CALIFORNIA DEPARTMENT OF
Mental Health

Audits Branch – Bay and Central Region
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April 15, 2009

Alfredo Aguirre, LCSW
Mental Health Services Director
San Diego Health and Human Services Agency
3255 Camino Del Rio South
San Diego, CA 92108

Dear Mr. Aguirre

AUDIT REPORT – PER APPEAL: COMMUNITY RESEARCH FOUNDATION

In accordance with the California Welfare and Institutions Code Section 14171, the audit report for Community Research Foundation for the fiscal period ended June 30, 2002, has been revised to incorporate the audit appeal decisions adopted by the Director of the California Department of Health Services dated March 19, 2009.

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

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

Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP)	$ 3,662,983
Net Short-Doyle/Medi-Cal Program Cost As Appealed (FFP)	3,708,768
Amount due County (FFP)	$ 45,785

These findings will be incorporated in an overall audit report of San Diego County Health and Human Services Agency.

Sincerely,

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

MABEL GILTNER, Supervisor
Audits – Bay and Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

COMMUNITY RESEARCH FOUNDATION
SAN DIEGO COUNTY HEALTH AND HUMAN SERVICE AGENCY
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2002

		As Audited	Audit Adjustments	As Appealed
NET REIMBURSABLE MEDI-CAL PROGRAM COST				
FEDERAL - FFP	(Sch. 2)	$ 3,662,983	$ 45,785	$ 3,708,768

COMMUNITY RESEARCH FOUNDATION
SAN DIEGO COUNTY HEALTH AND HUMAN SERVICE AGENCY
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2002

		As Audited	Audit Adjustments	As Appealed
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A	$ 0	$ 0	$ 0
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	7,277,815	89,141	7,366,956
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
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 Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	21,829	0	21,829
9. Total		$ 7,299,644	$ 89,141	$ 7,388,785
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A	$ 0	$ 0	$ 0
11. Outpatient SD/MC	(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 Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family 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 Enhan)	(Ln 1,3 - Ln 8,12)	$ 0	$ 0	$ 0
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 9,13)	7,277,815	89,141	7,366,956
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 Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	21,829	0	21,829
25. Total		$ 7,299,644	$ 89,141	$ 7,388,785
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1968, Ln 35)	$ 17,963	$ 0	$ 17,963
27. Service Functions 11-19, 31-39	(MH1968, Ln 35)	8,451	(0)	8,451
28. Total		$ 26,414	$ (0)	$ 26,414
Amount Negotiated Rates Exceed Cost				
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	$ 0	$ 0	$ 0
30 Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	409,679	(0)	409,679
31. Enhanced SD/MC (Refugees)I-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33 Healthy Family-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Family-O/P	(MH 1968, Ln 40, 40A)	1,645	(0)	1,645
35. Total		$ 411,324	$ (0)	$ 411,324
Net Reimbursable Cost - FFP				
42. Direct Services	(MH1979, Ln 16, 16A)	$ 3,738,207	$ 45,785	$ 3,783,992
43. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
44. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
45 MAA	MH 1979, Ln 11, 12 & 13	13,207	(0)	13,207
46. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	(102,420)	0	(102,420)
47. Healthy Families Reimbursement	(MH1979, Ln 27)	13,989	0	13,989
48. Total - FFP		$ 3,662,983	$ 45,785	$ 3,708,768
Contract Maximum		$ 6,958,925	$ (0)	$ 6,958,925
Lower of Net Reimbursable Cost or Contract Maximum		$ 3,662,983	$ 45,785	$ 3,708,768

(To Sch 1)

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Community Research Foundation	00142	4	JUNE 30, 2002

