CALIFORNIA DEPARTMENT OF
Mental Health

Division of Program Compliance – Audits Branch
1600 9th Street, Sacramento, CA 95814
(916) 445-1554, FAX (916) 445-1588

January 23, 2009

Nancy Antoon, LCSW, Director
Trinity County Behavioral Health Services
1450 Main Street
P.O. Box 1640
Weaverville, CA 96093

Dear Ms. Antoon:

AUDIT REPORT – TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Trinity County Behavioral Health Services 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 included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

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

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

NET PROGRAM COSTS

	Settled	Allowed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	$ 930,310	$ 812,795	$ (117,515)
Federal Share of Healthy Families/Medi-Cal	$ 22,450	$ 16,038	$ (6,412)
State General Funds EPSDT Due State	$ 211,905	$ 190,073	$ (21,832)

If you disagree with any of the results of this audit, you may request an informal appeal conference.

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care 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

CHUKWUEMEKA OKEMIRI, CPA
Supervisor, Northern Region Audits

Enclosures

Certified Mail

SCHEDULE 1

TRINITY 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)	$ 883,876	$ (116,363)	$ 767,513
HEALTHY FAMILIES - FFP	(Sch. 2a)	22,450	(6,412)	16,038
TOTAL FFP - COUNTY PROVIDERS		$ 906,326	$ (122,775)	$ 783,551
CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 46,434	$ (1,152)	$ 45,282
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PROVIDERS		$ 46,434	$ (1,152)	$ 45,282
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 930,310	$ (117,515)	$ 812,795
HEALTHY FAMILIES - FFP		22,450	(6,412)	16,038
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		$ 952,760	$ (123,927)	$ 828,833
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF	(Sch. 4)	$ 211,905	$ (21,832)	$ 190,073

SCHEDULE 2

TRINITY 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				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	$ 0	$ 0	$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	1,280,327	(136,933)	1,143,394
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	7,118	7,118
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)	31,397	(8,967)	22,430
9. Total		$ 1,311,724	$ (138,781)	$ 1,172,943
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)	0	0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy 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		$ 0	$ 0	$ 0
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)	1,280,327	(129,814)	1,150,513
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)	31,397	(8,967)	22,430
25. Total		$ 1,311,724	$ (138,781)	$ 1,172,943
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

SCHEDULE 2a

TRINITY 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)	$ 205,016	$ (19,792)	$ 185,224
38. Medi-Cal Administration	(MH 1979, Ln 5)	$ 337,206	$ (134,797)	$ 202,409
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 205,016	$ (19,792)	$ 185,224
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 3,140	$ (897)	$ 2,243
41. Healthy Families Administration	(MH1979, Ln 9)	$ 7,539	$ (3,593)	$ 3,946
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 3,140	$ (897)	$ 2,243
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	$ 129,309	$ (60,148)	$ 69,161
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	$ 5,223	$ 13,537	$ 18,760
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	$ 681,774	$ (72,750)	$ 609,024
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	4,627	4,627
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)	102,508	(9,896)	92,612
50. U.R. Skilled Professional	(MH1979, Ln 14)	96,982	(45,111)	51,871
51. U.R. Other	(MH1979, Ln 15)	2,612	6,768	9,380
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		$ 883,876	$ (116,363)	$ 767,513
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		$ 883,876	$ (116,363)	$ 767,513
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 20,409	$ (5,829)	$ 14,580
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	2,041	(583)	1,458
60. Total Healthy Families Reimbursement - FFP		$ 22,450	$ (6,412)	$ 16,038
61. Total - FFP (Ln 56 + Ln 60)		$ 906,326	$ (122,775)	$ 783,551

(To Sch. 1)

