CALIFORNIA DEPARTMENT OF
Mental Health

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

January 13, 2009

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

Dear Mr. Heggarty:

AUDIT REPORT – NEVADA COUNTY BEHAVIORAL HEALTH

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Nevada County Behavioral Health for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC Units of Service/Time, Mode Costs, Utilization Review costs and Administrative Costs.

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

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

	Net Program Costs		
	Settled	Allowed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	$ 1,859,835	$ 1,840,562	$ (19,273)
Federal Share of Healthy Family	$ 42,800	$ 38,880	$ (3,920)
State General Funds EPSDT Due State	$ 388,745	$ 382,085	$ (6,660)

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 John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

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

SHIRLEY CASTANEDA, Supervisor
Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE I

NEVADA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL PROGRAM COSTS				
COUNTY PROVIDERS				
MEDI-CAL - FFP	(Sch. 2a)	$ 1,758,553	$ (15,006)	$ 1,743,547
HEALTHY FAMILIES - FFP	(Sch. 2a)	42,800	(3,920)	38,880
TOTAL FFP - COUNTY PROVIDERS		$ 1,801,353	$ (18,926)	$ 1,782,427
CONTRACT PROVIDERS				
MEDI-CAL - FFP	(Sch. 3)	$ 101,282	$ (4,267)	$ 97,015
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PROVIDERS		$ 101,282	$ (4,267)	$ 97,015
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 1,859,835	$ (19,273)	$ 1,840,562
HEALTHY FAMILIES - FFP		42,800	(3,920)	38,880
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		$ 1,902,635	$ (23,193)	$ 1,879,442
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF	(Sch. 4)	$ 388,745	$ (6,660)	$ 382,085

SCHEDULE 2

NEVADA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

			As Settled	Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement					
	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	$ 0	$ 0	$ 0
2	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	2,898,080	(46,304)	2,851,776
3	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	13,498	13,498
5	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	65,846	(11,468)	54,378
9	Total		$ 2,963,926	$ (44,274)	$ 2,919,652
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)	84,477	0	84,477
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		$ 84,477	$ 0	$ 84,477
Medi-Cal Net Reimbursement for Direct Services					
19	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	$ 0	$ 0	$ 0
20	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	2,813,603	(32,806)	2,780,797
21	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23	Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24	Healthy Families-O/P	(Ln 8 - Ln 17)	65,846	(11,468)	54,378
25	Total		$ 2,879,449	$ (44,274)	$ 2,835,175
Medi-Cal MAA Reimbursement					
26	Service Functions 01-09	(MH1979, Ln 11, Col. A)	$ 0	$ 0	$ 0
27	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28	Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29	Total		$ 0	$ 0	$ 0

NEVADA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004

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)	$ 470,249	$ (4,921)	$ 465,328
38 Medi-Cal Administration	(MH 1979, Ln 5)	$ 392,038	$ (4,438)	$ 387,600
39 Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 392,038	$ (4,438)	$ 387,600
Healthy Families Administrative Reimbursement				
40 Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 6,585	$ (1,147)	$ 5,438
41 Healthy Families Administration	(MH1979, Ln 9)	$ 0	$ 7,356	$ 7,356
42 Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 0	$ 5,438	$ 5,438
Utilization Review Reimbursement				
43 Skilled Professional	(MH1979, Ln 14, Col. D)	$ 84,013	$ 4,334	$ 88,347
~~44 Other Medi-Cal U.R.~~	~~(MH1979, Ln 15, Col. D)~~	~~$ 0~~	~~$ 0~~	~~$ 0~~
Net SD/MC Reimbursement - FFP				
45 Direct Services	(MH1979, Ln 16,16A)	$ 1,499,524	$ (24,812)	$ 1,474,712
46 Enhanced (Children)	(MH1979, Ln 17,17A)	0	8,774	8,774
47 Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48 MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49 Administrative Reimbursement	(MH1979, Ln 6)	196,019	(2,219)	193,800
50 U.R. Skilled Professional	(MH1979, Ln 14)	63,010	3,250	66,260
51 U.R. Other	(MH1979, Ln 15)	0	0	0
52 Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53 Subtotal- FFP		$ 1,758,553	$ (15,006)	$ 1,743,547
54 Contract Limitation Adjustment	(MH 1979, Ln 22)	$ 0	$ 0	$ 0
55 Quality Assurance Review Results	(Adj #)	0	0	0
56 Total SD/MC Reimbursement - FFP		$ 1,758,553	$ (15,006)	$ 1,743,547
Net Healthy Families Reimbursement - FFP				
57 Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 42,800	$ (7,454)	$ 35,346
58 Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59 Administrative Reimbursement	(MH1979, Ln 10)	0	3,535	3,535
60 Total Healthy Families Reimbursement - FFP		$ 42,800	$ (3,920)	$ 38,880
61 Total - FFP (Ln 56 + Ln 60)		$ 1,801,353	$ (18,926)	$ 1,782,427
				(To Sch. 1)

