CALIFORNIA DEPARTMENT OF
Mental Health

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

June 9, 2009

Cheryle L. Duerksen, Ph.D.
Director of Mental Health
Tulare County Health & Human Services Agency
5957 South Mooney Boulevard
Visalia, CA 93277

Dear Dr. Duerksen:

TULARE COUNTY MENTAL HEALTH SERVICES
INFORMAL APPEAL SETTLEMENT
FISCAL PERIOD ENDED JUNE 30, 2002

In accordance with California Welfare and Institutions Code Section 14171, the audit report for Tulare County Mental Health for the fiscal period ended June 30, 2002, has been revised to incorporate the audit appeal decision adopted by the Director of the Department of Health Services.

In our opinion, the amount shown in the accompanying Summary of Federal Share of Federal 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 costs is as follows:

	Net Program Costs		
	Per Audit	Per Informal Appeal	Adjustment
Federal Share of Short-Doyle/Medi-Cal	$8,123,343	$8,139,945	$ 16,602
Federal Share of Healthy Families/Medi-Cal	$ 269,119	$ 269,119	$ 0
State General Funds EPSDT Due County	$3,225,176	$3,236,002	$ 10,826

Sincerely,

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

MABEL GILTNER, Supervisor
Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

COUNTY OF TULARE
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2002

		Per Audit	Audit Adjustments	Per Informal Appeal
NET REIMBURSABLE MEDI-CAL PROGRAM COSTS				
COUNTY PROVIDERS				
MEDI-CAL - FFP	(Sch. 2a)	$ 4,189,690	$ 419	$ 4,190,109
HEALTHY FAMILIES - FFP	(Sch. 2a)	20,063	0	20,063
TOTAL FFP - COUNTY PROVIDERS		$ 4,209,753	$ 419	$ 4,210,173
CONTRACT PROVIDERS				
MEDI-CAL - FFP	(Sch. 3b)	$ 3,933,653	$ 16,183	$ 3,949,836
HEALTHY FAMILIES - FFP	(Sch. 3b)	249,056	0	249,056
TOTAL FFP - COTRACT PROVIDERS		$ 4,182,709	$ 16,183	$ 4,198,892
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		$ 8,123,343	$ 16,602	$ 8,139,945
HEALTHY FAMILIES - FFP		269,119	0	269,119
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		$ 8,392,462	$ 16,602	$ 8,409,064
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF	(Sch 4)	$ 3,225,176	$ 10,826	$ 3,236,002

SCHEDULE 2

COUNTY OF TULARE
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2002

COUNTY OPERATED FEDERAL

		Per Audit	Audit Adjustments	Per Informal 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)	6,989,598	(266,088)	6,723,510
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 Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	38,348	(12,751)	25,597
9. Total		$ 7,027,946	$ (278,839)	$ 6,749,107
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)	62,877	0	62,877
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		$ 62,877	$ 0	$ 62,877
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)	6,926,721	(266,088)	6,660,633
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)	38,348	(12,751)	25,597
25. Total		$ 6,965,069	$ (278,839)	$ 6,686,230
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	$	$ 0	$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)		0	0
29. Total		$ 0	$ 0	$ 0

