

1. INCORRECT REDUCTION CLAIM TITLE

Los Angeles County Dept. of Mental Health Handicapped &
Disabled Students II Program FY 2002-03 and FY 2003-04

2. CLAIMANT INFORMATION

County of Los Angeles
Name of Local Agency or School District
Wendy L. Watanabe
Claimant Contact
Auditor-Controller
Title
500 West Temple Street, Room 525
Street Address
Los Angeles, CA 90012
City, State, Zip
(213) 974-8301
Telephone Number
(213) 626-5427
Fax Number
wwatanabe@auditor.lacounty.gov
E-Mail Address

3. CLAIMANT REPRESENTATIVE INFORMATION

Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Dr. Robin Kay
Claimant Representative Name
Chief Deputy Director
Title
Los Angeles County Department of Mental Health
Organization
550 S. Vermont Avenue, 12th Floor
Street Address
Los Angeles, CA 90020
City, State, Zip
(213) 738-4108
Telephone Number
(213) 386-1297
Fax Number
rkay@dmh.lacounty.gov
E-Mail Address

For CSM Use Only
Filing Date: **Received**
June 11, 2013
Commission on
State Mandates
IRC #: **12-0240-I-01**

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

Please specify the subject statute or executive order that claimant alleges is not being fully reimbursed pursuant to the adopted parameters and guidelines.

Chapter 1128, Statutes of 1994 and Chapter 654, Statutes of 1996

5. AMOUNT OF INCORRECT REDUCTION

Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.

Fiscal Year	Amount of Reduction
2002-03	\$216,793.00
2003-04	\$231,409.00

TOTAL: \$448,202.00

6. NOTICE OF INTENT TO CONSOLIDATE

Please check the box below if there is intent to consolidate this claim.

Yes, this claim is being filed with the intent to consolidate on behalf of other claimants.

Sections 7 through 11 are attached as follows:

- 7. Written Detailed Narrative:** pages 1 to 9.
- 8. Documentary Evidence and Declarations:** Exhibit A.
- 9. Claiming Instructions:** Exhibit B.
- 10. Final State Audit Report or Other Written Notice of Adjustment:** Exhibit C.
- 11. Reimbursement Claims:** Exhibit D.

Sections 7 through 11 shall be included with each incorrect reduction claim submittal.

7. WRITTEN DETAILED NARRATIVE

Under the heading "7. Written Detailed Narrative," please describe the alleged incorrect reduction(s). The narrative shall include a comprehensive description of the reduced or disallowed area(s) of cost(s).

8. DOCUMENTARY EVIDENCE AND DECLARATIONS

If the narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact, such assertions or representations shall be supported by testimonial or documentary evidence and shall be submitted with the claim under the heading "8. Documentary Evidence and Declarations." All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based upon the declarant's personal knowledge or information or belief.

9. CLAIMING INSTRUCTIONS

Under the heading "9. Claiming Instructions," please include a copy of the Office of State Controller's claiming instructions that were in effect during the fiscal year(s) of the reimbursement claim(s).

10. FINAL STATE AUDIT REPORT OR OTHER WRITTEN NOTICE OF ADJUSTMENT

Under the heading "10. Final State Audit Report or Other Written Notice of Adjustment," please include a copy of the final state audit report, letter, remittance advice, or other written notice of adjustment from the Office of State Controller that explains the reason(s) for the reduction or disallowance.

11. REIMBURSEMENT CLAIMS

Under the heading "11. Reimbursement Claims," please include a copy of the subject reimbursement claims the claimant submitted to the Office of State Controller.

12. CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the incorrect reduction claim submission. **

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or belief.

Wendy L. Watanabe
Print or Type Name of Authorized Local Agency or School District Official

Auditor-Controller
Print or Type Title

John Naimo For Co. Auditor *6/11/13*
Signature of Authorized Local Agency or School District Official Date

** If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the incorrect reduction claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**ITEM 7: WRITTEN DETAILED NARRATIVE
INCORRECT REDUCTION CLAIM**

Handicapped and Disabled Students II Program
State Controller's Office Audit of the County of Los Angeles Dated May 2010

Summary of State's Audit and County's Incorrect Reduction Claim (IRC)

The State Controller's Office (SCO) audited the County of Los Angeles' claims for reimbursement of State-mandated costs incurred by the Los Angeles County Department of Mental Health (LAC DMH) in the provision of mental health services required under students' Individualized Education Plans (IEPs) for the period of July 1, 2002, through June 30, 2004. The SCO disallowed \$717,879 of the \$3,276,316 in claimed costs during this two-year period. According to the Audit Report, the SCO disallowed these costs "because the county overstated costs by using inaccurate units of service and overstated offsetting revenues." The audit also identified problems with the determination of indirect costs based on its finding with respect to medication support costs.

The County contends that the data set used by the SCO to determine allowable costs was incorrect and did not accurately capture the actual costs of services rendered. In addition, the SCO audit used certain assumptions in calculating off-setting reimbursements, which resulted in the understatement of off-setting Federal Financial Participation and the overstatement of off-setting State General Funds related to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

Therefore, this IRC seeks to have the following amounts of the \$717,879 disallowed by the SCO reinstated:

- Fiscal Year 2002-03: \$216,793
- Fiscal Year 2003-04: \$231,409

Background

On May 26, 2005, the Commission on State Mandates (CSM) adopted a Statement of Decision for the Handicapped and Disabled Students II Program. This decision addressed amendments to the Handicapped and Disabled Students Program (Assembly Bill 3632), enacted in 1984 and 1985 (Statutes of 1984, Chapter 1747 and Statutes 1985, Chapter 1274). The decision found that changes to the laws, and to regulations adopted by the State Departments of Mental Health and Education, imposed new programs or higher levels of service within an existing program upon counties within the meaning of section 6, article XIII B of the California Constitution and Government Code Section 17514. Among these additional mandates was the provision of medication support services when required by a pupil's IEP.

On December 9, 2005, the CSM adopted the original parameters and guidelines for the Handicapped and Disabled Students II Program and on February 17, 2006, the SCO issued Claiming Instructions. These instructions required that initial claims for Fiscal Years 2001-02 through 2004-05 be filed on or before June 19, 2006. In response, LAC DMH filed its claims for reimbursement of costs associated with the provision of medication support services during Fiscal Years 2002-03 and 2003-04 in May 2006.

In August 2008, the SCO notified the County of its intent to audit the claims submitted under the Handicapped and Disabled Students II Program for Fiscal Years 2002-03 and 2003-04. The SCO issued its audit report on May 28, 2010. The report was followed by a Notice of Claim Adjustment dated June 12, 2010.

In reviewing the documentation supporting the SCO's audit findings, the County determined that the query parameters used to extract data from LAC DMH's Management Information System (MIS) and Integrated System (IS)¹ were flawed and did not accurately reflect the units encompassed by the original claims. In addition, the review determined that certain assumptions made in the audit reports related to off-setting reimbursements for direct and indirect costs resulted in the miscalculation of off-setting reimbursement revenue.

For these reasons, the County approached the SCO in November 2010 to discuss the possibility of the SCO reconsidering its audit findings. After several conference calls, the SCO agreed to engage in a reconsideration process. In April 2011, LAC DMH began the process of identifying and validating units of service that were erroneously omitted from the data set used by the SCO for the audit, as well as recalculating off-setting reimbursements. Through this process, LAC DMH also identified additional units of services that would support the County's claimed costs. In June 2012, this documentation was submitted to the SCO. The SCO worked with the County through March 2013 to assess and validate the information. However, in a letter dated May 7, 2013, the SCO informed LAC DMH that it would not continue with the reconsideration request and the County would need to file an IRC. (See Exhibit A-1)

Basis of IRC

In filing this IRC, the County is seeking reinstatement of some of the costs disallowed on audit because the SCO used incomplete data when performing the audit, which led to the incorrect disallowance of costs incurred by the County in providing services mandated by the State as defined in the Parameters and Guidelines for the

¹ The LAC DMH MIS and IS are the LAC DMH claim processing information systems in use during Fiscal Years 2002-03 and 2003-04. These systems were used to collect data on services rendered to mental health clients in Los Angeles County, determine provisional payments to contract providers, and to forward claims for Short-Doyle/Medi-Cal and Healthy Families reimbursement to the State Department of Mental Health for adjudication.

Handicapped and Disabled Students II Program. The request represents actual costs of medication support services provided and paid for by the County, as verified by the provider of service.

The SCO audit included three findings: 1) Overstated medication support costs resulting from overbilled costs (services in excess of 10 hours) and unsupported costs; 2) overstated indirect costs; and 3) overstated offsetting reimbursements. The County is requesting reinstatement of costs related to all three findings.

The SCO's Audit Findings Do Not Represent the Actual Amount of Mandated Costs for Medication Support Services

First, the SCO incorrectly reduced medication support costs because the data relied on by the SCO for its audit findings erroneously excluded actual amounts paid for allowable costs.

In performing its audit, the SCO asserted that the data as presented in the original claim prepared in accordance with the claiming guidelines was not in a "testable format" and requested the County provide claim line detail to allow the SCO staff to perform test work on a sample of source documents. LAC DMH provided the SCO with the requested information, running multiple reports from the MIS and IS systems to identify the units of service associated with the County's claim. The SCO did not, however, accept any of these data runs because it believed these data runs were inaccurate and overstated reimbursable services.

The County and SCO worked to develop query parameters satisfactory to the SCO before the County re-ran the units of service reports for a fourth time. It was this fourth generation data set that became the basis for the audit report. According to the SCO audit, this fourth generation run "resolved the inaccurate data issues, which were mainly duplication and client eligibility."

However, upon further review, this fourth generation data run actually excluded many of the units of service that had been properly used to calculate the costs of the claim.

This was because the parameters used in the fourth generation data run mistakenly queried only for those contractors and LAC DMH clinics that were providing services to pupils *at the time of the audit* (Fiscal Year 2008-09) rather than those contractors and LAC DMH clinics that were providing services to pupils *during the fiscal years under audit*. As a result, services to pupils were understated because not all contractors and LAC DMH clinics that provided services during the fiscal years under audit were still providing such services at the time of the audit. (See Exhibit A-2 for a list of the providers who were omitted from the fourth generation data run and the amount of incorrectly reduced costs associated with those providers.)

Further, the parameters attempted to "verify" eligibility based on whether the client had been seen in one of three LAC DMH units that performed assessments prior to the date of the service. However, this criteria assumed that all eligible clients would have been assessed in one of these three units, which is not an accurate assumption, and which would have excluded pupils with multiple client identification numbers and those receiving services identified in an IEP where LAC DMH did not perform the initial assessment (e.g., when a pupil transferred from another County). (See Exhibit A-3 for a list of those providers who had costs disallowed because the pupil was incorrectly determined not to be eligible and the amount of incorrectly reduced costs associated with those clients.)

The State Controller is authorized to perform an audit under Section 17561 of the Government Code and pursuant to the timeframes identified in Section 17558.5. Sections 17561, subdivision (d) (1) (C) (ii) and 17561, subdivision (d) (2) (A) (i-iii) define the purpose for which the SCO can audit the claim as follows:

- To verify the actual amount of the mandated costs
- To confirm the application of a reasonable reimbursement methodology
- To confirm the application of a legislatively mandated methodology under Section 17573.

The County's claim was submitted under the SCO claiming instructions and parameters and guidelines, which both state that only actual costs may be claimed. Therefore, the purpose of the audit was to verify the County's actual amount of mandated costs. "Verify" by definition means "to confirm" or "to establish the accuracy". However, for the reasons described above, the data set used by the SCO to determine allowable costs was incomplete and therefore did not accurately capture the costs of services rendered, resulting in the SCO incorrectly reducing the County's claim.

Second, in preparation for the reconsideration request, certain contract providers determined from a review of their data that some claims for medication support services delivered to pupils as part of an IEP were not correctly identified in the MIS/IS systems as services rendered as part of the AB3632 program and, therefore, would not have been included in the County's original claim but did represent mandated services for which the County had actually incurred a cost. (See Exhibit A-4 for a list of providers and the costs associated with the services they identified.)

The County filed its Fiscal Year 2002-03 and 2003-04 claims for medication support in May 2006 following the CSM decision on the Handicapped and Disabled Students II Program and the SCO's subsequent release of claiming instructions on February 17, 2006. The timeframe for submitting initial claims is governed by Government Code Section 17561, subdivision (d)(1)(A), which requires that a local agency or school

district submit its claims for the initial fiscal year(s) costs within 120 days from the date of issuance of the claiming instructions. Therefore, the County submitted its claim within the required timeframe.

However, in denying the County's reconsideration request, the SCO stated that Government Code Section 17568 states that the "State will not reimburse any claim that is submitted more than one year after the filing deadline specified in the SCO claiming instructions. We have no authority to allow costs that were not claimed." However, the total amount of costs was indeed claimed.

Moreover, the County contends that this section of the Code is not controlling.

Section 17568 refers back to Government Code Section 17560. Government Code 17560 governs the submission of *annual* reimbursement claims. Annual reimbursement claims are those claims filed on an ongoing basis after the filing of the initial claims. Therefore, Section 17568 is not applicable to the filing of initial claims.

Further, Section 17568 does not bar consideration of the information on all covered services because the information presented by the County is in response to an audit and does not represent the filing of a claim. The State Controller is authorized to perform an audit under Section 17561 of the Government Code and pursuant to the timeframes identified in Section 17558.5. As noted above, sections 17561, subdivision (d) (1) (C) (ii) and 17561, section (d) (2) (A) (i-iii) defines the purpose for which the SCO can audit the claim as "to verify the actual amount of the mandated costs." By referring to costs, not claimed amounts, the statutes make clear that the audit is to be focused on validating the amount that the State owes for services rendered and is not limited to the amounts that were included in the claim.

As discussed above, in working with those contracted agencies that provided the services, the County identified mandated costs that were subject to reimbursement. Thus, irrespective of whether they were used to construct LAC DMH's original claimed amount, this information is relevant to the determination of the actual amount of mandated costs and should be considered.

Moreover, even if LAC DMH was limited to the dollar amount of its original claim, the common law doctrine of equitable set-off supports the recognition of previously unaccounted for services as a substitute to services which were incorrectly claimed. Equitable set-off is a right developed by the courts many years ago as an exercise of their equitable powers, and their inherent obligation to do justice. Under equitable set-off, a party which owes money to another entity (hereafter "debtor") as part of a transaction which has mutual debits and credits, is permitted to apply the credits against

the debt, ultimately leaving the debtor liable only for the balance.² The ability to set-off amounts owed by a creditor to the debtor is a right in each case, in the absence of facts which establish competing equities.³

To be eligible for the set-off, the credits which can be taken must be mutual, i.e. they must relate to the same parties and the same general transaction as debt does. However, the credits do not have to be amounts that are formally recognized in a judgment.⁴ Indeed, as the Legislature has recognized in the Code of Civil Procedure Section 431.70, the right to set-off exists even where the statute of limitation has run on the claim being used as a credit. However, this balancing of amounts owed and owing can go no farther than extinguishing the debtor's obligation; it cannot give the debtor an affirmative right to payment from the other party.

The equitable right of set-off belongs as much to governmental entities as it does to private parties. The case of Sprint Communications v. State Board of Equalization⁵ is illustrative. In that case, a taxpayer sought a refund from the State. The State re-determined the taxpayer's obligation, and also determined that additional amounts were owed by the taxpayer for a later period, although that claim was time barred. The court held that the time bar did not preclude the State from setting-off the additional tax owed. The court reasoned that the overpayment needed to be accurately determined, which means that other facts which lessened its amount had to be taken into consideration.

As applied in this case, the equitable right to set-off gives the County the ability to identify additional medication support services provided to pupils pursuant to an IEP which were not included in the calculation of the original claims for Fiscal Years 2002-03 and 2003-04 to substitute for services that were included, but cannot now be validated. The unpaid value of these claims (i.e. the set-off) and overpayment based on any costs that are disallowed meet the requirement to be mutual, because they all relate to medication support services paid by LAC DMH for services to pupils with an IEP. Accordingly, the CSM must consider all units of service identified by LAC DMH as part of this IRC in determining whether additional costs should have been recognized, irrespective of whether those units were used in developing the original claim.

The SCO may argue that the documents now being provided by the County cannot be considered because they were not provided on audit. However, the County provided such documentation to the SCO as part of the first three reports of units of service, but

² Plut v. Fireman's Fund Insurance (2000) 85 Cal. App. 4th 89, 106

³ Keith G. v. Suzanne H. (1998) 62 Cal. App. 4th 853, 859.

⁴ Harrison v. Adams (1942) 20 Cal. 2d 646, 649.

⁵ Sprint Communications Co. v. State Board of Equalization (1995) 40 Cal. App. 4th 1254, 1259.

these reports were dismissed by the SCO because of its determination that the reports contained "errors".

For the most part, the SCO appears to have made its determinations based on data as it was entered into the LAC DMH MIS and IS systems, and used certain assumptions regarding the validity of the claims based on specific data elements. As noted earlier, the impact of "refining" the query parameters had the effect of eliminating the claim line detail that identified services in which the County incurred allowable and eligible costs. As a result, the fourth generation data set was not appropriate evidence upon which to base the audit findings.

The Government Auditing Standards published by the United States Government Accountability Office (July 2007 revision) sets forth the generally accepted government auditing standards, and was cited as the standards used by the SCO in conducting the audit. Chapter 8 of those standards governs the Reporting Standards for Performance Audits. Section 8.07 states:

if after the report is issued, the auditors discover that they did not have sufficient, appropriate evidence to support the reported findings or conclusions, they should communicate with those charged with governance, the appropriate officials of the audited entity and the appropriate officials of the organizations requiring or arranging for the audits so that they do not continue to rely on the findings or conclusion that were not supported. If the report was previously posted to the auditors' publicly accessible website, the auditors should remove the report and post a public notification that the report was removed. The auditors should then determine whether to conduct additional audit work necessary to reissue the report with revised findings or conclusions. (See Exhibit A-5)

Therefore, the SCO not only has the authority but an obligation to correct its audit report in light of the evidence that it was based on incomplete data.

Documentation in Support of this IRC

In preparation of filing this IRC, the County once again requested its contractors to validate and submit a record of the medication support services that, based on their internal records, were rendered by the provider to pupils who, at the time the services were rendered, had in place an IEP and such service was required in such IEP as necessary to assure that the pupils could receive a free and appropriate public education (FAPE).

Data files containing the claim lines and the supporting documentation for the claims are available for the SCO or CSM staff to review. However, because this data contains protected health information under the federal Health Insurance Portability and Accountability Act (HIPAA), and because the IRC is a public record, this information is not being provided as part of this IRC. However, signed declarations from each agency that has chosen to participate in the IRC process are included. (See Exhibit A-6).

It should be noted that the amounts requested in this IRC vary from those submitted in the reconsideration request. This is primarily because of the short time frame available to file the IRC resulting from the delay in the SCO's determination that it could not revise its findings in response to the reconsideration request and the length of time since the services were rendered (dating back nine to 11 years). In many cases, client charts have since been archived or purged based on general record retention requirements and agency staff now cannot locate supporting documentation for the services. Therefore, the County is requesting through this IRC reinstatement of direct medication support costs in the following amounts:

- Fiscal Year 2002-03: \$143,443
- Fiscal Year 2003-04: \$131,570

“Overstated” Indirect Costs

Based on its findings of “overstated” medication support costs, SCO auditors reduced the County's claim for indirect costs proportionally. The County is seeking reinstatement of indirect costs in proportion to its request for reinstated medication support costs in the following amounts:

- Fiscal Year 2002-03: \$14,008
- Fiscal Year 2003-04: \$19,974

“Overstated” Offsetting Revenues

The SCO audit indicates that the County miscalculated off-setting reimbursements based in part on its finding of “overstated” medication support costs and “overstated” indirect costs, but also “by applying incorrect funding percentages for Short-Doyle/Medi-Cal.” Therefore, the SCO recalculated revenue related to direct costs by,

applying the appropriate costs per unit to eligible Medi-Cal units, using correct funding percentages for SD/MC and EPSDT and excluding unsupported revenues. Further, [the SCO] recalculated revenues related to indirect costs applying the related portion of SD/MC and EPSDT funds to eligible administrative costs.

The County is seeking reinstatement of costs because the SCO audit overstated the off-setting reimbursements. Specifically, the SCO in recalculating the revenue from the Medi-Cal program assumed that all claims with a primary payor source identified as Medi-Cal were EPSDT Medi-Cal when some claims were Healthy Families and others were non-EPSDT Medi-Cal. The result was an understatement of off-setting Federal Financial Participation reimbursement and an over-statement of off-setting State General Fund EPSDT reimbursement (See Exhibit A-7 for the worksheets supporting the recalculation of off-setting federal and State reimbursements).

In addition, the SCO used the same EPSDT percentage in calculating off-setting State General Fund reimbursement of administrative costs (See Exhibit A-8 for State worksheets on indirect costs and offsetting reimbursements and Exhibit A-9 for County's worksheets recalculating those costs). However, the Medi-Cal program did not pay the County using State general funds for administrative costs associated with EPSDT services, and no off-setting State reimbursement was received for indirect costs. Therefore, off-setting revenue from the State for the administration of the EPSDT program should not have been applied.

Therefore, the County is seeking reinstatement of the following costs related to off-setting reimbursements:

- Fiscal Year 2002-03: \$59,342
- Fiscal Year 2003-04: \$79,865

Conclusion

LAC DMH has verified that the facts upon which this IRC are true and correct. (See Exhibit A-10). Therefore, for the foregoing reasons the County contends that the SCO inappropriately reduced the County's claim for reimbursement of State-mandated costs in the provision of medication support services to pupils under the parameters and guidelines of the Handicapped and Disabled Students II Program and seeks reinstatement of \$448,202 of claimed costs.

Supplement
RECEIVED
JUNE 21, 2013
COMMISSION ON
STATE MANDATES

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JUNE 12, 2010
AUDITOR CONTROLLER
COUNTY OF LOS ANGELES
500 WEST TEMPLE STREET RM 525
LOS ANGELES CA 90012

DEAR CLAIMANT:

RE: HANDICAPPED & DISABLED STUD II

WE HAVE REVIEWED YOUR 2002/2003 FISCAL YEAR REIMBURSEMENT CLAIM FOR
THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR
REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		1,703,889.00
ADJUSTMENT TO CLAIM:		
FIELD AUDIT FINDINGS	-	315,464.00
TOTAL ADJUSTMENTS	-	315,464.00

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AMOUNT DUE CLAIMANT

\$ 1,388,425.00
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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART
AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE,
DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO,
CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE
WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

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JUNE 12, 2010
AUDITOR CONTROLLER
COUNTY OF LOS ANGELES
500 WEST TEMPLE STREET RM 525
LOS ANGELES CA 90012

DEAR CLAIMANT:

RE: HANDICAPPED & DISABLED STUD II

WE HAVE REVIEWED YOUR 2003/2004 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		1,572,427.00
ADJUSTMENT TO CLAIM:		
FIELD AUDIT FINDINGS	-	402,415.00
TOTAL ADJUSTMENTS		- 402,415.00

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AMOUNT DUE CLAIMANT

\$ 1,170,012.00
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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART
AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE,
DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO,
CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE
WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

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LOS ANGELES CA 90012

DEAR CLAIMANT:

RE: HANDICAPPED & DISABLED STUD II

WE HAVE REVIEWED YOUR 2003/2004 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		1,572,427.00
ADJUSTMENT TO CLAIM:		
FIELD AUDIT FINDINGS	-	402,415.00
TOTAL ADJUSTMENTS		- 402,415.00

AMOUNT DUE CLAIMANT		\$ 1,170,012.00
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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A
Documentary Evidence and Declarations**

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-1
State Controller's Office Letter
Dated May 7, 2013**



JOHN CHIANG
California State Controller

May 7, 2013

Robin C. Kay, Ph.D.
Chief Deputy Director
Los Angeles County Department of Mental Health
550 S. Vermont Avenue, 12th Floor
Los Angeles, CA 90020

Re: Los Angeles County's Request for the State Controller's Office to Consider Additional Costs After Issuance of the Final Audit Report for the Handicapped and Disabled Students (HDS) Program Audit on June 30, 2010, and the HDS II Program Audit on May 28, 2010

Dear Dr. Kay:

This letter is in reference to Lyn Wallensak's May 3, 2013, email related to our denial of the county's request for the State Controller's Office to reconsider costs for our audits of the HDS Program for the period of July 1, 2003, through June 30, 2006, and the HDS II Program for the period of July 1, 2002, through June 30, 2004.

This letter confirms that we denied the county's reconsideration request through a telephone conference with Ed Jewik, county SB 90 Coordinator, on April 17, 2013, and a follow up telephone conference with Mr. Jewik and Ms. Wallensak on April 29, 2013. During these conference calls, we discussed the reasons for the denial and informed county representatives that we will not be reissuing the audit reports.

