022	9,656	2,604	12,260
K	18	MHS	15	10	1,980	8,940	5,505	61.89%	38.11%	2,251	10,161	6,257	16,418					2,251	10,161	6,257	16,418	1,157	5,081	3,401	8,481
L	19	MHS	15	10	210					284								284				146			
									Totals	211,627	439,887	216,610	656,497					211,627	439,887	216,610	656,497	108,776	219,943	117,726	337,671
									Equivalent values from MH1968	211,627			656,497												

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: SANTA CLARA COUNTY
County Code: 43

	Legal Entity: SANTA CLARA COUNTY Legal Entity Number: 00043		A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50% FFP	F 51.40% FFP (FFP % Source: MH1978 E8)	G 51.48% FFP (FFP % Source: MH1978 F8)	H [1]Variable % FFP	I 75% FFP	J Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			7,048,414	14,822,527	21,870,941						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			1,867,312	48,796,864	50,664,176						
3	Total Medi-Cal Direct Service Gross Reimbursement					72,535,117						
4	Medi-Cal Administrative Reimbursement Limit					10,880,268						
5	Medi-Cal Administration					10,012,329						
6	Medi-Cal Administrative Reimbursement					10,012,329	5,006,165					5,006,165
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				31,536	31,536						
8	Healthy Families Administrative Reimbursement Limit					3,154						
9	Healthy Families Administration					9,798						
10	Healthy Families Administrative Reimbursement					3,154				2,058		2,058
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09		1,678			1,678	839					839
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		44,658			44,658	22,329					22,329
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)		2,885			2,885					2,164	2,164
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)					473,398					355,049	355,049
15	Other SD/MC Utilization Review (County Only)					173,459	86,730					86,730
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02		1,218,154	3,571,926	4,790,080		2,462,101				2,462,101
16A		10/01/02 - 06/30/03		4,834,526	10,922,973	15,757,499			8,111,769			8,111,769
17	Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02			10,277	10,277				6,781		6,781
17A		10/01/02 - 06/30/03			41,148	41,148				26,746		26,746
18	Enhanced SD/MC Net Reimb. (Refugees)				5,994	5,994				5,994		5,994
19	Total SD/MC Reimbursement Before Excess FFP											16,086,665
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											16,086,665
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											16,086,665
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02										
24A		10/01/02 - 06/30/03			282	282				183		183
25	Total Healthy Families Reimbursement Before Excess FFP											2,241
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											2,241