TRINITY 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 (MH 1968, Ln 5, 5A, 10,10A)	(2) Enhanced - Children Gross Cost (MH 1968, Ln 16, 16A)	(3) Enhanced - Refugees Gross Cost (MH 1968, Ln 22)	(4) Total Gross Cost (Excl. HFP) (Col. 1 to 3)	(5) Healthy Families Gross Cost (MH 1968, Ln 27, 27A)	(6) Medi-Cal and Crossover Gross Cost (MH 1968, Ln 5, 5A, 10,10A)	(7) Enhanced - Children Gross Cost (MH 1968, Ln 16, 16A)	(8) Enhanced - Refugees Gross Cost (MH 1968, Ln 22)	(9) Total Gross Cost (Excl. HFP) (Col. 6 to 8)	(10) Healthy Families Gross Cost (MH 1968, Ln 27, 27A)
		INPATIENT					OUTPATIENT				
00484	NORTHVALLEY SCHOOLS INC.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 74,808	$ 0	$ 0	$ 74,808	$ 0
00529	WILLOW GLENN	$ 0	$ 0	$ 0	$ 0	$ 0	$ 8,951	$ 0	$ 0	$ 8,951	$ 0
00718	HRN	$ 0	$ 0	$ 0	$ 0	$ 0	$ 554	$ 0	$ 0	$ 554	$ 0
01042	VICTOR COMMUNITY CENTER	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 84,313	$ 0	$ 0	$ 84,313	$ 0

SCHEDULE 3a

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

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP Reimbursement
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
00484	NORTHVALLEY SCHOOLS INC.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 74,808	$ 0	$ 0
00529	WILLOW GLENN	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 8,951	$ 0	$ 0
00718	HRN	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 554	$ 0	$ 0
01042	VICTOR COMMUNITY CENTER	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 84,313	$ 0	$ 0

SCHEDULE 3b

TRINITY 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
00484	NORTHVALLEY SCHOOLS INC.	$ 0	$ 0	$ 0	$ 0	$ 40,150	$ 0	$ 40,150	$ 0	$ 40,150
00529	WILLOW GLENN	$ 0	$ 0	$ 0	$ 0	$ 4,831	$ 0	$ 4,831	$ 31,660	$ 4,831
00718	HRN	$ 0	$ 0	$ 0	$ 0	$ 301	$ 0	$ 301	$ 5,330	$ 301
01042	VICTOR COMMUNITY CENTER	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0	0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 45,282	$ 0	$ 45,282	$ 36,990	$ 45,282

(To Sch. 1)