Based on information the county provided to us in June and August 2012, our analyses of that information, and subsequent discussions with county staff, we determined that the county did not support that it claimed costs subject to the reconsideration within the statutory period provided for in Government Code sections 17560 and 17561. Furthermore, documentation for such costs was not provided during the course of our two audits. In addition, Government Code section 17568 states that the State will not reimburse any claim that is submitted more than one year after the filing deadline specified in the SCO's claiming instructions. We have no authority to allow costs that were not claimed. Any documentation supporting claimed costs should have been provided during the course the audits. In its response to the two audits, the county agreed with the audit results and provided management representation letters indicating that it had provided our office with complete information.

RECEIVED

MAY 14 2013

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5874
SACRAMENTO 3301 C Street, Suite 700, Sacramento, CA 95816 (916) 324-8907
LOS ANGELES 901 Corporate Center Drive, Suite 200, Monterey Park, CA 91754-7619 (323) 981-6802

CHIEF DEPUTY DIRECTOR

Robin C. Kay, Ph.D.

May 7, 2013

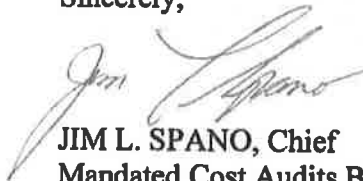
Page 1

In reference to your question on the appeal process, the State Controller's Office does not have an internal audit appeal process. Appeals are filed with the Commission on State Mandates through an incorrect reduction claim (IRC). An IRC must be filed within three years following the date that we notified the county of a claim reduction. The State Controller's Office notified the county of a claim reduction on August 6, 2010, for the HDS Program audit and on June 12, 2010, for the HDS II Program audit. Information related to filing an IRC can be found on the Commission on State Mandates' website at www.csm.ca.gov/docs/IRCFORM.pdf.

I discussed your request with my supervisor, Jeffrey V. Brownfield, Chief, Division of Audits. Mr. Brownfield concurs that the proper avenue to resolve your issue is through the Commission on State Mandates.

If you have any questions, please call me at (916) 323-5849.

Sincerely,



JIM L. SPANO, Chief
Mandated Cost Audits Bureau
Division of Audits

JS/kw

12006

cc: Lyn Wallensak, Health Program Analyst III
Los Angeles County Department of Mental Health
Ed Jewik, Program Specialist V
Los Angeles County Department of Auditor-Controller
Jeffrey V. Brownfield, Chief
Division of Audits, State Controller's Office
Chris Ryan, Manager
Division of Audits, State Controller's Office

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-2
Providers Omitted from Data Set Used in Audit**

Los Angeles County Department of Mental Health
 Incorrect Reduction Claim
 Handicapped and Disabled Students II Program
 Fiscal Year 2002-03
 Exhibit A-2

		Incorrect Reduction Claim Amounts					Net SB 90 Claim
		Gross Costs	FFP	SGF	Other Rev		
00173	Associated League of Mexican-Americans, Inc.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00174	Hamburger Home, Inc.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00185	El Centro De Amistad, Inc.	\$ 1,161.00	\$ -	\$ -	\$ -	\$ -	\$ 1,161.00
00190	Gateways Hospital	\$ 2,190.00	\$ (558.89)	\$ (458.21)	\$ -	\$ -	\$ 1,172.90
00204	Pasadena Childrens Training	\$ 120,663.49	\$ (32,817.53)	\$ (26,408.49)	\$ -	\$ -	\$ 61,437.47
00208	San Fernando Valley CMHC Inc.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00217	Saint John's Health Center	\$ 33,522.75	\$ (2,990.25)	\$ (2,451.59)	\$ -	\$ -	\$ 28,080.92
00315	LAUSD 97th St. Mental Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00320	San Gabriel Children's Center	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00321	Hillside (Church Home for Children)	\$ 35,708.00	\$ (6,821.66)	\$ (5,592.82)	\$ -	\$ -	\$ 23,293.52
00409	Devereux Foundation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00519	Aspen Health Services	\$ 23,339.60	\$ (11,116.00)	\$ (8,951.04)	\$ -	\$ -	\$ 3,272.56
00543	Starview Adolescent Center	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00591	Children's Institute International	\$ 1,755.18	\$ (210.41)	\$ (172.51)	\$ -	\$ -	\$ 1,372.26
00647	Five Acres Boys' & Girls' Aid Society of Los Angeles County	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00724	Foothill Family Service	\$ 6,325.89	\$ (3,185.09)	\$ (2,611.33)	\$ -	\$ -	\$ 529.47
00763	ChildNet Youth & Family Services	\$ 11,518.08	\$ (4,914.95)	\$ (3,930.32)	\$ -	\$ -	\$ 2,672.81
00784	St. Francis Medical Center	\$ 2,057.20	\$ (1,025.24)	\$ (815.25)	\$ -	\$ -	\$ 216.71
00019	LAC DMH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ 238,241.19	\$ (63,640.02)	\$ (51,391.56)	\$ -	\$ -	\$ 123,209.62

Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Provider Not Identified
 Providers Not Identified

Los Angeles County
 Department of Mental Health
 Handicapped and Disabled Students II Program
 Fiscal Year 2002-03
 Exhibit A-2

Los Angeles County Department of Mental Health
 Incorrect Reduction Claim
 Handicapped and Disabled Students II Program
 Fiscal Year 2003-04
 Exhibit A-2

		Incorrect Reduction Claim Amounts					Net SB 90 Claim
		Gross Costs	FFP	SGE	Other Rev		
00173	Associated League of Mexican-Americans, Inc.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00174	Hamburger Home, Inc.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00185	El Centro De Amistad, Inc.	\$ 2,600.15	\$ (826.87)	\$ (622.40)	\$ -	\$ -	\$ 1,150.88
00190	Gateways Hospital	\$ 2,820.00	\$ (1,359.15)	\$ (1,023.06)	\$ -	\$ -	\$ 437.79
00204	Pasadena Childrens Training	\$ 154,673.69	\$ (57,766.91)	\$ (42,599.66)	\$ -	\$ -	\$ 54,307.12
00208	San Fernando Valley CMHC Inc.	\$ 5,154.60	\$ (145.11)	\$ (21.85)	\$ -	\$ -	\$ 4,987.64
00217	Saint Johns Health center	\$ 28,418.11	\$ (3,188.69)	\$ (2,400.19)	\$ -	\$ -	\$ 22,829.23
00315	LAUSD 97th St. Mental Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00320	San Gabriel Children's Center	\$ 13,020.70	\$ (5,999.84)	\$ (4,516.20)	\$ -	\$ -	\$ 2,504.66
00321	Hillside (Church Home for Children)	\$ 27,515.60	\$ (13,761.88)	\$ (10,358.83)	\$ -	\$ -	\$ 3,394.89
00409	Devereux Foundation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00519	Aspen Health Services	\$ 5,089.56	\$ (2,420.76)	\$ (1,822.15)	\$ -	\$ -	\$ 846.65
00543	Starview Adolescent Center	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00591	Children's Institute International	\$ 1,959.90	\$ (322.28)	\$ (242.59)	\$ -	\$ -	\$ 1,395.03
00647	Five Acres Boys' & Girls' Aid Society of Los Angeles County	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
00724	Foothill Family Service	\$ 7,576.89	\$ (3,931.80)	\$ (2,959.54)	\$ -	\$ -	\$ 685.55
00783	ChildNet Youth & Family Services	\$ 3,656.60	\$ (1,478.31)	\$ (1,112.76)	\$ -	\$ -	\$ 1,065.53
00784	St. Francis Medical Center	\$ 769.60	\$ (376.94)	\$ (283.73)	\$ -	\$ -	\$ 108.93
00019	LAC DMH	\$ 833.70	\$ -	\$ -	\$ -	\$ -	\$ 833.70
Total		\$ 254,089.10	\$ (91,578.54)	\$ (67,962.96)	\$ -	\$ -	\$ 94,547.60

Los Angeles County Department of Mental Health

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-3
Providers with Clients Incorrectly Determined to be Ineligible**

Los Angeles County Department of Mental Health
 Incorrect Reduction Claim
 Handicapped and Disabled Students II Program
 Fiscal Year 2002-03
 Exhibit A-3

Incorrect Reduction Claim Amounts					
	Gross Costs	FFP	SGF	Other Rev	Net SB 90 Claim
	\$ 612.00	\$ (331.50)	\$ -	\$ -	\$ 280.50
	\$ 2,008.80	\$ (730.48)	\$ (588.89)	\$ -	\$ 679.43
Total	\$ 2,620.80	\$ (1,061.98)	\$ (598.89)	\$ -	\$ 959.93

00192 Clients Not Identified
 00196 Clients Not Identified

00192 Hathaway Children & Family Services
 00196 Vista Del Mar Child and Family Services

Los Angeles County Department of Mental Health
 Incorrect Reduction Claim
 Handicapped and Disabled Students II Program
 Fiscal Year 2003-04
 Exhibit A-3

Reason	Incorrect Reduction Claim Amounts				
	Gross Costs	FFP	SGF	Other Rev	Net SB 90 Claim
00188 Enki Health & Research	\$ 370.80	\$ (197.64)	\$ (148.77)	\$ -	\$ 24.40
00192 Hathaway Children & Family Services	\$ 680.00	\$ -	\$ -	\$ -	\$ 680.00
00196 Vista Del Mar Child and Family Services	\$ 12,246.24	\$ (5,724.22)	\$ (4,308.75)	\$ -	\$ 2,213.27
00203 Pacific Clinics	\$ 21,339.36	\$ (11,373.88)	\$ (8,561.35)	\$ -	\$ 1,404.13
Total	\$ 34,636.40	\$ (17,295.74)	\$ (13,018.87)	\$ -	\$ 4,321.80

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-4
Providers Who Identified Claims for Medication Support
Services that Were Not Identified as AB3632 in MIS/IS**

Los Angeles County Department of Mental Health
 Incorrect Reduction Claim
 Handicapped and Disabled Students II Program
 Fiscal Year 2002-03
 Exhibit A-4

	Incorrect Reduction Claim Amounts				
	Gross Costs	FFP	SGE	Other Rev	Net SB 90 Claim
00188 Enki Health & Research	\$ 56,316.34	\$ (26,288.31)	\$ (19,940.78)	\$ (1,442.40)	\$ 8,644.85
00198 Help Group Child & Family Center (LA Center for Therapy HELP)	\$ 9,980.75	\$ (2,173.11)	\$ (1,678.86)	\$ -	\$ 6,128.78
00207 Child & Family Guidance Center	\$ 15,887.76	\$ (6,138.27)	\$ (5,032.53)	\$ (585.75)	\$ 4,131.21
00213 South Bay Children's Health Center	\$ 582.00	\$ (117.21)	\$ (96.10)	\$ -	\$ 368.69
Total	\$ 82,766.85	\$ (34,716.90)	\$ (26,748.27)	\$ (2,028.15)	\$ 19,273.53

Claims Not Identified
 Claims Not Identified
 Claims Not Identified
 Claims Not Identified

Los Angeles County Department of Mental Health
 Incorrect Reduction Claim
 Handicapped and Disabled Students II Program
 Fiscal Year 2003-04
 Exhibit A-4

	Reason	Incorrect Reduction Claim Amounts					Net SB 90 Claim
		Gross Costs	FFP	SGF	Other Rev		
00183	Didi Hirsch Psychiatric Service	\$ 13,935.60	\$ (4,833.46)	\$ (3,594.91)	\$ (27.95)	\$	5,479.28
00188	Enki Health & Research	\$ 35,646.24	\$ (16,966.85)	\$ (12,317.74)	\$ (702.86)	\$	5,658.79
00198	Help Group Child & Family Center (LA Center for Therapy HELP)	\$ 14,596.98	\$ (2,669.87)	\$ (2,009.67)	\$ -	\$	9,917.44
00199	Los Angeles Child Guidance Clinic	\$ 38,006.10	\$ (17,480.85)	\$ (13,158.18)	\$ (103.90)	\$	7,263.17
00207	Child & Family Guidance Center	\$ 19,462.80	\$ (8,823.37)	\$ (6,641.53)	\$ (318.04)	\$	3,679.86
00213	South Bay Children's Health Center	\$ 702.28	\$ -	\$ -	\$ -	\$	702.28
Total		\$ 122,350.00	\$ (50,774.40)	\$ (37,722.03)	\$ (1,152.75)	\$	32,700.82

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-5
United States Government Accountability Office
Government Auditing Standards
(July 2007)
Chapter 8, Section 8.07**

GAO

United States Government Accountability Office
By the Comptroller General of the
United States

July 2007

Government
Auditing
Standards

July 2007 Revision



GAO-07-731G

Reporting Standards for Performance Audits

Introduction

8.01 This chapter establishes reporting standards and provides guidance for performance audits conducted in accordance with generally accepted government auditing standards (GAGAS). The reporting standards for performance audits relate to the form of the report, the report contents, and report issuance and distribution.

8.02 For performance audits performed in accordance with GAGAS, chapters 1 through 3 and 7 and 8 apply.

Reporting

8.03 Auditors must issue audit reports communicating the results of each completed performance audit.

8.04 Auditors should use a form of the audit report that is appropriate for its intended use and is in writing or in some other retrievable form. (See paragraph 8.42 for situations when audit organizations are subject to public records laws.) For example, auditors may present audit reports using electronic media that are retrievable by report users and the audit organization. The users' needs will influence the form of the audit report. Different forms of audit reports include written reports, letters, briefing slides, or other presentation materials.

8.05 The purposes of audit reports are to (1) communicate the results of audits to those charged with governance, the appropriate officials of the audited entity, and the appropriate oversight officials; (2) make the results less susceptible to misunderstanding; (3) make the results available to the public, as applicable (see paragraph 8.39 for additional guidance on classified or limited use reports and paragraph 8.43b for distribution of reports for internal auditors); and (4) facilitate follow-up to determine whether appropriate corrective actions have been taken.

Chapter 8
Reporting Standards for Performance
Audits

8.06 If an audit is terminated before it is completed and an audit report is not issued, auditors should follow the guidance in paragraph 7.49.

8.07 If after the report is issued, the auditors discover that they did not have sufficient, appropriate evidence to support the reported findings or conclusions, they should communicate with those charged with governance, the appropriate officials of the audited entity, and the appropriate officials of the organizations requiring or arranging for the audits, so that they do not continue to rely on the findings or conclusions that were not supported. If the report was previously posted to the auditors' publicly accessible website, the auditors should remove the report and post a public notification that the report was removed. The auditors should then determine whether to conduct additional audit work necessary to reissue the report with revised findings or conclusions.

Report Contents

8.08 Auditors should prepare audit reports that contain (1) the objectives, scope, and methodology of the audit; (2) the audit results, including findings, conclusions, and recommendations, as appropriate; (3) a statement about the auditors' compliance with GAGAS; (4) a summary of the views of responsible officials; and (5) if applicable, the nature of any confidential or sensitive information omitted.

**Objectives, Scope,
and Methodology**

8.09 Auditors should include in the report a description of the audit objectives and the scope and methodology used for addressing the audit objectives. Report users need this information to understand the purpose of the audit, the nature and extent of the audit work performed, the context and perspective regarding what is reported, and any significant limitations in audit objectives, scope, or methodology.

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-6
Declarations Related to Certain Claims**



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

I, Paul McIver LCSW declare as follows:

I am the Mental Health Clinical District Chief, I am responsible for assuring the accuracy of claims made Los Angeles County Department of Mental Health Children's Systems of Care, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

The claim lines included in the file 00019 HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication related services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was included in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. As medication related services, each claim was for care that is within the scope of services that the County Department of Mental Health was required by law to provide to such pupils. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

All of the services in tables referenced in paragraph 2 above were included in the units of services claimed under the AB 3632/CSOC plan on the LAC 102 form which the Provider filed with its cost report for relevant fiscal year. Further, the costs incurred in rendering such services to pupils pursuant to their IEPs were included in the average cost per unit determined on such cost reports and were reasonable and allowable.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 6th day of June 2013, at Los Angeles, California

Paul McIver LCSW, Mental Health Clinical District Chief



**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

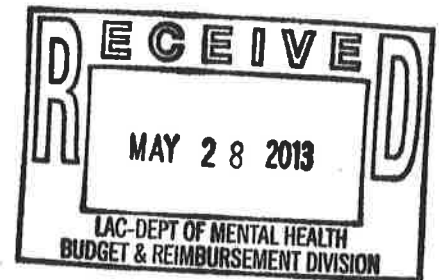
I, Bryan Sawlsville, declare as follows:

1. I am the Director of Quality Assurance with Didi Hirsch Psychiatric Service. In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.
2. The claim lines included in the file 00183_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication related services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was included in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. As medication related services, each claim was for care that is within the scope of services that the County Department of Mental Health was required by law to provide to such pupils. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.
3. All of the services in tables referenced in paragraph 2 above were included in the units of services claimed under the AB 3236/CSOC plan on the LAC 102 form which the Provider filed with its cost report for relevant fiscal year. Further, the costs incurred in rendering such services to pupils pursuant to their IEPs were included in the average cost per unit determined on such cost reports and were reasonable and allowable.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 28th day of May, 2013, at Culver City, California.

Bryan Sawlsville

Director of Quality Assurance



Headquarters
4760 South Sepulveda Blvd., Culver City, CA 90230
310 • 390 • 6612 24 Hour Crisis Line 877 • 7 • CRISIS

www.didihirsch.org

Transforming Lives Since 1942



Attachment A

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

I, Tania Fallert, declare as follows:

1. I am the Interim Executive Director with El Centro de Amistad (Provider 7371 & 7050). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file [legal entity number 00185]_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health Information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 5th day of June, 2013, at Canoga Park, California


Tania Fallert

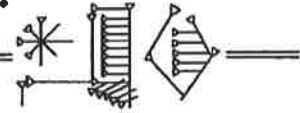
EAST VALLEY - 566 S. Brand Blvd., San Fernando, CA 91340 (818) 898-0223, Fax (818) 361-3384
EAST VALLEY - 601 S. Brand Blvd., Suite 104 San Fernando, CA 91340 (818) 898-0223, Fax (818) 361-2420
WEST VALLEY - 6800 Owensmouth Ave. Suite 310, Canoga Park, CA 91303 (818) 347-8565, Fax (818) 347-0506

www.ecdn.org

ENKI Health & Research Systems, Inc.

(a nonprofit corporation)

150 East Olive Avenue, Suite 203 • Burbank, CA 91502
Phone (818) 973-4899 • Fax (818) 973-4881



DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM FISCAL YEARS 2002-03 AND 2003-04

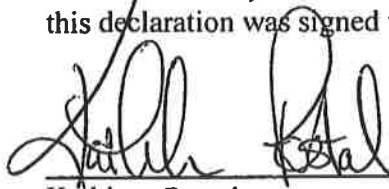
I, Kathleen Postal, declare as follows:

1. I am the Chief Financial Officer Enki Health & Research Systems, Inc. ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 0188_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, information and belief, true and correct and that this declaration was signed this 31 day of May, 2013, at Burbank, California



Kathleen Postal
Chief Financial Officer



GATEWAYS HOSPITAL
AND MENTAL HEALTH CENTER

1891 Effie Street
Los Angeles, CA 90026
Phone 323. 644. 2000
Fax 323. 666.1417

Attachment A

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

I, Mara Pelsman, declare as follows:

1. I am the Chief Executive Director with Gateways Hospital & Mental Health Center ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file [legal entity number]_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free and appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 5th day of June, 2013, at Los Angeles, California

Mara Pelsman, CEO

Mara Pelsman, CEO, Gateways Hospital & Mental Health Center



**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

I, Shaulon Shanklin-DeCuir, declare as follows:

1. I am the AVP of DMH Contracts and Billing with Hathaway-Sycamores Child and Family Services ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 00192_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, information and belief, true and correct and that this declaration was signed this 03 day of June, 2013, at Pasadena, California

Shaulon Shanklin-DeCuir
Hathaway-Sycamores Child and Family Services

Rick Wolf
Co-Chair, Board of Directors

Lyn Konhelm
Co-Chair, Board of Directors

Elias Lefferman
President/Chief Executive Officer



**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**


I, Cheryl Carrington, declare as follows:

1. I am the Director of Quality, Standards and Compliance with Vista Del Mar Child and Family Services ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 00196_HDSII_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-2004_HDSII_Excluded_Claims_Final_p are for medication related services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was included in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. As medication related services, each claim was for care that is within the scope of services that the County Department of Mental Health was required by law to provide to such pupils. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. All the services in tables referenced in paragraph 2 above were included in the units of services claimed under the AB3632/CSOC plan on the LAC 102 form which the provider filed with its cost report for relevant fiscal year. Further, the costs incurred in rendering such services to pupils pursuant to their IEPs were included in the average cost per unit determined on such cost reports and were reasonable and allowable.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 28 day of May, 2013, at Los Angeles, California.



Cheryl Carrington
Vista Del Mar Child and Family Services

Attachment A

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

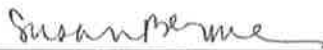
I, Susan Berman Ph.D., declare as follows:

1. I am the Executive Vice President/COO with The Help Group Child and Family Center. In that position, I am responsible for assuring the accuracy of claims made by The Help Group Child and Family Center, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 00198_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by The Help Group Child and Family Center during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free and appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. The Help Group Child and Family Center personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 5th day of June, 2013, at Sherman Oaks, California



Susan Berman, Ph.D. EVP/COO



Los Angeles Child Guidance Clinic

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DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM FISCAL YEARS 2002-03 AND 2003-04

I, Katherine Ross, declare as follows:

- I am the MIS Lead with Los Angeles Child Guidance Clinic ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.
- The claim lines included in the file 00199_HDS_Reconsideration_R.mdb in the table identified as 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service was provided by a psychiatrist who was permitted by his or her license or certification to render such care.
- Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, information and belief, true and correct and that this declaration was signed this 3rd day of June, 2013, at Los Angeles, California

Katherine Ross
MIS Lead



**DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE
HANDICAPPED & DISABLED STUDENTS II PROGRAM FISCAL YEAR 2003-04**

I, Rhonda Chabrán, declare as follows:

1. I am the Corporate Director of Quality, Improvement and Compliance with Pacific Clinics. In that position, I am responsible for assuring the accuracy of claims made by Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.
2. The claim lines included in the file 00203_HDS_Reconsideration.mbd in the tables identified as 2003-004_HSDII_Excluded Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.
3. Provider's personnel submitted each of these claims in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, information and belief, true and correct and that this declaration was signed this 3 day of June, 2013, at Los Angeles, California.


Rhonda Chabrán

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**


I, Roy Marshall, declare as follows:

1. I am the President/CEO with the Child and Family Guidance Center ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

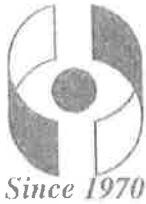
2. The claim lines included in the file [legal entity number]_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, information and belief, true and correct and that this declaration was signed this 31st day of May, 2013, at Northridge, California



Roy Marshall
President/CEO



SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.

Moving Lives Forward

6842 Van Nuys Blvd., 6th Floor, Van Nuys, CA 91405 Tel: (818) 901-4830

DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM FISCAL YEARS 2002-03 AND 2003-04

I, Ian Hunter, Ph.D., declare as follows:

1. I am the President/CEO with the San Fernando Valley Community Mental Health Center, Inc., ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 00208 HDS Reconsideration.mdb in the tables identified as 2002-2003 HDSII Excluded Claims Final p and 2003-004 HDSII Excluded Claims Final p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, information and belief, true and correct and that this declaration was signed this 31st day of May 2013, at Van Nuys, California.

Ian Hunter, Ph.D.

Ian Hunter, Ph.D., President/CEO

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ADULT FULL SERVICE PARTNERSHIP (FSP)
CALWORKS DOMESTIC VIOLENCE
CALWORKS HOMELESS FAMILIES PROJECT
CALWORKS MENTAL HEALTH SERVICES
CENTER FOR FAMILY LIVING
OUTPATIENT AND FCCS
CHILDREN'S FCCS
CHILDREN'S FULL SERVICE PARTNERSHIP
CLIENT RUN CENTER
COMMUNITY ASSESSMENT SERVICE CENTER
CORNERSTONE FIELD CAPABLE CLINICAL SVCS.
FAMILY PRESERVATION
HOMEBOUND FIELD CAPABLE CLINICAL SVCS.
INDEPENDENT LIVING PROGRAM FCCS
JUVENILE JUSTICE PROGRAMS
MACDONALD CAREY EAST VALLEY MHC
MULTI-DISCIPLINARY ASSESSMENT TEAM
MULTI-SYSTEMIC THERAPY PROGRAM
OLDER ADULT FULL SERVICE PARTNERSHIP
PROJECT NEW START
PROJECT SAFE
STREET TO HOME
THERAPEUTIC BEHAVIORAL SERVICES
TRANSITIONAL AGE YOUTH FCCS
TRANSITIONAL AGE YOUTH FSP
TRANSITIONAL YOUTH INTENSIVE DAY TREATMENT
TRANSITIONAL AGE YOUTH OUTPATIENT
TRANSITIONAL AGE YOUTH RESIDENTIAL SERVICES
TURNING POINT (WRAPAROUND)
VALLEY EMPLOYMENT SERVICES
VICTORY WELLNESS CENTER
YOUTH AND FAMILY CENTERS - CENTRAL,
EAST & NORTH VALLEY/FAMILY LINKS
YOUTH CONTACT SCHOOL BASED SERVICES FCCS

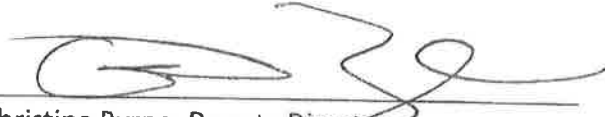


**DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED
AND DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-2003 AND 2003-2004**

I, Christine Byrne, declare as follows:

1. I am the Deputy Director and Head of Service for the South Bay Children's Health Center ("Provider"). In that position I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.
2. The claim lines included in the file 00213_HDS_Redconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-2004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free and appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.
3. South Bay Children's Health Center's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 6th day of June 2013 at Redondo Beach, California.