NEVADA COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity Number	Legal Entity	(1) Medi-Cal and Crossover Gross Cost	(2) Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Medi-Cal and Crossover Gross Cost	(7) 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)
00386	Milhouse Children's Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 40,175	$ 0	$ 0	$ 40,175	$ 0
00464	Yolo Community Care Continuum	$ 0	$ 0	$ 0	$ 0	$ 0	$ 37,440	$ 0	$ 0	$ 37,440	$ 0
00529	Willow Glen Care Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,524	$ 0	$ 0	$ 7,524	$ 0
00707	Pine Tree Gardens	$ 0	$ 0	$ 0	$ 0	$ 0	$ 98,770	$ 0	$ 0	$ 98,770	$ 0
00922	Rosewood Care Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,915	$ 0	$ 0	$ 5,915	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
	GRAND TOTAL	$ 0	$ 0	$ 0	$ 0	$ 0	$ 189,824	$ 0	$ 0	$ 189,824	$ 0

NEVADA COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2004

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)
00386	Milhouse Children's Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 40,175	$ 0	$ 0
00464	Yolo Community Care Continuum	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 37,440	$ 0	$ 0
00529	Willow Glen Care Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,524	$ 0	$ 0
00707	Pine Tree Gardens	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 98,770	$ 0	$ 0
00922	Rosewood Care Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,915	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
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0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
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0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
	GRAND TOTAL	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 189,824	$ 0	$ 0

NEVADA COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2004

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
00386	Milhouse Children's Services	$ 0	$ 0	$ 0	$ 0	$ 21,639	$ 0	$ 21,639	$ 58,630	$ 21,639
00464	Yolo Community Care Continuum	$ 0	$ 0	$ 0	$ 0	$ 19,824	$ 0	$ 19,824	$ 26,650	$ 19,824
00529	Willow Glen Care Center	$ 0	$ 0	$ 0	$ 0	$ 3,984	$ 0	$ 3,984	$ 22,959	$ 3,984
00707	Pine Tree Gardens	$ 0	$ 0	$ 0	$ 0	$ 52,613	$ 0	$ 52,613	$ 48,396	$ 48,396
00922	Rosewood Care Center	$ 0	$ 0	$ 0	$ 0	$ 3,172	$ 0	$ 3,172	$ 17,509	$ 3,172
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
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0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
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0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
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0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
	GRAND TOTAL	$ 0	$ 0	$ 0	$ 0	$ 101,232	$ 0	$ 101,232	$ 174,144	$ 97,015

(To Sch 1)