SCHEDULE 2a

COUNTY OF TULARE
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2002

COUNTY OPERATED FEDERAL		Per Audit	Audit Adjustments	Per Informal 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)	$ 2,365,083	$ 4,846	$ 2,369,929
38. Medi-Cal Administration	(MH 1979, Ln 5)	$ 1,266,707	$ 0	$ 1,266,707
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	$ 1,266,707	$ 0	$ 1,266,707
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	$ 40,317	$ (0)	$ 40,317
41. Healthy Families Administration	(MH1979, Ln 9)	$ 4,823	$ 0	$ 4,823
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	$ 4,823	$ 0	$ 4,823
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	$ 211,048	$ 0	$ 211,048
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	$ 17,518	$ 0	$ 17,518
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	$ 3,420,744	$ 419	$ 3,421,163
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	0	0
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)	633,354	0	633,354
50. U.R. Skilled Professional	(MH1979, Ln 14)	158,286	0	158,286
51. U.R. Other	(MH1979, Ln 15)	8,759	0	8,759
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		$ 4,221,143	$ 419	$ 4,221,562
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	$ 0	$ 0	$ 0
55. Quality Assurance Review Results	(Adj. #50)	(31,453)	0	(31,453)
56. Total SD/MC Reimbursement - FFP		$ 4,189,690	$ 419	$ 4,190,109
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	$ 16,882	$ (0)	$ 16,882
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	3,181	0	3,181
60. Total Healthy Families Reimbursement - FFP		$ 20,063	$ 0	$ 20,063
61. Total - FFP (Ln 56 + Ln 60)		$ 4,209,753	$ 420	$ 4,210,172

(To Sch. 1)

SCHEDULE 3

COUNTY OF TULARE
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2002

Legal Entity Number	Legal Entity	(1) Medi-Cal and Medi/Medi 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 Medi/Medi 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)
115	Seneca Res and Day Tmnt.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,669	$ 0	$ 0	$ 4,669	$ 0
233	Kings View	$ 0	$ 0	$ 0	$ 0	$ 0	$ 552	$ 0	$ 0	$ 552	$ 0
386	Milhous Children's Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 66,405	$ 0	$ 0	$ 66,405	$ 0
406	Turning Point of Central Calif.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,261,271	$ 0	$ 0	$ 5,261,271	$ 300,951
418	Tulare Youth Service Bureau	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,338,424	$ 0	$ 0	$ 2,338,424	$ 76,617
484	North Valley Schools	$ 0	$ 0	$ 0	$ 0	$ 0	$ 14,106	$ 0	$ 0	$ 14,106	$ 0
541	Charis Youth Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 18,118	$ 0	$ 0	$ 18,118	$ 0
793	Canyon Acres Children's Serv	$ 0	$ 0	$ 0	$ 0	$ 0	$ 49,814	$ 0	$ 0	$ 49,814	$ 0
		$ 0	$ 0	$ 0	$ 0	$ 0	$ 7,753,359	$ 0	$ 0	$ 7,753,359	$ 377,569

SCHEDULE 3a

COUNTY OF TULARE
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2002

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP Reimbursement
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		
		(MH 1968) (Ln 28 to 30)	(MH 1968) (Ln 31)	(MH 1968) (Ln 28 to 30)	(MH 1968) (Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979) (Ln 11-13)
115	Seneca Res and Day Tmnt.	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,669	$ 0	$ 0
233	Kings View	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 552	$ 0	$ 0
386	Milhous Children's Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 66,405	$ 0	$ 0
406	Turning Point of Central Calif.	$ 0	$ 0	$ 64,160	$ 0	$ 0	$ 0	$ 5,197,111	$ 300,951	$ 0
418	Tulare Youth Service Bureau	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 2,338,424	$ 76,617	$ 0
484	North Valley Schools	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 14,106	$ 0	$ 0
541	Charis Youth Center	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 18,118	$ 0	$ 0
793	Canyon Acres Children's Serv	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 49,814	$ 0	$ 0
GRAND TOTAL		$ 0	$ 0	$ 64,160	$ 0	$ 0	$ 0	$ 7,689,199	$ 377,569	$ 0