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	As Appealed
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO COSTS			
1	MH 1964	3	A	Gross Costs - Other 24 Hour Services (Mode 05-All Other SFC)	$ 4,490,149	$ 169,088	$ 4,659,237
	MH 1964	8	A	Gross Costs - Support Services (Mode 60)	665,486	(169,088)	496,398
				Total	$ 5,155,635	$ 0	$ 5,155,635
				To adjust Gross Costs, specifically the Board and Care portion of residential program, based on Final Decision Pursuant to Stipulation of Parties dated March 19, 2009. (Case # MH7-0602-499-MH)			
2	MH 1966	3	B	Gross Cost - Mode 05 SF 44	$ 4,345,285	$ 151,946	$ 4,497,231
	MH 1966	3	C	Gross Cost - Mode 05 SF 69	144,864	17,142	162,006
	MH 1966	3	B	Gross Cost - Mode 60 SF 40	665,486	(169,088)	496,398
				Total	$ 5,155,635	$ 0	$ 5,155,635
				To adjust the gross costs for service functions 05-44, 05-69 and 60-40 in conjunction with Adjustment 1, based on Final Decision Pursuant to Stipulation of Parties dated March 19, 2009. (Case # MH7-0602-499-MH)			

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
Community Research Foundation	00142	4	JUNE 30, 2002

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	As Appealed
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO SD/MC SETTLEMENTS			
3	MH1968	5	K	Medi-Cal Gross Reimbursement - Outpatient, 07/01/01 to 09/30/01	$ 1,722,202	$ 26,093	$ 1,748,295
	MH1968	5A	K	Medi-Cal Gross Reimbursement - Outpatient, 10/01/01 to 06/30/02	5,551,578	67,082	5,618,660
				To reflect the flow through adjustments to Medi-Cal Gross Reimbursement in conjunction with Adjustments 1 and 2 based on Final Decision Pursuant to Stipulation of Parties dated March 19, 2009. (Case # MH7-0602-499-MH)			
4	MH 1979	21	J	Total SD/MC Reimbursement (FFP)	$ 3,648,994	$ 45,785	$ 3,694,779
	MH 1979	27	J	Total Healthy Families Reimbursement (FFP)	13,989	0	13,989
				Total	$ 3,662,983	$ 45,785	$ 3,708,768
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to costs based on Final Decision Pursuant to Stipulation of Parties dated March 19, 2009. (Case # MH7-0602-499-MH)			

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

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (05/03)

Fiscal Year 2001-2002

County: SAN DIEGO COUNTY
County Code: 37

	Legal Entity: COMMUNITY RESEARCH FOUNDA	A	B	C
	Legal Entity Number: 00142	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	9,622,962	5,710,321	15,333,283
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	9,622,962	5,710,321	15,333,283
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			15,333,283
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			15,333,283
19	Total Costs - Lines 9 through 18			15,333,283

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

ALLOCATION OF COSTS TO MODES OF SERVICE **Fiscal Year 2001-2002**

MH 1964 (05/03)

County: SAN DIEGO COUNTY
County Code: 37

	Legal Entity: COMMUNITY RESEARCH FOUNDATION	A
	Legal Entity Number: 00142	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	15,333,283
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	4,659,237
4	Day Services (Mode 10)	1,053,812
5	Outpatient Services (Mode 15 Program 1 + Program 2)	7,128,985
6	Outreach Services (Mode 45)	1,961,799
7	Medi-Cal Administrative Activities (Mode 55)	33,052
8	Support Services (Mode 60)	496,398
9	Total - Lines 2 through 8	15,333,283