SCHEDULE 4

NEVADA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns 16, 16A, 17, 17A, 18) (including contractors)	$ 3,003,518	$ (46,395)	$ 2,957,123
(2) Total SD/MC Claims	3,402,358	0	3,402,358
(3) Percent % (Line 1/Line 2)	88.28%	-1.37%	86.91%
(4) EPSDT Claims	1,156,632	0	1,156,632
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	1,021,075	(15,846)	1,005,229
(6) Cost Settled Baseline for EPSDT	177,408	0	177,408
(7) Net Cost Settlement Amount (Line 5 - Line 6)	843,667	(15,846)	827,821
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	393,992	(7,400)	386,592
(8a) FY 2002-03 EPSDT Settlement	341,526	0	341,526
(8b) Annual Local Growth (L. 8 - 8a)	52,466	(7,400)	45,066
(9) County Match 10% of Local Growth (8b x 10%)	5,247	(740)	4,507
(10) Net Cost Settlement Amount (L. 8 - 9)	388,745	(6,660)	382,085
(11) SGF Distribution (Settled and Audited)	388,745	0	388,745
(12) SGF Due County (State)	$ 0	$ (6,660)	$ (6,660)
			(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 2001-2002, includes increase for FFS/MC provider rate increase

(9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants

(10) 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
NEVADA COUNTY	00029	32	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED ALLOWABLE SD/MC COST			
1	MH 1960	9	C	SD/MC ADMINISTRATION	$ 392,038	$ (4,438)	$ 387,600
2	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	0	7,356	7,356
3	MH 1960	11	C	NON SD/MC ADMINISTRATION	201,994	(2,918)	199,076
Info	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	$ 594,032		$ 594,032
				To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on percentage of audited Medi-Cal (including crossover costs) per form MH 1960 to total costs per form MH 1964 in accordance with cost report instructions.			
4	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)	$ 84,013	$ 4,334	$ 88,347
5	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	43,288	(4,334)	38,954
Info	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	$ 127,301		$ 127,301
				To reallocate total utilization review costs to Medi-Cal and non-Medi-Cal based on a percentage of audited Medi-Cal costs per form MH 1968 to total costs per form MH 1964 in accordance with cost report instructions.			
				ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE			
6	MH 1964	3	A	24-HOUR SERVICES (MODE 05)	$ 345,156	$ (220)	$ 344,936
7	MH 1964	4	A	DAY SERVICES (MODE 10)	317,441	(201)	317,240
8	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 Program 1)	3,385,393	(5,015)	3,380,378
Info				TOTAL	$ 4,047,990	$ (5,436)	$ 4,042,554
				To distribute audited Direct Services costs (Medi-Cal Modes) to 24-Hour Services, Day Services, and Outpatient Services using the Relative Value method based on published charges.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
NEVADA COUNTY	00029	32	June 30, 2004

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				
9	MH 1966A	8		TOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 54.35%		259,307	4,400	263,707 *
10	MH 1966A	8A		TOTAL MEDI-CAL MEDI/MEDI UNITS 52.95%		768,668	34,429	803,097 *
Info				TOTAL		1,027,975	38,829	1,066,804 *
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved Claims report dated April 21, 2008.				
11	MH 1966A	8		TOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 54.35%	**	263,707	(10,086)	253,621 *
12	MH 1966A	8A		TOTAL MEDI-CAL MEDI/MEDI UNITS 52.95%	**	803,097	(43,786)	759,311 *
Info				TOTAL	**	1,066,804	(53,872)	1,012,932 *
				To adjust the Department of Mental Health Summary of Approved Claims report to the County records.				
13	MH 1966A	8		TOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 54.35%	**	253,621	(3,105)	250,516 *
14	MH 1966A	8A		TOTAL MEDI-CAL MEDI/MEDI UNITS 52.95%	**	759,311	1,683	760,994 *
Info				TOTAL	**	1,012,932	(1,422)	1,011,510 *
				To adjust Medi-Cal and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records.				
15	MH 1966A	8		TOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 54.35%	**	250,516	(9,617)	240,899
16	MH 1966A	8A		TOTAL MEDI-CAL MEDI/MEDI UNITS 52.95%	**	760,994	(20,896)	740,098
Info				TOTAL	**	1,011,510	(30,513)	980,997
				To identify Medicare crossover units for settlement purpose.				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
NEVADA COUNTY	00029	32	June 30, 2004