SCHEDULE 3b

COUNTY OF TULARE
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2002

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 to 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 to 40A)	(24) Total SD/MC Reimbursement (FFP) MH 1979, Line 21	(25) Healthy Families Reimbursement (FFP) MH 1979, Ln. 18D	(26) Total Reimbursement (FFP) (Col. 21 + 22)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum
115	Seneca Res and Day Tmnt.	$ 0	$ 0	$ 0	$ 0	$ 2,400	$ 0	$ 2,400	$	$ 2,400
233	Kings View	$ 0	$ 0	$ 0	$ 0	$ 283	$ 0	$ 283	$	$ 283
386	Milhous Children's Services	$ 0	$ 0	$ 0	$ 0	$ 34,102	$ 0	$ 34,102	$	$ 34,102
406	Turning Point of Central Calif.	$ 0	$ 0	$ 0	$ 0	$ 2,669,734	$ 198,521	$ 2,868,255	$	$ 2,868,255
418	Tulare Youth Service Bureau	$ 0	$ 0	$ 0	$ 0	$ 1,201,154	$ 50,535	$ 1,251,689	$	$ 1,251,689
484	North Valley Schools	$ 0	$ 0	$ 0	$ 0	$ 7,247	$ 0	$ 7,247	$	$ 7,247
541	Charis Youth Center	$ 0	$ 0	$ 0	$ 0	$ 9,312	$ 0	$ 9,312	$	$ 9,312
793	Canyon Acres Children's Serv	$ 0	$ 0	$ 0	$ 0	$ 25,604	$ 0	$ 25,604	$	$ 25,604
	GRAND TOTAL	$ 0	$ 0	$ 0	$ 0	$ 3,949,836	$ 249,056	$ 4,198,892	$ 0	$ 4,198,892

(To Sch. 1)

SCHEDULE 4

COUNTY OF TULARE
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2002

	As Audited	Audit Adjustments	As Appealed
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	14,317,525	32,307	14,349,832
(2) Total SD/MC Claims	18,167,317	0	18,167,317
(3) Percent % (Line 1/Line 2)	0.7881	0.0018	0.7899
(4) EPSDT Claims	12,516,717	0	12,516,717
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	9,864,330	22,259	9,886,589
(6) Cost Settled Baseline for EPSDT	3,233,622	0	3,233,622
(7) Net Cost Settlement Amount (Line 5 - Line 6)	6,630,708	22,259	6,652,967
(8) 48.64% of Net Cost Settlement Amount (Line 7 x 48.64%)	3,225,176	10,826	3,236,002
(9) SGF Distribution (Settled and Audited)	3,225,176	0	3,225,176
(10) SGF Due County (State)	0	10,826 *	10,826 (To Sch. 1)

Source:

(1) Total CFRS SD/MC actuals after final Settlement (Col. 1) amd 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.

* See Management Comment 1

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
COUNTY OF TULARE	00054	7	JUNE 30, 2002

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	Per Audit	Increase (Decrease)	Per Informal Appeal
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO SHORT-DOYLE MEDI-CAL UNITS - COUNTY			
1	MH 1966A	8	Total	MEDI-CAL UNITS @ 51.25%	747,187	90	747,277
2	MH 1966A	8A	Total	MEDI-CAL UNITS @ 51.40%	2,451,743	300	2,452,043
				To adjust the SD/MC units as a result of the Hearing Officer's Report of Findings dated December 20, 2007. Case No. MH7-0602-485-AH			
				SFC 15-10 @ 51.25% (Qtr 1)	343,079	90	343,169
				SFC 15-10 @ 51.40% (Qtr 2-4)	942,641	300	942,941

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
COUNTY OF TULARE	00054	7	JUNE 30, 2002

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	Per Audit	Increase (Decrease)	Per Informal Appeal
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO AUDITED SHORT-DOYLE MEDI-CAL UNITS - CONTRACT PROVIDERS			
					774,811	708	775,519
3	MH 1966A	8	Total	MEDI-CAL UNITS @ 51.25%	3,013,767	11,086	3,024,853
4	MH 1966A	8A	Total	MEDI-CAL UNITS @ 51.40%			
				To adjust the SD/MC units as a result of the Hearing Officer's Report of Findings dated December 20, 2007. Case No. MH7-0602-485-AH			
				MEDI-CAL UNITS @ 51.25% (QTR 1)			
				Turning Point of Central CA (LE # 406)			
				SFC 15-10	332,443	390	332,833
				SFC 15-60	18,664	23	18,687
				Tulare Youth Serv. (LE # 418)			
				SFC 15-02	46,570	60	46,630
				SFC 15-12	186,136	160	186,296
				SFC 15-60	9,095	75	9,170
						708	
				MEDI-CAL UNITS @ 51.40% (QTR 2-4)			
				Turning Point of Central CA (LE # 406)			
				SFC 15-01	102,523	536	103,059
				SFC 15-10	1,051,647	6,136	1,057,783
				SFC 15-58	960,050	2,700	962,750
				SFC 15-60	54,146	512	54,658
				Tulare Youth Serv. (LE # 418)			
				SFC 10-95	3,192	80	3,272
				SFC 15-02	126,757	242	126,999
				SFC 15-12	621,659	730	622,389
				SFC 15-60	26,381	150	26,531
						11,086	

