CALIFORNIA DEPARTMENT OF
Mental Health

Audits – Northern Region
1600 9th Street, Sacramento, CA 95814
(916) 455-1554, FAX (916) 445-1588

April 30, 2009

Janice Melton, LCSW, Director
Madera County Behavioral Health Services
P.O. Box 1288
Madera, CA 93639-1288

Dear Ms. Melton:

MADERA COUNTY BEHAVIORAL HEALTH SERVICES
APPEAL SETTLEMENT
FISCAL PERIOD ENDED JUNE 30, 2004

In accordance with California Welfare and Institutions Code Section 14171, the audit report for Madera County Mental Health for the fiscal period ended June 30, 2004, has been revised to incorporate the agreement reached pursuant to Audit Appeal MH9-0604-720-CM.

In our opinion, the amount shown in the accompanying Summary of Federal Share of Short-Doyle/Medi-Cal Program Costs per Appeal (Schedule 1) represents the net amount allowable according to the above-mentioned statute.

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

	Net Program Costs		
	As Audited	As Appealed	Adjustment
Federal Share of Short-Doyle/Medi-Cal	$ 757,355	$ 1,377,372	$ 620,017
Federal Share of Healthy Families/Medi-Cal	$ 34,459	$ 33,312	$ (1,147)
State General Funds EPSDT Due State	$ 65,847	$ 299,637	$ 233,790

Should you have any questions, please do not hesitate to contact us at the above number.

Sincerely,

CHUKWUEMEKA OKEMIRI, CPA
Audits Supervisor – Northern Region

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

Enclosures

CERTIFIED MAIL

SCHEDULE 1

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

		As Audited	Adjustments	Per Appeal
NET REIMBURSABLE MEDI-CAL PROGRAM COSTS				
COUNTY PROVIDERS				
MEDI-CAL - FFP	(Sch. 2a)	$ 496,281	$ 424,984	$ 921,265
HEALTHY FAMILIES - FFP	(Sch. 2a)	25,088	(104)	24,984
TOTAL FFP - COUNTY PROVIDERS		$ 521,370	$ 424,880	$ 946,249
CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 261,074	$ 195,033	$ 456,107
HEALTHY FAMILIES - FFP		9,371	(1,043)	8,328
TOTAL FFP - COUNTY PROVIDERS		$ 270,445	$ 193,990	$ 464,435
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 757,355	$ 620,017	$ 1,377,372
HEALTHY FAMILIES - FFP		34,459	(1,147)	33,312
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		$ 791,814	$ 618,870	$ 1,410,684
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF	(Sch. 4)	$ 65,847	$ 233,790	$ 299,637

SCHEDULE 2

MADERA 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 Audited	Adjustments	Per Appeal
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)	662,802	581,596	1,244,398
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)	4,750	(414)	4,336
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)	33,778	(0)	33,778
9. Total		$ 701,330	$ 581,182	$ 1,282,512
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)	667,552	581,182	1,248,734
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)	33,778	(0)	33,778
25. Total		$ 701,330	$ 581,182	$ 1,282,512
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

MADERA 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 Audited	Adjustments	Per Appeal
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)	$ 172,022	$ 141,182	$ 313,204
38. Medi-Cal Administration	(MH 1979, Ln 5)	$ 260,610	$ 226,890	$ 487,500
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 172,022	$ 141,182	$ 313,204
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 4,819	$ (160)	$ 4,659
41. Healthy Families Administration	(MH1979, Ln 9)	$ 13,187	$ (0)	$ 13,187
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 4,819	$ (160)	$ 4,659
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	$ 50,676	$ 41,994	$ 92,670
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	$ 34,202	$ 28,343	$ 62,545
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	$ 352,075	$ 308,995	$ 661,070
46. Enhanced (Children)	(MH1979, Ln 17,17A)	3,088	(270)	2,818
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)	86,011	70,591	156,602
50. U.R. Skilled Professional	(MH1979, Ln 14)	38,007	31,495	69,502
51. U.R. Other	(MH1979, Ln 15)	17,101	14,171	31,272
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		$ 496,281	$ 424,983	$ 921,265
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		$ 496,281	$ 424,983	$ 921,265
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 21,956	$ (0)	$ 21,956
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	3,133	(105)	3,028
60. Total Healthy Families Reimbursement - FFP		$ 25,088	$ (105)	$ 24,984
61. Total - FFP (Ln 56 + Ln 60)		$ 521,370	$ 424,878	$ 946,249
				(To Sch. 1)

Madera Co Behavioral Health Svc
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				
00233	KINGS VIEW	$ 0	$ 0	$ 0	$ 0	$ 0	$ 833,645	$ 5,651	$ 0	$ 839,296	$ 12,812
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 833,645	$ 5,651	$ 0	$ 839,296	$ 12,812

Madera Co Behavioral Health Svc
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)
00233	KINGS VIEW	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 839,296	$ 12,812	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 839,296	$ 12,812	$ 0

Madera Co Behavioral Health Svc
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
00233	KINGS VIEW	$ 0	$ 0	$ 0	$ 0	$ 456,107	$ 8,328	$ 464,435	$ 4,836,876	$ 464,435
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 456,107	$ 8,328	$ 464,435	$ 4,836,876	$ 464,435

(To Sch 1)