Christine Byrne, Deputy Director



**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

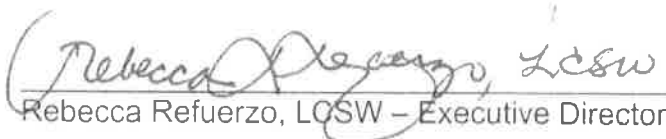
I, Rebecca Refuerzo, declare as follows:

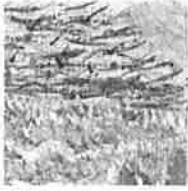
1. I am the Executive Director with Saint John's Health Center ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 000217_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication related services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was included in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. As medication related services, each claim was for care that is within the scope of services that the County Department of Mental Health was required by law to provide to such pupils. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. All of the services in tables referenced in paragraph 2 above were included in the units of services claimed under the AB 3632/CSOC plan on the LAC 102 form which the Provider filed with its cost report for relevant fiscal year. Further, the costs incurred in rendering such services to pupils pursuant to their IEPs were included in the average cost per unit determined on such cost reports and were reasonable and allowable.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 29th day of May, 2013, at Santa Monica, California


Rebecca Refuerzo, LCSW – Executive Director



San Gabriel Children's Center, Inc.

DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM FISCAL YEARS 2002-03 AND 2003-04

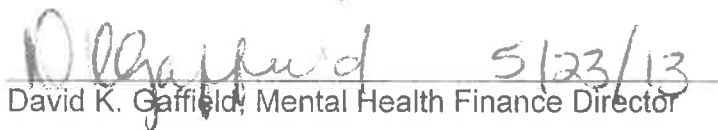
I, David K. Gaffield, declare as follows:

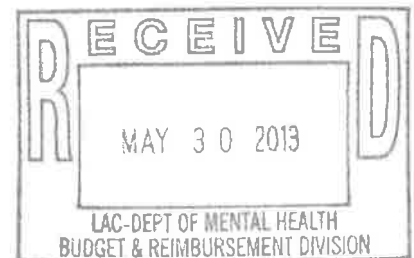
1. I am the Mental Health Finance Director with San Gabriel Children's Center, Inc. ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

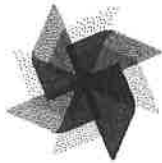
2. The claim lines included in the file [legal entity number]_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication related services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was included in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. As medication related services, each claim was for care that is within the scope of services that the County Department of Mental Health was required by law to provide to such pupils. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. All of the services in tables referenced in paragraph 2 above were included in the units of services claimed under the AB 3632/CSOC plan on the LAC 102 form which the Provider filed with its cost report for relevant fiscal year. Further, the costs incurred in rendering such services to pupils pursuant to their IEPs were included in the average cost per unit determined on such cost reports and were reasonable and allowable.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 23rd day of May, 2013, at Glendora, California


David K. Gaffield, Mental Health Finance Director





Hillsides

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DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM FISCAL YEARS 2002-03 AND 2003-04


I, Marisol Lara, declare as follows:

1. I am the Revenue Coordinator at Hillsides ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 00321_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-2004_HDSII_Excluded_Claims_Final_p are for medication related services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was included in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. As medication related services, each claim was for care that is within the scope of services that the County Department of Mental Health was required by law to provide to such pupils. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

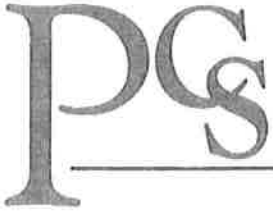
3. All of the services in tables referenced in paragraph 2 above were included in the units of services claimed under the AB 3632/CSOC plan on the LAC 102 form which the Provider filed with its cost report for relevant fiscal year. Further, the costs incurred in rendering such services to pupils pursuant to their IEPs were included in the average cost per unit determined on such cost reports and were reasonable and allowable.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 28 day of May, 2013, at Pasadena, California



Marisol Lara
Revenue Coordinator





**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

I, Kari Thompson, declare as follows:

1. I am the Director of Operations with Providence Community Services, formerly Aspen Community Services. In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 00519_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free and appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 7 day of June, 2013, at Hawaiian Gardens, California.


Kari Thompson, Director of Operations



children's institute, inc.

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**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II
PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

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President, Les Amies

Mary M. Emmons
President and
Chief Executive Officer

I, Mark Engel, declare as follows:

1. I am the CFO and Senior Vice President of Finance with Children's Institute, Inc. In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file [legal entity number]_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 22 day of May, 2013, at Los Angeles, California



Mark Engel, CFO and Senior Vice President of Finance

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**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II
PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

I, Gassia Ekizian, declare as follows:

1. I am the QA Director with Foothill Family Service ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 00724 HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, information and belief, true and correct and that this declaration was signed this 3rd day of June, 2013, at Pasadena, California

Gassia Ekizian, MFT



COA
983893.1
DWT 22073313v1 0050033-000750

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**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS
II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

**Behavioral Health
Services**

*a division of
ChildNet Youth and Family
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Long Beach, CA 90804-0550

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FAX (562) 490-7601
www.childnet.net

I, Kim Allen, declare as follows:

1. I am the Billing/Operations Manager with ChildNet Youth and Family Services, Inc. ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 00783_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication related services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was included in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. As medication related services, each claim was for care that is within the scope of services that the County Department of Mental Health was required by law to provide to such pupils. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. All of the services in tables referenced in paragraph 2 above were included in the units of services claimed under the AB 3632/CSOC plan on the LAC 102 form which the Provider filed with its cost report for relevant fiscal year. Further, the costs incurred in rendering such services to pupils pursuant to their IEPs were included in the average cost per unit determined on such cost reports and were reasonable and allowable.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 28th day of May, 2013, at Long Beach, California

Kim Allen



**ST. FRANCIS
MEDICAL CENTER**
our mission is life

Children's Counseling Center
3630 E. Imperial Highway
Lynwood, CA 90262

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II
PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

I, Derrell Tidwell, declare as follows:

1. I am the Executive Director of the Children's Counseling Center with St. Francis Medical Center ("Provider"). In that position, I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file [legal entity number]_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free and appropriate public education (FAPE). Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

3. Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 5th day of June, 2013, at Lynwood, California

Derrell Tidwell, ACSW, LCSW, BCD

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-7
Calculations of Off-Setting Reimbursements**

Los Angeles County
 Department of Mental Health
 Handicapped and Disabled Students Program II
 Fiscal Year 2002-2003
 Incorrect Reduction Claim
 "Fourth Generation" UOS & Costs Based on Detailed Payor Source

LE No.	CRDC	SFC	EPSDI	HF	Medi-Cal	Gross Non-MC	Over 600	Net Non-MC	Total Net UOS	Rate	Gross cost	FFP	SGF	Claim Amount
00019	15	61	18,180	280	90	24,760		24,760	43,310	3.57	\$ 154,616.70	\$ (33,489.97)	\$ (26,791.79)	\$ 94,334.93
00171	15	61	3,125	300	0	1,590		1,590	5,015	3.54	\$ 17,753.10	\$ (6,260.27)	\$ (4,566.60)	\$ 6,926.23
00178	15	61	60	0	0	735		735	795	4.09	\$ 3,251.55	\$ (123.56)	\$ (101.30)	\$ 3,026.69
00179	15	61	5,114	0	30	3,695		3,695	8,839	4.23	\$ 37,388.97	\$ (10,955.72)	\$ (8,929.78)	\$ 17,503.47
00180	15	61	515	0	0	240		240	755	2.25	\$ 1,698.75	\$ (583.43)	\$ (478.33)	\$ 636.99
00181	15	61	5,255	445	0	6,005		6,005	11,705	1.78	\$ 20,834.90	\$ (5,224.55)	\$ (3,861.29)	\$ 11,749.06
00183	15	61	8,951	948	0	11,161		11,161	21,060	3.47	\$ 73,078.20	\$ (17,776.91)	\$ (12,821.56)	\$ 42,479.74
00184	15	61	9,795	1,870	0	7,680		7,680	19,345	4.23	\$ 81,829.35	\$ (26,003.00)	\$ (17,103.48)	\$ 38,722.86
00188	15	61	42,148	2,265	0	19,275		19,275	63,688	3.31	\$ 210,807.28	\$ (75,116.37)	\$ (57,589.68)	\$ 78,101.23
00191	15	61	19,850	0	0	9,175		9,175	29,025	2.76	\$ 80,109.00	\$ (27,584.75)	\$ (22,615.66)	\$ 29,908.59
00192	15	61	18,969	435	180	14,399		14,399	33,983	3.4	\$ 115,542.20	\$ (33,742.52)	\$ (26,623.37)	\$ 55,176.31
00195	15	61	9,437	145	0	5,549		5,549	15,131	3.38	\$ 51,142.78	\$ (16,378.73)	\$ (13,167.11)	\$ 21,596.94
00196	15	61	16,348	0	465	49,577		49,577	66,390	3.72	\$ 246,970.80	\$ (31,491.09)	\$ (25,104.25)	\$ 190,375.46
00198	15	61	16,481	0	0	29,175		29,175	45,656	4.15	\$ 189,472.40	\$ (34,437.46)	\$ (28,233.93)	\$ 126,801.01
00199	15	61	25,374	354	90	4,744		4,744	30,562	3.63	\$ 110,940.06	\$ (47,375.94)	\$ (38,022.03)	\$ 25,542.09
00201	15	61	485	0	0	337		337	822	4.05	\$ 3,329.10	\$ (989.00)	\$ (810.84)	\$ 1,529.26
00203	15	61	43,178	886	50	29,704		29,704	73,818	3.05	\$ 225,144.90	\$ (68,140.65)	\$ (54,362.83)	\$ 102,641.42
00207	15	61	68,239	4,167	60	71,777		71,777	144,243	3.92	\$ 565,432.56	\$ (145,420.62)	\$ (110,422.71)	\$ 309,589.23
00210	15	61	3,810	1,065	0	14,215		14,215	19,090	3.35	\$ 63,951.50	\$ (8,745.46)	\$ (5,268.77)	\$ 49,937.27
00213	15	61	2,700	0	0	12,190		12,190	14,890	3.88	\$ 57,773.20	\$ (5,274.67)	\$ (4,324.49)	\$ 48,174.04
00214	15	61	177	195	0	1,996		1,996	2,368	3.33	\$ 7,885.44	\$ (718.85)	\$ (243.31)	\$ 6,923.29
00216	15	61	0	0	0	120		120	120	2.69	\$ 322.80	\$ -	\$ -	\$ 322.80
00221	15	61	8,697	0	0	18,075	(915)	17,160	25,857	3.43	\$ 88,689.51	\$ (15,019.76)	\$ (12,314.12)	\$ 61,355.63
GRAND TOTAL			326,888	13,355	965	336,174	(915)	335,259	676,467		\$ 2,407,965.05	\$ (610,853.29)	\$ (473,757.23)	\$ 1,323,354.53

Los Angeles County
 Department of Mental Health
 Handicapped and Disabled Students Program II
 Fiscal Year 2003-2004
 Incorrect Reduction Claim
 "Fourth Generation" UOS & Costs Based on Detailed Payor Source

LE No.	CRDC	SFC	EPSDI	HF	Medi-Cal	Gross Non MC	Over 600	Net Non MC	Total Net UOS	Rate	Gross cost	FFP	SGF	Claim Amount
00019	15	61	13,065	0	0	17,259	(1,200)	16,059	29,124	\$3.97	\$ 115,622.28	\$ (27,645.67)	\$ (20,809.46)	\$ 67,167.15
	15	62	2,563	90	0	1,980		1,980	4,633	\$3.97	\$ 18,393.01	\$ (5,655.58)	\$ (4,082.25)	\$ 8,655.18
Subtotal			15,628	90	0	19,239	(1,200)	18,039	33,757		\$ 134,015.29	\$ (33,301.25)	\$ (24,891.72)	\$ 75,822.32
00171	15	61	3,235	0	60	3,065		3,065	6,360	\$3.52	\$ 22,387.20	\$ (6,181.95)	\$ (4,568.54)	\$ 11,636.71
00178	15	61	0	0	50	2,672		2,672	2,722	\$4.07	\$ 11,078.54	\$ (108.47)	\$ -	\$ 10,970.07
00179	15	61	4,615	0	0	2,503		2,503	7,118	\$4.23	\$ 30,109.14	\$ (10,404.93)	\$ (7,832.01)	\$ 11,872.20
	15	62	4,022	158	0	2,961		2,961	7,141	\$4.23	\$ 30,206.43	\$ (9,502.38)	\$ (6,825.64)	\$ 13,878.41
Subtotal			8,637	158	0	5,464	0	5,464	14,259		\$ 60,315.57	\$ (19,907.31)	\$ (14,657.65)	\$ 25,750.61
00180	15	61	1,495	0	0	240		240	1,735	\$2.21	\$ 3,834.35	\$ (1,761.01)	\$ (1,325.54)	\$ 747.80
00181	15	61	6,025	235	0	5,330		5,330	11,590	\$1.87	\$ 21,673.30	\$ (6,290.82)	\$ (4,520.22)	\$ 10,862.26
00183	15	61	5,227	457	0	4,916		4,916	10,600	\$3.60	\$ 38,160.00	\$ (11,098.95)	\$ (7,549.46)	\$ 19,511.59
	15	62	968	391	36	4,511		4,511	5,906	\$3.60	\$ 21,261.60	\$ (2,841.42)	\$ (1,398.10)	\$ 17,022.08
Subtotal			6,195	848	36	9,427	0	9,427	16,506		\$ 59,421.60	\$ (13,940.36)	\$ (8,947.56)	\$ 36,533.67
00184	15	61	4,935	4,380	150	2,590		2,590	12,055	\$4.23	\$ 50,992.65	\$ (23,507.40)	\$ (8,375.07)	\$ 19,110.18
00188	15	61	17,406	720	45	5,895		5,895	24,066	\$3.09	\$ 74,363.94	\$ (30,187.39)	\$ (21,578.36)	\$ 22,598.19
	15	62	11,855	35	647	7,608		7,608	20,145	\$3.09	\$ 62,248.05	\$ (20,660.72)	\$ (14,696.74)	\$ 26,890.60
Subtotal			29,261	755	692	13,503	0	13,503	44,211		\$ 136,611.99	\$ (50,848.11)	\$ (36,275.10)	\$ 49,488.78
00191	15	61	10,313	0	0	6,352		6,352	16,665	\$3.01	\$ 50,161.65	\$ (16,545.46)	\$ (12,454.10)	\$ 21,162.09
00192	15	61	14,239	310	0	5,522		5,522	20,071	\$3.40	\$ 68,241.40	\$ (26,489.02)	\$ (19,423.14)	\$ 22,329.25
00195	15	61	3,572	90	45	2,554		2,554	6,261	\$3.38	\$ 21,162.18	\$ (6,713.90)	\$ (4,843.83)	\$ 9,604.45
00196	15	61	27,430	0	0	30,003		30,003	57,433	\$3.72	\$ 213,650.76	\$ (54,387.11)	\$ (40,938.29)	\$ 118,325.37
00198	15	61	14,005	0	0	27,708		27,708	41,713	\$4.22	\$ 176,028.86	\$ (31,500.89)	\$ (23,711.36)	\$ 120,816.61
00199	15	61	29,660	420	370	3,112		3,112	33,562	\$3.63	\$ 121,830.06	\$ (59,092.73)	\$ (43,195.52)	\$ 19,541.81
00201	15	61	1,556	0	0	1,335		1,335	2,891	\$4.05	\$ 11,708.55	\$ (3,358.86)	\$ (2,528.28)	\$ 5,821.41
00203	15	61	47,808	3,887	160	20,424		20,424	72,279	\$2.92	\$ 211,054.68	\$ (82,033.00)	\$ (56,007.26)	\$ 73,014.41
00207	15	61	84,714	6,474	145	75,311		75,311	166,644	\$3.92	\$ 653,244.48	\$ (193,796.75)	\$ (133,230.05)	\$ 326,217.68
	15	62	53	0	0	74		74	127	\$3.92	\$ 497.84	\$ (110.74)	\$ (83.35)	\$ 303.75
Subtotal			84,767	6,474	145	75,385	0	75,385	166,771		\$ 653,742.32	\$ (193,907.49)	\$ (133,313.40)	\$ 376,521.43
00210	15	61	10,706	570	0	19,165		19,165	30,441	\$3.60	\$ 109,587.60	\$ (21,876.47)	\$ (15,462.89)	\$ 72,248.24
00213	15	61	2,488	0	0	7,314		7,314	9,802	\$3.88	\$ 38,031.76	\$ (5,145.28)	\$ (3,872.96)	\$ 29,013.52

Exhibit No. A-7

00214	15	61	165	595	0	1,126	1,126	1,886	\$3.33	\$	6,280.38	\$	(1,580.73)	\$	(220.44)	\$	4,479.21
00216	15	61	45	0	0	1,410	1,410	1,455	\$3.56	\$	5,179.80	\$	(85.39)	\$	(64.27)	\$	5,030.14
00221	15	61	7,515	60	285	11,880	11,880	19,740	\$3.90	\$	76,986.00	\$	(16,365.96)	\$	(11,758.57)	\$	48,861.47
GRAND TOTAL			329,680	18,872	1,993	274,820	273,620	624,165	\$	\$	2,263,976.49	\$	(674,978.96)	\$	(471,355.71)	\$	1,117,691.82

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-8
State Worksheets Calculating Indirect Costs**

Indirect Costs

Los Angeles County
 Handicapped and Disabled Students II
 July 1, 2002, through June 30, 2004
 S09-MCC-009

Prepared by: _____
 Date: _____
 Reviewed by: _____
 Date: _____

FY 2002-03

	Direct Costs	Indirect Rate	Indirect Costs
(1) DMH directly operated	154,617	0.15473	23,924
(2) Private contract providers	2,253,349	0.060349	135,987
Total	<u>2,407,966</u>		<u>159,911</u>
	(Rate)	6.64%	
			Indirect Costs
	<u>2,407,966</u>	*	<u>159,911</u>
			= \$

Weighted Average

Los Angeles County
 Handicapped and Disabled Students II
 July 1, 2002, through June 30, 2004
 S09-MCC-009
 Administrative costs offset

	EPSDT	FFP	OTHER*	Indirect Rate
FY 2002-03				
DMH directly operated	\$ 27,816	\$ 33,928	\$ -	0.15473
Private contract providers	472,201	575,952	-	0.060349
TOTAL	\$ 500,017	\$ 609,880	\$ -	

	EPDST share of admin costs	FFP share of admin costs	OTHER*
DMH directly operated	\$ 4,304	\$ 5,250	\$ -
Private contract providers	28,497	34,758	-
Totals	\$ 32,801	\$ 40,008	\$ -

Total Administrative Costs offset **\$ 72,809**

* Other consists of Federal SAMHSA Grant patient fees & insurance, Medicare, 3rd party/ other, state CSOC, and local funds Cal Works

Indirect Costs

Los Angeles County
Handicapped and Disabled Students II
July 1, 2002, through June 30, 2004
S09-MCC-009

FY 2003-04

W/P Section _____ Page _____

Prepared by: _____

Date: _____

Reviewed by: _____

Date: _____

	Direct Costs	Indirect Rate	Indirect Costs
(1) DMH directly operated	134,015	0.135837	18,204
(2) Private contract providers	2,132,140	0.079623	169,767
Total	<u>2,266,155</u>		<u>187,972</u>

Weighted Average

(Rate) 8.29%

<u>2,266,155</u>	*	8.29%	=	\$	187,972
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Los Angeles County
 Handicapped and Disabled Students II
 July 1, 2002, through June 30, 2004
 S09-MCC-009
 Administrative costs offset

FY 2003-04

	<u>EPSDI</u>	<u>FFP</u>	<u>OTHER*</u>	<u>Indirect Rate</u>
DMH directly operated	\$ 25,636	\$ 34,055	\$ -	0.135837
Private contract providers	483,854	642,758	-	0.079623
TOTAL	\$ 509,490	\$ 676,813	\$ -	

	<u>EPDST share of admin costs</u>	<u>FFP share of admin costs</u>	<u>OTHER*</u>
DMH directly operated	\$ 3,482	\$ 4,626	\$ -
Private contract providers	38,526	51,178	0
Totals	\$ 42,008	\$ 55,804	\$ -

Total Administrative Costs offset **\$ 97,812**

* Other consists of patient fees & insurance, Medicare, 3rd party/ other, state CSOC, and local funds Cal Works

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-9
County Worksheets Calculating Indirect Costs**

Los Angeles County
 Department of Mental Health
 Handicapped and Disabled Students Program II
Fiscal Year 2002-2003
 Incorrect Reduction Claim
 Calculation of Revised Indirect Administrative Costs

	Direct Costs	Indirect Rate	Indirect Costs
Indirect Costs			
(1) DMH directly operated	154,617	0.15473	\$ 23,924
(2) Private contract providers	<u>2,253,348</u>	0.06305	<u>\$ 142,071</u>
Total	<u><u>2,407,965</u></u>		<u><u>\$ 165,995</u></u>

Treatment Revenues	<u>EPSDT</u>	<u>FFP</u>	
(1) DMH directly operated	\$ 26,792	\$ 33,490	0.15473
(2) Private contract providers	446,965	577,363	0.06305
TOTAL	<u><u>\$ 473,757</u></u>	<u><u>\$ 610,853</u></u>	

	EPSDT share of admin costs	FFP share of admin costs
(1) DMH directly operated		\$ 5,182
(2) Private contract providers		<u>\$ 36,402</u>
Totals	<u>\$ -</u>	<u>\$ 41,584</u>

Total administrative cost offset	<u>\$ 41,584</u>
Revised Administrative Cost	<u>\$ 124,411</u>

Los Angeles County
 Department of Mental Health
 Handicapped and Disabled Students Program II
Fiscal Year 2003-2004
 Incorrect Reduction Claim
 Calculation of Revised Indirect Administrative Costs

	Direct Costs	Indirect Rate	Indirect Costs
Indirect Costs			
(1) DMH directly operated	134,015	0.13584	\$ 18,204
(2) Private contract providers	2,129,961	0.07962	\$ 169,594
Total	<u>2,263,976</u>		<u>\$ 187,798</u>

Treatment Revenues	<u>EPSDT</u>	<u>FFP</u>	
(1) DMH directly operated	\$ 24,892	\$ 33,301	0.13584
(2) Private contract providers	446,464	641,628	0.07962
TOTAL	<u>\$ 471,356</u>	<u>\$ 674,929</u>	

	EPSDT share of admin costs	FFP share of admin costs
(1) DMH directly operated		\$ 4,524
(2) Private contract providers		\$ 51,088
Totals	<u>\$ -</u>	<u>\$ 55,612</u>

Total administrative cost offset	<u>\$ 55,612</u>
Revised Administrative Cost	<u>\$ 132,186</u>

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit A-10
Los Angeles County Department of Mental Health
Declaration Related to Certain Facts**



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



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**DECLARATION RELATED TO
THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2002-03 AND 2003-04**

I, Marvin J. Southard, declare as follows:

1. I am the Director of the County of Los Angeles Department of Mental Health (LAC DMH). In that position, I am responsible for the overall operations of the Department and directly, or through staff who have made their findings known to me, am aware of the facts set forth below. I could therefore testify competently to them in a court of law.
2. LAC DMH provided to the State Controller's Office (SCO) at least four reports during the course of its audit of the Handicapped & Disabled Student's II Program claim submitted by the County, reflecting specific units of service that LAC DMH believed were included in the aggregate dollar claim.
3. The data provided came from the LAC DMH Mental Health Management Information System (MHMIS) and Integrated System (IS) depending on the year and the provider. The MHMIS and IS are the data repositories used by LAC DMH to hold information entered by providers about specific services provided to particular clients. The information was entered both by clinics directly operated by LAC DMH and by contractors pursuant to a contract between the County and the contractor. The data includes an identification of the client, type of service (e.g., medication support) and the funding source(s) to be used for payment of the services.
4. The SCO did not accept or utilize any of the first three data runs because it stated that they were inaccurate and overstated the count of reimbursable services.
5. The SCO worked with LAC DMH staff to develop the query parameters to be used in the fourth generation data run, which became the basis of the audit.
6. This fourth generation run was based on claims for services provided by directly operated clinics providing services to pupils with Individualized Education Plans (IEPs) in Fiscal Year 2008-09 and by certain specific contractors who had contracts with the County to provide services to pupils with IEPs in Fiscal Year 2008-09.
7. Some contractors who rendered services during the audit period were no longer contractors in Fiscal Year 2008-09 and other contractors and some directly operated clinics that rendered services during the audit period were no longer

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providing services to pupils with IEPs in Fiscal Year 2008-09. A true and correct list of the providers/contractors which rendered services to children with IEP in 2002-03 or 2003-04, but where not included in the fourth generation data set is contained in Exhibit A-2 to the Incorrect Reduction Claim.