SCHEDULE 4

TRINITY 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)	$ 1,366,770.00	$ (131,944.36)	$ 1,234,825.64
(2) Total SD/MC Claims	1,383,966.00	0.00	1,383,966.00
(3) Percent % (Line 1/Line 2)	0.99	(0.10)	0.89
(4) EPSDT Claims	503,627.00	0.00	503,627.00
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	497,382.00	(48,046.00)	449,336.00
(6) Cost Settled Baseline for EPSDT	42,328.00	0.00	42,328.00
(7) Net Cost Settlement Amount (Line 5 - Line 6)	455,054.00	(48,046.00)	407,008.00
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	212,510.00	(22,437.00)	190,073.00
(8a) FY 2001-02 EPSDT Settlement	206,461.00	0.00	206,461.00
(8b) Annual Local Growth (L. 8 - 8a)	6,049.00	(6,049.00)	0.00
(9) County Match 10% of Local Growth (8b x 10%)	604.90	(604.90)	0.00
(10) Net Cost Settlement Amount (L. 8 - 9)	211,905.10	(21,832.10)	190,073.00
(11) SGF Distribution (Settled and Audited)	211,905.10	0.00	211,905.10
(12) SGF Due County (State)	$ 0.00	$ (21,832.10)	$ (21,832.10)
			(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
TRINITY COUNTY	00053	36	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED COSTS					
1	MH 1960	1	C	MENTAL HEALTH EXPENDITURES		$ 2,641,390	$ (324,253)	$ 2,317,137	
				To adjust mental health expenditures to agree with County's records and supporting documents.					
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION		$ 2,192,079	$ (324,253)	$ 1,867,826	
				To adjust allowable costs for allocation to reflect the effect of adjustments No.1					
3	MH 1960	9	C	SD/MC ADMINISTRATION		$ 337,206	$ (118,997)	$ 218,209	*
4	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION		7,359	(2,597)	4,762	*
5	MH 1960	11	C	NON SD/MC ADMINISTRATION		63,033	(22,244)	40,789	*
Infor	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS		$ 407,598	(143,838)	$ 263,760	*
				To adjust the settled distribution of administrative costs based on County Records.					
6	MH 1960	13	C	SD/MC ADMINISTRATION	**	$ 218,209	$ (15,800)	$ 202,409	
7	MH 1960	14	C	HEALTHY FAMILIES ADMINISTRATION	**	4,762	(816)	3,946	
8	MH 1960	15	C	NON SD/MC ADMINISTRATION	**	40,789	16,616	57,405	
Info	MH 1960	Info	C	TOTAL ADMINISTRATIVE COSTS	**	$ 263,760	(0)	$ 263,760	
				To allocate Total administrative Costs based on the audited gross cost method percentages of 76.74 %for SD/MC, 1.5 % of HFP, and 21.76% for Non-SD/MC Administration.					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
TRINITY COUNTY	00053	36	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED COSTS				
9	MH1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)		$ 129,309	$ (45,618)	$ 83,691 *
10	MH1960	14	C	OTHER SD/MC UTILIZATION REVIEW		5,223	0	5,223 *
11	MH1960	15	C	NON-SD/MC UTILIZATION REVIEW		24,611	(8,699)	15,912 *
Info	MH1960	16	C	TOTAL UTILIZATION REVIEW COSTS		$ 159,143	$ (54,317)	$ 104,826 *
				To adjust the settled distribution of utiliztion review costs based on County Records.				
12	MH1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)	**	$ 83,691	$ (14,530)	$ 69,161
13	MH1960	14	C	OTHER SD/MC UTILIZATION REVIEW	**	$ 5,223	$ 13,537	$ 18,760
14	MH1960	15	C	NON-SD/MC UTILIZATION REVIEW	**	$ 15,912	$ 993	$ 16,905
Info	MH1960	16	C	TOTAL UTILIZATION REVIEW COSTS	**	$ 104,826	$ 0	$ 104,826
				To allocate the Non SD/MC Utilization Review portion related to SPMP and Other SD/MC Utilization Review based on the audited gross cost method 83.87 % for SD/MC and 16.13 % for Non SD/MC.				
15	MH1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA)		$ 1,625,339	$ (126,100)	$ 1,499,239
				To adjust the settled Mode Costs based on County Records				
				ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
16	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 Program 1 + Program2)		1,524,575	(126,100)	1,398,475
Info	MH 1964	5	A	OUTREACH SERVICES (MODE 45)		75,332	0	75,332
Info	MH 1964	8	A	SUPPORT SERVICES (MODE 60)		25,432	0	25,432
Info				TOTAL		1,625,339	(126,100)	1,499,239
				To distribute revised Direct Services cost to Other 24 Hour Services, Outpatient Servies, and Support Services based on the RVS method of allocation.				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
TRINITY COUNTY	00053	36	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2					
17	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03		122,304	3,141	125,445	*
18	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04		434,530	(16,750)	417,780	*
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03		0	0	0	*
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04		0	0	0	*
19	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03		0	470	470	*
20	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04		0	2,784	2,784	*
Info	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03		0	0	0	*
21	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03		3,515	(1,100)	2,415	*
22	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04		8,300	(360)	7,940	*
Info				TOTAL		568,649	(11,815)	556,834	*
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated August 27, 2008. (There are no units shown on disallowed claims report and there are no EPSDT audit findings.) The auditor submitted workpapers to the County which shows the details of the above adjustments. Phase II was included.					
23	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	125,445	(567)	124,878	*
Info	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	417,780	0	417,780	*
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	0	0	0	*
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	0	0	0	*
Info	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	470	0	470	*
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	2,784	0	2,784	*
Info	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	0	0	0	*
Info	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	**	2,415	0	2,415	*
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	7,940	0	7,940	*
				TOTAL	**	556,834	(567)	556,267	*
				To adjust the State DMH Approved Claims Report dated August 27, 2008 to exclude QA/UR audit findings.					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
TRINITY COUNTY	00053	36	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2					
24	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	124,878	(5,459)	119,419	*
25	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	417,780	6,026	423,806	*
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	0	0	0	*
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	0	0	0	*
Info	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	470	0	470	*
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	2,784	0	2,784	*
Info	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	0	0	0	*
Info	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	**	2,415	0	2,415	*
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	7,940	0	7,940	*
Info				TOTAL	**	556,267	567	556,834	*
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records (prior to an adjustments reflected in adjustment 29 below) and supporting documents. The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included.					
26	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	119,419	(567)	118,852	*
Info	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	423,806	0	423,806	*
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	0	0	0	*
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	0	0	0	*
Info	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	470	0	470	*
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	2,784	0	2,784	*
Info	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	0	0	0	*
Info	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	**	2,415	0	2,415	*
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	7,940	0	7,940	*
Info				TOTAL		556,834	(567)	556,267	
				To adjust the County's records to exclude QA/UR audit findings.					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
TRINITY COUNTY	00053	36	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2				
27	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	118,852	6,026	124,878
28	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	423,806	(6,026)	417,780
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	0	0	0
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	0	0	0
Info	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	470	0	470
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	2,784	0	2,784
Info	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	0	0	0
Info	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	**	2,415	0	2,415
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	7,940	0	7,940
Info				TOTAL		556,267	0	556,267