SCHEDULE 4

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

	As Audited	Adjustments	Per Appeal
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	$ 1,146,814.26	$ 941,215.49	$ 2,088,029.75
(2) Total SD/MC Claims	3,106,277.00	0.00	3,106,277.00
(3) Percent % (Line 1/Line 2)	0.37	0.30	0.67
(4) EPSDT Claims	1,652,217.00	0.00	1,652,217.00
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	609,999.00	500,621.00	1,110,620.00
(6) Cost Settled Baseline for EPSDT	468,999.00	0.00	468,999.00
(7) Net Cost Settlement Amount (Line 5 - Line 6)	141,000.00	500,621.00	641,621.00
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	65,847.00	233,790.00	299,637.00
(8a) FY 2001-02 EPSDT Settlement	904,101.00	0.00	904,101.00
(8b) Annual Local Growth (L. 8 - 8a)	0.00	0.00	0.00
(9) County Match 10% of Local Growth (8b x 10%)	0.00	0.00	0.00
(10) Net Cost Settlement Amount (L. 8 - 9)	65,847.00	233,790.00	299,637.00
(11) SGF Distribution (Settled and Audited)	65,847.00	0.00	65,847.00
(12) SGF Due County (State)	$ 0.00	$ 233,790.00	$ 233,790.00
			(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 2003-2004, includes increase for FFS/MC provider rate increase

(7) Settlement amount prior to 10% match calculation (8) - (9)

(11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors) Includes adjustment for additional SGF or Audit Recovery.

(12) Amount owed back to the state cannot be more than was paid.

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
MADERA COUNTY	00020	16	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	Per Appeal
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS			
1	MH 1960	9	C	SD/MC ADMINISTRATION	$ 260,610	$ 226,890	$ 487,500
Info	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	13,187	(0)	13,187
2	MH 1960	11	C	NON SD/MC ADMINISTRATION	1,037,275	(226,891)	810,384
Info	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	$ 1,311,071	0	$ 1,311,071
				To reallocate Total administrative Costs based on the revised gross cost method percentages of 37.18%for SD/MC, 1.01% of HFP, and 61.81% for Non-SD/MC Administration as a result of Medi-Cal units settlement.			
3	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	$ 50,676	$ 41,994	$ 92,670
4	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	34,202	28,343	62,545
5	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	299,211	(70,336)	228,875
Info	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	$ 384,089	0	$ 384,089
				To reallocate Total Utilization Review Costs (UR) revised on the audited gross cost method percentage of 24.13 % of Skilled Professional Medical Personnel and 16.28 % of Other SD/MC Utilization Review, and 59.59 % of No-SD/MC Utilization Review as a result of Medi-Cal units settlement..			

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
MADERA COUNTY	00020	16	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	Per Appeal
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO AUDITED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2			
6	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	74,439	70,086	144,525
7	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	458,232	436,144	894,376
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	6,124	0	6,124
8	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	34,488	(370)	34,118
9	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	1,480	(340)	1,140
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	2,958	0	2,958
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	3,775	0	3,775
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	24,752	0	24,752
Info				TOTAL	606,248	505,520	1,111,768
				To adjust the above mentioned audited units of service/time as a result of agreements reached between the DMH and the County pursuant to appeal agreements based on additional supporting documentation submitted by the County.			
				ADJUSTMENTS TO AUDITED MEDICAL UNITS/TIME CONTRACT PROVIDERS			
10	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	176,235	122,449	298,684
11	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	0	17,662	17,662
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	19,138	0	19,138
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	2,275	0	2,275
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	5,015	0	5,015
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	0	0	0
Info				TOTAL	202,663	140,111	342,774
				To adjust the above mentioned audited units of service/time as a result of agreements reached between the DMH and the County pursuant to appeal agreements based on additional supporting documentation submitted by the County.			

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
MADERA COUNTY	00020	16	June 30, 2004

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	Per Appeal
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO AUDITED SD/MC SETTLEMENT			
12	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	$ 496,281	$ 424,984	$ 921,265
13	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	25,088	(104)	24,984
Info				TOTAL REIMBURSEMENT - COUNTY	$ 521,370	$ 424,880	$ 946,249
14	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	$ 261,074	$ 195,033	$ 456,107
15	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	9,371	(1,043)	8,328
Info				TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	$ 270,445	$ 193,990	$ 464,435
				To adjust audited Total SD/MC Reimbursement (FFP) due to the adjustments to audited units.			
				ADJUSTMENTS TO AS AUDITED EPSDT STATE GENERAL FUNDS			
16	SCH 4	10	3	NET COST SETTLEMENT AMOUNT	$ 65,847	$ 233,790	$ 299,637
				To adjust audited net cost settlement amount as a result of adjustments to SD/MC actuals (Total Computable Medical).			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: MADERA COUNTY
County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc	A	B	C
	Legal Entity Number: 00020	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	3,402,155	3,469,340	6,871,495
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(2,099,115)	(2,099,115)
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments	3,402,155	1,370,225	4,772,380
6	Medi-Cal Adjustments from MH 1961	(4,550)	285,642	281,092
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			5,053,472
	Administrative Costs (County Only)			
9	SD/MC Administration			487,500
10	Healthy Families Administration			13,187
11	Non-SD/MC Administration			810,384
12	Total Administrative Costs			1,311,071
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			92,670
14	Other SD/MC Utilization Review			62,545
15	Non-SD/MC Utilization Review			228,875
16	Total Utilization Review Costs			384,089
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			3,358,312
19	Total Costs - Lines 9 through 18			5,053,472

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

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

FISCAL YEAR 2003 - 2004

County: MADERA COUNTY
County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc	A	B	C
	Legal Entity Number: 00020	Salaries and Benefits	Other	Total Adjustments
1	Wages	(4,550)		(4,550)
2	A87		156,248	156,248
3	Deprecation		(46,025)	(46,025)
4	Adjust		0	
5	Encumbrance		175,419	175,419
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**	(4,550)	285,642	281,092