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

AUDIT ADJUSTMENTS

Provider	Provider Number	No. of Adj.	Fiscal Period Ended
COUNTY OF TULARE	00054	7	JUNE 30, 2002

Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	Per Audit	Increase (Decrease)	Per Informal Appeal
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO SETTLEMENT			
5	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB	$ 9,044,525	$ 31,492	$ 9,076,017
				To adjust the Contract Provider Medical Direct Service Gross Reimbursement as a result of the Hearing Officer's Report of Findings dated December 20, 2007. Case No. MH7-0602-485-AH			
6	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	$ 4,221,142	$ 419	$ $4,221,561
	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	20,063	0	20,063
				TOTAL REIMBURSEMENT - COUNTY	$ 4,241,205	$ 419	$ 4,241,624
7	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	$ 3,933,653	$ 16,183	$ 3,949,836
	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	249,056	0	249,056
				TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	$ 4,182,709	$ 16,183	$ 4,198,892
				To adjust the Total SD/MC Reimbursement as a result of the Hearing Officer's Report of Findings dated December 20, 2007. Case No. MH7-0602-485-AH			

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

TULARE COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
MANAGEMENT COMMENT
FOR FISCAL YEAR ENDED JUNE 30, 2002

MANAMAGEMENT COMMENT 1: EPSDT STATE GENERAL FUND SETTLEMENT

The attached Schedule 4 entitled "Computation of EPSDT State Share per Audit" shows $10,826 due to the County in State General Funds (Line 10). However, the State General fund appropriation for fiscal year 01-02 has reverted which means that there are no SGF available with which to make such a payment. Following are quotes from pertinent sections of the Government Code concerning SGF appropriations, reversions and payments:

Section 16304

"An appropriation shall be available for encumbrance during the period specified therein, or, if otherwise not limited by law, for three years after the date upon which it first became available for encumbrance. (Emphasis added)

Section 16304.1

"Upon the expiration of two years, or four years in the case of a fund made up of federal funds, following the last day of the period of its availability, the undisbursed balance in any appropriation shall revert to and become a part of the fund from which the appropriation was made. Subsequent to reversion any unpaid encumbrance against the appropriation may be paid from the current appropriations available for the same purpose...."

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (07/02)

Fiscal Year 2001-2002

County: Tulare
County Code: 54

	Legal Entity: COUNTY OF TULARE	A	B	C
	Legal Entity Number: 00054	Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	11,146,066	28,787,768	39,933,834
2	Encumbrances		(200,214)	(200,214)
3	Less: Payments to Contract Providers (County Only)		(14,684,645)	(14,684,645)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	11,146,066	13,902,909	25,048,975
6	Medi-Cal Adjustments from MH 1961			(5,605,994)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			19,442,981
	Administrative Costs (County Only)			
9	SD/MC Administration			1,266,707
10	Healthy Families Administration			4,823
11	Non-SD/MC Administration			1,761,831
12	Total Administrative Costs			3,033,361
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			211,048
14	Other SD/MC Utilization Review			17,518
15	Non-SD/MC Utilization Review			82,334
16	Total Utilization Review Costs			310,900
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			16,098,720
19	Total Costs - Lines 9 through 18			19,442,981

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

MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (07/02) **Fiscal Year 2001-2002**