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					
17	MH 1966A	10		TOTAL ENHANCE UNITS	07/1/03 - 09/30/03		0	1,215	1,215 *
18	MH 1966A	10A		TOTAL ENHANCE UNITS	10/1/03 - 06/30/04		0	5,330	5,330 *
Info				TOTAL			0	6,545	6,545 *
				To adjust Enhance units to agree with the State Department to Mental Health Summary of Approved Claims report dated April 21, 2008.					
Info	MH 1966A	10		TOTAL ENHANCE UNITS	07/1/03 - 09/30/03	**	1,215	0	1,215 *
Info	MH 1966A	10A		TOTAL ENHANCE UNITS	10/1/03 - 06/30/04	**	5,330	0	5,330 *
Info				TOTAL		**	6,545	0	6,545 *
				To adjust the Department of Mental Health Summary of Approved Claims report to agree with the County records.					
Info	MH 1966A	10		TOTAL ENHANCE UNITS	07/1/03 - 09/30/03	**	1,215	0	1,215
Info	MH 1966A	10A		TOTAL ENHANCE UNITS	10/1/03 - 06/30/04	**	5,330	0	5,330
Info				TOTAL		**	6,545	0	6,545
				To adjust Enhance units to the lesser of the Department of Mental Health Summary of Approved Claims report or the County records.					
19	MH 1966A	11		TOTAL HEALTHY FAMILY UNITS	07/1/03 - 09/30/03		11,417	(1,390)	10,027 *
20	MH 1966A	11A		TOTAL HEALTHY FAMILY UNITS	10/1/03 - 06/30/04		20,590	(2,035)	18,555 *
Info				TOTAL			32,007	(3,425)	28,582 *
				To adjust Healthy Family units to agree with the State Department to Mental Health Summary of Approved Claims report dated April 21, 2008.					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
NEVADA COUNTY	00029	32	June 30, 2004

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					
21	MH 1966A	11		TOTAL HEALTHY FAMILY UNITS	07/1/03 - 09/30/03	**	10,027	980	11,007 *
22	MH 1966A	11A		TOTAL HEALTHY FAMILY UNITS	10/1/03 - 06/30/04	**	18,555	(125)	18,430 *
Info				TOTAL		**	28,582	855	29,437 *
				To adjust the Department of Mental Health Summary of Approved Claims report to the County records.					
23	MH 1966A	11		TOTAL HEALTHY FAMILY UNITS	07/1/03 - 09/30/03	**	11,007	(1,070)	9,937
24	MH 1966A	11A		TOTAL HEALTHY FAMILY UNITS	10/1/03 - 06/30/04	**	18,430	(1,360)	17,070
Info				TOTAL		**	29,437	(2,430)	27,007
				To adjust Healthy Family units to the lesser of the Department of Mental Health Summary of Approved Claims report or the County records.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME CONTRACT PROVIDERS					
Info	MH 1966A	8		TOTAL MEDI-CAL UNITS 54.35%			5,033	0	5,033 *
25	MH 1966A	8A		TOTAL MEDI-CAL UNITS 52.95%			3,243	10	3,253 *
Info				TOTAL			8,276	10	8,286 *
				To adjust Medi-Cal units to agree with the State Department of Mental Health Summary of Approved Claims report dated April 21, 2008.					
Info	MH 1966A	8		TOTAL MEDI-CAL UNITS 54.35%		**	5,033	0	5,033 *
26	MH 1966A	8A		TOTAL MEDI-CAL UNITS 52.95%		**	3,253	(10)	3,243 *
Info				TOTAL		**	8,286	(10)	8,276 *
				To adjust the Department of Mental Health Summary of Approved Claims report to the County records.					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
NEVADA COUNTY	00029	32	June 30, 2004