8. One of the parameters used to create the fourth generation data set was that the pupil had to have a service rendered at one of three DMH assessment locations identified in the MHMIS/IS and the dates of allowable medication support services had to be after the date of that service.
9. Pupils with an IEP could have more than one identification number in LAC DMH's MHMIS/IS and some pupils do have multiple identification numbers in LAC DMH's MHMIS/IS.
10. When the fourth generation data set was run, claims were excluded if the identification number used for the medication support services did not exactly match the identification number used by the assessment locations, even if the social security number and client name suggested that they were the same individuals.
11. The fact that the services carried different client identification numbers did not mean that the pupil was not assessed or that the medication support services were not eligible for reimbursement through the SB 90 process.
12. In some instances, LAC DMH appropriately paid for medication support services provided during the claiming period at issue pursuant to an IEP based on an assessment done in another County. However, these services would have been excluded from the fourth generation data set based on the parameters used.
13. LAC DMH prepared its claims by determining the number of units of service and the cost per unit for each provider rendering medication support services pursuant to an IEP.
14. The cost per unit of service was based on the reimbursable rate as determined from the Short-Doyle/Medi-Cal cost report prepared by each provider.
15. In preparing its claim, LAC DMH included some services that cannot be documented at this time, but it also omitted costs related to services that were claimed against other funding sources, even though the services were required under an IEP. The document at Exhibit A-4 accurately describes the costs associated with medication support services that were billed to other funding sources, even though they were provided to a pupil with an IEP that called for such services. Those costs were not included in the original claim.

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16. That to the extent that those omitted services were claimed against and paid, in whole or in part, by non-local funding sources, such payments were recognized as off-setting reimbursements in the original claims and in Exhibit A-4.
17. The SCO, in performing its audits, treated some claims as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-Cal claims that were, in fact, adjudicated and paid as Healthy Families claims. As a result, off-setting federal reimbursement for treatment costs was understated.
18. The SCO, in performing its audits, treated some claims as EPSDT Medi-Cal claims that were, in fact, adjudicated and paid as regular Medi-Cal claims. As a result, off-setting State reimbursement for treatment costs was overstated.
19. The State does not provide state general funds to the County for costs associated with the administration of the EPSDT Medi-Cal program. Indirect costs associated with the State's share of the EPSDT Medi-Cal program are funded through local funds (e.g., realignment funds).

I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 11th day of June, 2013, at Los Angeles, California



Marvin J. Southard, DSW
Director
Los Angeles County Department of Mental Health

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit B
Claiming Instructions**

OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2006-03

HANDICAPPED AND DISABLED STUDENTS II

February 17, 2006

In accordance with Government Code (GC) section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for filing claims for the Handicapped and Disabled Students II (HDS II) program. These claiming instructions are issued subsequent to adoption of the program's Parameters and Guidelines (P's & G's) by the Commission on State Mandates (COSM).

On May 26, 2005, the COSM determined that GC sections 7572.55 and 7576, as added and amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999 (Cal. Code Regs., tit. 2, §§ 60000 et seq.), established costs mandated by the State according to the provisions listed in the P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any city, county, or city and county that incurs increased costs as a result of this mandate, is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Reimbursement Claims

Initial reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Costs incurred for this program, are eligible for reimbursement for fiscal years 2001-02 to 2004-05. Claims for fiscal years 2001-02 to 2004-05 must be filed with the SCO and be delivered or postmarked on or before **June 19, 2006**. Actual reimbursement claims for fiscal year 2005-06 and estimated claims for fiscal year 2006-07 must be filed on or before **January 16, 2007**.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.**

B. Late Penalty

1. Initial Claims

AB 3000, enacted into law on September 30, 2002, amended the late penalty assessments on initial claims. Late initial claims submitted on or after September 30, 2002, are assessed a late penalty of 10% of the total amount of the initial claims **without limitation**.

2. Annual Reimbursement Claims

All late annual reimbursement claims are assessed a late penalty of 10% subject to the \$1,000 limitation regardless of when the claims were filed.

C. Estimated Claims

Unless otherwise specified in the claiming instructions local agencies are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants can simply enter the estimated amount on form FAM-27, line (07).

However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, claimants must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs. Future estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. Claims filed timely will be paid before late claims.

Minimum Claim Cost

GC section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question.

Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts. Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Certification of Claim

In accordance with the provisions of GC section 17561, an authorized representative of the claimant shall be required to provide a certification of claim stating: "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure section 2015.5, for those costs mandated by the State and contained herein.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency pursuant to this chapter is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the SCO to initiate an audit shall commence to run from the date of initial payment of the claim.

In any case, an audit shall be completed no later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. On-site audits will be conducted by the SCO as deemed necessary.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

Questions, or requests for hard copies of these instructions, should be faxed to Angie Lowi-Teng at (916) 323-6527 or e-mailed to LRSDAR@sco.ca.gov. Or, if you wish, you may call the Local Reimbursements Section at (916) 324-5729.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.shtml.

Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. (To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller.
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Adopted: December 9, 2005

PARAMETERS AND GUIDELINES

Government Code Sections 7572.55 and 7576
Statutes 1994, Chapter 1128, Statutes 1996, Chapter 654

California Code of Regulations, Title 2, Sections 60000 et seq.
(emergency regulations effective July 1, 1998 [Register 98, No. 26],
final regulations effective August 9, 1999 [Register 99, No. 33])

Handicapped and Disabled Students II (02-TC-40/02-TC-49)

Counties of Stanislaus and Los Angeles, Claimants

I. SUMMARY OF THE MANDATE

On May 26, 2005, the Commission on State Mandates (Commission) adopted its Statement of Decision in *Handicapped and Disabled Students II*, finding that Government Code sections 7572.55 and 7576, as added or amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999 (Cal. Code Regs., tit. 2, §§ 60000 et seq.), impose a reimbursable state-mandated program on counties within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

The Handicapped and Disabled Students program was initially enacted in 1984 and 1985 as the state's response to federal legislation (Individuals with Disabilities Education Act, or IDEA) that guaranteed to disabled pupils, including those with mental health needs, the right to receive a free and appropriate public education. Three other Statements of Decision have been adopted by the Commission on the Handicapped and Disabled Students program. They include *Handicapped and Disabled Students* (CSM 4282), *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

Eligible claimants are *not* entitled to reimbursement under these parameters and guidelines for the activities approved by the Commission in *Handicapped and Disabled Students* (CSM 4282), *Reconsideration of Handicapped and Disabled Students* (04-RL-4282-10), and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05).

These parameters and guidelines address only the amendments to the Handicapped and Disabled Students program. The Commission found, pursuant to the court's ruling in *Hayes v. Commission on State Mandates* (1992) 11 Cal. App.4th 1564, that Government Code sections 7572.55 and 7576, as added or amended in 1994 and 1996, and the joint regulations adopted by the Departments of Mental Health and Education as emergency regulations in 1998 and final regulations in 1999, constitute a reimbursable state-mandated program since the state "freely chose" to impose the costs upon counties as a means of implementing the federal IDEA program.

II. ELIGIBLE CLAIMANTS

Any county, or city and county, that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed by the County of Stanislaus (02-TC-40) on June 27, 2003, and filed by the County of Los Angeles (02-TC-49) on June 30, 2003. Therefore, the period of reimbursement begins July 1, 2001.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any given fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, calendars, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Claims should *exclude* reimbursable costs included in claims previously filed, beginning in fiscal year 2001-2002, for the Handicapped and Disabled Students program (CSM 4282).¹ Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

¹ Some costs disallowed by the State Controller's Office in prior years are now reimbursable beginning July 1, 2001 (e.g., medication monitoring). Rather than claimants re-filing claims for

For each eligible claimant, the following activities are eligible for reimbursement:

A. Interagency Agreements (Cal. Code Regs., tit. 2, § 60030)

The one-time activity of revising the interagency agreement with each local educational agency to include the following eight procedures:

- 1) Resolving interagency disputes at the local level, including procedures for the continued provision of appropriate services during the resolution of any interagency dispute, pursuant to Government Code section 7575, subdivision (f). For purposes of this subdivision only, the term "appropriate" means any service identified in the pupil's IEP, or any service the pupil actually was receiving at the time of the interagency dispute. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(2).)
- 2) A host county to notify the community mental health service of the county of origin within two (2) working days when a pupil with a disability is placed within the host county by courts, regional centers or other agencies for other than educational reasons. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(4).)
- 3) Development of a mental health assessment plan and its implementation. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(5).)
- 4) At least ten (10) working days prior notice to the community mental health service of all IEP team meetings, including annual IEP reviews, when the participation of its staff is required. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(7).)
- 5) The provision of mental health services as soon as possible following the development of the IEP pursuant to section 300.342 of Title 34 of the Code of Federal Regulations. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(9).)
- 6) The provision of a system for monitoring contracts with nonpublic, nonsectarian schools to ensure that services on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(14).)
- 7) The development of a resource list composed of qualified mental health professionals who conduct mental health assessments and provide mental health services. The community mental health service shall provide the LEA with a copy of this list and monitor these contracts to assure that services as specified on the IEP are provided. (Cal. Code Regs., tit. 2, § 60030, subd. (c)(15).)
- 8) Mutual staff development for education and mental health staff pursuant to Government Code section 7586.6, subdivision (a). (Cal. Code Regs., tit. 2, § 60030, subd. (c)(17).)

(The activities of updating or renewing the interagency agreements are not reimbursable.)

those costs incurred beginning July 1, 2001, the State Controller's Office will reissue the audit reports.

B. Referral and Mental Health Assessments (Gov. Code, § 7576; Cal. Code Regs., tit. 2, §§ 60040, 60045)

- 1) Work collaboratively with the local educational agency to ensure that assessments performed prior to referral are as useful as possible to the community mental health service in determining the need for mental health services and the level of services needed. (Gov. Code, § 7576, subd. (b)(1).)
- 2) A county that receives a referral for a pupil with a different county of origin shall forward the referral within one working day to the county of origin. (Gov. Code, § 7576, subd. (g); Cal. Code Regs., tit. 2, § 60040, subd. (g).)
- 3) If the county determines that a mental health assessment is not necessary, the county shall document the reasons and notify the parents and the local educational agency of the county determination within one day. (Cal. Code Regs., tit. 2, § 60045, subd. (a)(1).)
- 4) If the county determines that the referral is incomplete, the county shall document the reasons, notify the local educational agency within one working day, and return the referral. (Cal. Code Regs., tit. 2, § 60045, subd. (a)(2).)
- 5) Notify the local educational agency when an assessment is determined necessary. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)
- 6) Provide the assessment plan to the parent. (Cal. Code Regs., tit. 2, § 60045, subd. (b).)
- 7) Report back to the referring local educational agency or IEP team within 30 days from the date of the receipt of the referral if no parental consent for a mental health assessment has been obtained. (Cal. Code Regs., tit. 2, § 60045, subd. (c).)
- 8) Notify the local educational agency within one working day after receipt of the parent's written consent for the mental health assessment to establish the date of the IEP meeting. (Cal. Code Regs., tit. 2, § 60045, subd. (d).)
- 9) Provide the parent with written notification that the parent may require the assessor to attend the IEP meeting to discuss the recommendation when the parent disagrees with the assessor's mental health service recommendation. (Cal. Code Regs., tit. 2, § 60045, subd. (f).)
- 10) The county of origin shall prepare yearly IEP reassessments to determine the needs of a pupil. (Cal. Code Regs., tit. 2, § 60045, subd. (h).)

C. Transfers and Interim Placements (Cal. Code Regs., tit. 2, § 60055)

- 1) Following a pupil's transfer to a new school district, the county shall provide interim mental health services, as specified in the existing IEP, for thirty days, unless the parent agrees otherwise.
- 2) Participate as a member of the IEP team of a transfer pupil to review the interim services and make a determination of services.

- D. Participate as a Member of the Expanded IEP Team When Residential Placement of a Pupil is Recommended (Gov. Code, § 7572.55; Cal Code Regs., tit. 2, § 60100)
- 1) When a recommendation is made that a child be placed in an out-of-state residential facility, the expanded IEP team, with the county as a participant, shall develop a plan for using less restrictive alternatives and in-state alternatives as soon as they become available, unless it is in the best educational interest of the child to remain in the out-of-state school. (Gov. Code, § 7572.55, subd. (c).)
 - 2) The expanded IEP team, with the county as a participant, shall document the alternatives to residential placement that were considered and the reasons why they were rejected. (Cal. Code Regs., tit. 2, § 60100, subd. (c).)
 - 3) The expanded IEP team, with the county as a participant, shall ensure that placement is in accordance with the admission criteria of the facility. (Cal. Code Regs., tit. 2, § 60100, subd. (j).)
 - 4) When the expanded IEP team determines that it is necessary to place a pupil who is seriously emotionally disturbed in residential care, counties shall ensure that: (1) the mental health services are specified in the IEP in accordance with federal law, and (2) the mental health services are provided by qualified mental health professionals. (Cal. Code Regs., tit. 2, § 60100, subd. (i).)
- E. Case Management Duties for Pupils Placed in Residential Care (Cal. Code Regs., tit. 2, §§ 60100, 60110)
- 1) Coordinate the residential placement plan of a pupil with a disability who is seriously emotionally disturbed as soon as possible after the decision has been made to place the pupil in residential placement. The residential placement plan shall include provisions, as determined in the pupil's IEP, for the care, supervision, mental health treatment, psychotropic medication monitoring, if required, and education of the pupil. (Cal. Code Regs., tit. 2, § 60110, subd. (b)(1).)
 - 2) When the IEP team determines that it is necessary to place a pupil with a disability who is seriously emotionally disturbed in a community treatment facility, the lead case manager shall ensure that placement is in accordance with admission, continuing stay, and discharge criteria of the community treatment facility. (Cal. Code Regs., tit. 2, § 60110, subd. (b)(3).)
 - 3) Identify, in consultation with the IEP team's administrative designee, a mutually satisfactory placement that is acceptable to the parent and addresses the pupil's educational and mental health needs in a manner that is cost-effective for both public agencies, subject to the requirements of state and federal special education law, including the requirement that the placement be appropriate and in the least restrictive environment. (Cal. Code Regs., tit. 2, §§ 60100, subd. (e), 60110, subd. (c)(2).)
 - 4) Document the determination that no nearby placement alternative that is able to implement the IEP can be identified and seek an appropriate placement that is as close to the parents' home as possible. (Cal. Code Regs., tit. 2, § 60100, subd. (f).)

- 5) Notify the local educational agency that the placement has been arranged and coordinate the transportation of the pupil to the facility if needed. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(7).)
 - 6) Facilitate placement authorization from the county's interagency placement committee pursuant to Welfare and Institutions Code section 4094.5, subdivision (e)(1), by presenting the case of a pupil with a disability who is seriously emotionally disturbed prior to placement in a community treatment facility. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(11).)
 - 7) Evaluate every 90 days the continuing stay criteria, as defined in Welfare and Institutions Code section 4094, of a pupil placed in a community treatment facility every 90 days. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(8).)
 - 8) Schedule and attend the next expanded IEP team meeting with the expanded IEP team's administrative designee within six months of the residential placement of a pupil with a disability who is seriously emotionally disturbed and every six months thereafter as the pupil remains in residential placement. (Cal. Code Regs, tit. 2, § 60110, subd. (c)(10).)
- F. Authorize Payments to Out-Of-Home Residential Care Providers (Cal. Code Regs., tit. 2, § 60200, subd. (e))
- 1) Authorize payments to residential facilities based on rates established by the Department of Social Services in accordance with Welfare and Institutions Code sections 18350 and 18356. This activity requires counties to determine that the residential placement meets all the criteria established in Welfare and Institutions Code sections 18350 through 18356 before authorizing payment.
- G. Provide Psychotherapy or Other Mental Health Treatment Services (Cal. Code Regs., tit. 2, §§ 60020, subd. (i), 60050, subd. (b), 60200, subd. (c))
- 1) The host county shall make its provider network available and provide the county of origin a list of appropriate providers used by the host county's managed care plan who are currently available to take new referrals. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)
 - 2) The county of origin shall negotiate with the host county to obtain access to limited resources, such as intensive day treatment and day rehabilitation. (Cal. Code Regs., tit. 2, § 60200, subd. (c)(1).)
 - 3) Provide case management services to a pupil when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)
 - 4) Provide individual or group psychotherapy services, as defined in Business and Professions Code section 2903, when required by the pupil's IEP. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subd. (i).)
 - 5) Provide medication monitoring services when required by the pupil's IEP. "Medication monitoring" includes all medication support services with the exception of the medications or biologicals themselves and laboratory work. Medication

support services include prescribing, administering, and monitoring of psychiatric medications or biologicals as necessary to alleviate the symptoms of mental illness. This service shall be provided directly or by contract at the discretion of the county of origin. (Cal. Code Regs., tit. 2, § 60020, subds. (f) and (i).)

- 6) Notify the parent and the local educational agency when the parent and the county mutually agree upon the completion or termination of a service, or when the pupil is no longer participating in treatment. ((Cal. Code Regs., tit. 2, § 60050, subd. (b).)

(When providing psychotherapy or other mental health treatment services, the activities of mental health assessments, collateral services, intensive day treatment, case management, crisis intervention, vocational services, and socialization services are not reimbursable.)

V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in section IV. of this document. Each claimed reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

VI. RECORDS RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter² is subject to the initiation of an audit by the State Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any of the following sources shall be identified and deducted from this claim:

1. Funds received by a county pursuant to Government Code section 7576.5.
2. Any direct payments or categorical funding received from the state that is specifically allocated to any service provided under this program. This includes the appropriation made by the Legislature in the Budget Act of 2001, which appropriated funds to counties in the amounts of \$12,334,000 (Stats. 2001, ch. 106, items 4440-131-0001), and the \$69 million appropriations in 2003 and 2004 (Stats. 2003, ch. 157, item 6110-161-0890, provision 17; Stats. 2004, ch. 208, item 6110-161-0890, provision 10).
- ~~3. Private insurance proceeds obtained with the consent of a parent for purposes of this program.~~
4. Medi-Cal proceeds obtained from the state or federal government that pay for a portion of the county services provided to a pupil under the Handicapped and Disabled Students program in accordance with federal law.
5. Any other reimbursement received from the federal or state government, or other non-local source.

Beginning July 1, 2001, realignment funds under the Bronzan-McCorquodale Act that are used by a county for this program are not required to be deducted from the costs claimed. (Stats. 2004, ch. 493, § 6 (SB 1895).)

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

² This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and the California Code of Regulations, title 2, section 1183.2.

X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

<p>CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HANDICAPPED AND DISABLED STUDENTS II</p>	<p>For State Controller Use Only</p> <p>(19) Program Number 00263</p> <p>(20) Date Filed ___/___/___</p> <p>(21) LRS Input ___/___/___</p>	<p>Program</p> <p style="font-size: 2em;">263</p>
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LABEL HERE	(01) Claimant Identification Number	Reimbursement Claim Data	
	(02) Claimant Name	(22) HDS -1, (04)(A)(1)(f)	
	County of Location	(23) HDS -1, (04)(B)(1)(f)	
	Street Address or P.O. Box Suite	(24) HDS -1, (04)(C)(1)(f)	
	City State Zip Code	(25) HDS -1, (04)(D)(1)(f)	

Type of Claim	Estimated Claim	Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(26) HDS -1, (04)(E)(1)(f)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) HDS -1, (04)(F)(1)(f)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) HDS -1, (04)(G)(1)(f)
			(29) HDS -1, (06)
Fiscal Year of Cost	(06) ___/___	(12) ___/___	(30) HDS -1, (07)
Total Claimed Amount	(07)	(13)	(31) HDS -1, (09)
Less: 10% Late Penalty		(14)	(32) HDS -1, (10)
Less: Prior Claim Payment Received		(15)	(33)
Net Claimed Amount		(16)	(34)
Due from State	(08)	(17)	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer _____ Date _____

 Type or Print Name _____ Title _____

(38) Name of Contact Person for Claim Telephone Number () - Ext. _____

E-Mail Address _____

Program 263	HANDICAPPED AND DISABLED STUDENTS II Certification Claim Form Instructions	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form HDS-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 and supporting schedules for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form HDS-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Claims for fiscal years 2001-02 to 2004-05 must be filed with the SCO and be delivered or postmarked on or before June 19, 2006. Actual reimbursement claims for fiscal year 2005-06 and estimated claims for fiscal year 2006-07 must be filed on or before January 16, 2007, or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor (0.10% penalty).
- (15) If filing an actual reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14), and line (15), from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g. HDS-1, (04)(A)(f), means the information is located on form HDS-1, block (04), line (A), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. Completion of this data block will expedite the payment process.
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. Use the following mailing addresses:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816

Program 263	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS II CLAIM SUMMARY	FORM HDS-1
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(01) Claimant	(02) Reimbursement <input type="checkbox"/>	Type of Claim <input type="checkbox"/>	Fiscal Year
	Estimated <input type="checkbox"/>		/

Claim Statistics

(03) Number of student referrals during the fiscal year of claim	
--	--

Direct Costs	Object Accounts					
(04) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)	(f)
	Salaries	Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Total
A. Interagency Agreements						
B. Referral and Mental Health Assessments						
C. Transfers and Interim Placements						
D. Membership Participation of Expanded IEP Team						
E. Case Management Duties for Pupils						
F. Payment Authorization to Care Providers						
G. Psychotherapy or Other Treatment Services						
(05) Total Direct Costs						

Indirect Costs

(06) Indirect Cost Rate	[10% or ICRP from 2 CFR, Chapter II, formerly OMB A-87]	%
(07) Total Indirect Costs	[Line (06) x line (05)(a)] or [Line (06) x (line (05)(a) + line (05)(b))]	
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]	

Cost Reduction

(09) Less: Offsetting Savings	
(10) Less: Other Reimbursements	
(11) Total Claimed Amount	[Line (08) - (line (09) + line (10))]

Program 263	HANDICAPPED AND DISABLED STUDENTS II CLAIM SUMMARY Instructions	FORM HDS-1
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- (01) Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A form HDS-1 should be completed for each department.
- (02) Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form HDS-1 must be filed for a reimbursement claim. Do not complete form HDS-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form HDS-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the number of students who were referred during the fiscal year of claim.
- (04) For each reimbursable activity, enter the total from form HDS-2, line (05), columns (d) through (i) to form HDS-1, block (04), columns (a) through (f) in the appropriate row. Total each row.
- (05) Total columns (a) through (f).
- (06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is reporting costs, each must have its own ICRP for the program.
- (07) Multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), and Total Benefits, line (05)(b), by the Indirect Cost Rate, line (06).
- (08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program <b style="font-size: 24pt;">263	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS II ACTIVITY COST DETAIL	FORM HDS-2
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(01) Claimant _____	(02) Fiscal Year _____
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Interagency Agreements	<input type="checkbox"/> Case Management Duties for Pupils
<input type="checkbox"/> Referral and Mental Health Assessments	<input type="checkbox"/> Payment Authorization to Care Providers
<input type="checkbox"/> Transfers and Interim Placements	<input type="checkbox"/> Psychotherapy or Other Treatment Services
<input type="checkbox"/> Member Participation of Extended IEP Team	

(04) Description of Expenses			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries*	(e) Benefits**	(f) Materials* and Supplies	(g) Contracted Services	(h) Fixed Assets

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____						
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Program 263	HANDICAPPED AND DISABLED STUDENTS II COMPONENT/ACTIVITY COST DETAIL Instructions	FORM HDS-2
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Check the box which indicates the activity being claimed. Check only one box per form. A separate form HDS-2 shall be prepared for each applicable activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, and contracted services expenses. The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed. For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub-object Accounts	Columns								Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries	Employee Name/Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Benefits	Activities Performed	Benefit Rate			Benefits = Benefit Rate x Salaries				
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost X Quantity Used			
Contracted Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service				Itemized Cost of Services Performed		Copy of Contract and Invoice
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage					Cost = Unit Cost x Usage	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form HDS-1, block (04), columns (a) through (e) in the appropriate row.