County: Tulare
County Code: 54

	Legal Entity: COUNTY OF TULARE	A	B	C
	Legal Entity Number: 00054	Salaries and Benefits	Other	Total Adjustments
1	Operating Transfers Out		(5,755,456)	(5,755,456)
2	Capitalized assets		(17,607)	(17,607)
3	Depreciation expense FY94-95 - FY01-02		65,433	65,433
4	Cal Works costs billed by Human Svcs Br		1,627,381	1,627,381
5	Assessment and Referral Team - Alcohol & Drugs	(301,620)	309,963	8,343
6	Tulare Youth Svc Bureau, Inc. settlement adjustment		55,017	55,017
7	Department of Rehabilitation grant		(70,507)	(70,507)
8	Admin. Services Orgn. (ASO) EPSDT W/hold gross up		17,982	17,982
9	County Counsel charges posted to Primary Care Svcs		8,996	8,996
10	State Hospital and Managed Care offsets		(1,539,909)	(1,539,909)
11	Worker Compensation refunds		(4,316)	(4,316)
12	Outlawed/stale dated warrants		(1,351)	(1,351)
13				
14				
15				
16				
17				
18				
19				
20	**Total Adjustments**	(301,620)	(5,304,374)	(5,605,994)

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

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

MH 1964 (07/02)

County: Tulare
County Code: 54

	Legal Entity: COUNTY OF TULARE	A
	Legal Entity Number: 00054	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	16,098,720
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	470,088
4	Day Services (Mode 10)	599,523
5	Outpatient Services (Mode 15 Program 1 + Program 2)	13,626,334
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	1,402,775
9	Total - Lines 2 through 8	16,098,720

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1
Fiscal Year 2001-2002

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (07/02)

DETAIL COST REPORT

County: Tulare
County Code: 54

CR

			A	B	C	D	E	F	G
	Legal Entity: COUNTY OF TULARE								
	Legal Entity Number: 00054								
	Mode: 05 - Other 24 Hour Services (All Other SFC)		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			1,625					
3	Gross Cost		470,088	470,088					
4	Cost per Unit			289.28					
5	SMA per Unit			258.16					
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01							
8A		10/01/01 - 06/30/02							
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			1,625					
13	Medi-Cal Costs	07/01/01 - 09/30/01							
13A		10/01/01 - 06/30/02							
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01							
14A		10/01/01 - 06/30/02							
15	Medi-Cal Published Charges	07/01/01 - 09/30/01							
15A		10/01/01 - 06/30/02							
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
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		470,088	470,088					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966A (07/02)

DETAIL COST REPORT

Fiscal Year 2001-2002

County: Tulare
County Code: 54

				CR	CR	CR	CR		
	Legal Entity: COUNTY OF TULARE		A	B	C	D	E	F	G
	Legal Entity Number: 00054			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
				81	85	91	95		
1	Allocation Percentage		100.00%	3.12%	16.88%	1.76%	78.24%		
2	Total Units			211	1,142	118	5,257		
3	Gross Cost		599,523	18,699	101,202	10,529	469,093		
4	Cost per Unit			88.62	88.62	89.23	89.23		
5	SMA per Unit			122.18	171.59	71.28	111.25		
6	Published Charge per Unit			140.51	197.33	81.97	127.94		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01		48	112	39	1,111		
8A		10/01/01 - 06/30/02		99	868	70	3,696		
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			64	162	9	450		
13	Medi-Cal Costs	07/01/01 - 09/30/01	116,796	4,254	9,925	3,480	99,137		
13A		10/01/01 - 06/30/02	421,742	8,773	76,921	6,246	329,802		
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	151,461	5,865	19,218	2,780	123,599		
14A		10/01/01 - 06/30/02	577,206	12,096	148,940	4,990	411,180		
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	174,184	6,744	22,101	3,197	142,141		
15A		10/01/01 - 06/30/02	663,797	13,910	171,282	5,738	472,866		
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
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		60,985	5,672	14,356	803	40,154		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2001-2002

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (07/02)