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: MADERA COUNTY
County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc	A
	Legal Entity Number: 00020	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	3,358,312
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	147,864
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	3,025,802
6	Outreach Services (Mode 45)	167,602
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	17,044
9	Total - Lines 2 through 8	3,358,312

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: MADERA COUNTY
County Code: 20

			A	B	C	D	E	F	G
Legal Entity: Madera Co Behavioral Health Svc				CR					
Legal Entity Number: 00020			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Other 24 Hour Services (All Other SFC)				85					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			2,683					
3	Gross Cost		147,864	147,864					
4	Cost per Unit			55.11					
5	SMA per Unit								
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 (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			2,683					
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		147,864	147,864					

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

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: MADERA COUNTY
County Code: 20

				CR	CR	CR	CR		
Legal Entity: Madera Co Behavioral Health Svc			A	B	C	D	E	F	G
Legal Entity Number: 00020				Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Function	Function
				01	10	60	70		
1	Allocation Percentage		100.00%	18.36%	62.58%	12.96%	6.10%		
2	Total Units			625,264	1,455,564	116,425	141,820		
3	Gross Cost		2,832,368	519,974	1,772,604	367,125	172,666		
4	Cost per Unit			0.83	1.22	3.15	1.22		
5	SMA per Unit			1.83	2.36	4.37	3.52		
6	Published Charge per Unit			1.85	2.45	4.60	3.68		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		31,948	78,737		1,000		
8A		10/01/03 - 06/30/04		229,715	519,791	40,410	24,740		
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		3,210	2,854		60		
9A		10/01/03 - 06/30/04			26,757	1,675	5,686		
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		490	230				
10A		10/01/03 - 06/30/04		397	2,346		155		
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		435	3,340				
11A		10/01/03 - 06/30/04		2,759	21,628	140	225		
12	Non-Medi-Cal Units			356,310	799,881	74,200	109,954		
13	Medi-Cal Costs	07/01/03 - 09/30/03	123,673	26,568	95,887		1,217		
13A		10/01/03 - 06/30/04	981,587	191,033	633,008	127,426	30,121		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	247,804	58,465	185,819		3,520		
14A		10/01/03 - 06/30/04	1,910,762	420,378	1,226,707	176,592	87,085		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	255,689	59,104	192,906		3,680		
15A		10/01/03 - 06/30/04	1,975,390	424,973	1,273,488	185,886	91,043		
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	6,218	2,669	3,476		73		
17A		10/01/03 - 06/30/04	44,789		32,585	5,282	6,923		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	12,821	5,874	6,735		211		
18A		10/01/03 - 06/30/04	90,481		63,147	7,320	20,015		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	13,152	5,939	6,992		221		
19A		10/01/03 - 06/30/04	94,184		65,555	7,705	20,924		
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	688	407	280				
21A		10/01/03 - 06/30/04	3,376	330	2,857		189		
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	1,440	897	543				
22A		10/01/03 - 06/30/04	6,809	727	5,537		546		
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	1,470	907	564				
23A		10/01/03 - 06/30/04	7,053	734	5,748		570		
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	4,429	362	4,067				
29A		10/01/03 - 06/30/04	29,349	2,294	26,339	441	274		
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	8,678	796	7,882				
30A		10/01/03 - 06/30/04	57,495	5,049	51,042	612	792		
31	Healthy Families Published Charges	07/01/03 - 09/30/03	8,988	805	8,183				
31A		10/01/03 - 06/30/04	59,565	5,104	52,989	644	828		
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		1,638,259	296,310	974,105	233,976	133,869		

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: MADERA COUNTY
County Code: 20

				ASO	ASO	MHS	MHS	MHS	MHS
Legal Entity: Madera Co Behavioral Health Svc			A	B	C	D	E	F	G
Legal Entity Number: 00020			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				10	60	10	60	10	60
1	Allocation Percentage		100.00%	13.99%	0.73%	0.44%	1.21%	6.59%	
2	Total Units			21,540	225	565	1,560	113,470	
3	Gross Cost		193,434	27,055	1,415	846	2,345	12,752	
4	Cost per Unit			1.26	6.29	1.50	1.50	0.11	
5	SMA per Unit			2.36	4.37	2.36	4.37	2.36	4.37
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		3,840	30		30	2,500	
8A		10/01/03 - 06/30/04		14,655	195	565	850	10,080	
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			3,045			680	100,890	
13	Medi-Cal Costs	07/01/03 - 09/30/03	24,474	4,823	189		45	281	
13A		10/01/03 - 06/30/04	63,657	18,407	1,226	846	1,278	1,133	
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	81,995	9,062	131		131	5,900	
14A		10/01/03 - 06/30/04	199,888	34,586	852	1,333	3,715	23,789	
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	230						
21A		10/01/03 - 06/30/04	43						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	1,132						
22A		10/01/03 - 06/30/04	142						
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		105,031	3,825			1,022	11,338	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

MH 1966 (08/04)