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit C
State Controller's Office Audit Report**

LOS ANGELES COUNTY

Audit Report

HANDICAPPED AND DISABLED STUDENTS II PROGRAM

Chapter 1128, Statutes of 1994, and
Chapter 654, Statutes of 1996

July 1, 2002, through June 30, 2004



JOHN CHIANG
California State Controller

May 2010



JOHN CHIANG
California State Controller

May 28, 2010

Gloria Molina, Chair
Los Angeles County Board of Supervisors
Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Ms. Molina:

The State Controller's Office audited the costs claimed by Los Angeles County for the legislatively mandated Handicapped and Disabled Students II Program (Chapter 1128, Statutes of 1994, and Chapter 654, Statutes of 1996) for the period of July 1, 2002, through June 30, 2004.

The county claimed \$3,276,316 for the mandated program. Our audit disclosed that \$2,558,437 is allowable and \$717,879 is unallowable. The costs are unallowable primarily because the county overstated costs by using inaccurate units of service, and overstated offsetting revenues. In calculating offsetting revenues, the county used inaccurate Medi-Cal units and deducted unsupported revenues for the audit period, and applied an incorrect funding percentage for Short Doyle/Medi-Cal for fiscal year 2002-03. The State made no payment to the county. The State will pay allowable costs claimed that exceed the amount paid, totaling \$2,558,437, contingent upon available appropriations.

If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (CSM). The IRC must be filed within three years following the date that we notify you of a claim reduction. You may obtain IRC information at the CSM's Web site at www.csm.ca.gov/docs/IRCForm.pdf.

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849.

Sincerely,

Original signed by

JEFFREY V. BROWNFIELD
Chief, Division of Audits

JVB/sk

cc: Wendy L. Watanabe, Auditor-Controller
Los Angeles County
Hasmik Yaghobyan, JD
SB 90 Coordinator
Los Angeles County
Jeff Carosone, Principal Program Budget Analyst
Cor-Gen Unit, Department of Finance
Carol Bingham, Director
Fiscal Policy Division
California Department of Education
Stacey Wofford
Special Education Program
Department of Mental Health
Matika Rawls, Manager
Special Education Division
California Department of Education
Angie Teng, Section Supervisor
Division of Accounting and Reporting
State Controller's Office

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Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by Los Angeles County for the legislatively mandated Handicapped and Disabled Students II Program (Chapter 1128, Statutes of 1994, and Chapter 654, Statutes of 1996) for the period of July 1, 2002, through June 30, 2004.

The county claimed \$3,276,316 for the mandated program. Our audit disclosed that \$2,558,437 is allowable and \$717,879 is unallowable. The costs are unallowable primarily because the county overstated costs by using inaccurate units of service, and overstated offsetting revenues. In calculating offsetting revenues, the county used inaccurate Medi-Cal units and deducted unsupported revenues for the audit period, and applied an incorrect funding percentage for Short Doyle/Medi-Cal for fiscal year (FY) 2002-03. The State made no payment to the county. The State will pay allowable costs claimed that exceed the amount paid, totaling \$2,558,437, contingent upon available appropriations.

Background

Chapter 26 of the Government Code, commencing with section 7570, and Welfare and Institutions Code section 5651 (added and amended by Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) require counties to participate in the mental health assessment for "individuals with exceptional needs," participate in the expanded "Individualized Education Program" (IEP) team, and provide case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed." These requirements impose a new program or higher level of service on counties.

On April 26, 1990, the Commission on State Mandates (CSM) determined that this legislation imposed a state mandate reimbursable under Government Code section 17561.

The program's parameters and guidelines establish the state mandate and define reimbursement criteria. The CSM adopted the parameters and guidelines for the Handicapped and Disabled Students Program on August 22, 1991, and last amended it on August 29, 1996. In compliance with Government Code section 17558, the SCO issues claiming instructions to assist local agencies and school districts in claiming mandated program reimbursable costs.

The parameters and guidelines for the Handicapped and Disabled Students Program state that only 10% of mental health treatment costs are reimbursable. However, on September 30, 2002, Assembly Bill 2781 (Chapter 1167, Statutes of 2002) changed the regulatory criteria by stating that the percentage of treatment costs claimed by counties for FY 2000-01 and prior fiscal years is not subject to dispute by the SCO. Furthermore, this legislation states that, for claims filed in FY 2001-02 and thereafter, counties are not required to provide any share

of these costs or to fund the cost of any part of these services with money received from the Local Revenue Fund established by Welfare and Institutions Code section 17600 et seq. (realignment funds).

Furthermore, Senate Bill 1895 (Chapter 493, Statutes of 2004) states that realignment funds used by counties for the Handicapped and Disabled Students Program “are eligible for reimbursement from the state *for all allowable costs* to fund assessments, psychotherapy, and other mental health services...” and that the finding by the Legislature is “declaratory of existing law.” (Emphasis added.)

On May 26, 2005, the CSM adopted a Statement of Decision for the Handicapped and Disabled Students II Program that incorporates the above legislation and further identifies medication support as a reimbursable cost effective July 1, 2001. The CSM adopted the parameters and guidelines for this new program on December 9, 2005, and made technical corrections to it on July 21, 2006.

The parameters and guidelines for the Handicapped and Disabled Students II Program state that “Some costs disallowed by the State Controller’s Office in prior years are now reimbursable beginning July 1, 2001 (e.g., medication monitoring). Rather than claimants re-filing claims for those costs incurred beginning July 1, 2001, the State Controller’s Office will reissue the audit reports.” Consequently, we are allowing medication support costs commencing on July 1, 2001.

On January 26, 2006, CSM amended the parameters and guidelines for the Handicapped and Disabled Students Program and corrected them on July 21, 2006, allowing reimbursement for out-of-home residential placements beginning July 1, 2004.

Objective, Scope, and Methodology

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Handicapped and Disabled Students II Program for the period of July 1, 2002, through June 30, 2004.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

We conducted this performance audit under the authority of Government Code sections 12410, 17558.5, and 17561. We did not audit the county’s financial statements. We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We limited our review of the county’s internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

Conclusion

Our audit disclosed instances of noncompliance with the requirements outlined above. These instances are described in the accompanying Summary of Program Costs (Schedule 1) and in the Findings and Recommendations section of this report.

For the audit period, Los Angeles County claimed \$3,276,316 for costs of the Handicapped and Disabled Students II Program. Our audit disclosed that \$2,558,437 is allowable and \$717,879 is unallowable.

For the FY 2002-03 claim, the State made no payment to the county. Our audit disclosed that \$1,388,425 is allowable. The State will pay allowable costs claimed that exceed the amount paid, totaling \$1,388,425, contingent upon available appropriations.

For the FY 2003-04 claim, the State made no payment to the county. Our audit disclosed that \$1,170,012 is allowable. The State will pay allowable costs claimed that exceed the amount paid, totaling \$1,170,012, contingent upon available appropriations.

**Views of
Responsible
Official**

We issued a draft audit report on March 26, 2010. Wendy L. Watanabe, Auditor-Controller, responded by letter dated April 30, 2010 (Attachment), agreeing with the audit results. This final audit report includes the county's response.

Restricted Use

This report is solely for the information and use of Los Angeles County, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.

Original signed by

JEFFREY V. BROWNFIELD
Chief, Division of Audits

May 28, 2010

**Schedule 1—
Summary of Program Costs
July 1, 2002, through June 30, 2004**

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2002, through June 30, 2003</u>				
Direct costs:				
Psychotherapy of other treatment services	\$ 2,981,091	\$ 2,407,966	\$ (573,125)	Finding 1
Total direct costs	2,981,091	2,407,966	(573,125)	
Indirect costs	203,322	165,995	(37,327)	Finding 2
Total direct and indirect costs	3,184,413	2,573,961	(610,452)	
Less offsetting reimbursements	(1,480,524)	(1,185,536)	294,988	Finding 3
Total program costs	<u>\$ 1,703,889</u>	1,388,425	<u>\$ (315,464)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 1,388,425</u>		
<u>July 1, 2003, through June 30, 2004</u>				
Direct costs:				
Psychotherapy of other treatment services	\$ 2,839,465	\$ 2,266,155	\$ (573,310)	Finding 1
Total direct costs	2,839,465	2,266,155	(573,310)	
Indirect costs	235,416	187,972	(47,444)	Finding 2
Total direct and indirect costs	3,074,881	2,454,127	(620,754)	
Less offsetting reimbursements	(1,502,454)	(1,284,115)	218,339	Finding 3
Total program costs	<u>\$ 1,572,427</u>	1,170,012	<u>\$ (402,415)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 1,170,012</u>		
<u>Summary: July 1, 2002, through June 30, 2004</u>				
Direct costs:				
Psychotherapy of other treatment services	\$ 5,820,556	\$ 4,674,121	\$ (1,146,435)	
Total direct costs	5,820,556	4,674,121	(1,146,435)	
Indirect costs	438,738	353,967	(84,771)	
Total direct and indirect costs	6,259,294	5,028,088	(1,231,206)	
Less offsetting reimbursements	(2,982,978)	(2,469,651)	513,327	
Total program costs	<u>\$ 3,276,316</u>	2,558,437	<u>\$ (717,879)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 2,558,437</u>		

¹ See the Findings and Recommendations section.

Findings and Recommendations

**FINDING 1—
Overstated medication
support costs**

The county overstated medication support costs by \$1,146,435 for the audit period.

The county claimed costs that are not fully based on actual costs to implement the mandated program. Support for the claim was not in a testable format and we could not verify it. The county ran the unit-of-service (UOS) reports multiple times to support costs claimed. The county ran reports using incorrect query parameters that resulted in errors, duplicate transactions, incorrect activity code/procedure code usage, missing client IEPs, ineligible clients, addition errors, missing progress notes, under- and over-billing, etc.

We worked with the county to correct the query parameters before the county re-ran the UOS reports a fourth time. The fourth-generation reports resolved the inaccurate data issues, which were mainly duplication and client eligibility. However, the report still contained instances of overbilling associated with single-client service visits in excess of the standard workday. In this instance, we removed all single-client service visits in excess of ten hours.

We adjusted costs based on the appropriate unit cost and actual units of service provided to eligible clients. Further, we excluded all single-client service visits in excess of ten hours.

The following table summarizes the overstated costs claimed:

	Fiscal Year		Total
	2002-03	2003-04	
Unsupported costs	\$ (569,987)	\$ (568,546)	\$ (1,138,533)
Overbilled costs (excess of ten hours)	(3,138)	(4,764)	(7,902)
Audit adjustment	\$ (573,125)	\$ (573,310)	\$ (1,146,435)

The program’s parameters and guidelines specify that only actual increased costs incurred in the performance of the mandated activities and adequately documented are reimbursable.

Recommendation

We recommend that the county implement policies and procedures to ensure that only actual units of service for eligible clients are claimed in accordance with the mandate program.

County’s Response

The county agreed with the finding and recommendation.

**FINDING 2—
Overstated indirect costs**

The county overstated indirect costs by \$84,771 for the audit period.

The county applied indirect cost rates to ineligible costs. In both fiscal years, the county claimed direct costs that were not based on actual program costs. Further, we noted that the county applied indirect costs rates to overbilled units of services.

We recalculated costs by applying the appropriate indirect cost rates to eligible direct costs.

The following table summarizes the overstated indirect costs claimed:

	Fiscal Year		Total
	2002-03	2003-04	
Indirect costs	\$ (37,327)	\$ (47,444)	\$ (84,771)

The parameters and guidelines specify that indirect costs incurred in the performance of the mandated activities and adequately documented are reimbursable.

The parameters and guidelines further specify that, to the extent the State Department of Mental Health has not already compensated reimbursable indirect costs from categorical funding sources, the costs may be claimed.

Recommendation

We recommend that the county apply indirect cost rates to eligible and supported direct costs.

County's Response

The county agreed with the finding and recommendation.

**FINDING 3—
Overstated offsetting reimbursements**

The county overstated offsetting reimbursements by \$513,327 for the audit period.

The county miscalculated offsetting reimbursements by using inaccurate Medi-Cal units and, for FY 2002-03, by applying incorrect funding percentages for Short-Doyle/Medi-Cal. Further, the county deducted unsupported offsetting revenues and applied Short Doyle/Medi-Cal FFP (SD/MC) and Early and Periodic, Screening, Diagnosis and Treatment (EPDST) funds to ineligible indirect costs.

We recalculated revenue related to direct costs by applying the appropriate cost per unit to eligible Med-Cal units, using correct funding percentages for SD/MC and EPSDT, and excluding unsupported revenues. Further, we recalculated revenues related to indirect costs applying the related portion of SD/MC and EPDST funds to eligible administrative costs.

The following table summarizes the overstated offsetting revenues claimed:

	Fiscal Year		Total
	2002-03	2003-04	
Direct costs:			
Short Doyle/Medi-Cal	\$ 154,672	\$ 113,568	\$ 268,240
State categorical funds	107,479	80,725	188,204
Other	14,855	8,542	23,397
Total direct costs	277,006	202,835	479,841
Indirect costs	17,982	15,504	33,486
Total	\$ 294,988	\$ 218,339	\$ 513,327

The parameters and guidelines specify that any direct payments (categorical funds, SD/MC, and other offsets such as private insurance) received from the State that are specifically allocated to the program, and/or any other reimbursement received as a result of the mandate, must be deducted from the claim.

Recommendation

We recommend that the county implement policies and procedures to ensure that revenues are applied to valid program costs. Further, we recommend that the county apply the appropriate SD/MC and EPDST reimbursement percentages to eligible costs and maintain supporting documentation for all applicable offsetting revenues.

County's Response

The county agreed with the finding and recommendation.

**Attachment—
County's Response to
Draft Audit Report**



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 525
LOS ANGELES, CALIFORNIA 90012-3873
PHONE: (213) 974-8301 FAX: (213) 828-6427

WENDY L. WATANABE
AUDITOR-CONTROLLER

MARIA M. OMS
CHIEF DEPUTY

ASST. AUDITOR-CONTROLLERS

ROBERT A. DAVIS
JOHN NAIMO
JUDI E. THOMAS

April 30, 2010

Mr. Jeffrey V. Brownfield, Chief
Division of Audits
State Controller's Office
300 Capitol Mall, Suite 518
Sacramento, California 95814

Dear Mr. Brownfield:

**LOS ANGELES COUNTY'S RESPONSE TO
STATE CONTROLLER'S DRAFT AUDIT REPORT
HANDICAPPED AND DISABLED II PROGRAM (HDSII)
JULY 1, 2002 THROUGH JUNE 30, 2004**

The County of Los Angeles has reviewed the State's draft audit report dated March 26, 2010 for the HDSII's program. The draft audit report concluded that, of the \$3,276,316 claimed under HDSII, \$2,558,437 is allowable. The remaining \$717,879 is not allowable pursuant to the Parameters and Guidelines adopted by the Commission on State Mandates on December 9, 2005.

The County's response, which is attached, indicates agreement with the audit findings and the actions that the County will take to implement policies and procedures to ensure that the costs claimed under HDSII are eligible, mandate related, and supported. We also recognize that if the County subsequently provides additional information to support its \$717,879 of unallowable costs, the State will revise the final audit report to include such additional allowable costs.

If you have any questions, please contact Hasmlk Yaghobyan at (213) 893-0792 or via e-mail at hyaghobyan@auditor.lacounty.gov.

Very truly yours,

Wendy L. Watanabe
Auditor-Controller

WLW:MMO:JN:CY:hy
H:\SB90\QSTClaim Submission\Ch1747\Audit Response Cover 4-27-10.doc

Attachment

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**LOS ANGELES COUNTY'S RESPONSE TO
STATE CONTROLLER'S DRAFT AUDIT REPORT
HANDICAPPED AND DISABLED II PROGRAM (HDSII)
JULY 1, 2002 THROUGH JUNE 30, 2004**

Finding # 1- Overstated Medication Support Costs

The County overstated medication support costs by \$1,146,435 for the audit period. The County claimed costs that are not fully based on actual costs to implement the mandated program. Support for the claim was not in testable format and could not be verified. The County had to rerun Unit-Of-Service (UOS) reports multiple times to support the claims. The reports were run using incorrect query parameters. As the result, during the testing we noted duplicate transactions, incorrect activity code/procedure code usage, missing client IEP's, ineligible clients, addition errors, missing progress notes, and under-and over-billing.

Recommendation

We recommend that the County implement policies and procedures to ensure that only actual units of service for eligible clients are claimed in accordance with the mandate program.

County's Response

We agree with the recommendation. The County will review and establish policies and procedures to ensure that only actual units of service for eligible clients are claimed in accordance with the mandate program.

Finding # 2- Overstated Indirect Costs

The County overstated indirect costs by \$84,771 for the audit period. The County applied indirect cost rates to ineligible costs. In both fiscal years, the County claimed direct costs that were not based on actual program costs. Further, the County applied indirect cost rates to overbilled units of service.

Recommendation

We recommend that the County apply indirect cost rates to eligible and supported direct costs.

County's Response

We agree with the recommendation. The County will review and establish policies and procedures to ensure that indirect cost rates are applied to eligible and supported direct costs.

**LOS ANGELES COUNTY'S RESPONSE TO
STATE CONTROLLER'S DRAFT AUDIT REPORT
HANDICAPPED AND DISABLED II PROGRAM (HDSII)
JULY 1, 2002 THROUGH JUNE 30, 2004**

Finding # 3- Overstated Offsetting Reimbursements

The County overstated offsetting reimbursements by \$513,327 for the audit period. The County miscalculated offsetting reimbursements by using inaccurate Medi-Cal units and for FY 2002-03, by applying incorrect funding percentages for Short-Doyle/Medi-Cal. Further, the County deducted unsupported offsetting revenues and applied Short Doyle/Medi-Cal FFP (SD/MC) and Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) funds to ineligible indirect costs.

Recommendation

We recommend that the County implement policies and procedures to ensure that revenues are applied to valid program costs. Further, we recommend that the County apply appropriate SD/MC and EPSDT reimbursement percentages to eligible costs and maintain supporting documentation for all applicable offsetting revenues.

County's Response

We agree with the recommendation. The County will review and establish policies and procedures to ensure that revenues are applied to valid program costs, appropriate SD/MC and EPSDT reimbursement percentage rates are applied to eligible costs, and supporting documentation for applicable offsetting revenues are maintained.

**State Controller's Office
Division of Audits
Post Office Box 942850
Sacramento, CA 94250-5874**

<http://www.sco.ca.gov>

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

**Exhibit D
Original Reimbursement Claims**

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

Exhibit D-1

**Los Angeles County Department of Mental Health
Reimbursement Claim for Fiscal Year 2002-03**

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

SUSAN KERR
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS

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DEPARTMENT OF MENTAL HEALTH

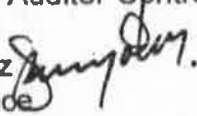
<http://dmh.lacounty.info>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4626
Fax: (213) 639-6773

May 8, 2006

TO: Leonard Kaye, Principal Accountant
SB 90 Section – Auditor-Controller

FROM: Jeremy D. Cortez 
Director of Finance

SUBJECT: SB 90 - CHAPTER 1128/94 ACTUAL FOR FISCAL YEAR 2002-03 AND
FISCAL YEAR 2003-04 CLAIMS

Attached are the actual Fiscal Year (FY) 2002-03 and FY 2003-04 SB 90 - Chapter 1128/94 - Handicapped and Disabled Students II claims for the Los Angeles County- Department of Mental Health (LAC-DMH). These claims, in the amounts of \$1,703,889 for FY 2002-03 and \$1,572,427 for FY 2003-04, are based on cost reports for the two (2) fiscal years. The total of the two (2) claims is \$3,276,316. These claims have been prepared in compliance with: (1) the State Controller's Office SB 90 Claiming Instructions, (2) the SB 90 - Chapter 1128/94 Parameters & Guidelines, and (3) the annual LAC-DMH Cost Report.

If you have any questions, please contact Michael Boyle of my staff at (213) 738-4665.

JDC:MPB:gm

Attachments

c:	Marvin J. Southard, DSW	(memo and summary only)
	Susan Kerr	(memo and summary only)
	Kimberly Nall	(memo and summary only)
	Mike Motodani	(memo and summary only)
	Paul McIver	(memo and summary only)

M:\GencianaM\SB90\SB90 Ch 1128-94 HDS II 05-2006

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

SB 90 - CHAPTER 1128/94 HANDICAPPED AND DISABLED STUDENTS II

FY 2002-2003 ACTUAL COST CLAIM

Table of Attachments

Attachment 1	FAM-27 Claim Form
Attachment 2	HDS-1 Claim Summary
Attachment 3	HDS-2 Activity Cost Detail
Attachment 4	FY 2002-2003 Medication Monitoring Expenditures
Attachment 5	FY 2002-2003 Medication Monitoring Expenditures and Revenues Worksheet
Attachment 6	Number of Student Referrals Schedule
Attachment 7	FY 2002-2003 Indirect Cost Proposal (ICP) Rate Summary
Attachment 8	FY 2002-2003 Cost Report Actual Indirect Cost Rates
Attachment 9	MH 1966 Cost Report Forms

Program 263	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS II CLAIM SUMMARY					FORM HDS-1
(01) Claimant: COUNTY OF LOS ANGELES / DEPARTMENT OF MENTAL HEALTH			(02) Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		Type of Claim	Fiscal Year 2002/2003
Claim Statistics						
(03) Number of student referrals during the fiscal year of claim. (Please see Attachment 6).					2,461	
Direct Costs		Object Accounts				
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contracted Services	(e) Fixed Assets	(f) Total
A. Interagency Agreements						
B. Referral and Mental Health Assessments						
C. Transfers and Interim Placements						
D. Membership Participation of Expanded IEP Team						
E. Case Management Duties for Pupils						
F. Payment Authorization to Care Providers						
G. Psychotherapy or Other Treatment Services	2,981,091					2,981,091
(05) Total Direct Costs	2,981,091					2,981,091
Indirect Costs						
(06) Indirect Cost Rate	[10% or ICRP from 2 CFR, Chapter II, formerly OMB A-87]					6.8204%
(07) Total Indirect Costs	[Line (06) x line (05)(a)] or [Line (06) x (line (05)(a) + line (05)(b))]					203,322
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]					3,184,413
Cost Reduction						
(09) Less: Offsetting Savings						0
(10) Less: Other Reimbursements	(Please see Attachment 5).					1,480,524
(11) Total Claimed Amount	[Line (08) - (line (09) + line (10))]					1,703,889

Program <div style="font-size: 24pt; font-weight: bold; text-align: center;">263</div>	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS II ACTIVITY COST DETAIL	FORM HDS-2
---	---	-----------------------

(01) Claimant: COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH	(02) Fiscal Year <div style="text-align: center; border-bottom: 1px solid black;">2002/2003</div>
---	--

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Interagency Agreements	<input type="checkbox"/> Case Management Duties for Pupils
<input type="checkbox"/> Referral and Mental Health Assessments	<input type="checkbox"/> Payment Authorization to Care Providers
<input type="checkbox"/> Transfers and Interim Placements	<input checked="" type="checkbox"/> Psychotherapy or Other Treatment Services
<input type="checkbox"/> Member Participation of Extended IEP Team	

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contracted Services	(h) Fixed Assets
Please see Attachment 4 for FY 2002-2003 Medication Monitoring Services Expenditures for LACDMH directly operated and non-governmental agencies. The claimed units of service are based on the AB 3632/SEP Plan identified in the LACDMH data collection system. The cost report is a unit of service based process that determines the unit cost rate and does not reflect Salaries and Employee Benefits at clinician level.						2,981,091	

(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>	<div style="text-align: right;">2,981,091</div>
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CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HANDICAPPED AND DISABLED STUDENTS II	For State Controller Use only (19) Program Number 00263 (20) Date Filed / / (21) LRS Input / /	Program 263
--	--	-----------------------

L A B E L H E R E	(01) Claimant Identification Number	Reimbursement Claim Data	
	(02) Claimant Name Department of Mental Health	(22) HDS -1, (04)(A)(1)(f)	
	County of Location County of Los Angeles	(23) HDS -1, (04)(B)(1)(f)	
	Street Address or P.O. Box 550 South Vermont Ave., 11th Floor	(24) HDS -1, (04)(C)(1)(f)	
	City Los Angeles	State CA	Zip Code 90020

Type of Claim	Estimated Claim	Reimbursement Claim	
(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26) HDS -1, (04)(E)(1)(f)	
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) HDS -1, (04)(F)(1)(f)	
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) HDS -1, (04)(G)(1)(f)	2,981,091
Fiscal Year of Cost (06) /	(12) <u>2002/2003</u>	(29) HDS -1, (06)	7
Total Claimed Amount (07)	(13) 1,703,889	(30) HDS -1, (07)	203,322
Less: 10% Late Penalty	(14) 0	(31) HDS -1, (09)	0
Less: Prior Claim Payment Received	(15) 0	(32) HDS -1, (10)	1,480,524
Net Claimed Amount	(16) 1,703,889	(33)	
Due from State (08)	(17) 1,703,889	(34)	
Due to State	(18)	(35)	

(37) CERTIFICATION OF CLAIM

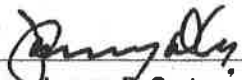
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer

Date



 Jeremy D. Cortez

5/5/06

Director of Finance

Type or Print Name

Title

(38) Name of Contact Person for Claim

Michael Boyle

Telephone Number

(213) 738-4665

Ext.