DETAIL COST REPORT

County: Tulare
County Code: 54

				CR	CR	CR	CR	CR	CR
Legal Entity: COUNTY OF TULARE			A	B	C	D	E	F	G
Legal Entity Number: 00054			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				02	03	10	11	12	36
1	Allocation Percentage		100.00%	6.26%	12.80%	43.54%	0.41%	2.60%	6.42%
2	Total Units			1,130,785	455,094	2,671,134	167,730	3,052	459,338
3	Gross Cost		12,833,578	803,498	1,642,256	5,587,995	53,091	333,933	823,365
4	Cost per Unit			0.71	3.61	2.09	0.32	109.41	1.79
5	SMA per Unit			1.71	1.71	2.20	2.20	2.20	2.20
6	Published Charge per Unit			1.97	1.97	2.53	2.53	2.53	2.53
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01		179,010		343,169			
8A		10/01/01 - 06/30/02		592,929		942,941			
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01				6,564			
9A		10/01/01 - 06/30/02				25,669			
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		555		2,887			
11A		10/01/01 - 06/30/02		1,455		7,608			
12	Non-Medi-Cal Units			356,836	455,094	1,342,296	167,730	3,052	459,338
13	Medi-Cal Costs	07/01/01 - 09/30/01	1,319,652	127,199		717,907			
13A		10/01/01 - 06/30/02	3,884,748	421,316		1,972,626			
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	1,658,597	306,107		754,972			
14A		10/01/01 - 06/30/02	4,976,225	1,013,909		2,074,470			
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	1,907,474	352,650		868,218			
15A		10/01/01 - 06/30/02	5,723,061	1,168,070		2,385,641			
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01	48,993			13,732			
17A		10/01/01 - 06/30/02	225,666			53,699			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01	59,615			14,441			
18A		10/01/01 - 06/30/02	276,757			56,472			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01	68,518			16,607			
19A		10/01/01 - 06/30/02	318,082			64,943			
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	6,817	394		6,040			
29A		10/01/01 - 06/30/02	18,780	1,034		15,916			
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01	7,791	949		6,351			
30A		10/01/01 - 06/30/02	21,546	2,488		16,738			
31	Healthy Families Published Charges	07/01/01 - 09/30/01	8,961	1,093		7,304			
31A		10/01/01 - 06/30/02	24,781	2,866		19,248			
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs		7,328,922	253,556	1,642,256	2,808,075	53,091	333,933	823,365

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2001-2002

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (07/02)

DETAIL COST REPORT

County: Tulare
County Code: 54

			CR	CR	CR				
Legal Entity: COUNTY OF TULARE			H	I	J	K	L	M	N
Legal Entity Number: 00054			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)			60	61	70				
1	Allocation Percentage		20.58%	1.26%	6.13%				
2	Total Units		827,099	43,617	283,627				
3	Gross Cost		2,640,544	162,226	786,670				
4	Cost per Unit		3.19	3.72	2.77				
5	SMA per Unit		4.09	4.09	3.29				
6	Published Charge per Unit		4.70	4.70	3.78				
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01	114,230		39,610				
8A		10/01/01 - 06/30/02	394,230		83,722				
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01	11,045						
9A		10/01/01 - 06/30/02	53,787		90				
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	120						
11A		10/01/01 - 06/30/02	495		90				
12	Non-Medi-Cal Units		253,192	43,617	160,115				
13	Medi-Cal Costs	07/01/01 - 09/30/01	364,683		109,863				
13A		10/01/01 - 06/30/02	1,258,594		232,212				
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	467,201		130,317				
14A		10/01/01 - 06/30/02	1,612,401		275,445				
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	536,881		149,726				
15A		10/01/01 - 06/30/02	1,852,881		316,469				
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01	35,262						
17A		10/01/01 - 06/30/02	171,717		250				
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01	45,174						
18A		10/01/01 - 06/30/02	219,989		296				
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01	51,912						
19A		10/01/01 - 06/30/02	252,799		340				
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	383						
29A		10/01/01 - 06/30/02	1,580		250				
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01	491						
30A		10/01/01 - 06/30/02	2,025		296				
31	Healthy Families Published Charges	07/01/01 - 09/30/01	564						
31A		10/01/01 - 06/30/02	2,327		340				
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs		808,325	162,226	444,096				