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				
27	MH 1966A	8		TOTAL MEDI-CAL UNITS 54.35%	**	5,033	(33)	5,000
28	MH 1966A	8A		TOTAL MEDI-CAL UNITS 52.95%	**	3,243	(19)	3,224
Info				TOTAL	**	8,276	(52)	8,224
				To adjust Medi-Cal units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records.				
				ADJUSTMENTS TO REPORTED SHORT-DOYLE/MEDI-CAL SETTLEMENT				
29	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY		$ 1,758,553	$ (15,006)	$ 1,743,547
30	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY		42,800	(3,920)	38,880
31	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS		101,282	(4,267)	97,015
Info				TOTAL		$ 1,902,635	$ (23,193)	$ 1,879,442
				To adjust Total SD/MC Reimbursement (FFP) and Healthy Families Reimbursement (FFP) due to the adjustments to reported units for the County and Contract Provider's.				
32	Sch. 4			EPSDT - SGF		$ 388,745	$ (6,660)	$ 382,085
				To adjust the final settlement under EPSDT program to reflect the adjustments made to costs and units of service/time.				

* 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 (08/04)

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY
County Code: 29

	Legal Entity: NEVADA COUNTY	A	B	C
	Legal Entity Number: 00029	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	3,000,588	3,388,260	6,388,848
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(1,006,509)	(1,006,509)
4	Other Adjustments from MH 1962	(147,085)	(95,870)	(242,955)
5	Total Costs Before Medi-Cal Adjustments	2,853,503	2,285,881	5,139,384
6	Medi-Cal Adjustments from MH 1961		(26,758)	(26,758)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			5,112,626
	Administrative Costs (County Only)			
9	SD/MC Administration			387,600
10	Healthy Families Administration			7,356
11	Non-SD/MC Administration			199,076
12	Total Administrative Costs			594,032
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			88,347
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			38,954
16	Total Utilization Review Costs			127,301
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			4,391,293
19	Total Costs - Lines 9 through 18			5,112,626

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY
County Code: 29

Legal Entity: NEVADA COUNTY		A	B	C
Legal Entity Number: 00029		Salaries and Benefits	Other	Total Adjustments
1	Fixed Assets		(26,758)	(26,758)
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**		(26,758)	(26,758)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

OTHER ADJUSTMENTS
MH 1962 (08/04)

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY
County Code: 29

	Legal Entity: NEVADA COUNTY	A	B	C
	Legal Entity Number: 00029	Salaries and Benefits	Other	Total Adjustments
1	Alcohol & Drugs Programs	(147,085)	(95,870)	(242,955)
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**	(147,085)	(95,870)	(242,955)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (08/04)

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY

County Code: 29

	Legal Entity: NEVADA COUNTY	A
	Legal Entity Number: 00029	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	4,391,293
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	344,936
4	Day Services (Mode 10)	317,240
5	Outpatient Services (Mode 15 Program 1 + Program 2)	3,539,172
6	Outreach Services (Mode 45)	171,504
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	18,441
9	Total - Lines 2 through 8	4,391,293

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY
County Code: 29

CR

	Legal Entity: NEVADA COUNTY		A	B	C	D	E	F	G
	Legal Entity Number: 00029			Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (All Other SFC)		Mode Total	Function	Function	Function	Function	Function	Function
				65					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			2,837					
3	Gross Cost		344,936	344,936					
4	Cost per Unit			121.58					
5	SMA per Unit			134.63					
6	Published Charge per Unit			130.33					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		504					
8A		10/01/03 - 06/30/04		2,141					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			192					
13	Medi-Cal Costs	07/01/03 - 09/30/03	61,279	61,279					
13A		10/01/03 - 06/30/04	260,313	260,313					
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	67,854	67,854					
14A		10/01/03 - 06/30/04	288,243	288,243					
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	65,686	65,686					
15A		10/01/03 - 06/30/04	279,037	279,037					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		23,344	23,344					

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

MH 1966 (08/04)