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2001-2002

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

DETAIL COST REPORT

County: SAN DIEGO COUNTY
County Code: 37

	Legal Entity: COMMUNITY RESEARCH FOUNDATION		A	B	C	D	E	F	G
	Legal Entity Number: 00142			CR	CR				
	Mode: 05 - Other 24 Hour Services (All Other SFC)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				44	69				
1	Allocation Percentage		100.00%	96.52%	3.48%				
2	Total Units		26,697	22,868	3,829				
3	Gross Cost		4,659,237	4,497,231	162,006				
4	Cost per Unit			196.66	42.31				
5	SMA per Unit			258.16	125.92				
6	Published Charge per Unit			324.44	133.69				
7	Negotiated Rate / Cost per Unit			196.66	42.31				
8	Medi-Cal Units	07/01/01 - 09/30/01	3,617	2,706	911				
8A		10/01/01 - 06/30/02	10,936	8,361	2,575				
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01							
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC (Children) Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11	Healthy Families (SED) Units	07/01/01 - 09/30/01							
11A		10/01/01 - 06/30/02							
12	Non-Medi-Cal Units		12,144	11,801	343				
13	Medi-Cal Costs	07/01/01 - 09/30/01	570,708	532,163	38,545				
13A		10/01/01 - 06/30/02	1,753,227	1,644,278	108,949				
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	813,294	698,581	114,713				
14A		10/01/01 - 06/30/02	2,482,720	2,158,476	324,244				
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	999,726	877,935	121,792				
15A		10/01/01 - 06/30/02	3,056,895	2,712,643	344,252				
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01	570,708	532,163	38,545				
16A		10/01/01 - 06/30/02	1,753,227	1,644,278	108,949				
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01							
17A		10/01/01 - 06/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01							
18A		10/01/01 - 06/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01							
19A		10/01/01 - 06/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01							
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02							
29	Healthy Families Costs	07/01/01 - 09/30/01							
29A		10/01/01 - 06/30/02							
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01							
30A		10/01/01 - 06/30/02							
31	Healthy Families Published Charges	07/01/01 - 09/30/01							
31A		10/01/01 - 06/30/02							
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs		2,335,302	2,320,790	14,512				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2001-2002

MH 1966A (05/03)

County: SAN DIEGO COUNTY
County Code: 37

	Legal Entity: COMMUNITY RESEARCH FOUNDATION		A	B	C	D	E	F	G
	Legal Entity Number: 00142			CR	CR				
	Mode: 10 - Day Services		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				91	96				
1	Allocation Percentage		100.00%	42.91%	57.09%				
2	Total Units		25,475	9,097	16,378				
3	Gross Cost		1,053,812	452,180	601,632				
4	Cost per Unit			49.71	36.73				
5	SMA per Unit			71.28	111.25				
6	Published Charge per Unit			83.03	136.64				
7	Negotiated Rate / Cost per Unit			49.71	36.73				
8	Medi-Cal Units	07/01/01 - 09/30/01	5,822	1,554	4,268				
8A		10/01/01 - 06/30/02	15,915	4,374	11,541				
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01							
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC (Children) Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11	Healthy Families (SED) Units	07/01/01 - 09/30/01							
11A		10/01/01 - 06/30/02	35		35				
12	Non-Medi-Cal Units		3,703	3,169	534				
13	Medi-Cal Costs	07/01/01 - 09/30/01	234,025	77,244	156,781				
13A		10/01/01 - 06/30/02	641,365	217,416	423,949				
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	585,584	110,769	474,815				
14A		10/01/01 - 06/30/02	1,595,715	311,779	1,283,936				
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	712,208	129,029	583,180				
15A		10/01/01 - 06/30/02	1,940,135	363,173	1,576,962				
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01	234,025	77,244	156,781				
16A		10/01/01 - 06/30/02	641,365	217,416	423,949				
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01							
17A		10/01/01 - 06/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01							
18A		10/01/01 - 06/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01							
19A		10/01/01 - 06/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01							
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02							
29	Healthy Families Costs	07/01/01 - 09/30/01							
29A		10/01/01 - 06/30/02	1,286		1,286				
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01							
30A		10/01/01 - 06/30/02	3,894		3,894				
31	Healthy Families Published Charges	07/01/01 - 09/30/01							
31A		10/01/01 - 06/30/02	4,782		4,782				
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02	1,286		1,286				
33	Non-Medi-Cal Costs		177,136	157,520	19,616				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2001-2002

MH 1966A (05/03)