FISCAL YEAR 2003 - 2004

County: MADERA COUNTY
County Code: 20

			MHS	MHS	MHS	MHS	MHS		
Legal Entity: Madera Co Behavioral Health Svc			H	I	J	K	L	M	N
Legal Entity Number: 00020			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)			10	10	10	60	10		
1	Allocation Percentage		14.34%	11.44%	4.04%	36.93%	10.28%		
2	Total Units		29,070	31,025	21,260	49,435	20,940		
3	Gross Cost		27,741	22,133	7,814	71,440	19,893		
4	Cost per Unit		0.95	0.71	0.37	1.45	0.95		
5	SMA per Unit		2.36	2.36	2.36	4.37	2.36		
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03	5,160	11,700	7,405	2,175			
8A		10/01/03 - 06/30/04	15,975	19,095	13,505	4,800			
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			350	70			
10A		10/01/03 - 06/30/04		60					
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		7,935	170		42,390	20,940		
13	Medi-Cal Costs	07/01/03 - 09/30/03	4,924	8,347	2,722	3,143			
13A		10/01/03 - 06/30/04	15,245	13,622	4,964	6,937			
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	12,178	27,612	17,476	9,505			
14A		10/01/03 - 06/30/04	37,701	45,064	31,872	20,976			
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			129	101			
21A		10/01/03 - 06/30/04		43					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03			826	306			
22A		10/01/03 - 06/30/04		142					
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		7,572	121	(0)	61,259	19,893		

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: MADERA COUNTY
County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc	A	B	C	D	E	F	G
	Legal Entity Number: 00020		CR	CR				
	Mode: 45 - Outreach	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			10	20				
1	Allocation Percentage	100.00%	83.23%	16.77%				
2	Total Units		1,424	287				
3	Gross Cost	167,602	139,489	28,113				
4	Cost per Unit		97.96	97.95				
5	Non-Medi-Cal Units		1,424	287				
6	Non-Medi-Cal Costs	167,602	139,489	28,113				

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: MADERA COUNTY

County Code: 20

CR

	Legal Entity: Madera Co Behavioral Health Svc	A	B	C	D	E	F	G
	Legal Entity Number: 00020		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
			30					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		174					
3	Gross Cost	17,044	17,044					
4	Cost per Unit		97.96					
5	Non-Medi-Cal Units (Same as Line 2)		174					
6	Non-Medi-Cal Costs (Same as Line 3)	17,044	17,044					

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: MADERA COUNTY
County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc		A	B	C	D	E	F	G	H	I	J
	Legal Entity Number: 00020		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement				1,248,734	1,248,734						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement				839,296	839,296						
3	Total Medi-Cal Direct Service Gross Reimbursement					2,088,030						
4	Medi-Cal Administrative Reimbursement Limit					313,204						
5	Medi-Cal Administration					487,500						
6	Medi-Cal Administrative Reimbursement					313,204	156,602					156,602
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				33,778	33,778						
7A	Contract Providers Healthy Families Direct Service Gross Reim.				12,812	12,812						
7B	Total Healthy Families Direct Service Gross Reimbursement					46,590						
8	Healthy Families Administrative Reimbursement Limit					4,659						
9	Healthy Families Administration					13,187						
10	Healthy Families Administrative Reimbursement					4,659				3,028		3,028
	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)					92,670					69,502	69,502
15	Other SD/MC Utilization Review (County Only)					62,545	31,272					31,272
16	SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03			154,364	154,364		83,897				83,897
16A		10/01/03 - 06/30/04			1,090,034	1,090,034			577,173			577,173
17	Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03			917	917				596		596
17A		10/01/03 - 06/30/04			3,419	3,419				2,222		2,222
18	Enhanced SD/MC Net Reimb. (Refugees)											
19	Total SD/MC Reimbursement Before Excess FFP											921,265
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											921,265
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											921,265
24	Healthy Families Net Reimbursement	07/01/03 - 09/30/03			4,429	4,429				2,879		2,879
24A		10/01/03 - 06/30/04			29,349	29,349				19,077		19,077
25	Total Healthy Families Reimbursement Before Excess FFP											24,984
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											24,984

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 29, 2009

Janice Melton, LCSW, Director
Madera County Behavioral Health Services
P.O. Box 1288
Madera, CA 93639-1288

Dear Ms. Melton:

AUDIT REPORT – MADERA COUNTY BEHAVIORAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Madera 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	$ 1,504,399	$ 757,355	$ (747,044)
Federal Share of Healthy Families/Medi-Cal	$ 33,312	$ 34,459	$ 1,147
State General Funds EPSDT Due State	$ 336,905	$ 65,847	$ (271,058)

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,

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

Chuk Okemiri
CHUKWUEMEKA OKEMIRI, CPA
Supervisor, Northern Region Audits

Enclosures

Certified Mail

SCHEDULE 1

MADERA 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)	$ 1,086,037	$ (589,756)	$ 496,281
HEALTHY FAMILIES - FFP	(Sch. 2a)	24,984	104	25,088
TOTAL FFP - COUNTY PROVIDERS		$ 1,111,021	$ (589,651)	$ 521,370
CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 418,362	$ (157,289)	$ 261,074
HEALTHY FAMILIES - FFP		8,328	1,043	9,371
TOTAL FFP - COUNTY PROVIDERS		$ 426,690	$ (156,246)	$ 270,445
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 1,504,399	$ (747,044)	$ 757,355
HEALTHY FAMILIES - FFP		33,312	1,147	34,459
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		$ 1,537,711	$ (745,896)	$ 791,815
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF	(Sch. 4)	$ 336,905	$ (271,058)	$ 65,847

SCHEDULE 2

MADERA 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)	662,802	0	662,802
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)	852,534	(847,784)	4,750
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)	33,778	(0)	33,778
9. Total		$ 1,549,114	$ (847,784)	$ 701,330
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)	1,515,336	(847,784)	667,552
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)	33,778	(0)	33,778
25. Total		$ 1,549,114	$ (847,784)	$ 701,330
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