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 (07/02)

County: Tulare
County Code: 54

				MHS	MHS	ASO	TBS	MHS	ASO
Legal Entity: COUNTY OF TULARE			A	B	C	D	E	F	G
Legal Entity Number: 00054			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				14	16	30	58	64	65
1	Allocation Percentage		100.00%	2.10%	0.36%	4.42%	61.42%	31.31%	0.39%
2	Total Units			3,240	2,460	37,335	439,258	59,674	1,035
3	Gross Cost		792,756	16,671	2,870	35,011	486,893	248,251	3,060
4	Cost per Unit			5.15	1.17	0.94	1.11	4.16	2.96
5	SMA per Unit			2.20	2.20	2.20	2.20	4.09	4.09
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01		1,720		5,325	46,825	15,988	90
8A		10/01/01 - 06/30/02		840		30,600	370,653	30,495	900
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01							
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC 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			680	2,460	1,410	21,780	13,191	45
13	Medi-Cal Costs	07/01/01 - 09/30/01	132,525	8,850		4,994	51,903	66,512	266
13A		10/01/01 - 06/30/02	573,389	4,322		28,695	410,848	126,863	2,661
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	184,273	3,784		11,715	103,015	65,391	368
14A		10/01/01 - 06/30/02	1,013,010	1,848		67,320	815,437	124,725	3,681
15	Medi-Cal Published Charges	07/01/01 - 09/30/01							
15A		10/01/01 - 06/30/02							
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
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		86,842	3,499	2,870	1,322	24,142	54,876	133

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 (07/02)

County: Tulare
County Code: 54

			CR	CR	CR			
Legal Entity: COUNTY OF TULARE		A	B	C	D	E	F	G
Legal Entity Number: 00054		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			20	30	40			
1	Allocation Percentage	100.00%	3.92%	0.20%	95.88%			
2	Total Units		85,610	3,019	45,044			
3	Gross Cost	1,402,775	55,050	2,780	1,344,945			
4	Cost per Unit		0.64	0.92	29.86			
5	Non-Medi-Cal Units (Same as Line 2)		85,610	3,019	45,044			
6	Non-Medi-Cal Costs (Same as Line 3)	1,402,775	55,050	2,780	1,344,945			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (07/02)