To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments. Phase II was included.

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
TRINITY COUNTY	00053	36	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS				
29	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03		17,191	(15)	17,176 *
Info	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04		4,497	0	4,497 *
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03		0	0	0 *
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04		0	0	0 *
Info	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03		0	0	0 *
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04		0	0	0 *
Info	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03		0	0	0 *
Info	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03		0	0	0 *
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04		0	0	0 *
Info				TOTAL		21,688	(15)	21,673
				To adjust the above mentioned settled units of service/time for the Contract Providers to agree with the State DMH Approved Claims Report dated August 27, 2008. (There are no units shown on disallowed claims report and there are no QA/UR and EPSDT audit findings.) The auditor submitted workpapers to the County which shows the details of the above adjustments.				
Info	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	17,176	0	17,176 *
Info	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	4,497	0	4,497 *
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	0	0	0 *
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	0	0	0 *
Info	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	0	0	0 *
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	0	0	0 *
Info	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	0	0	0 *
Info	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	**	0	0	0 *
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	0	0	0 *
Info				TOTAL		21,673	0	21,673
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted work papers to the County which shows the details of the above				

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
TRINITY COUNTY	00053	36	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS					
Info	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	17,176	0	17,176	*
Info	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	4,497	0	4,497	*
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	0	0	0	*
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	0	0	0	*
Info	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	0	0	0	*
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	0	0	0	*
Info	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	0	0	0	*
Info	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	**	0	0	0	*
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	0	0	0	*
Info				TOTAL		21,673	0	21,673	*
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments.					
30	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	17,176	(10)	17,166	
Info	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	4,497	0	4,497	
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	0	0	0	
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	0	0	0	
Info	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	0	0	0	
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	0	0	0	
Info	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	**	0	0	0	
Info	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	**	0	0	0	
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	0	0	0	
Info				TOTAL	**	21,673	(10)	21,663	
				To adjust the above mentioned units of service/time to exclude units under SFC which were not reported in cost report of NorthValley Schools, Inc. (Legal No. 00484)					

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
TRINITY COUNTY	00053	36	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 SETTLEMENT			
31	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB	$ 86,443	$ (2,130)	$ 84,313
				To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.			
32	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	$ 883,876	$ (116,363)	$ 767,513
33	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	22,449	(6,412)	16,038
Info				TOTAL REIMBURSEMENT - COUNTY	$ 906,325	$ (122,775)	$ 783,551
34	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	$ 46,434	$ (1,152)	$ 45,282
Info	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	0	0	0
Info				TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	$ 46,434	$ (1,152)	$ 45,282
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS			
35	SCH 4	1	3	SD/MC ACTUALS	$ 1,366,770	$ (131,944)	$ 1,234,826
				To adjust SD/MC actuals as a result of adjustments to total computable Medical Costs as reflected in the MH 1979 forms for both the County Program and its contract providers. The amounts utilized for this purpose was SD/MC and Enhanced for Outpatient services only.			
36	SCH 4	10	3	NET COST SETTLEMENT AMOUNT	$ 211,905	$ (21,832)	$ 190,073
				To adjust net cost settlement amount as a result of adjustments to SD/MC actuals (Total Computable Medical), total SD/MC claims and EPSDT claims.			