MADERA 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)	$ 335,723	$ (163,701)	$ 172,022
38. Medi-Cal Administration	(MH 1979, Ln 5)	$ 262,214	$ (1,604)	$ 260,610
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 262,214	$ (90,192)	$ 172,022
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 4,659	$ 160	$ 4,819
41. Healthy Families Administration	(MH1979, Ln 9)	$ 5,900	$ 7,287	$ 13,187
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 4,659	$ 160	$ 4,819
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	$ 44,789	$ 5,887	$ 50,676
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	$ 30,229	$ 3,973	$ 34,202
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	$ 352,075	$ 0	$ 352,075
46. Enhanced (Children)	(MH1979, Ln 17,17A)	554,148	(551,060)	3,088
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)	131,107	(45,096)	86,011
50. U.R. Skilled Professional	(MH1979, Ln 14)	33,592	4,415	38,007
51. U.R. Other	(MH1979, Ln 15)	15,115	1,986	17,101
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		$ 1,086,037	$ (589,756)	$ 496,281
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		$ 1,086,037	$ (589,756)	$ 496,281
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 21,956	$ (0)	$ 21,956
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	3,028	105	3,133
60. Total Healthy Families Reimbursement - FFP		$ 24,984	$ 104	$ 25,088
61. Total - FFP (Ln 56 + Ln 60)		$ 1,111,021	$ (589,651)	$ 521,370
				(To Sch. 1)

MADERA 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)
00233	KINGS VIEW	$ 0	$ 0	$ 0	$ 0	$ 0	$ 473,676	$ 5,586	$ 0	$ 479,262	$ 14,417
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 473,676	$ 5,586	$ 0	$ 479,262	$ 14,417

MADERA 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)
00233	KINGS VIEW	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 479,262	$ 14,417	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 479,262	$ 14,417	$ 0

MADERA 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
00233	KINGS VIEW	$ 0	$ 0	$ 0	$ 0	$ 261,074	$ 9,371	$ 270,445	$ 2,578,055	$ 270,445
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
0		0 $ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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	$ 261,074	$ 9,371	$ 270,445	$ 2,578,055	$ 270,445

(To Sch. 1)

SCHEDULE 4

MADERA 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)	$ 2,238,150.00	$ (1,091,335.74)	$ 1,146,814.26
(2) Total SD/MC Claims	3,106,277.00	0.00	3,106,277.00
(3) Percent % (Line 1/Line 2)	0.72	(0.35)	0.37
(4) EPSDT Claims	1,652,217.00	0.00	1,652,217.00
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	1,190,422.00	(580,423.00)	609,999.00
(6) Cost Settled Baseline for EPSDT	468,999.00	0.00	468,999.00
(7) Net Cost Settlement Amount (Line 5 - Line 6)	721,423.00	(580,423.00)	141,000.00
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	336,905.00	(271,058.00)	65,847.00
(8a) FY 2001-02 EPSDT Settlement	904,101.00	0.00	904,101.00
(8b) Annual Local Growth (L. 8 - 8a)	0.00	0.00	0.00
(9) County Match 10% of Local Growth (8b x 10%)	0.00	0.00	0.00
(10) Net Cost Settlement Amount (L. 8 - 9)	336,905.00	(271,058.00)	65,847.00
(11) SGF Distribution (Settled and Audited)	336,905.00	0.00	336,905.00
(12) SGF Due County (State)	$ 0.00	$ (271,058.00)	$ (271,058.00)
			(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
MADERA COUNTY	00053	24	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	9	C	SD/MC ADMINISTRATION	$ 262,214	$ (1,604)	$ 260,610
2	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	5,900	7,287	13,187
3	MH 1960	11	C	NON SD/MC ADMINISTRATION	1,042,957	(5,682)	1,037,275
Info	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	$ 1,311,071	(0)	$ 1,311,071
				To allocate Total administrative Costs based on the audited gross cost method percentages of 19.88%for SD/MC, 1.01% of HFP, and 79.12% for Non-SD/MC Administration.			
4	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	$ 44,789	$ 5,887	$ 50,676
5	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	30,229	3,973	34,202
6	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	309,071	(9,860)	299,211
Info	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	$ 384,089	0	$ 384,089
				To allocate Total Utilization Review Costs (UR) based on the audited gross cost method percentage of 13.19 % of Skilled Professional Medical Personnel and 8.90% of Other SD/MC Utilization Review, and 77.90 % of No-SD/MC Utilization Review.			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
MADERA COUNTY	00053	24	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					
7	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03		74,439	75,411	149,850	*
8	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04		458,232	433,074	891,306	*
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03		6,124	0	6,124	*
9	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04		34,488	(185)	34,303	*
10	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03		69,436	(67,956)	1,480	*
11	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04		653,704	(650,746)	2,958	*
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		3,775	0	3,775	*
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04		24,752	0	24,752	*
Info				TOTAL		1,324,950	(210,402)	1,114,548	*
				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 December 10, 2008 (Excluding disallowed claims of 14,251 uos/uoc). (There are no QA UR and EPSDT audit findings.) The auditor submitted workpapers to the County which shows the details of the above adjustments. Phase II was included.					
12	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	149,850	(75,411)	74,439	
13	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	891,306	(433,074)	458,232	
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	6,124	0	6,124	
14	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	**	34,303	185	34,488	
Info	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	**	1,480	0	1,480	
Info	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	**	2,958	0	2,958	
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	**	3,775	0	3,775	
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	24,752	0	24,752	
				TOTAL	**	1,114,548	(508,300)	606,248	
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the settled units 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
MADERA COUNTY	00053	24	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				
15	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03		176,235	140,291	316,526 *
Info	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04		0	0	0 *
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03		19,138	0	19,138 *
Info	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04		0	0	0 *
16	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03		95,850	(93,575)	2,275 *
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		5,015	0	5,015 *
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04		0	0	0 *
Info				TOTAL		296,238	46,716	342,954
				To adjust the above mentioned settled units of service/time for the Contract Providers to agree with the State DMH Approved Claims Report dated December 10, 2008. (There are no units shown on disallowed claims report and there are no EPSD and QA/UR audit findings.) The auditor submitted workpapers to the County which shows the details of the above adjustments.				
17	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	**	316,526	(140,291)	176,235
Info	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	**	0	0	0
Info	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	**	19,138	0	19,138
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	**	2,275	0	2,275
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	**	5,015	0	5,015
Info	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	**	0	0	0
Info				TOTAL		342,954	(140,291)	202,663
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units or the settled units 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
MADERA COUNTY	00053	24	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			
18	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB	$ 722,814	$ (243,552)	$ 479,262
				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.			
19	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	$ 1,086,035	$ (589,755)	$ 496,281
20	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	24,984	103	25,088
				TOTAL REIMBURSEMENT - COUNTY	$ 1,111,019	$ (589,651)	$ 521,370
21	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	$ 418,364	$ (157,289)	$ 261,074
22	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	8,328	1,043	9,371
Info				TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	$ 426,692	$ (156,246)	$ 270,445
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS			
23	SCH 4	1	3	SD/MC ACTUALS	$ 2,238,150	$ (1,091,336)	$ 1,146,814
				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.			
24	SCH 4	10	3	NET COST SETTLEMENT AMOUNT	$ 336,905	$ (271,058)	$ 65,847
				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.