Fiscal Year 2001-2002

County: Tulare
County Code: 54

Legal Entity: COUNTY OF TULARE
Legal Entity Number: 00054

			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	07/01/01 - 09/30/01							116,796	1,319,652	1,436,448	132,525	1,568,972
1A		10/01/01 - 06/30/02							421,742	3,884,748	4,306,490	573,389	4,879,879
2	Medi-Cal SMA	07/01/01 - 09/30/01							151,461	1,658,597	1,810,058	184,273	1,994,331
2A		10/01/01 - 06/30/02							577,206	4,976,225	5,553,430	1,013,010	6,566,441
3	Medi-Cal P. C.	07/01/01 - 09/30/01							174,184	1,907,474	2,081,658		2,081,658
3A		10/01/01 - 06/30/02							663,797	5,723,061	6,386,858		6,386,858
4	Medi-Cal N. R.	07/01/01 - 09/30/01											
4A		10/01/01 - 06/30/02											
5	Medi-Cal Gross Reimbursement	07/01/01 - 09/30/01							116,796	1,319,652	1,436,448	132,525	1,568,972
5A		10/01/01 - 06/30/02							421,742	3,884,748	4,306,490	573,389	4,879,879
6	Medicare/Medi-Cal Crossover Cost	07/01/01 - 09/30/01								48,993	48,993		48,993
6A		10/01/01 - 06/30/02								225,666	225,666		225,666
7	Medicare/Medi-Cal Crossover SMA	07/01/01 - 09/30/01								59,615	59,615		59,615
7A		10/01/01 - 06/30/02								276,757	276,757		276,757
8	Medicare/Medi-Cal Crossover P. C.	07/01/01 - 09/30/01								68,518	68,518		68,518
8A		10/01/01 - 06/30/02								318,082	318,082		318,082
9	Medicare/Medi-Cal Crossover N. R.	07/01/01 - 09/30/01											
9A		10/01/01 - 06/30/02											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/01 - 09/30/01								48,993	48,993		48,993
10A		10/01/01 - 06/30/02								225,666	225,666		225,666
11	Total SD/MC + Crossover Gross Reim.	07/01/01 - 09/30/01							116,796	1,368,645	1,485,441	132,525	1,617,966
11A		10/01/01 - 06/30/02							421,742	4,110,414	4,532,156	573,389	5,105,545
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							116,796	1,368,645	1,485,441	132,525	1,617,966
21A	(Excludes Refugees)	10/01/01 - 06/30/02							421,742	4,110,414	4,532,156	573,389	5,105,545
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/01 - 06/30/02											
23	Healthy Families Cost	07/01/01 - 09/30/01								6,817	6,817		6,817
23A		10/01/01 - 06/30/02								18,780	18,780		18,780
24	Healthy Families SMA	07/01/01 - 09/30/01								7,791	7,791		7,791
24A		10/01/01 - 06/30/02								21,546	21,546		21,546
25	Healthy Families P. C.	07/01/01 - 09/30/01								8,961	8,961		8,961
25A		10/01/01 - 06/30/02								24,781	24,781		24,781
26	Healthy Families N. R.	07/01/01 - 09/30/01											
26A		10/01/01 - 06/30/02											
27	Healthy Families Gross Reim.	07/01/01 - 09/30/01								6,817	6,817		6,817
27A		10/01/01 - 06/30/02								18,780	18,780		18,780
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/01 - 09/30/01								16,176	16,176		16,176
28A		10/01/01 - 06/30/02								46,701	46,701		46,701
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/01 - 09/30/01							116,796	1,352,469	1,469,265	132,525	1,601,790
35A		10/01/01 - 06/30/02							421,742	4,063,713	4,485,455	573,389	5,058,844
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/01 - 09/30/01								6,817	6,817		6,817
37A		10/01/01 - 06/30/02								18,780	18,780		18,780
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/01 - 09/30/01											
38A		10/01/01 - 06/30/02											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/01 - 09/30/01											
40A		10/01/01 - 06/30/02											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (07/02)

Fiscal Year 2001-2002

County: Tulare
County Code: 54

	Legal Entity: COUNTY OF TULARE Legal Entity Number: 00054		A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50% FFP	F 51.25% FFP	G 51.40% FFP	H [1]Variable % FFP	I 75% FFP	J Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement				6,723,510	6,723,510						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			1,322,658	7,753,359	9,076,017						
3	Total Medi-Cal Direct Service Gross Reimbursement					15,799,527						
4	Medi-Cal Administrative Reimbursement Limit					2,369,929						
5	Medi-Cal Administration					1,266,707						
6	Medi-Cal Administrative Reimbursement					1,266,707	633,354					633,354
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				403,166	403,166						
8	Healthy Families Administrative Reimbursement Limit					40,317						
9	Healthy Families Administration					4,823						
10	Healthy Families Administrative Reimbursement					4,823				3,181		3,181
	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)					211,048					158,286	158,286
15	Other SD/MC Utilization Review (County Only)					17,518	8,759					8,759
16	SD/MC Net Reimbursement for Direct Services	07/01/01 - 09/30/01			1,601,790	1,601,790		820,917				820,917
16A		10/01/01 - 06/30/02			5,058,844	5,058,844			2,600,246			2,600,246
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											4,221,561
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											4,221,561
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											4,221,561
24	Healthy Families Net Reimbursement	07/01/01 - 09/30/01			6,817	6,817				4,491		4,491
24A		10/01/01 - 06/30/02			18,780	18,780				12,391		12,391
25	Total Healthy Families Reimbursement Before Excess FFP											20,063
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											20,063