E-mail Address

mboyle@lacdmh.org

Attachment 4

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - CHAPTER 1128/94 HANDICAPPED AND DISABLED STUDENTS II
 MEDICATION MONITORING SERVICES EXPENDITURES
 FISCAL YEAR 2002-2003

1	2	3	4	5	6	7	8
Contract Type	Entity Name	Entity Number	Mode	SFC	AB 3632 UNITS	Applicable Rate	Gross AB 3632 Cost
CR	LACDMH	00019	15	61	46,896	\$ 3.57	\$ 167,613
NR	Aspen Health Services	00519	15	61	5,785	3.32	19,206
NR	Associated League of Mexican-American	00173	15	61	888	3.51	3,117
NR	Cedars-Sinai Medical Center	00178	15	61	705	4.09	2,883
NR	Child & Family Center	00210	15	61	19,755	3.35	66,179
NR	Child and Family Guidance Center	00207	15	61	155,575	3.92	609,854
CR	Child and Family Guidance Center	00207	15	61	430	3.92	1,686
NR	Indirect Cost Rate is based on the Cost Report Actual	00783	15	61	2,102	3.74	7,861
NR	Children's Bureau	00668	15	61	120	2.98	358
NR	Childrens Hospital Los Angeles	00179	15	61	8,225	4.23	34,792
CR	Children's Institute International	00591	15	61	751	3.98	2,992
NR	Community Counseling Service	00180	15	61	905	2.25	2,036
NR	Community Family Guidance Center	00181	15	61	12,315	1.78	21,921
CR	Devereux Foundation	00472	15	61	3,455	3.49	12,063
CR	Didi Hirsch Psychiatric Service	00183	15	61	22,160	3.47	76,905
NR	Dubnoff Center For Child Development	00184	15	61	21,940	4.23	92,806
NR	El Centro de Amistad, Inc.	00185	15	61	150	3.87	581
NR	Enki Health & Research	00188	15	61	68,123	3.31	225,487
NR	Five Acres Boys' & Girls' Aid Society of Los Angeles	00647	15	61	661	3.84	2,538
NR	Foothill Family Service	00724	15	61	841	4.17	3,507
NR	Gateways Hosp & MHC	00190	15	61	3,340	3.00	10,020
NR	Hamburger Home, Inc	00174	15	61	1,392	3.45	4,802
NR	Hathaway Children and Family Services	00192	15	61	37,166	3.40	126,364
NR	Help Group Child & Family Center	00198	15	61	61,455	4.15	255,038
NR	Hillsides	00321	15	61	9,585	3.95	37,861
NR	Intercommunity Child Guidance Center	00195	15	61	15,634	3.38	52,843
NR	LAUSD 97th St.Mental Health	00315	15	61	435	4.09	1,779
NR	Los Angeles Child Guidance Clinic	00199	15	61	37,092	3.63	134,644
NR	Pacific Clinics	00203	15	61	79,775	3.05	243,314
NR	Pasadena Childrens Training Society dba The Sycamo	00204	15	61	36,865	3.59	131,627
NR	Penny Lane Centers	00201	15	61	667	4.05	2,701
CR	Saint Johns Health Center	00217	15	61	14,486	4.23	61,276
NR	San Fernando Valley CMHC, Inc	00208	15	61	750	3.65	2,738
NR	South Bay Children's Health Center	00213	15	61	15,190	3.88	58,937
NR	Special Service for Groups	00214	15	61	2,378	3.33	7,919
NR	St. Francis Medical Center - Children's Center	00784	15	61	370	3.48	1,288
NR	Star View	00543	15	61	900	3.48	3,132
CR	Stirling Behavioral Health Institute	00216	15	61	120	2.69	322
NR	The Almanson Center	00171	15	61	5,550	3.54	19,647
NR	The Guidance Center	00191	15	61	31,586	2.76	87,177
CR	The Guidance Center	00191	15	61	7,796	2.92	22,727
CR	Verdugo Mental Health Center	00221	15	61	29,642	3.43	101,638
NR	Vista Del Mar	00196	15	61	69,600	3.72	258,912
TOTAL MEDICATION MONITORING SERVICES					833,356		\$ 2,981,091

To HDS-2, Line (04), Column (g).

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 AB3632 - MEDICATION MONITORING COST SUMMARY
 FY 2002-2003

COST ELEMENTS IDENTIFIED BY GROSS PROGRAM COSTS, OFFSETTING REIMBURSEMENTS/REVENUES, AND NET SB 90 REIMBURSABLE COSTS

The following procedure has been followed to assure all appropriate reimbursement/revenue offsets have been applied. Total eligible cost was identified (Line 3) and all applicable reimbursements/revenues have been offset to identify the remaining balance as the eligible SB 90 Chapter 1128/94 reimbursement.

Line 1	AB3632 Program - Medication Monitoring Gross Cost	\$	2,981,091			
Line 2	Administration Cost		<u>203,322</u>			
Line 3	Gross AB 3632 Cost	\$	<u>3,184,413</u>			From Attachment 5, Column (8); To HDS-2, Line (04), column (g). From Attachment 5, Column (8); To HDS-1, Line (07) From Attachment 5, Column (8); To HDS-1, Line (08)
Line 4	Cost Reduction - Other Reimbursements	\$	(607,496)			
Line 5	Final Early and Periodic Screening, Diagnosis, and Treatment State General Fund (EPSDT-SGF)		(40,860)			From Attachment 5, Column (9)
Line 6	EPSDT-SGF share of Administration Costs		(764,552)			From Attachment 5, Column (9)
Line 7	Final Federal Financial Participation (FFP)		(51,803)			From Attachment 5, Column (10)
Line 8	FFP share of Administration Costs		(6,400)			From Attachment 5, Column (11)
Line 9	Federal SAMHSA Grant and share of Administration Costs		(4,955)			From Attachment 5, sum of Columns (12) through (15)
Line 10	Third Party Revenues & share of Administration Costs		<u>(4,458)</u>			From Attachment 5, sum of Columns (16) and (17)
	Other State and Local Funds and share of Admin Costs					From Attachment 5, Column (18); To HDS-1, Line (10)
	Total Cost Reduction - Other Reimbursements	\$	<u>(1,480,524)</u>			
Line 11	SB 90 Claimed Amount	\$	<u>1,703,889</u>			From Attachment 5, Column (19); To HDS-1, Line (11)

Genciana Macalalad

From: Michael Boyle
Sent: Thursday, May 11, 2006 12:31 PM
To: Paul McIver
Cc: Leonard Kaye; Robert Wu; Genciana Macalalad; Hasmik Yaghobyan
Subject: RE: AB3632

Thanks Paul. That should do it.

Leonard, let us know if you need anything further. Thanks.

From: Paul McIver
Sent: Thursday, May 11, 2006 12:25 PM
To: Michael Boyle
Subject: AB3632

The number of unique clients referred to DMH in FY2002-2003 was 2,461. The number of unique clients referred in FY 2003-2004 was 2,279

These were "new clients" referred during those years. We served many more kids during those years that were referred and assessed in previous years, but continued to receive mental health service from us. I hope this is what you are looking for. Thanks



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 603
LOS ANGELES, CALIFORNIA 90012-2766
PHONE: (213) 974-8321 FAX: (213) 617-8106

J. TYLER McCAULEY
AUDITOR-CONTROLLER

October 28, 2002

TO: Gurubunda Singh Khalsa
Department of Mental Health

FROM: John Naimo, Chief *John*
Accounting Division

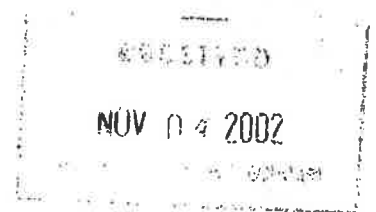
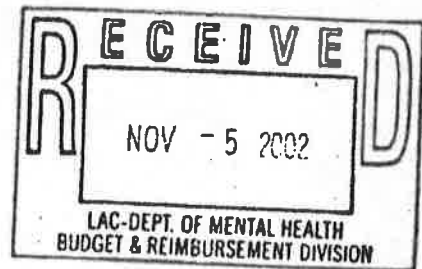
SUBJECT: Fiscal Year 2002-2003 Indirect Cost Proposal

C. Naimo
Michael Boyle
John Naimo
See 11/4

As requested, we reviewed Mental Health's Fiscal Year 2002-2003 Indirect Cost Proposal (ICP) submitted October 7, 2002. Based on our review, the rates shown in your workpapers are approved.

If you have any questions, please contact Rick Vandenberg at (213) 893-0972.

JN:RV
dmh/cp



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 INDIRECT COST RATE PROPOSAL - PLAN YEAR 2002/2003

INDIRECT COST RATE BY PROGRAM
 See Worksheet 4 for Indirect/Direct Cost Details

	(1) DMH - Direct/Operational Programs		(2) Life Support/Supplemental Rates		(3) Private Contract Providers	
	Indirect	Direct	Indirect	Direct	Indirect	Direct
SALARIES AND EMPLOYEE BENEFITS						
CCAP	250,442	250,442	11,032	-	561,304	-
EXECUTIVE OFFICE	4,064,812	4,064,812	-	-	-	-
GENERAL ADMINISTRATIVE OPERATIONS	1,218,173	1,218,173	41,750	-	2,671,228	-
FISCAL SERVICES	3,460,740	3,460,740	22,623	-	8,218,170	-
MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	-	-	33,784	-	3,202,822	-
CONTRACTS ADMINISTRATION	-	-	244,647	-	1,587,980	-
MANAGEMENT INFORMATION SYSTEM	-	-	-	-	-	-
DMH DIRECTLY OPERATED PROGRAMS (DMH)	519,409	519,409	-	-	-	-
LIFE SUPPORT/SUPP RATES/SPEC SHELTERS	-	114,050,970	-	-	-	-
PRIVATE CONTRACT PROVIDERS (NSA)	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN(PG)	-	-	-	-	-	-
TAR / OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE - INPATIENT (FFS)	-	-	-	-	-	-
UNALLOWABLE COSTS	-	-	-	-	-	-
SUBTOTAL SALARIES & EB	9,533,576	114,050,970	354,036	-	16,571,424	-
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	1,060,060	1,060,060	48,736	-	2,504,970	-
EXECUTIVE OFFICE	79,896	79,896	3,519	-	189,638	-
GENERAL ADMINISTRATIVE OPERATIONS	8,500,758	8,500,758	5,423	-	384,478	-
FISCAL SERVICES	182,206	182,206	15,662	-	2,242,184	-
MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	949,659	949,659	3,028	-	226,722	-
CONTRACTS ADMINISTRATION	-	-	963,477	-	6,183,556	-
MANAGEMENT INFORMATION SYSTEM	2,022,670	2,022,670	-	-	-	-
DMH DIRECTLY OPERATED PROGRAMS (DMH)	-	31,724,394	-	6,421,509	-	344,181,669
LIFE SUPPORT/SUPP RATES/SPEC SHELTERS	-	-	-	-	-	-
PRIVATE CONTRACT PROVIDERS (NSA)	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN(PG)	-	-	-	-	-	-
TAR / OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE - INPATIENT (FFS)	-	-	-	-	-	-
UNALLOWABLE COSTS	-	-	-	-	-	-
STATE HOSPITALS	1,875,055	1,875,055	102,770	-	4,051,472	-
CARRY FORWARD - CCAP - Worksheet 3-A	1,540,650	1,540,650	(526,781)	-	(10,018,270)	-
CARRY FORWARD - DMH - Worksheet 3-B	18,191,864	31,724,394	603,634	6,421,509	5,786,731	344,181,669
SUBTOTAL SERVICES & SUPPLIES	18,191,864	31,724,394	603,634	6,421,509	5,786,731	344,181,669
TOTAL EXPENDITURES	1,060,060	1,060,060	48,736	-	2,504,970	-
CCAP	330,338	330,338	14,562	-	779,942	-
GENERAL ADMINISTRATIVE OPERATIONS	12,865,970	12,865,970	47,173	-	3,355,704	-
FISCAL SERVICES	1,380,378	1,380,378	36,285	-	10,460,354	-
MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	4,430,399	4,430,399	36,612	-	3,432,545	-
CONTRACTS ADMINISTRATION	-	-	1,186,324	-	7,771,458	-
MANAGEMENT INFORMATION SYSTEM	2,542,078	2,542,078	-	-	-	-
DMH DIRECTLY OPERATED PROGRAMS (DMH)	-	145,775,364	-	6,421,509	-	344,181,669
LIFE SUPPORT/SUPP RATES/SPEC SHELTERS	-	-	-	-	-	-
PRIVATE CONTRACT PROVIDERS (NSA)	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN(PG)	-	-	-	-	-	-
TAR / OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE - INPATIENT (FFS)	-	-	-	-	-	-
UNALLOWABLE COSTS	-	-	-	-	-	-
STATE HOSPITALS	1,875,055	1,875,055	102,770	-	4,051,472	-
CARRY FORWARD - CCAP - Worksheet 3-A	1,540,650	1,540,650	(526,781)	-	(10,018,270)	-
CARRY FORWARD - DMH - Worksheet 3-B	25,725,440	145,775,364	657,870	6,421,509	22,336,173	344,181,669
TOTAL EXPENDITURES	25,725,440	145,775,364	657,870	6,421,509	22,336,173	344,181,669
DMH OH	18,9165%	18,9165%	DMH OH	14,1688%	DMH OH	5,7624%
CCAP	0,7278%	0,7278%	CCAP	0,7278%	CCAP	0,7278%
ADMINISTRATION OVERHEAD RATE	17,6473%	17,6473%	ADMINISTRATION OVERHEAD RATE	14,1688%	ADMINISTRATION OVERHEAD RATE	6,4602%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2002/2003

INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Overhead Cost details

	(4) DHS		(5) Public Guardian		(6) TAPI/Office of Managed Care	
	Indirect	Total	Indirect	Total	Indirect	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP						
EXECUTIVE OFFICE	35,405	35,485	12,673	12,673	7,177	7,177
GENERAL ADMINISTRATIVE OPERATIONS	178,207	178,207	194,223	194,223	112,686	112,686
FISCAL SERVICES	411,657	411,657	47,990	47,990	27,180	27,180
MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	38,951	38,951	314,588	314,588	18,286	18,286
CONTRACTS ADMINISTRATION	64,659	64,659	6,770	6,770	-	-
MANAGEMENT INFORMATION SYSTEM	-	-	-	-	-	-
DMH DIRECTLY OPERATED PROGRAMS (DMH)	-	-	-	-	-	-
LIFE SUPPORT/SUPP RATES/SPEC SHELTERS	-	-	-	-	-	-
PRIVATE CONTRACT PROVIDERS (NGA)	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN(PG)	-	-	-	-	-	-
TAR / OFFICE OF MANAGED CARE	-	-	4,577,535	4,577,535	3,752,186	3,752,186
FEE FOR SERVICE - INPATIENT (FFS)	-	-	-	-	-	-
UNALLOWABLE COSTS	-	-	-	-	-	-
STATE HOSPITALS	-	-	-	-	-	-
SUBTOTAL SALARIES & EB	729,339	729,339	518,224	4,577,535	189,369	3,817,772
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP						
EXECUTIVE OFFICE	150,242	150,242	53,687	53,687	30,403	30,403
GENERAL ADMINISTRATIVE OPERATIONS	11,314	11,314	4,043	4,043	2,290	2,290
FISCAL SERVICES	23,080	23,080	408,180	408,180	236,247	236,247
MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	128,387	128,387	8,229	8,229	3,528	3,528
CONTRACTS ADMINISTRATION	1,821	1,821	21,181	21,181	10,633	10,633
MANAGEMENT INFORMATION SYSTEM	252,574	252,574	34,154	34,154	-	-
DMH DIRECTLY OPERATED PROGRAMS (DMH)	-	-	-	-	-	-
LIFE SUPPORT/SUPP RATES/SPEC SHELTERS	-	-	-	-	-	-
PRIVATE CONTRACT PROVIDERS (NGA)	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN(PG)	-	-	-	-	-	-
TAR / OFFICE OF MANAGED CARE	-	-	2,786,078	2,786,078	425,160	425,160
FEE FOR SERVICE - INPATIENT (FFS)	-	-	-	-	-	-
UNALLOWABLE COSTS	-	-	-	-	-	-
STATE HOSPITALS	-	-	-	-	-	-
CARRY FORWARD - CCAP - Worksheet 3-A	315,350	315,350	109,131	109,131	54,002	54,002
CARRY FORWARD - DMH - Worksheet 3-B	(490,287)	(490,287)	(21,951)	(21,951)	(41,345)	(41,345)
SUBTOTAL SERVICES & SUPPLIES	113,481	82,572,843	750,250	2,769,078	378,447	425,160
TOTAL EXPENDITURES	150,242	150,242	53,687	53,687	30,403	30,403
EXECUTIVE OFFICE	46,779	46,779	16,716	16,716	9,489	9,489
GENERAL ADMINISTRATIVE OPERATIONS	-	-	600,403	600,403	349,214	349,214
FISCAL SERVICES	201,287	201,287	54,189	54,189	30,687	30,687
MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	640,244	640,244	335,779	335,779	20,919	20,919
CONTRACTS ADMINISTRATION	40,772	40,772	-	-	-	-
MANAGEMENT INFORMATION SYSTEM	317,433	317,433	42,824	42,824	-	-
DMH DIRECTLY OPERATED PROGRAMS (DMH)	-	-	-	-	-	-
LIFE SUPPORT/SUPP RATES/SPEC SHELTERS	-	-	-	-	-	-
PRIVATE CONTRACT PROVIDERS (NGA)	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN(PG)	-	-	-	-	-	-
TAR / OFFICE OF MANAGED CARE	-	-	7,378,614	7,378,614	4,177,346	4,177,346
FEE FOR SERVICE - INPATIENT (FFS)	-	-	-	-	-	-
UNALLOWABLE COSTS	-	-	-	-	-	-
STATE HOSPITALS	-	-	-	-	-	-
CARRY FORWARD - CCAP - Worksheet 3-A	315,350	315,350	109,131	109,131	54,002	54,002
CARRY FORWARD - DMH - Worksheet 3-B	(490,287)	(490,287)	(21,951)	(21,951)	(41,345)	(41,345)
TOTAL EXPENDITURES	1,142,880	82,572,843	1,334,480	7,378,614	544,038	4,721,356
DMH OH	1,202,006	1,202,006	11,302,006	11,302,006	12,285,714	12,285,714
CCAP	0.1820%	0.1820%	0.1778%	0.1778%	0.2787%	0.2787%
ADMINISTRATION OVERHEAD RATE	1,142,880 / 82,572,843 = 1.384%		1,334,480 / 7,378,614 = 18.067%		544,038 / 4,177,346 = 13.023%	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2002/2003

See Worksheet 4 for Indirect/Direct Cost details

	(7) Fee for Service		(8) Unallowable Costs		(9) State Hospital		Grand Total
	Indirect	Direct	Indirect	Direct	Indirect	Direct	
SALARIES AND EMPLOYEE BENEFITS							
CCAP	54,888		91,398		28,632		1,081,011
EXECUTIVE OFFICE							4,372,001
GENERAL ADMINISTRATIVE OPERATIONS	273,663		345,889		100,788		5,204,817
FISCAL SERVICES	637,416		187,428		298,033		13,887,150
MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	188,083						3,443,640
CONTRACTS ADMINISTRATION	221,902				122,831		2,770,578
MANAGEMENT INFORMATION SYSTEM							114,050,970
DMH DIRECTLY OPERATED PROGRAMS (DMH)							
LIFE SUPPORT/SUPP RATES/SPEC SHELTERS							
PRIVATE CONTRACT PROVIDERS (NSA)							
DHS							
PUBLIC GUARDIAN(S)							
TARY OFFICE OF MANAGED CARE							
FEE FOR SERVICE - INPATIENT (FFS)							4,577,538
UNALLOWABLE COSTS							3,782,186
STATE HOSPITALS							1,205,023
SUBTOTAL SALARIES & EB	1,356,011		624,718		548,281		154,044,911
SERVICES & SUPPLIES / OTHER CHARGES/EXP ASSETS							
CCAP	232,524		387,195		112,822		4,578,539
EXECUTIVE OFFICE	17,510		28,158		8,498		344,865
GENERAL ADMINISTRATIVE OPERATIONS							9,143,185
FISCAL SERVICES	1,508,809		44,925		13,090		2,151,847
MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	198,889		128,758		94,760		3,780,922
CONTRACTS ADMINISTRATION	15,065						249,638
MANAGEMENT INFORMATION SYSTEM	884,357				478,328		10,789,116
DMH DIRECTLY OPERATED PROGRAMS (DMH)							31,724,394
LIFE SUPPORT/SUPP RATES/SPEC SHELTERS							8,421,500
PRIVATE CONTRACT PROVIDERS (NSA)							344,181,589
DHS							82,572,843
PUBLIC GUARDIAN(S)							2,798,078
TARY OFFICE OF MANAGED CARE							425,150
FEE FOR SERVICE - INPATIENT (FFS)							77,380,108
UNALLOWABLE COSTS							51,995,342
STATE HOSPITALS							62,008,587
CARRY FORWARD - CCAP - Worksheet 3-A	358,978		643,889		281,914		7,800,359
CARRY FORWARD - DMH - Worksheet 3-B	158,780		(778,841)				
SUBTOTAL SERVICES & SUPPLIES	3,349,822		358,082		871,278		110,223,873
TOTAL EXPENDITURES							888,852,458
CCAP	232,524		387,195		112,822		4,578,539
EXECUTIVE OFFICE	72,388		120,558		35,128		1,495,878
GENERAL ADMINISTRATIVE OPERATIONS							13,515,188
FISCAL SERVICES	1,782,872		390,814		113,878		7,358,883
MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	638,115		317,184		380,783		17,378,072
CONTRACTS ADMINISTRATION	183,147						3,883,275
MANAGEMENT INFORMATION SYSTEM	1,088,319				801,157		13,559,884
DMH DIRECTLY OPERATED PROGRAMS (DMH)							145,776,384
LIFE SUPPORT/SUPP RATES/SPEC SHELTERS							8,421,500
PRIVATE CONTRACT PROVIDERS (NSA)							344,181,589
DHS							82,572,843
PUBLIC GUARDIAN(S)							4,376,814
TARY OFFICE OF MANAGED CARE							4,177,348
FEE FOR SERVICE - INPATIENT (FFS)							77,380,108
UNALLOWABLE COSTS							53,200,385
STATE HOSPITALS							62,008,587
CARRY FORWARD - CCAP - Worksheet 3-A	358,978		643,889		281,914		7,800,359
CARRY FORWARD - DMH - Worksheet 3-B	158,780		(778,841)				
TOTAL EXPENDITURES	4,785,833		882,787		1,243,560		150,223,873
ADMINISTRATION OVERHEAD RATE							
DMH OH	6,7824%		DMH OH	1.1195%	DMH OH		1.8226%
CCAP	8.3000%		CCAP	0.7178%	CCAP		0.1800%
	8.1800%			1.8417%			1.8226%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - CHAPTER 1128/94 HANDICAPPED AND DISABLED STUDENTS II
 FISCAL YEAR 2002-2003

FOOTNOTE TO HDS-1, Line (06) Indirect Cost Rate

	Medication Monitoring Services	Indirect Cost Rate ^(a)	Total Indirect Cost	
DMH directly operated	\$ 167,613	15.4730%	\$ 25,935	
Private contract provider	2,813,478	6.3049%	177,387	
Total	<u>\$ 2,981,091</u>		<u>\$ 203,322</u>	- To HDS-1, Line (07).
Average Indirect Cost Rate =			<u><u>6.8204%</u></u>	- To HDS-1, Line (06).