* 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: TRINITY COUNTY
County Code: 53

	Legal Entity: TRINITY COUNTY	A	B	C
	Legal Entity Number: 00053	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,174,355	1,142,781	2,317,136
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(363,575)	(363,575)
4	Other Adjustments from MH 1962		(85,736)	(85,736)
5	Total Costs Before Medi-Cal Adjustments	1,174,355	693,470	1,867,825
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,867,825
	Administrative Costs (County Only)			
9	SD/MC Administration			202,409
10	Healthy Families Administration			3,946
11	Non-SD/MC Administration			57,405
12	Total Administrative Costs			263,760
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			69,161
14	Other SD/MC Utilization Review			18,760
15	Non-SD/MC Utilization Review			16,905
16	Total Utilization Review Costs			104,826
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			1,499,239
19	Total Costs - Lines 9 through 18			1,867,825

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

OTHER ADJUSTMENTS
MH 1962 (08/04)

FISCAL YEAR 2003 - 2004

County: TRINITY COUNTY
County Code: 53

Legal Entity: TRINITY COUNTY		A	B	C
Legal Entity Number: 00053		Salaries and Benefits	Other	Total Adjustments
1	HRN - PRIOR YEAR		(226)	(226)
2	HRN - AOD PREVENTION COST REMOVAL		(94,151)	(94,151)
3	CONTRACT PROV PYMT ADJUSTMENTS (IN/OUT)		39,321	39,321
4	INPATIENT OFFSET		(40,294)	(40,294)
5	MISC ADJUSTMENT		8,626	8,626
6	PUBLIC GUARDIAN - 3RD QUARTER NOT IN GL		988	988
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**		(85,736)	(85,736)

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: TRINITY COUNTY

County Code: 53

	Legal Entity: TRINITY COUNTY	A
	Legal Entity Number: 00053	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,499,239
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,398,476
6	Outreach Services (Mode 45)	75,332
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	25,432
9	Total - Lines 2 through 8	1,499,239

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: TRINITY COUNTY
County Code: 53

				CR	CR	CR	CR	CR	
Legal Entity: TRINITY COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00053			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	30	60	70	33	
1	Allocation Percentage		100.00%	23.91%	59.17%	8.15%	8.58%	0.20%	
2	Total Units			200,355	384,485	28,585	37,395	1,167	
3	Gross Cost		1,397,393	334,085	826,793	113,822	119,939	2,754	
4	Cost per Unit			1.67	2.15	3.98	3.21	2.36	
5	SMA per Unit			1.83	2.36	4.37	3.52	2.36	
6	Published Charge per Unit			1.83	2.36	4.37	3.52	2.36	
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		46,930	69,603	2,865	5,480		
8A		10/01/03 - 06/30/04		133,015	249,425	19,335	16,005		
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			470				
10A		10/01/03 - 06/30/04		45	2,604		135		
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		75	2,335		5		
11A		10/01/03 - 06/30/04		485	7,050		405		
12	Non-Medi-Cal Units			19,805	52,998	6,385	15,365	1,167	
13	Medi-Cal Costs	07/01/03 - 09/30/03	256,912	78,254	149,674	11,408	17,576		
13A		10/01/03 - 06/30/04	886,482	221,798	536,361	76,989	51,334		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	281,955	85,882	164,263	12,520	19,290		
14A		10/01/03 - 06/30/04	972,892	243,417	588,643	84,494	56,338		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	281,955	85,882	164,263	12,520	19,290		
15A		10/01/03 - 06/30/04	972,892	243,417	588,643	84,494	56,338		
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	1,011		1,011				
21A		10/01/03 - 06/30/04	6,108	75	5,600		433		
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	1,109		1,109				
22A		10/01/03 - 06/30/04	6,703	82	6,145		475		
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	1,109		1,109				
23A		10/01/03 - 06/30/04	6,703	82	6,145		475		
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	5,162	125	5,021		16		
29A		10/01/03 - 06/30/04	17,268	809	15,160		1,299		
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	5,665	137	5,511		18		
30A		10/01/03 - 06/30/04	18,951	888	16,638		1,426		
31	Healthy Families Published Charges	07/01/03 - 09/30/03	5,665	137	5,511		18		
31A		10/01/03 - 06/30/04	18,951	888	16,638		1,426		
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		224,450	33,024	113,966	25,424	49,281	2,754	