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

MEDI-CAL UNIT OF SERVICE

Our review disclosed the County had reported Enhanced Medi-Cal units on the cost report but these units are not properly enhanced Medi-Cal units and this is consistent with the prior year cost report. As a result, the settlement of these units resulted in an overpayment to the county.

Also, during the review, the county was not able to provide to the auditors Medi-Cal unit records for which they have been reimbursed by the state. They said that their database system's problem was the direct cause of their inability to obtain this information. Because of the difficulty in obtaining the Medi-Cal records, the settled cost report was substituted for the County records.

Audit Authority

1. Center for the Medicare and Medicaid (CMS) Pub. 15-1, Section 2300
2. 42 Code of Federal Regulations 413.53

Recommendation

We recommend that the County should exercise due care to ensure that billing policies and procedures can be reviewed when submitting claims for services provided to Medi-Cal beneficiaries. Also, the County should maintain adequate records which are the source for the claimed state reimbursements throughout the year.

Auditee Response

Madera County agrees with the Auditor's recommendation around exercising due care in ensuring that billing policies and procedures should be followed when submitting claims for services provided to Medi-Cal beneficiaries and also that adequate records should be maintained for multiple years or until an audit is conducted. It has become increasingly evident as a result of this and prior audits that our former data base (CMHC) is not suitable for retrieving data after the fact in cases where our original cost report unit documentation has degraded to a point where it is no longer usable or reliable. We have made multiple attempts to restore our original unit data directly from our former CMHC system, however, we have continued to encounter problems and the data we have been able to pull has often been rejected as insufficient or not properly formatted. Fortunately, Madera has switched to a new data base program (08/09) called Anasazi, which shows great promise in providing acceptable reports that should meet the requirements of our auditors far into the future. In regards to this current audit of 2003-04 we are still in the process of attempting to pull data from CMHC to resolve the adjustment numbers 12, 13, and 17 in the draft audit report.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: MADERA COUNTY
County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc	A	B	C
	Legal Entity Number: 00020	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	3,402,155	3,469,340	6,871,495
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(2,099,115)	(2,099,115)
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments	3,402,155	1,370,225	4,772,380
6	Medi-Cal Adjustments from MH 1961	(4,550)	285,642	281,092
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			5,053,472
	Administrative Costs (County Only)			
9	SD/MC Administration			260,610
10	Healthy Families Administration			13,187
11	Non-SD/MC Administration			1,037,275
12	Total Administrative Costs			1,311,071
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			50,676
14	Other SD/MC Utilization Review			34,202
15	Non-SD/MC Utilization Review			299,211
16	Total Utilization Review Costs			384,089
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			3,358,312
19	Total Costs - Lines 9 through 18			5,053,472

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

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

FISCAL YEAR 2003 - 2004

County: MADERA COUNTY
County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc	A	B	C
	Legal Entity Number: 00020	Salaries and Benefits	Other	Total Adjustments
1	Wages	(4,550)		(4,550)
2	A87		156,248	156,248
3	Deprecation		(46,025)	(46,025)
4	Adjust		0	
5	Encumbrance		175,419	175,419
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**	(4,550)	285,642	281,092

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: MADERA COUNTY

County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc	A
	Legal Entity Number: 00020	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	3,358,312
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	147,864
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	3,025,802
6	Outreach Services (Mode 45)	167,602
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	17,044
9	Total - Lines 2 through 8	3,358,312

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

MH 1966 (08/04)

FISCAL YEAR 2003 - 2004

County: MADERA COUNTY
County Code: 20

CR

			A	B	C	D	E	F	G
Legal Entity: Madera Co Behavioral Health Svc									
Legal Entity Number: 00020									
Mode: 05 - Other 24 Hour Services (All Other SFC)			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				85					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			2,683					
3	Gross Cost		147,864	147,864					
4	Cost per Unit			55.11					
5	SMA per Unit								
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 (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			2,683					
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		147,864	147,864					

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: MADERA COUNTY
County Code: 20