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY
County Code: 29

			A	B	C	D	E	F	G
	Legal Entity: NEVADA COUNTY			CR	CR				
	Legal Entity Number: 00029			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Mode: 10 - Day Services		Mode Total	91	95				
1	Allocation Percentage		100.00%	14.40%	85.60%				
2	Total Units			664	2,528				
3	Gross Cost		317,240	45,697	271,543				
4	Cost per Unit			68.82	107.41				
5	SMA per Unit			76.20	118.94				
6	Published Charge per Unit			73.77	115.14				
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		50	593				
8A		10/01/03 - 06/30/04		271	1,721				
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			343	214				
13	Medi-Cal Costs	07/01/03 - 09/30/03	67,138	3,441	63,697				
13A		10/01/03 - 06/30/04	203,510	18,650	184,860				
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	74,341	3,810	70,531				
14A		10/01/03 - 06/30/04	225,346	20,650	204,696				
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	71,967	3,689	68,278				
15A		10/01/03 - 06/30/04	218,148	19,992	198,156				
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		46,592	23,606	22,987				

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY
County Code: 29

				CR	CR	CR	CR	CR	CR
Legal Entity: NEVADA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00029				Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Function	Function
				01	10	30	40	50	60
1	Allocation Percentage		100.00%	26.80%	4.10%	8.27%	17.81%	3.90%	29.83%
2	Total Units			568,831	67,598	136,298	293,443	64,242	264,929
3	Gross Cost		3,505,080	939,273	143,782	289,908	624,157	136,644	1,045,455
4	Cost per Unit			1.65	2.13	2.13	2.13	2.13	3.95
5	SMA per Unit			1.83	2.36	2.36	2.36	2.36	4.37
6	Published Charge per Unit			1.77	2.28	2.28	2.28	2.28	4.23
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		98,737	12,118	19,818	41,725	7,445	39,637
8A		10/01/03 - 06/30/04		334,353	27,392	55,365	137,788	28,504	110,326
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					525		9,092
9A		10/01/03 - 06/30/04					925		19,971
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		315	45	45	810		
10A		10/01/03 - 06/30/04		765	390	1,975	2,150		50
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		3,450	1,290	2,085	2,265	57	175
11A		10/01/03 - 06/30/04		4,680	1,380	3,210	5,885		1,060
12	Non-Medi-Cal Units			126,531	24,983	53,800	101,370	28,236	84,618
13	Medi-Cal Costs	07/01/03 - 09/30/03	529,116	163,038	25,775	42,153	88,750	15,836	156,414
13A		10/01/03 - 06/30/04	1,588,771	552,095	58,263	117,762	293,077	60,629	435,365
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	586,419	180,689	28,598	46,770	98,471	17,570	173,214
14A		10/01/03 - 06/30/04	1,760,950	611,866	64,645	130,661	325,180	67,269	482,125
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	567,173	174,764	27,629	45,185	95,133	16,975	167,665
15A		10/01/03 - 06/30/04	1,703,044	591,805	62,454	126,232	314,157	64,989	466,679
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	36,995				1,117		35,879
17A		10/01/03 - 06/30/04	80,776				1,967		78,809
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	40,971				1,239		39,732
18A		10/01/03 - 06/30/04	89,456				2,183		87,273
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	39,656				1,197		38,459
19A		10/01/03 - 06/30/04	86,586				2,109		84,477
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	2,434	520	96	96	1,723		
21A		10/01/03 - 06/30/04	11,064	1,263	830	4,201	4,573		197
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,700	576	106	106	1,912		
22A		10/01/03 - 06/30/04	12,274	1,400	920	4,661	5,074		219
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	2,610	558	103	103	1,847		
23A		10/01/03 - 06/30/04	11,860	1,354	889	4,503	4,902		212
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03	18,744	5,697	2,744	4,435	4,818	121	691
29A		10/01/03 - 06/30/04	34,668	7,728	2,935	6,828	12,517		4,183
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	20,787	6,314	3,044	4,921	5,345	135	765
30A		10/01/03 - 06/30/04	38,446	8,564	3,257	7,576	13,889		4,632
31	Healthy Families Published Charges	07/01/03 - 09/30/03	20,092	6,107	2,941	4,754	5,164	130	740
31A		10/01/03 - 06/30/04	37,162	8,284	3,146	7,319	13,418		4,484
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		1,202,511	208,932	53,139	114,433	215,615	60,059	333,917