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: TRINITY COUNTY
County Code: 53

	Legal Entity: TRINITY COUNTY Legal Entity Number: 00053 Mode: 15 - Outpatient (Program 2)		A Mode Total	B MHS Service Function 31	C MHS Service Function 32	D Service Function	E Service Function	F Service Function	G Service Function
1	Allocation Percentage		100.00%	71.10%	28.90%				
2	Total Units			275	150				
3	Gross Cost		1,083	770	313				
4	Cost per Unit			2.80	2.09				
5	SMA per Unit			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							
8A		10/01/03 - 06/30/04							
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							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			275	150				
13	Medi-Cal Costs	07/01/03 - 09/30/03							
13A		10/01/03 - 06/30/04							
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A		10/01/03 - 06/30/04							
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							
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		1,083	770	313				

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: TRINITY COUNTY
County Code: 53

			CR	CAW				
	Legal Entity: TRINITY COUNTY	A	B	C	D	E	F	G
	Legal Entity Number: 00053		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20	21				
1	Allocation Percentage	100.00%	50.29%	49.71%				
2	Total Units		765	728				
3	Gross Cost	75,332	37,884	37,448				
4	Cost per Unit		49.52	51.44				
5	Non-Medi-Cal Units		765	728				
6	Non-Medi-Cal Costs	75,332	37,884	37,448				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: TRINITY COUNTY
County Code: 53
Legal Entity: TRINITY COUNTY
Legal Entity Number: 00053

			REIMBURSEMENT TYPE				PC	Costs				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	07/01/03 - 09/30/03								256,912	256,912		256,912
1A		10/01/03 - 06/30/04								886,482	886,482		886,482
2	Medi-Cal SMA	07/01/03 - 09/30/03								281,955	281,955		281,955
2A		10/01/03 - 06/30/04								972,892	972,892		972,892
3	Medi-Cal P. C.	07/01/03 - 09/30/03								281,955	281,955		281,955
3A		10/01/03 - 06/30/04								972,892	972,892		972,892
4	Medi-Cal N. R.	07/01/03 - 09/30/03											
4A		10/01/03 - 06/30/04											
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03								256,912	256,912		256,912
5A		10/01/03 - 06/30/04								886,482	886,482		886,482
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03											
6A		10/01/03 - 06/30/04											
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03											
7A		10/01/03 - 06/30/04											
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03											
8A		10/01/03 - 06/30/04											
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03											
9A		10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03											
10A		10/01/03 - 06/30/04											
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03								256,912	256,912		256,912
11A		10/01/03 - 06/30/04								886,482	886,482		886,482
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03								1,011	1,011		1,011
12A		10/01/03 - 06/30/04								6,108	6,108		6,108
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								1,109	1,109		1,109
13A		10/01/03 - 06/30/04								6,703	6,703		6,703
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03								1,109	1,109		1,109
14A		10/01/03 - 06/30/04								6,703	6,703		6,703
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03											
15A		10/01/03 - 06/30/04											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03								1,011	1,011		1,011
16A		10/01/03 - 06/30/04								6,108	6,108		6,108
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04											
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04											
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04											
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04											
21	Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03								257,923	257,923		257,923
21A	(Excludes Refugees)	10/01/03 - 06/30/04								892,590	892,590		892,590
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04											
23	Healthy Families Cost	07/01/03 - 09/30/03								5,162	5,162		5,162
23A		10/01/03 - 06/30/04								17,268	17,268		17,268
24	Healthy Families SMA	07/01/03 - 09/30/03								5,665	5,665		5,665
24A		10/01/03 - 06/30/04								18,951	18,951		18,951
25	Healthy Families P. C.	07/01/03 - 09/30/03								5,665	5,665		5,665
25A		10/01/03 - 06/30/04								18,951	18,951		18,951
26	Healthy Families N. R.	07/01/03 - 09/30/03											
26A		10/01/03 - 06/30/04											
27	Healthy Families Gross Reim.	07/01/03 - 09/30/03								5,162	5,162		5,162
27A		10/01/03 - 06/30/04								17,268	17,268		17,268
	Less: Patient and Other Payor Revenue												
28	SD/MC + Crossover Revenue	07/01/03 - 09/30/03											
28A		10/01/03 - 06/30/04											
29	Enhanced SD/MC (Children) Revenue												
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03								257,923	257,923		257,923
35A		10/01/03 - 06/30/04								892,590	892,590		892,590
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/03 - 09/30/03								5,162	5,162		5,162
37A		10/01/03 - 06/30/04								17,268	17,268		17,268
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/03 - 09/30/03											
38A		10/01/03 - 06/30/04											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/03 - 09/30/03											
40A		10/01/03 - 06/30/04											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County: TRINITY COUNTY
County Code: 53