				CR	CR	CR	CR		
Legal Entity: Madera Co Behavioral Health Svc			A	B	C	D	E	F	G
Legal Entity Number: 00020			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	10	60	70		
1	Allocation Percentage		100.00%	18.36%	62.58%	12.96%	6.10%		
2	Total Units			625,264	1,455,564	116,425	141,820		
3	Gross Cost		2,832,368	519,974	1,772,604	367,125	172,666		
4	Cost per Unit			0.83	1.22	3.15	1.22		
5	SMA per Unit			1.83	2.36	4.37	3.52		
6	Published Charge per Unit			1.85	2.45	4.60	3.68		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		3,287	37,132		1,180		
8A		10/01/03 - 06/30/04		163,422	154,605	39,035	21,450		
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		3,185	2,879		60		
9A		10/01/03 - 06/30/04			26,967	1,895	5,626		
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		490	570				
10A		10/01/03 - 06/30/04		397	2,346		155		
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		435	3,340				
11A		10/01/03 - 06/30/04		2,759	21,628	140	225		
12	Non-Medi-Cal Units			451,289	1,206,097	75,355	113,124		
13	Medi-Cal Costs	07/01/03 - 09/30/03	49,390	2,733	45,220		1,437		
13A		10/01/03 - 06/30/04	473,388	135,903	188,280	123,090	26,115		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	97,800	6,015	87,632		4,154		
14A		10/01/03 - 06/30/04	910,017	299,062	364,868	170,583	75,504		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	101,397	6,081	90,973		4,342		
15A		10/01/03 - 06/30/04	939,610	302,331	378,782	179,561	78,936		
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	6,228	2,649	3,506		73		
17A		10/01/03 - 06/30/04	45,666		32,841	5,976	6,850		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	12,834	5,829	6,794		211		
18A		10/01/03 - 06/30/04	91,727		63,642	8,281	19,804		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	13,167	5,892	7,054		221		
19A		10/01/03 - 06/30/04	95,490		66,069	8,717	20,704		
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	1,102	407	694				
21A		10/01/03 - 06/30/04	3,376	330	2,857		189		
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,242	897	1,345				
22A		10/01/03 - 06/30/04	6,809	727	5,537		546		
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	2,303	907	1,397				
23A		10/01/03 - 06/30/04	7,053	734	5,748		570		
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	4,429	362	4,067				
29A		10/01/03 - 06/30/04	29,349	2,294	26,339	441	274		
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	8,678	796	7,882				
30A		10/01/03 - 06/30/04	57,495	5,049	51,042	612	792		
31	Healthy Families Published Charges	07/01/03 - 09/30/03	8,988	805	8,183				
31A		10/01/03 - 06/30/04	59,565	5,104	52,989	644	828		
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		2,219,441	375,295	1,468,800	237,618	137,728		

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

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: MADERA COUNTY
County Code: 20

				ASO	ASO	MHS	MHS	MHS	MHS
Legal Entity: Madera Co Behavioral Health Svc			A	B	C	D	E	F	G
Legal Entity Number: 00020			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				10	60	10	60	10	60
1	Allocation Percentage		100.00%	13.99%	0.73%	0.44%	1.21%	6.59%	
2	Total Units			21,540	225	565	1,560	113,470	
3	Gross Cost		193,434	27,055	1,415	846	2,345	12,752	
4	Cost per Unit			1.26	6.29	1.50	1.50	0.11	
5	SMA per Unit			2.36	4.37	2.36	4.37	2.36	4.37
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		3,840	30		30	2,500	
8A		10/01/03 - 06/30/04		14,655	195	565	850	10,080	
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			3,045			680	100,890	
13	Medi-Cal Costs	07/01/03 - 09/30/03	24,474	4,823	189		45	281	
13A		10/01/03 - 06/30/04	63,657	18,407	1,226	846	1,278	1,133	
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	81,995	9,062	131		131	5,900	
14A		10/01/03 - 06/30/04	199,888	34,586	852	1,333	3,715	23,789	
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	230						
21A		10/01/03 - 06/30/04	43						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	1,132						
22A		10/01/03 - 06/30/04	142						
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		105,031	3,825			1,022	11,338	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

MH 1966 (08/04)

FISCAL YEAR 2003 - 2004

County: MADERA COUNTY
County Code: 20

			MHS	MHS	MHS	MHS	MHS		
Legal Entity: Madera Co Behavioral Health Svc			H	I	J	K	L	M	N
Legal Entity Number: 00020			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)									
			10	10	10	60	10		
1	Allocation Percentage		14.34%	11.44%	4.04%	36.93%	10.28%		
2	Total Units		29,070	31,025	21,260	49,435	20,940		
3	Gross Cost		27,741	22,133	7,814	71,440	19,893		
4	Cost per Unit		0.95	0.71	0.37	1.45	0.95		
5	SMA per Unit		2.36	2.36	2.36	4.37	2.36		
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03	5,160	11,700	7,405	2,175			
8A		10/01/03 - 06/30/04	15,975	19,095	13,505	4,800			
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			350	70			
10A		10/01/03 - 06/30/04		60					
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		7,935	170		42,390	20,940		
13	Medi-Cal Costs	07/01/03 - 09/30/03	4,924	8,347	2,722	3,143			
13A		10/01/03 - 06/30/04	15,245	13,622	4,964	6,937			
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	12,178	27,612	17,476	9,505			
14A		10/01/03 - 06/30/04	37,701	45,064	31,872	20,976			
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			129	101			
21A		10/01/03 - 06/30/04		43					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03			826	306			
22A		10/01/03 - 06/30/04		142					
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		7,572	121	(0)	61,259	19,893		

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: MADERA COUNTY
County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc	A	B	C	D	E	F	G
	Legal Entity Number: 00020							
	Mode: 45 - Outreach	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			CR 10	CR 20				
1	Allocation Percentage	100.00%	83.23%	16.77%				
2	Total Units		1,424	287				
3	Gross Cost	167,602	139,489	28,113				
4	Cost per Unit		97.96	97.95				
5	Non-Medi-Cal Units		1,424	287				
6	Non-Medi-Cal Costs	167,602	139,489	28,113				