^(a) Indirect Cost Rate is based on the Cost Report Actual Rates for FY 2002-2003.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2002-2003 YEAR-END COST REPORT

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(1)			(2)		
	DMH Directly Operated Programs			Life Support/Supplemental Rates		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	334,533	-	334,533	5,250	-	5,250
GENERAL ADMINISTRATION OPERATIONS	5,571,883	-	5,571,883	-	-	-
FISCAL SERVICES	1,477,281	-	1,477,281	18,503	-	18,503
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,249,953	-	3,249,953	8,416	-	8,416
CONTRACTS ADMINISTRATION	-	-	-	11,744	-	11,744
MANAGEMENT INFORMATION SYSTEMS	602,735	-	602,735	71,658	-	71,658
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	146,511,850	146,511,850	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,909,410	8,909,410	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&E	11,236,365	155,421,060	166,657,425	115,571	-	115,571
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	1,050,049	-	1,050,049	16,478	-	16,478
EXECUTIVE OFFICE	46,850	-	46,850	735	-	735
GENERAL ADMINISTRATION OPERATIONS	14,086,521	-	14,086,521	-	-	-
FISCAL SERVICES	123,954	-	123,954	1,429	-	1,429
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	748,792	-	748,792	3,401	-	3,401
CONTRACTS ADMINISTRATION	-	-	-	1,270	-	1,270
MANAGEMENT INFORMATION SYSTEMS	2,038,584	-	2,038,584	242,364	-	242,364
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	28,032,201	28,032,201	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	6,109,639	6,109,639	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,974,725	2,974,725
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	18,094,751	34,141,840	52,236,591	265,877	2,974,725	3,240,402
TOTAL EXPENDITURES						
CCAP	1,050,049	-	1,050,049	16,478	-	16,478
EXECUTIVE OFFICE	381,383	-	381,383	5,985	-	5,985
GENERAL ADMINISTRATION OPERATIONS	19,658,405	-	19,658,405	-	-	-
FISCAL SERVICES	1,601,215	-	1,601,215	19,932	-	19,932
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,998,746	-	3,998,746	11,816	-	11,816
CONTRACTS ADMINISTRATION	-	-	-	13,014	-	13,014
MANAGEMENT INFORMATION SYSTEMS	2,641,319	-	2,641,319	314,022	-	314,022
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	174,543,851	174,543,851	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	15,019,049	15,019,049	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,974,725	2,974,725
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	29,331,116	189,562,900	218,894,016	381,248	2,974,725	3,355,973
			DMH OH 14.9191%			DMH OH 12.2623%
			CCAP 0.5539%			CCAP 0.5539%
ADMINISTRATION OVERHEAD RATE FOR 2002/2003	29,331,116 / 189,562,900 =	15.4730%		381,248 / 2,974,725 =	12.8162%	
ADMINISTRATION OVERHEAD RATE FOR 2001/2002	25,267,863 / 175,904,855 =	14.3645%		1,380,004 / 6,727,987 =	20.5114%	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2002-2003 YEAR-END COST REPORT

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(3)			(4)		
	Private Contract Providers			DHS		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	907,978	-	907,978	35,941	-	35,941
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,009,530	-	4,009,530	158,712	-	158,712
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	8,820,909	-	8,820,909	329,016	-	329,016
CONTRACTS ADMINISTRATION	3,723,329	-	3,723,329	35,809	-	35,809
MANAGEMENT INFORMATION SYSTEMS	2,130,702	-	2,130,702	73,217	-	73,217
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH, PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	0	0
DHS	-	-	-	-	0	0
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	19,592,448	-	19,592,448	632,495	0	632,495
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	2,850,005	-	2,850,005	112,814	-	112,814
EXECUTIVE OFFICE	127,160	-	127,160	5,033	-	5,033
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	336,432	-	336,432	13,317	-	13,317
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	2,032,346	-	2,032,346	78,861	-	78,861
CONTRACTS ADMINISTRATION	293,936	-	293,936	763	-	763
MANAGEMENT INFORMATION SYSTEMS	7,206,513	-	7,206,513	247,637	-	247,637
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH, PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	81,464,004	81,464,004
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	514,504,976	514,504,976	-	-	-
SUB-TOTAL SS & OTHERS	12,846,392	514,504,976	527,351,368	458,225	81,464,004	81,922,229
TOTAL EXPENDITURES						
CCAP	2,850,005	-	2,850,005	112,814	-	112,814
EXECUTIVE OFFICE	1,035,138	-	1,035,138	40,975	-	40,975
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,345,962	-	4,345,962	172,029	-	172,029
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,853,255	-	10,853,255	407,677	-	407,677
CONTRACTS ADMINISTRATION	4,017,265	-	4,017,265	36,372	-	36,372
MANAGEMENT INFORMATION SYSTEMS	9,337,216	-	9,337,216	320,854	-	320,854
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH, PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	81,464,004	81,464,004
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	514,504,976	514,504,976	-	-	-
TOTAL EXPENDITURES	32,438,840	514,504,976	546,943,816	1,090,720	81,464,004	82,554,724

		DMH OH	5.7509%		DMH OH	1.2004%
		CCAP	0.6539%		CCAP	0.1385%
ADMINISTRATION OVERHEAD RATE FOR 2002/2003	32,438,840 / 514,504,976 =	6.3049%		1,090,720 / 81,464,004 =	1.3389%	
ADMINISTRATION OVERHEAD RATE FOR 2001/2002	32,640,084 / 474,224,462 =	6.8828%		1,235,827 / 88,843,122 =	1.3939%	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2002-2003 YEAR-END COST REPORT

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(5)			(6)		
	Public Guardian			TAR / Office of Managed Care		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	15,158	-	15,158	9,537	-	9,537
GENERAL ADMINISTRATION OPERATIONS	251,011	-	251,011	190,327	-	190,327
FISCAL SERVICES	53,427	-	53,427	33,814	-	33,814
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	321,990	-	321,990	20,544	-	20,544
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	10,008	-	10,008	-	-	-
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	5,158,093	5,158,093	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	6,083,585	6,083,585
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SDMC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	651,584	5,158,093	5,809,677	254,022	6,083,585	6,337,606
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	47,579	-	47,579	29,935	-	29,935
EXECUTIVE OFFICE	2,123	-	2,123	1,336	-	1,336
GENERAL ADMINISTRATION OPERATIONS	634,591	-	634,591	481,173	-	481,173
FISCAL SERVICES	4,127	-	4,127	2,596	-	2,596
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	13,921	-	13,921	6,021	-	6,021
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	33,849	-	33,849	-	-	-
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	3,431,284	3,431,284	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	320,492	320,492
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SDMC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	736,189	3,431,284	4,167,473	521,061	320,492	841,553
TOTAL EXPENDITURES						
CCAP	47,579	-	47,579	29,935	-	29,935
EXECUTIVE OFFICE	17,281	-	17,281	10,873	-	10,873
GENERAL ADMINISTRATION OPERATIONS	885,601	-	885,601	671,500	-	671,500
FISCAL SERVICES	57,554	-	57,554	36,210	-	36,210
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	335,911	-	335,911	26,565	-	26,565
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	43,857	-	43,857	-	-	-
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	8,589,377	8,589,377	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	6,404,076	6,404,076
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SDMC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	1,387,783	8,589,377	9,977,160	775,063	6,404,076	7,179,139

		DMH OH	15.8030%		DMH OH	13.7886%
		CCAP	0.5539%		CCAP	0.5539%
ADMINISTRATION OVERHEAD RATE FOR 2002/2003	1,387,783 / 8,589,377 =	16.1570%		775,063 / 6,404,076 =	14.3428%	
ADMINISTRATION OVERHEAD RATE FOR 2001/2002	1,136,574 / 8,551,089 =	13.2918%		624,977 / 5,114,880 =	12.2193%	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2002-2003 YEAR-END COST REPORT

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(7)			(8)		
	Fee for Service			SD/MC UNREIMBURSABLE COSTS		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	67,680	-	67,680	63,627	-	63,627
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	242,584	-	242,584	224,264	-	224,264
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	619,561	-	619,561	102,001	-	102,001
CONTRACTS ADMINISTRATION	151,410	-	151,410	-	-	-
MANAGEMENT INFORMATION SYSTEMS	288,073	-	288,073	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	631,590	631,590
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	1,369,307	-	1,369,307	369,892	631,590	1,021,481
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	212,436	-	212,436	199,717	-	199,717
EXECUTIVE OFFICE	9,478	-	9,478	8,911	-	8,911
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	1,572,171	-	1,572,171	17,322	-	17,322
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	148,124	-	148,124	41,215	-	41,215
CONTRACTS ADMINISTRATION	16,371	-	16,371	-	-	-
MANAGEMENT INFORMATION SYSTEMS	974,327	-	974,327	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	90,716,389	90,716,389	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	35,422,836	35,422,836
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	2,932,906	90,716,389	93,649,297	267,165	35,422,836	35,690,001
TOTAL EXPENDITURES						
CCAP	212,436	-	212,436	199,717	-	199,717
EXECUTIVE OFFICE	77,158	-	77,158	72,538	-	72,538
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	1,814,755	-	1,814,755	241,585	-	241,585
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	767,685	-	767,685	143,216	-	143,216
CONTRACTS ADMINISTRATION	167,781	-	167,781	-	-	-
MANAGEMENT INFORMATION SYSTEMS	1,262,400	-	1,262,400	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	90,716,389	90,716,389	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	36,054,425	36,054,425
CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	4,302,215	90,716,389	95,018,604	657,056	36,054,425	36,711,481
			DMH OH 4.5083%		DMH OH 1.2685%	
			CCAP 0.2342%		CCAP 0.5539%	
ADMINISTRATION OVERHEAD RATE FOR 2002/2003	4,302,215 / 90,716,389 =	4.7428%		657,056 / 36,054,425 =	1.8224%	
ADMINISTRATION OVERHEAD RATE FOR 2001/2002	3,974,894 / 87,277,446 =	4.5543%		1,184,404 / 60,699,094 =	1.9183%	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2002-2003 YEAR-END COST REPORT

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(9)			(10)
	Indirect	Direct	Total	Grand Total
SALARIES AND EMPLOYEE BENEFITS				
CCAP	-	-	-	-
EXECUTIVE OFFICE	19,283	-	19,283	1,458,987
GENERAL ADMINISTRATION OPERATIONS	-	-	-	6,013,221
FISCAL SERVICES	67,965	-	67,965	5,285,860
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	165,898	-	165,898	13,638,296
CONTRACTS ADMINISTRATION	-	-	-	3,922,081
MANAGEMENT INFORMATION SYSTEMS	73,242	-	73,242	3,249,636
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	-	-	-	146,511,650
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	8,909,410
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-
DHS	-	-	-	0
PUBLIC GUARDIAN	-	-	-	5,158,093
TAR/OFFICE OF MANAGED CARE	-	-	-	5,083,585
FEE FOR SERVICE	-	-	-	-
STATE HOSPITAL	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	631,590
CONTRACT PROVIDERS	-	-	-	-
SUB-TOTAL S&EB	326,387	-	326,387	200,862,408
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS				
CCAP	60,526	-	60,526	4,579,539
EXECUTIVE OFFICE	2,701	-	2,701	204,327
GENERAL ADMINISTRATION OPERATIONS	-	-	-	15,202,285
FISCAL SERVICES	5,250	-	5,250	2,076,597
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	42,519	-	42,519	3,115,000
CONTRACTS ADMINISTRATION	-	-	-	312,340
MANAGEMENT INFORMATION SYSTEMS	247,722	-	247,722	10,990,996
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	-	-	-	28,032,201
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	6,109,639
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,974,725
DHS	-	-	-	81,484,004
PUBLIC GUARDIAN	-	-	-	3,431,284
TAR/OFFICE OF MANAGED CARE	-	-	-	320,482
FEE FOR SERVICE	-	-	-	90,716,389
STATE HOSPITAL	-	43,706,600	43,706,600	43,706,600
SD/MC UNREIMBURSABLE COSTS	-	-	-	35,422,836
CONTRACT PROVIDERS	-	-	-	514,504,978
SUB-TOTAL SS & OTHERS	368,718	43,706,600	44,065,318	843,164,230
TOTAL EXPENDITURES				
CCAP	60,526	-	60,526	4,579,539
EXECUTIVE OFFICE	21,983	-	21,983	1,663,314
GENERAL ADMINISTRATION OPERATIONS	-	-	-	21,215,506
FISCAL SERVICES	73,215	-	73,215	8,382,458
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	208,415	-	208,415	16,753,286
CONTRACTS ADMINISTRATION	-	-	-	4,234,432
MANAGEMENT INFORMATION SYSTEMS	320,964	-	320,964	14,240,631
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	-	-	-	174,543,851
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	15,019,049
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,974,725
DHS	-	-	-	81,484,004
PUBLIC GUARDIAN	-	-	-	8,589,377
TAR/OFFICE OF MANAGED CARE	-	-	-	5,404,076
FEE FOR SERVICE	-	-	-	90,716,389
STATE HOSPITAL	-	43,706,600	43,706,600	43,706,600
SD/MC UNREIMBURSABLE COSTS	-	-	-	36,054,425
CONTRACT PROVIDERS	-	-	-	514,504,978
TOTAL EXPENDITURES	685,104	43,706,600	44,391,704	1,044,028,638

DMH OH 1.4290%

CCAP 0.1385%

ADMINISTRATION OVERHEAD RATE FOR 2002/2003

685,104 / 43,706,600 = 1.5676%

ADMINISTRATION OVERHEAD RATE FOR 2001/2002

693,847 / 53,666,311 = 1.6656%

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

	Legal Entity: County of Los Angeles Legal Entity Number: D0019 Mode: 15 - Outpatient (Program 1)	A Mode Total	B Service Function	C Service Function	D Service Function	E Service Function	F Service Function	G Service Function
1	Allocation Percentage	100.00%	3.47%	12.73%	0.04%	0.00%	2.46%	0.15%
2	Total Units	3,303,411	12,463,992	36,492	1,485	1,699,106	111,623	207,416
3	Gross Cost	141,041,839	4,868,261	17,854,573	52,567	3,473,246	207,416	
4	Cost per Unit	42.70	1.44	484.36	3.54	2.04	1.86	
5	SMA per Unit	1.77	1.77	1.77	1.77	2.28	2.28	
6	Published Charge per Unit	1.69	1.69	1.69	1.69	2.15	2.15	
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	10,701,002 - 09/30/02	371,928	1,674,052		256,905	10,219	
8A		10,701,002 - 09/30/03	1,257,561	4,920,408	875	790,323	26,462	
9	Medicare/Medi-Cal Crossover Units	07,001,002 - 09/30/02	245,946	2,459,446		17,346		
9A		10,001,002 - 09/30/03	768,893	7,688,893		69,223		
10	Enhanced SD/MC (Children) Units	07,001,002 - 09/30/02	8,983	8,983		3,414	115	
10A		10,001,002 - 09/30/03	32,081	32,081		12,943	925	
10B	Enhanced SD/MC (Refugees) Units	07,001,002 - 09/30/02	2,300	2,300		73		
11	Healthy Families (SED) Units	07,001,002 - 09/30/02	1,250	6,810		4,737	100	
11A		10,001,002 - 09/30/03	10,397	34,270		23,185	1,851	
12	Non-Medi-Cal Units	10,001,002 - 09/30/02	1,711,223	4,793,474	38,492	711,017	99,951	
13	Medi-Cal Costs	07,001,002 - 09/30/02	13,304,736	635,765	2,411,498	481,092	18,969	
13A		10,001,002 - 09/30/03	41,867,924	1,811,565	7,037,924	1,260	1,427,882	52,868
14	Medi-Cal SMA Upper Limits	07,001,002 - 09/30/02	18,875,712	658,308	2,983,072	590,303	23,269	
14A		10,001,002 - 09/30/03	50,567,712	2,225,918	8,709,122	1,549	1,751,776	64,893
15	Medi-Cal Published Charges	07,001,002 - 09/30/02	16,299,933	628,555	2,829,149	584,413	22,277	
15A		10,001,002 - 09/30/03	48,756,894	2,125,312	8,315,480	1,479	1,874,944	62,047
16	Medi-Cal Negotiated Rates	07,001,002 - 09/30/02						
16A		10,001,002 - 09/30/03						
17	Medicare/Medi-Cal Crossover Costs	07,001,002 - 09/30/02	1,528,052	354,269	32,232			
17A		10,001,002 - 09/30/03	5,987,212	1,107,314	128,629			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07,001,002 - 09/30/02	1,854,571	435,324	39,549			
18A		10,001,002 - 09/30/03	7,256,297	1,360,537	157,828			
19	Medicare/Medi-Cal Crossover Published Charges	07,001,002 - 09/30/02	1,789,070	415,649	37,814			
19A		10,001,002 - 09/30/03	7,004,325	1,299,091	150,906			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07,001,002 - 09/30/02						
20A		10,001,002 - 09/30/03						
21	Enhanced SD/MC Costs	07,001,002 - 09/30/02	76,846	10,027	8,944			214
21A		10,001,002 - 09/30/03	225,780	48,213	24,050			1,719
22	Enhanced SD/MC SMA Upper Limits	07,001,002 - 09/30/02	93,618	12,321	7,784			262
22A		10,001,002 - 09/30/03	274,878	19,608	29,510			2,109
23	Enhanced SD/MC Published Charges	07,001,002 - 09/30/02	89,985	15,181	7,443			251
23A		10,001,002 - 09/30/03	264,349	18,722	28,216			2,017
24	Enhanced SD/MC Negotiated Rates	07,001,002 - 09/30/02						
24A		10,001,002 - 09/30/03						
25	Enhanced SD/MC (Refugees) Costs	07,001,002 - 09/30/02	9,318	3,313	138			
25A		10,001,002 - 09/30/03	11,258	4,071	166			
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07,001,002 - 09/30/02	10,867	3,867	159			
26A		10,001,002 - 09/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07,001,002 - 09/30/02	83,400	9,810	8,902			186
27A		10,001,002 - 09/30/03	93,400	9,810	8,902			186
28	Healthy Families Costs	07,001,002 - 09/30/02	14,934	49,366	43,082			3,439
28A		10,001,002 - 09/30/03	2,213	12,064	10,800			228
29	Healthy Families SMA Upper Limits	07,001,002 - 09/30/02	113,700	60,668	52,862			4,220
29A		10,001,002 - 09/30/03	513,272	109,354	10,327			218
30	Healthy Families Published Charges	07,001,002 - 09/30/02	493,767	17,520	50,543			4,035
30A		10,001,002 - 09/30/03						
31	Healthy Families Negotiated Rates	07,001,002 - 09/30/02						
31A		10,001,002 - 09/30/03						
32	Non-Medi-Cal Costs	07,001,002 - 09/30/02	77,126,143	2,485,043	6,905,073	612	1,321,197	129,962
32A		10,001,002 - 09/30/03						
33	Non-Medi-Cal Costs							

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAILED COST REPORT

County: Los Angeles
County Code: 19

Line Item	Description	CR		CR		CR		CR		CR		CR		CR	
		H	I	J	K	L	M	N	H	I	J	K	L	M	N
Legal Entity Number	Legal Entity Name	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.00%	0.00%	0.02%	0.02%	0.94%	0.58%	33.57%	34	41	42				
2	Total Units	1,449	905	17,745	17,745	707,088	439,861	25,478,750							
3	Gross Cost	2,892	1,822	23,186	33,236	1,324,365	817,341	47,344,096							
4	Cost per Unit	1.86	1.86	1.87	1.87	1.87	1.86	1.86							
5	SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28							
6	Published Charge per Unit	2.18	2.18	2.18	2.18	2.18	2.18	2.18							
7	Negotiated Rate / Cost per Unit														
8	Medi-Cal Units			5,687	420	142,021	42,903	2,370,218							
9	Medicare/Medi-Cal Crossover Units		405	940	800	293,528	126,091	7,098,860							
10	Enhanced SD/MC (Children) Units			590		2,480		1,009,602							
10A	Enhanced SD/MC (Refugees) Units			30	2,955	1,260	710	14,409							
10B	Healthy Families (SED) Units			15		1,747	1,328	22,011							
11A	Non-Medi-Cal Units		250	5,127	13,440	291,212	256,387	14,607,384							
12	Medi-Cal Costs			10,652	787	268,003	79,721	4,404,201							
13	Medicare/Medi-Cal Crossover Costs		753	1,761	1,742	549,770	234,300	13,190,858							
14	Enhanced SD/MC (Children) Costs			12,966	958	323,008	97,819	5,404,067							
14A	Enhanced SD/MC (Refugees) Costs			923	2,120	609,239	287,407	16,185,401							
15	Healthy Families (SED) Costs			12,398	916	309,509	93,529	5,167,076							
15A	Non-Medi-Cal Costs		883	2,049	2,027	638,887	274,878	19,476,515							
16	Medi-Cal Negotiated Rates														
16A	Medicare/Medi-Cal Crossover Costs			1,086		4,645		8,676							
17	Enhanced SD/MC Costs			1,322		5,654		522,312							
17A	Healthy Families SMA Upper Limits			1,204		5,408		2,301,893							
18	Medicare/Medi-Cal Crossover SMA Upper Limits					18,593		2,200,932							
18A	Medicare/Medi-Cal Crossover Published Charges			56	5,535	871	8,962	64,399							
19	Medicare/Medi-Cal Crossover Negotiated Rates			68	6,737	1,090	10,998	79,018							
20	Enhanced SD/MC Costs			65	6,442	1,014	10,514	75,552							
20A	Healthy Families Costs			28		3,272	2,468	42,015							
21	Enhanced SD/MC SMA Upper Limits			465		10,979	14,167	189,868							
21A	Healthy Families SMA Upper Limits			570		3,983	3,028	51,503							
22	Medicare/Medi-Cal Crossover SMA Upper Limits			33		3,608	2,806	46,202							
22A	Healthy Families SMA Upper Limits			445		12,778	18,600	199,309							
23	Medicare/Medi-Cal Crossover Published Charges			465		470,516	476,413	27,143,145							
23A	Healthy Families Published Charges			2,892		25,173	25,173	1,136							
23A	Healthy Families Negotiated Rates			465		1,088	1,088	927							
24	Medicare/Medi-Cal Crossover Negotiated Rates			28		42,015	2,468	189,868							
24A	Healthy Families Costs			34		10,979	14,167	189,868							
25	Enhanced SD/MC (Refugees) Costs			34		3,983	3,028	51,503							
26	Enhanced SD/MC (Refugees) SMA Upper Limits			570		3,608	2,806	46,202							
27	Enhanced SD/MC (Refugees) Published Charges			33		3,608	2,806	46,202							
28	Enhanced SD/MC (Refugees) Negotiated Rates			33		3,608	2,806	46,202							
28A	Healthy Families Costs			33		3,608	2,806	46,202							
29	Healthy Families Costs			33		3,608	2,806	46,202							
29A	Healthy Families SMA Upper Limits			33		3,608	2,806	46,202							
30	Healthy Families SMA Upper Limits			33		3,608	2,806	46,202							
30A	Healthy Families Published Charges			33		3,608	2,806	46,202							
31	Healthy Families Published Charges			33		3,608	2,806	46,202							
31A	Healthy Families Negotiated Rates			33		3,608	2,806	46,202							
32	Non-Medi-Cal Costs			465		10,979	14,167	189,868							
32A	Healthy Families Costs			465		10,979	14,167	189,868							
33	Non-Medi-Cal Costs			465		10,979	14,167	189,868							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
BH 1066A (05/03)

County: Los Angeles
County Code: 19

	CR	O	CR	P	CR	Q	CR	R	CR	S	CR	T	CR	U
		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function
1		44		47		52		54		56		61		62
2		0.04%		0.01%		8.23%		0.07%		0.02%		0.12%		24.73%
3		29,597		9,486		6,287,216		54,800		13,483		46,696		9,768,925
4		54,941		10,194		11,682,781		101,828		25,054		167,613		34,679,728
5		1.86		1.86		1.86		1.86		1.86		3.57		3.57
6		2.28		2.28		2.28		2.28		2.28		4.23		4.23
7		2.18		2.18		2.18		2.18		2.18		4.16		4.16
8		30		30		716,510		3,910		5,330		5,330		840,801
9A		2,914		2,914		2,203,819		14,262		13,585		13,585		2,635,947
10		397,216		457		107,214		28,501		114,848		114,848		114,848
11		15		15		3,676		8,915		48,556		48,556		48,556
12		367		367		5,723		3,087		26,851		26,851		5,055,442
13		2,175		2,175		2,851,657		32,096		13,483		13,483		19,050
14		58		58		1,331,404		7,285		19,050		19,050		3,004,423
15		8,415		8,415		4,085,092		28,501		48,556		48,556		9,385,492
16		88		88		1,853,043		8,915		22,548		22,548		3,555,742
17		8,844		8,844		6,024,707		32,517		57,466		57,466		11,107,766
18		65		65		1,561,992		8,524		22,173		22,173		3,496,900
19		8,353		8,353		4,804,325		31,081		56,514		56,514		10,923,940
20														
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DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	Mode	CR V	CR W	CR X	CR Y	CR Z	CR AA	CR AB
00019	County of Los Angeles	19 - Duplication (Program 1)	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage		65	87	71	74	78	77	
2	Total Units		0.01%	0.00%	0.01%	0.00%	0.00%	12.74%	
3	Gross Cost		2,505	20	5,757	842	280	6,242,090	
4	Cost per Unit		8,953	71	16,570	2,423	806	17,666,076	
5	SMA per Unit		3.57	3.57	2.86	2.00	2.86	2.86	
6	Published Charge per Unit		4.23	4.23	3.41	3.41	3.41	3.41	
7	Negotiated Rate / Cost per Unit		4.16	4.16	3.35	3.35	3.35	3.35	
8	Medi-Cal Units	07/01/02 - 09/30/02	655					462,537	
8A	Medi-Cal Units	10/01/02 - 09/30/03		20	1,462			1,269,874	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						35,908	
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 09/30/03						131,333	
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						1,325	
10A	Enhanced SD/MC (Children) Units	10/01/02 - 09/30/03						7,801	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 09/30/02						1,912	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			85			10,739	
11A	Healthy Families (SED) Units	10/01/02 - 09/30/03			3,335		280	4,290,870	
12	Non-Medi-Cal Units		2,505						
13	Medi-Cal Costs	07/01/02 - 09/30/02	2,461		4,298			1,331,278	
13A	Medi-Cal Costs	10/01/02 - 09/30/03		71	2,916			3,741,599	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02			5,064			5,877,251	
14A	Medi-Cal SMA Upper Limits	10/01/02 - 09/30/03			2,864			4,432,911	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02			83			1,549,489	
15A	Medi-Cal Published Charges	10/01/02 - 09/30/03			4,985			4,354,913	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	Medi-Cal Negotiated Rates	10/01/02 - 09/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						102,467	
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 09/30/03						378,004	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						121,423	
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 09/30/03						447,846	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						119,287	
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 09/30/03						439,988	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 09/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						3,814	
21A	Enhanced SD/MC Costs	10/01/02 - 09/30/03						22,453	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						4,518	
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 09/30/03						26,801	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						4,439	
23A	Enhanced SD/MC Published Charges	10/01/02 - 09/30/03						28,133	
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 09/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 09/30/02							
25A	Enhanced SD/MC (Refugees) Costs	10/01/02 - 09/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 09/30/02							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/02 - 09/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 09/30/02							
27A	Enhanced SD/MC (Refugees) Published Charges	10/01/02 - 09/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 09/30/02							
28A	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/02 - 09/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02			245			5,503	
29A	Healthy Families Costs	10/01/02 - 09/30/03						30,909	
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02			290			6,520	
30A	Healthy Families SMA Upper Limits	10/01/02 - 09/30/03						38,820	
31	Healthy Families Published Charges	07/01/02 - 09/30/02			285			6,405	
31A	Healthy Families Published Charges	10/01/02 - 09/30/03						35,976	
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 09/30/03							
33	Non-Medi-Cal Costs		6,993		9,569	2,423	808	12,350,028	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MR 1946A (05/03)