County: SAN DIEGO COUNTY
County Code: 37

	Legal Entity: COMMUNITY RESEARCH FOUNDATION Legal Entity Number: 00142 Mode: 15 - Outpatient (Program 1)		A	B	C	D	E	F	G
				NR	NR	NR	NR		
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				01	10	60	70		
1	Allocation Percentage		100.00%	3.35%	45.73%	44.36%	6.56%		
2	Total Units		3,794,577	264,966	2,168,559	1,203,493	157,559		
3	Gross Cost		7,128,985	238,732	3,259,814	3,162,727	467,712		
4	Cost per Unit			0.90	1.50	2.63	2.97		
5	SMA per Unit			1.71	2.20	4.09	3.29		
6	Published Charge per Unit			1.80	2.30	4.32	3.45		
7	Negotiated Rate / Cost per Unit			1.11	1.56	3.14	2.63		
8	Medi-Cal Units	07/01/01 - 09/30/01	447,008	29,233	253,610	156,261	7,904		
8A		10/01/01 - 06/30/02	1,611,758	121,559	997,615	465,417	27,167		
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01	1,285			1,285			
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC (Children) Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11	Healthy Families (SED) Units	07/01/01 - 09/30/01	1,667	85	1,540	42			
11A		10/01/01 - 06/30/02	9,645	510	7,174	1,961			
12	Non-Medi-Cal Units		1,723,214	113,579	908,620	578,527	122,488		
13	Medi-Cal Costs	07/01/01 - 09/30/01	841,679	26,339	381,231	410,647	23,463		
13A		10/01/01 - 06/30/02	2,912,896	109,524	1,499,631	1,223,096	80,645		
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	1,273,042	49,988	557,942	639,107	26,004		
14A		10/01/01 - 06/30/02	4,395,554	207,866	2,194,753	1,903,556	89,379		
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	1,338,239	52,619	583,303	675,048	27,269		
15A		10/01/01 - 06/30/02	4,617,648	218,806	2,294,515	2,010,601	93,726		
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01	939,527	32,449	395,632	490,660	20,788		
16A		10/01/01 - 06/30/02	3,224,068	134,930	1,556,279	1,461,409	71,449		
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01	3,377			3,377			
17A		10/01/01 - 06/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01	5,256			5,256			
18A		10/01/01 - 06/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01	5,551			5,551			
19A		10/01/01 - 06/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01	4,035			4,035			
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02							
29	Healthy Families Costs	07/01/01 - 09/30/01	2,502	77	2,315	110			
29A		10/01/01 - 06/30/02	16,397	460	10,784	5,153			
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01	3,705	145	3,388	172			
30A		10/01/01 - 06/30/02	24,675	872	15,783	8,020			
31	Healthy Families Published Charges	07/01/01 - 09/30/01	3,876	153	3,542	181			
31A		10/01/01 - 06/30/02	25,890	918	16,500	8,472			
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01	2,629	94	2,402	132			
32A		10/01/01 - 06/30/02	17,915	566	11,191	6,158			
33	Non-Medi-Cal Costs		3,352,134	102,334	1,365,853	1,520,344	363,604		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2001-2002

MH 1966A (05/03)

County: SAN DIEGO COUNTY

County Code: 37

CR

	Legal Entity: COMMUNITY RESEARCH FOUNDATION	A	B	C	D	E	F	G
	Legal Entity Number: 00142		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units	43,524	43,524					
3	Gross Cost	1,961,799	1,961,799					
4	Cost per Unit		45.07					
5	Non-Medi-Cal Units	43,524	43,524					
6	Non-Medi-Cal Costs	1,961,799	1,961,799					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2001-2002

MH 1966A (05/03)

County: SAN DIEGO COUNTY

County Code: 37

	Legal Entity: COMMUNITY RESEARCH FOUNDATION	A	B	C	D	E	F	G
	Legal Entity Number: 00142		MAA	MAA	MAA	MAA	MAA	MAA
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			01	04	09	11	17	31
1	Allocation Percentage	100.00%	2.55%	51.67%	0.13%	0.20%	6.76%	38.70%
2	Total Units	69,136	1,736	36,190	90	135	4,606	26,379
3	Total Expenditures	33,052	842	17,077	44	65	2,233	12,791
4	Cost per Unit		0.49	0.47	0.49	0.48	0.48	0.48
5	Non-Medi-Cal Costs	6,638						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