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: MADERA COUNTY

County Code: 20

CR

	Legal Entity: Madera Co Behavioral Health Svc	A	B	C	D	E	F	G
	Legal Entity Number: 00020		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
			30					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		174					
3	Gross Cost	17,044	17,044					
4	Cost per Unit		97.96					
5	Non-Medi-Cal Units (Same as Line 2)		174					
6	Non-Medi-Cal Costs (Same as Line 3)	17,044	17,044					

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: MADERA COUNTY
County Code: 20
Legal Entity: Madera Co Behavioral Health Svc
Legal Entity Number: 00020

			REIMBURSEMENT TYPE				PC	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55			Total MAA	Total Inpatient				Total Outpatient		Total Outpatient
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29		Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude Program (2)	Mode 15 Program (2)	(Col I + Col J)
1	Medi-Cal Costs	07/01/03 - 09/30/03								49,390	49,390	24,474	73,863
1A		10/01/03 - 06/30/04								473,388	473,388	63,657	537,045
2	Medi-Cal SMA	07/01/03 - 09/30/03								97,800	97,800	81,995	179,795
2A		10/01/03 - 06/30/04								910,017	910,017	199,888	1,109,905
3	Medi-Cal P. C.	07/01/03 - 09/30/03								101,397	101,397		101,397
3A		10/01/03 - 06/30/04								939,610	939,610		939,610
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								49,390	49,390	24,474	73,863
5A		10/01/03 - 06/30/04								473,388	473,388	63,657	537,045
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03								6,228	6,228		6,228
6A		10/01/03 - 06/30/04								45,666	45,666		45,666
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03								12,834	12,834		12,834
7A		10/01/03 - 06/30/04								91,727	91,727		91,727
8	Medicare/Medi-Cal Crossover P. C	07/01/03 - 09/30/03								13,167	13,167		13,167
8A		10/01/03 - 06/30/04								95,490	95,490		95,490
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								6,228	6,228		6,228
10A		10/01/03 - 06/30/04								45,666	45,666		45,666
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03								55,618	55,618	24,474	80,091
11A		10/01/03 - 06/30/04								519,054	519,054	63,657	582,711
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03								1,102	1,102	230	1,331
12A		10/01/03 - 06/30/04								3,376	3,376	43	3,419
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								2,242	2,242	1,132	3,374
13A		10/01/03 - 06/30/04								6,809	6,809	142	6,950
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03								2,303	2,303		2,303
14A		10/01/03 - 06/30/04								7,053	7,053		7,053
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								1,102	1,102	230	1,331
16A		10/01/03 - 06/30/04								3,376	3,376	43	3,419
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								56,719	56,719	24,703	81,423
21A	(Excludes Refugees)	10/01/03 - 06/30/04								522,429	522,429	63,700	586,130
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04											
23	Healthy Families Cost	07/01/03 - 09/30/03								4,429	4,429		4,429
23A		10/01/03 - 06/30/04								29,349	29,349		29,349
24	Healthy Families SMA	07/01/03 - 09/30/03								8,678	8,678		8,678
24A		10/01/03 - 06/30/04								57,495	57,495		57,495
25	Healthy Families P. C.	07/01/03 - 09/30/03								8,988	8,988		8,988
25A		10/01/03 - 06/30/04								59,565	59,565		59,565
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								4,429	4,429		4,429
27A		10/01/03 - 06/30/04								29,349	29,349		29,349
	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								56,719	56,719	24,703	81,423
35A		10/01/03 - 06/30/04								522,429	522,429	63,700	586,130
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/03 - 09/30/03								4,429	4,429		4,429
37A		10/01/03 - 06/30/04								29,349	29,349		29,349
	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: MADERA COUNTY
County Code: 20

	Legal Entity: Madera Co Behavioral Health Svc		A	B	C	D	E	F	G	H	I	J
	Legal Entity Number: 00020		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement				667,552	667,552						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement				479,262	479,262						
3	Total Medi-Cal Direct Service Gross Reimbursement					1,146,814						
4	Medi-Cal Administrative Reimbursement Limit					172,022						
5	Medi-Cal Administration					260,610						
6	Medi-Cal Administrative Reimbursement					172,022	86,011					86,011
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				33,778	33,778						
7A	Contract Providers Healthy Families Direct Service Gross Reim.				14,417	14,417						
7B	Total Healthy Families Direct Service Gross Reimbursement					48,195						
8	Healthy Families Administrative Reimbursement Limit					4,819						
9	Healthy Families Administration					13,187						
10	Healthy Families Administrative Reimbursement					4,819				3,133		3,133
	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)					50,676					38,007	38,007
15	Other SD/MC Utilization Review (County Only)					34,202	17,101					17,101
16	SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03			80,091	80,091		43,530				43,530
16A		10/01/03 - 06/30/04			582,711	582,711			308,545			308,545
17	Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03			1,331	1,331				865		865
17A		10/01/03 - 06/30/04			3,419	3,419				2,222		2,222
18	Enhanced SD/MC Net Reimb. (Refugees)											
19	Total SD/MC Reimbursement Before Excess FFP											496,281
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											496,281
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											496,281
24	Healthy Families Net Reimbursement	07/01/03 - 09/30/03			4,429	4,429				2,879		2,879
24A		10/01/03 - 06/30/04			29,349	29,349				19,077		19,077
25	Total Healthy Families Reimbursement Before Excess FFP											25,088
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											25,088