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

MH 1966 (08/04)

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY
County Code: 29

			CR	CAW	CAW	CAW	CAW	CAW	CAW
Legal Entity: NEVADA COUNTY			H	I	J	K	L	M	N
Legal Entity Number: 00029			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)			70	01	30	40	50	60	70
1	Allocation Percentage		5.74%	0.74%	0.03%	0.70%	0.20%	1.46%	0.42%
2	Total Units		63,234	3,251	150	3,055	884	6,381	1,815
3	Gross Cost		201,159	26,095	1,204	24,522	7,093	51,219	14,569
4	Cost per Unit		3.18	8.03	8.03	8.03	8.02	8.03	8.03
5	SMA per Unit		3.52	1.83	2.36	2.36	2.36	4.37	3.52
6	Published Charge per Unit		3.41	1.77	2.28	2.28	2.28	4.23	3.41
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03	11,678						
8A		10/01/03 - 06/30/04	22,501						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03	75						
11A		10/01/03 - 06/30/04	150						
12	Non-Medi-Cal Units		28,830	3,251	150	3,055	884	6,381	1,815
13	Medi-Cal Costs	07/01/03 - 09/30/03	37,150						
13A		10/01/03 - 06/30/04	71,580						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	41,107						
14A		10/01/03 - 06/30/04	79,204						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	39,822						
15A		10/01/03 - 06/30/04	76,728						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03	239						
29A		10/01/03 - 06/30/04	477						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	264						
30A		10/01/03 - 06/30/04	528						
31	Healthy Families Published Charges	07/01/03 - 09/30/03	256						
31A		10/01/03 - 06/30/04	512						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		91,714	26,095	1,204	24,522	7,093	51,219	14,569

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

MH 1966 (08/04)

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY
County Code: 29

				MHS	MHS	MHS	ASO		
Legal Entity: NEVADA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00029				Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Mode Total	Function	Function	Function	Function	Function	Function
				37	38	39	34		
1	Allocation Percentage		100.00%	11.99%	26.86%	47.64%	13.52%		
2	Total Units			6,100	13,830	20,935	1,833		
3	Gross Cost		34,092	4,087	9,156	16,241	4,608		
4	Cost per Unit			0.67	0.66	0.78	2.51		
5	SMA per Unit			2.36	2.36	2.36	2.36		
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		755	1,260	6,177	402		
8A		10/01/03 - 06/30/04		1,945	6,345	10,093	1,353		
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03				540			
11A		10/01/03 - 06/30/04				705			
12	Non-Medi-Cal Units			3,400	6,225	3,420	78		
13	Medi-Cal Costs	07/01/03 - 09/30/03	7,143	506	834	4,792	1,011		
13A		10/01/03 - 06/30/04	16,735	1,303	4,201	7,830	3,401		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	20,282	1,782	2,974	14,578	949		
14A		10/01/03 - 06/30/04	46,577	4,590	14,974	23,819	3,193		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03	419			419			
29A		10/01/03 - 06/30/04	547			547			
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	1,274			1,274			
30A		10/01/03 - 06/30/04	1,664			1,664			
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		9,248	2,278	4,121	2,653	196		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

MH 1966 (08/04)

FISCAL YEAR 2003 - 2004

County: NEVADA COUNTY
County Code: 29

	Legal Entity: NEVADA COUNTY	A	B	C	D	E	F	G
	Legal Entity Number: 00029		CR	CR	CR			
	Mode: 45 - Outreach	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			10	20	11			
1	Allocation Percentage	100.00%	66.14%	3.34%	30.52%			
2	Total Units		198,448	11,015	1			
3	Gross Cost	171,504	113,440	5,725	52,339			
4	Cost per Unit		0.57	0.52	52,339.00			
5	Non-Medi-Cal Units		198,448	11,015	1			
6	Non-Medi-Cal Costs	171,504	113,440	5,725	52,339			