Fiscal Year 2001-2002

MH 1966A (05/03)

County: SAN DIEGO COUNTY

County Code: 37

CR

	Legal Entity: COMMUNITY RESEARCH FOUNDATION	A	B	C	D	E	F	G
	Legal Entity Number: 00142							
	Mode: 60 - Support	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		1					
3	Gross Cost	496,398	496,398					
4	Cost per Unit		496,398.00					
5	Non-Medi-Cal Units (Same as Line 2)		1					
6	Non-Medi-Cal Costs (Same as Line 3)	496,398	496,398					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (05/03)

Fiscal Year 2001-2002

County: SAN DIEGO COUNTY
County Code: 37

Legal Entity: COMMUNITY RESEARCH FOUNDATION
Legal Entity Number: 00142

			A	B	C	D	E	F	G	H	I	J	K
			S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Total Inpatient Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/01 - 09/30/01						570,708	234,025	841,679	1,646,413		1,646,413
1A		10/01/01 - 06/30/02						1,753,227	641,365	2,912,896	5,307,487		5,307,487
2	Medi-Cal SMA	07/01/01 - 09/30/01						813,294	585,584	1,273,042	2,671,920		2,671,920
2A		10/01/01 - 06/30/02						2,482,720	1,595,715	4,395,554	8,473,989		8,473,989
3	Medi-Cal P. C.	07/01/01 - 09/30/01						999,726	712,208	1,338,239	3,050,173		3,050,173
3A		10/01/01 - 06/30/02						3,056,895	1,940,135	4,617,648	9,614,678		9,614,678
4	Medi-Cal N. R.	07/01/01 - 09/30/01						570,708	234,025	939,527	1,744,260		1,744,260
4A		10/01/01 - 06/30/02						1,753,227	641,365	3,224,068	5,618,660		5,618,660
5	Medi-Cal Gross Reimbursement	07/01/01 - 09/30/01						570,708	234,025	939,527	1,744,260		1,744,260
5A		10/01/01 - 06/30/02						1,753,227	641,365	3,224,068	5,618,660		5,618,660
6	Medicare/Medi-Cal Crossover Cost	07/01/01 - 09/30/01								3,377	3,377		3,377
6A		10/01/01 - 06/30/02											
7	Medicare/Medi-Cal Crossover SMA	07/01/01 - 09/30/01								5,256	5,256		5,256
7A		10/01/01 - 06/30/02											
8	Medicare/Medi-Cal Crossover P. C	07/01/01 - 09/30/01								5,551	5,551		5,551
8A		10/01/01 - 06/30/02											
9	Medicare/Medi-Cal Crossover N. R	07/01/01 - 09/30/01								4,035	4,035		4,035
9A		10/01/01 - 06/30/02											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/01 - 09/30/01								4,035	4,035		4,035
10A		10/01/01 - 06/30/02											
11	Total SD/MC + Crossover Gross Reim.	07/01/01 - 09/30/01						570,708	234,025	943,562	1,748,295		1,748,295
11A		10/01/01 - 06/30/02						1,753,227	641,365	3,224,068	5,618,660		5,618,660
12	Enhanced SD/MC (Children) Cost	07/01/01 - 09/30/01											
12A		10/01/01 - 06/30/02											
13	Enhanced SD/MC (Children) SMA	07/01/01 - 09/30/01											
13A		10/01/01 - 06/30/02											
14	Enhanced SD/MC (Children) P. C.	07/01/01 - 09/30/01											
14A		10/01/01 - 06/30/02											
15	Enhanced SD/MC (Children) N. R.	07/01/01 - 09/30/01											
15A		10/01/01 - 06/30/02											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/01 - 09/30/01											
16A		10/01/01 - 06/30/02											
17	Enhanced SD/MC (Refugees) Cost	07/01/01 - 06/30/02											
18	Enhanced SD/MC (Refugees) SMA	07/01/01 - 06/30/02											
19	Enhanced SD/MC (Refugees) P. C.	07/01/01 - 06/30/02											
20	Enhanced SD/MC (Refugees) N. R.	07/01/01 - 06/30/02											
21	Total Medi-Cal Gross Reimbursement	07/01/01 - 09/30/01						570,708	234,025	943,562	1,748,295		1,748,295
21A	(Excludes Refugees)	10/01/01 - 06/30/02						1,753,227	641,365	3,224,068	5,618,660		5,618,660
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/01 - 06/30/02											
23	Healthy Families Cost	07/01/01 - 09/30/01								2,502	2,502		2,502
23A		10/01/01 - 06/30/02							1,286	16,397	17,683		17,683
24	Healthy Families SMA	07/01/01 - 09/30/01								3,705	3,705		3,705
24A		10/01/01 - 06/30/02							3,894	24,675	28,569		28,569
25	Healthy Families P. C	07/01/01 - 09/30/01								3,876	3,876		3,876
25A		10/01/01 - 06/30/02							4,782	25,890	30,672		30,672
26	Healthy Families N. R	07/01/01 - 09/30/01								2,629	2,629		2,629
26A		10/01/01 - 06/30/02							1,286	17,915	19,201		19,201
27	Healthy Families Gross Reim	07/01/01 - 09/30/01								2,629	2,629		2,629
27A		10/01/01 - 06/30/02							1,286	17,915	19,201		19,201
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/01 - 09/30/01											
28A		10/01/01 - 06/30/02											
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		17,963	15,089		33,052							
33	Medi-Cal Eligibility Factor (Average)			56.01%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/01 - 09/30/01	17,963	8,451		26,414		570,708	234,025	943,562	1,748,295		1,748,295
35A		10/01/01 - 06/30/02						1,753,227	641,365	3,224,068	5,618,660		5,618,660
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/01 - 09/30/01								2,629	2,629		2,629
37A		10/01/01 - 06/30/02							1,286	17,915	19,201		19,201
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/01 - 09/30/01								98,506	98,506		98,506
38A		10/01/01 - 06/30/02								311,173	311,173		311,173
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/01 - 09/30/01								127	127		127
40A		10/01/01 - 06/30/02								1,518	1,518		1,518