	Legal Entity: TRINITY COUNTY Legal Entity Number: 00053		A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50.00% FFP	F 54.35% FFP	G 52.95% FFP	H Variable % FFP	I 75.00% FFP	J Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement				1,150,513	1,150,513						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement				84,313	84,313						
3	Total Medi-Cal Direct Service Gross Reimbursement					1,234,826						
4	Medi-Cal Administrative Reimbursement Limit					185,224						
5	Medi-Cal Administration					202,409						
6	Medi-Cal Administrative Reimbursement					185,224	92,612					92,612
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				22,430	22,430						
7A	Contract Providers Healthy Families Direct Service Gross Reim.											
7B	Total Healthy Families Direct Service Gross Reimbursement					22,430						
8	Healthy Families Administrative Reimbursement Limit					2,243						
9	Healthy Families Administration					3,946						
10	Healthy Families Administrative Reimbursement					2,243				1,458		1,458
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09											
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)					69,161					51,871	51,871
15	Other SD/MC Utilization Review (County Only)					18,760	9,380					9,380
16	SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03			256,912	256,912		139,632				139,632
16A		10/01/03 - 06/30/04			886,482	886,482			469,392			469,392
17	Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03			1,011	1,011				657		657
17A		10/01/03 - 06/30/04			6,108	6,108				3,970		3,970
18	Enhanced SD/MC Net Reimb. (Refugees)											
19	Total SD/MC Reimbursement Before Excess FFP											767,513
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											767,513
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											767,513
24	Healthy Families Net Reimbursement	07/01/03 - 09/30/03			5,162	5,162				3,355		3,355
24A		10/01/03 - 06/30/04			17,268	17,268				11,224		11,224
25	Total Healthy Families Reimbursement Before Excess FFP											16,038
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											16,038

TRINITY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2004

FINDING 1: COUNTY COST ADJUSTMENT

Our examination disclosed that County overstated its costs and was not aware of this situation until after the submission of the annual cost report. This information was disclosed to County Financial Program Support (CFPS) by the County after cost report settlement.

AUDIT AUTHORITY

1. 42 Code of Federal Regulations, Section 433.300
2. Title 22, Section 51047

RECOMMENDATION

We recommend that County should reimburse back the state both federal financial participation (FFP) and state general fund (SGF) determined as overpayment within sixty days after becoming aware of the overpayment in accordance with federal and state regulations.

AUDITEE RESPONSE

FINDING 2: VICTOR COMMUNITY AND RELATED ORGANIZATION

Our examination disclosed that Victor Community reported Therapeutic Behavioral Service (TBS) units on the cost report. But the department's approved units and county records for TBS were reported under the North Valley legal entity, and not under Victor Community legal entity. Victor and North Schools are related organizations.

AUDIT AUTHORITY

1. 42 Code of Federal Regulations (CFR) 413

RECOMMENDATION

We recommend that County should exercise due care to ensure that services provided by related parties such as Victor Community and North Valley School should be properly reviewed before submission for Federal Financial Participation (FFP) and State General Fund (SGF) settlement purpose.

AUDITEE RESPONSE

We have not received County responses to the management comments before the Audit Report was issued.