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (05/03)

Fiscal Year 2001-2002

County: SAN DIEGO COUNTY
County Code: 37

	Legal Entity: COMMUNITY RESEARCH FOUNDATION		A	B	C	D	E	F	G	H	I	J
	Legal Entity Number: 00142		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.25% FFP	51.40% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement											
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement											
3	Total Medi-Cal Direct Service Gross Reimbursement											
4	Medi-Cal Administrative Reimbursement Limit											
5	Medi-Cal Administration											
6	Medi-Cal Administrative Reimbursement											
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement											
8	Healthy Families Administrative Reimbursement Limit											
9	Healthy Families Administration											
10	Healthy Families Administrative Reimbursement											
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09		17,963			17,963	8,982					8,982
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		8,451			8,451	4,225					4,225
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)											
15	Other SD/MC Utilization Review (County Only)											
16	SD/MC Net Reimbursement for Direct Services	07/01/01 - 09/30/01			1,748,295	1,748,295		896,001				896,000
16A		10/01/01 - 06/30/02			5,618,660	5,618,660			2,887,991			2,887,991
17	Enhanced SD/MC Net Reimb. (Children)	07/01/01 - 09/30/01										
17A		10/01/01 - 06/30/02										
18	Enhanced SD/MC Net Reimb. (Refugees)											
19	Total SD/MC Reimbursement Before Excess FFP											3,797,199
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC				409,679	409,679						102,420
21	Total SD/MC Reimbursement (FFP)											3,694,779
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											3,694,779
24	Healthy Families Net Reimbursement	07/01/01 - 09/30/01			2,629	2,629				1,732		1,732
24A		10/01/01 - 06/30/02			19,201	19,201				12,669		12,669
25	Total Healthy Families Reimbursement Before Excess FFP											14,400
26	Amount Negotiated Rates Exceed Costs - Healthy Families				1,645	1,645						411
27	Total Healthy Families Reimbursement											13,989