County: Los Angeles
County Code: 19

Legal Entity, Agency Health Services Legal Entity Number 00519 Mode: 15 - Outpatient (Program 1)	A Mode Total	B		C		D		E		F		G	
		NR 03	NR 04	NR 04	NR 10	NR 42	NR 81	NR 62	NR 62	NR 62	NR 62	NR 62	NR 62
1 Allocation Percentage	100.00%												
2 Total Units	18,563	17,39%	18,031	3,10%	144,310	23,75%	5,78%	16,66%	48,712	1,69%	139,408	2,86	2,86
3 Gross Cost	984,839	22,842	171,185	30,517	233,852	2,28	4,23	3,32	3,32	3,32	3,32	3,32	3,32
4 Cost per Unit	53,064	1,27	1,43	1,43	1,62	1,62	1,62	1,62	1,62	1,62	1,62	1,62	1,62
5 SMA per Unit	1,77	1,77	1,77	1,77	1,77	1,77	1,77	1,77	1,77	1,77	1,77	1,77	1,77
6 Published Charge per Unit	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43
7 Negotiated Rate / Cost per Unit	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43	1,43
8 Medi-Cal Units	4,133	18,863	2,243	11,434	2,102	11,434	2,102	11,434	2,102	11,434	2,102	11,434	2,102
8A	14,287	83,014	5,587	31,647	3,478	31,647	3,478	31,647	3,478	31,647	3,478	31,647	3,478
9 Medicare/Medi-Cal Crossover Units													
9A													
10 Enhanced SD/MC (Children) Units													
10A													
10B Enhanced SD/MC (Refugees) Units													
10B													
11 Healthy Families (SED) Units													
11A													
12 Non-Medi-Cal Units	193	37,198	11,021	101,229	204	1,638							
13 Medi-Cal Costs	208,062	3,065	3,635	18,529	8,016	38,868							
13A	525,131	17,623	102,328	9,022	51,288	9,856							
14 Medi-Cal SMA Upper Limits	296,773	7,315	33,034	5,114	26,070	8,891							
14A	750,079	25,308	146,835	12,893	72,155	14,716							
15 Medi-Cal Published Charges	241,372	5,910	28,888	4,217	21,498	6,978							
15A	609,203	20,445	118,710	10,466	59,498	11,550							
16 Medi-Cal Negotiated Rates	609,203	20,445	118,710	10,466	59,498	11,550							
16A													
17 Medicare/Medi-Cal Crossover Costs													
17A													
18 Medicare/Medi-Cal Crossover SMA Upper Limits													
18A													
19 Medicare/Medi-Cal Crossover Published Charges													
19A													
20 Medicare/Medi-Cal Crossover Negotiated Rates													
20A													
21 Enhanced SD/MC Costs													
21A													
22 Enhanced SD/MC SMA Upper Limits													
22A													
23 Enhanced SD/MC Published Charges													
23A													
24 Enhanced SD/MC Negotiated Rates													
24A													
25 Enhanced SD/MC (Refugees) Costs													
25A													
26 Enhanced SD/MC (Refugees) SMA Upper Limits													
26A													
27 Enhanced SD/MC (Refugees) Published Charges													
27A													
28 Enhanced SD/MC (Refugees) Negotiated Rates													
28A													
29 Healthy Families Costs													
29A													
30 Healthy Families SMA Upper Limits													
30A													
31 Healthy Families Published Charges													
31A													
32 Healthy Families Negotiated Rates													
32A													
33 Non-Medi-Cal Costs	251,447	45,652	17,880	184,017	584	4,888							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

		H	I	J	K	L	M	N
		NR	NR	NR	NR	NR	NR	NR
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	71	77	58	12			
2	Total Units	0.35%	2.45%	34.73%	0.04%			
3	Gross Cost	1,549	10,028	211,011	769			
4	Cost per Unit	3,725	24,117	341,954	436			
5	SMA per Unit	2.40	2.40	1.02	1.62			
6	Published Charge per Unit	3.41	3.41	2.28	2.28			
7	Negotiated Rate / Cost per Unit	2.79	2.79	1.88	1.88			
8		2.79	2.79	1.88	1.88			
9	Medi-Cal Units	327	1,052	67,816	269			
10	Medicare/Medi-Cal Crossover Units	1,222	8,318	133,383				
11	Enhanced SD/MC (Children) Units							
12	Enhanced SD/MC (Refugees) Units							
13	Healthy Families (SED) Units							
14	Non-Medi-Cal Units		648	10,032				
15	Medi-Cal Costs	786	2,554	109,575				
16	Medicare/Medi-Cal Crossover Costs	2,539	20,005	246,121				
17	Medi-Cal SMA Upper Limits	1,115	3,621	154,164				
18	Medi-Cal Published Charges	4,167	28,384	304,088				
19	Medi-Cal Negotiated Rates	3,409	23,207	250,722				
20	Medicare/Medi-Cal Crossover Costs	912	2,983	127,118				
21	Medicare/Medi-Cal Crossover SMA Upper Limits	3,409	23,207	250,722				
22	Medicare/Medi-Cal Crossover Published Charges							
23	Medicare/Medi-Cal Crossover Negotiated Rates							
24	Enhanced SD/MC Costs							
25	Enhanced SD/MC SMA Upper Limits							
26	Enhanced SD/MC Published Charges							
27	Enhanced SD/MC Negotiated Rates							
28	Healthy Families Costs							
29	Healthy Families SMA Upper Limits							
30	Healthy Families Published Charges							
31	Healthy Families Negotiated Rates							
32	Non-Medi-Cal Costs		1,568	16,257	436			

DEPARTMENT OF MENTAL HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (03/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00173 Mode: 19 - Outpatient (Program 1)	A	NR B Service Function	NR C Service Function	NR D Service Function	NR E Service Function	NR F Service Function	NR G Service Function
	Mode Total	03	04	04	10	10	12
1 Allocation Percentage	100.00%	0.07%	17.03%	0.03%	3.59%	0.17%	0.12%
2 Total Units	1,656	399,869	805	805	64,372	2,063	2,063
3 Gross Cost	2,063,899	2,033	491,040	968	102,578	3,319	3,378
4 Cost per Unit		1.23	1.23	1.23	1.61	1.61	1.61
5 SMA per Unit		1.77	1.77	1.77	2.28	2.28	2.28
6 Published Charge per Unit		1.45	1.45	1.45	1.90	1.90	1.90
7 Negotiated Rate / Cost per Unit		1.45	1.45	1.23	1.90	1.61	1.90
8 Medi-Cal Units		440	59,629	18,503	33,371	655	655
8A		913	204,378				
9 Medicare/Medi-Cal Crossover Units							
10 Enhanced SD/MC (Children) Units							
10A Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
12 Non-Medi-Cal Units		303	135,884	805	12,498	2,063	837
13 Medi-Cal Costs	349,179	540	73,221	28,172	863	1,458	
13A	1,228,530	1,121	250,982	53,095	42,167	2,056	
14 Medi-Cal SMA Upper Limits	496,807	778	105,543	76,066	1,205	1,721	
14A	2,452,863	1,516	381,746	35,158	83,405	1,055	
15 Medi-Cal Published Charges	412,265	838	88,452	35,158	1,721	1,055	
15A	2,038,754	1,324	296,345	88,462	63,405	1,721	
16 Medi-Cal Negotiated Rates	412,265	638	88,462	35,158	1,721	1,055	
16A	2,038,754	1,324	296,345	88,462	63,405	1,721	
17 Medicare/Medi-Cal Crossover Costs							
17A							
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A							
19 Medicare/Medi-Cal Crossover Published Charges							
19A							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A							
21 Enhanced SD/MC Costs							
21A							
22 Enhanced SD/MC SMA Upper Limits							
22A							
23 Enhanced SD/MC Published Charges							
23A							
24 Enhanced SD/MC Negotiated Rates							
24A							
25 Enhanced SD/MC (Refugees) Costs							
25A							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A							
27 Enhanced SD/MC (Refugees) Published Charges							
27A							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A							
29 Healthy Families Costs							
29A							
30 Healthy Families SMA Upper Limits							
30A							
31 Healthy Families Published Charges							
31A							
32 Healthy Families Negotiated Rates							
32A							
33 Non-Medi-Cal Costs	608,240	372	196,857	988	20,110	3,319	1,025

DEPARTMENT OF MENTAL HEALTH
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Fiscal Year 2002-2003

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988A (05/03)

County: Los Angeles
County Code: 19

	Legal Entity Number, 00173	Model: 15 - Outpatient (Program 1)	NR H Service Function	NR I Service Function	CR J Service Function	NR K Service Function	NR L Service Function	NR M Service Function	NR N Service Function
1	Allocation Percentage		41	42	42	52	54	56	61
2	Total Units		1,198	47,594	0,000	3,406	0,048	20,533	0,067
3	Gross Cost		21,407	853,051	1,582	61,010	651	367,062	868
4	Cost per Unit		34,444	1,772,581	2,513	98,187	1,047	592,063	2,640
5	SMA per Unit		1.61	1.81	1.81	1.81	1.81	1.61	2.97
6	Published Charge per Unit		2.28	2.28	2.28	2.28	2.28	2.88	4.73
7	Negotiated Rate / Cost per Unit		1.90	1.90	1.90	1.90	1.90	1.90	3.51
8	Medi-Cal Units	07/01/02 - 09/30/02	4,243	120,015		9,438	282	365,540	578
9	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03	12,188	410,406		32,111	388		
12	Non-Medi-Cal Units		4,895	322,630	1,582	19,481		2,442	90
13	Medi-Cal Costs	07/01/02 - 09/30/02	6,827	183,107		15,188	454	588,163	1,718
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	19,580	660,354		51,067	504	833,431	931
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	9,674	273,834		21,519	843	17,832	772
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	27,745	815,728		73,213	841	61,011	2,029
17	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	6,082	228,029		17,932	536	701	772
18	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	23,121	779,771		61,011	536	684,528	2,029
19	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	23,121	779,771		61,011	701	684,528	2,029
20	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	23,121	779,771		61,011	701	684,528	2,029
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
25	Enhanced SD/MC (Religious) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Religious) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Religious) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Religious) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
33	Non-Medi-Cal Costs		8,037	519,120	2,513	31,313	0	3,929	288

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988A (05/03)

County: Los Angeles
County Code: 18

	Legal Entity Number: 00173 Mode: 19 - Outpatient (Program 1)	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function
1	Allocation Percentage	5.84%	0.20%	77							
2	Total Units	50,051	3,011								
3	Gross Cost	188,457	7,599								
4	Cost per Unit	3.77	2.52								
5	SMA per Unit	4.23	3.41								
6	Published Charge per Unit	3.51	2.86								
7	Negotiated Rate / Cost per Unit	3.51	2.98								
8	Medi-Cal Units	8,983	479								
8A		31,009	2,223								
9	Medicare/Medi-Cal Crossover Units										
10	Enhanced SD/MC (Children) Units										
10A											
10B	Enhanced SD/MC (Refugees) Units										
11	Healthy Families (SED) Units										
11A											
12	Non-Medi-Cal Units	16,586	309								
13	Medi-Cal Costs	26,702	1,209								
13A		82,173	6,510								
14	Medi-Cal SMA Upper Limits	37,988	1,833								
14A		131,168	7,590								
15	Medi-Cal Published Charges	31,530	1,427								
15A		108,842	6,825								
16	Medi-Cal Negotiated Rates	31,530	1,427								
16A		108,842	6,825								
17	Medicare/Medi-Cal Crossover Costs										
17A											
18	Medicare/Medi-Cal Crossover SMA Upper Limits										
18A											
19	Medicare/Medi-Cal Crossover Published Charges										
19A											
20	Medicare/Medi-Cal Crossover Negotiated Rates										
20A											
21	Enhanced SD/MC Costs										
21A											
22	Enhanced SD/MC SMA Upper Limits										
22A											
23	Enhanced SD/MC Published Charges										
23A											
24	Enhanced SD/MC Negotiated Rates										
24A											
25	Enhanced SD/MC (Refugees) Costs										
25A											
26	Enhanced SD/MC (Refugees) SMA Upper Limits										
26A											
27	Enhanced SD/MC (Refugees) Published Charges										
27A											
28	Enhanced SD/MC (Refugees) Negotiated Rates										
28A											
29	Healthy Families Costs										
29A											
30	Healthy Families SMA Upper Limits										
30A											
31	Healthy Families Published Charges										
31A											
32	Healthy Families Negotiated Rates										
32A											
33	Non-Medi-Cal Costs	49,607	790								

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00178 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G		
	Mode Total	Service Function	03	04	10	12	31	34	Service Function	03	04	10	12	31	34
1 Allocation Percentage	100.00%		0.24%	9.93%	15.29%	0.52%	0.09%	2.46%							
2 Total Units			69,337	81,655	210,844	7,191	478	13,170							
3 Gross Cost	1,381,623		3,362	137,154	210,844	7,191	1,234	34,007							
4 Cost per Unit			2.01	2.01	2.58	2.58	2.58	2.58							
5 SMA per Unit			1.77	1.77	2.26	2.26	2.26	2.26							
6 Published Charge per Unit			2.73	2.73	2.03	2.03	2.03	2.03							
7 Negotiated Rate / Cost per Unit			1.71	1.71	2.20	2.20	2.20	2.20							
8 Med-Cal Units			19,622	46,845	54,602	2,785	343	10,880							
9 Medicare/Medi-Cal Crossover Units			1,870	1,870	2,000										
9A Enhanced SD/MC (Children) Units			361,283	39,362	84,890										
10A Enhanced SD/MC (Refugees) Units			898,004	94,019	140,990	7,191	866	28,119							
11A Healthy Families (SED) Units			318,907	34,731	57,121										
12 Non-Medi-Cal Units			872,141	2,985	82,916	6,300	782	24,829							
13A Med-Cal Costs			296,116	53,598	50,858										
14A Med-Cal SMA Upper Limits			811,034	4,573	127,887	5,854	297	22,107							
15 Med-Cal Published Charges			307,816	2,864	80,105	6,127	755	23,868							
15A Med-Cal Negotiated Rates															
16A Medicare/Medi-Cal Crossover Costs															
17 Medicare/Medi-Cal Crossover SMA Upper Limits															
18 Medicare/Medi-Cal Crossover Published Charges															
19 Medicare/Medi-Cal Crossover Negotiated Rates															
20 Enhanced SD/MC Costs															
21 Enhanced SD/MC SMA Upper Limits															
22 Enhanced SD/MC Published Charges															
23 Enhanced SD/MC Negotiated Rates															
24 Healthy Families Costs															
25 Healthy Families SMA Upper Limits															
26 Healthy Families Published Charges															
27 Healthy Families Negotiated Rates															
28 Non-Medi-Cal Costs															
29A Total			32,335	3,753	5,154										(0)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986A (05/03)

DEPARTMENT OF MENTAL HEALTH
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DETAIL COST REPORT

County: Los Angeles
 County Code: 19

	Legal Entity Number: 00176 Mode: 15 - Outpatient (Program 1)	NR H			NR I			NR J			NR K			NR L			NR M			NR N		
		Service Function	Amount	%	Service Function	Amount	%	Service Function	Amount	%	Service Function	Amount	%	Service Function	Amount	%	Service Function	Amount	%	Service Function	Amount	%
1	Allocation Percentage	41	1.40%	56.75%	42	4.78%	52	5.83%	54	0.03%	61	0.24%	62	8.30%	705	23.87%	114,810					
2	Total Units	7,491		303,633		25,993		1,591		3,304		4,880		4,880		4.23	2,53					
3	Gross Cost	19,343		784,022		66,085		307		2,990		4,098		4,098		4.09	4.09					
4	Cost per Unit	2.56		2.58		2.56		2.58		2.56		2.58		2.56		2.58	2.58					
5	SMA per Unit	2.28		2.03		2.03		2.28		2.03		2.03		2.03		2.53	2.53					
6	Published Charge per Unit	2.20		2.20		2.20		2.20		2.20		2.20		2.20		2.20	2.20					
7	Negotiated Rate / Cost per Unit																					
8	Medi-Cal Units	30		78,278		6,154		19,205		150		705		6,850		16,685	16,685					
9A	Medicare/Medi-Cal Crossover Units																					
9B	Medicare/Medi-Cal Crossover Units																					
10	Enhanced SD/MC (Children) Units																					
10A	Enhanced SD/MC (Refugees) Units																					
10B	Enhanced SD/MC (Refugees) Units																					
11	Healthy Families (SED) Units																					
11A	Healthy Families (SED) Units																					
12	Non-Medi-Cal Units			8,186		234								80								
13	Medi-Cal Costs	77		202,124		15,880		32,883		3,384		28,976		28,976		3,384	28,976					
14	Medi-Cal SMA Upper Limits	68		178,474		14,031		43,787		342		2,982		70,493		17,331	42,162					
15	Medi-Cal Published Charges	61		158,954		12,483		30,966		305		1,764		28,017		68,160	68,160					
15A	Medi-Cal Published Charges	15		440,894		30,966		305		330		2,883		68,160		1,728	1,728					
16	Medi-Cal Negotiated Rates	66		172,212		13,539		42,551														
16A	Medi-Cal Negotiated Rates	16,414		477,816		42,551																
17	Medicare/Medi-Cal Crossover Costs																					
17A	Medicare/Medi-Cal Crossover Costs																					
18	Medicare/Medi-Cal Crossover SMA Upper Limits																					
18A	Medicare/Medi-Cal Crossover SMA Upper Limits																					
19	Medicare/Medi-Cal Crossover Published Charges																					
19A	Medicare/Medi-Cal Crossover Published Charges																					
20	Medicare/Medi-Cal Crossover Negotiated Rates																					
20A	Medicare/Medi-Cal Crossover Negotiated Rates																					
21	Enhanced SD/MC Costs																					
21A	Enhanced SD/MC Costs																					
22	Enhanced SD/MC SMA Upper Limits																					
22A	Enhanced SD/MC SMA Upper Limits																					
23	Enhanced SD/MC Published Charges																					
23A	Enhanced SD/MC Published Charges																					
24	Enhanced SD/MC Negotiated Rates																					
24A	Enhanced SD/MC Negotiated Rates																					
25	Enhanced SD/MC (Refugees) Costs																					
26	Enhanced SD/MC (Refugees) SMA Upper Limits																					
27	Enhanced SD/MC (Refugees) Published Charges																					
28	Enhanced SD/MC (Refugees) Negotiated Rates																					
28A	Enhanced SD/MC (Refugees) Negotiated Rates																					
29	Healthy Families Costs																					
29A	Healthy Families Costs																					
30	Healthy Families SMA Upper Limits																					
30A	Healthy Families SMA Upper Limits																					
31	Healthy Families Published Charges																					
31A	Healthy Families Published Charges																					
32	Healthy Families Negotiated Rates																					
32A	Healthy Families Negotiated Rates																					
33	Non-Medi-Cal Costs			21,066		604																

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

Legal Entity Number (00210) Modular 15 - Outpatient (Program 1)	Legal Entity: Child & Family Center	NR A	NR B	NR C	NR D	NR E	NR F	NR G
Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 14		
1 Allocation Percentage	100.00%	2.07%	4.72%	0.15%	3.31%	1.81%	0.28%	
2 Total Units	60,816	138,061	4,525	78,454	42,834	6,650		
3 Gross Cost	4,971,362	100,719	229,972	7,484	161,386	88,314	13,079	
4 Cost per Unit		1.66	1.66	1.66	2.06	2.06	2.06	
5 SMA per Unit		1.77	1.77	1.77	2.28	2.28	2.28	
6 Published Charge per Unit		1.68	1.68	1.68	2.12	2.12	2.12	
7 Negotiated Rate / Cost per Unit		1.57	1.57	1.57	1.95	1.95	1.95	
8 Medi-Cal Units		6,286	39,234	670	18,455	1,789	360	
8A Medi-Cal Costs		7,860	51,322		52,769	8,780		
9 Medicare/Medi-Cal Crossover Units								
9A Medicare/Medi-Cal Crossover Costs								
10 Enhanced SD/MC (Children) Units								
10A Enhanced SD/MC (Children) Costs								
11 Healthy Families (SED) Units				40				
11A Healthy Families (SED) Costs		290	9,200	4,053		1,960		
12 Non-Medi-Cal Units		48,390	35,052	3,815		30,365	6,300	
13 Medi-Cal Costs		10,410	64,977	1,110		37,961	720	
13A Medi-Cal Costs		13,050	84,966			108,544	18,019	
14 Medi-Cal SMA Upper Limits		11,126	69,444	1,186		42,077	4,102	788
14A Medi-Cal SMA Upper Limits		13,046	90,840			120,313	19,873	
15 Medi-Cal Published Charges		10,590	65,913	1,126		39,125	3,814	742
15A Medi-Cal Published Charges		13,236	86,221			111,870	18,571	
16 Medi-Cal Negotiated Rates		9,698	61,597	1,052		35,987	3,508	683
16A Medi-Cal Negotiated Rates		13,372	80,576			102,900	17,062	
17 Medicare/Medi-Cal Crossover Costs								
17A Medicare/Medi-Cal Crossover Costs								
18 Medicare/Medi-Cal Crossover SMA Upper Limits								
18A Medicare/Medi-Cal Crossover SMA Upper Limits								
19 Medicare/Medi-Cal Crossover Published Charges								
19A Medicare/Medi-Cal Crossover Published Charges								
20 Medicare/Medi-Cal Crossover Negotiated Rates								
20A Medicare/Medi-Cal Crossover Negotiated Rates								
21 Enhanced SD/MC Costs								
21A Enhanced SD/MC Costs								
22 Enhanced SD/MC SMA Upper Limits								
22A Enhanced SD/MC SMA Upper Limits								
23 Enhanced SD/MC Published Charges								
23A Enhanced SD/MC Published Charges								
24 Enhanced SD/MC Negotiated Rates								
24A Enhanced SD/MC Negotiated Rates								
25 Enhanced SD/MC (Refugees) Costs								
25A Enhanced SD/MC (Refugees) Costs								
26 Enhanced SD/MC (Refugees) SMA Upper Limits								
26A Enhanced SD/MC (Refugees) SMA Upper Limits								
27 Enhanced SD/MC (Refugees) Published Charges								
27A Enhanced SD/MC (Refugees) Published Charges								
28 Enhanced SD/MC (Refugees) Negotiated Rates								
28A Enhanced SD/MC (Refugees) Negotiated Rates								
29 Healthy Families Costs		61,987	6,712	68		4,089		
29A Healthy Families Costs		227,549	15,236	71		10,566	4,537	
30 Healthy Families SMA Upper Limits		282,554	16,284	67		9,816	4,218	
30A Healthy Families SMA Upper Limits		63,776	487	63		9,020	3,881	
31 Healthy Families Published Charges		234,251	15,456	63		9,020	3,881	
31A Healthy Families Published Charges		58,764	455	63		9,020	3,881	
32 Healthy Families Negotiated Rates		215,716	14,444			9,020	3,881	
32A Healthy Families Negotiated Rates		1,025,693	58,051	6,318		5,366	82,501	12,959
33 Non-Medi-Cal Costs		76,778	58,051	6,318		5,366	82,501	12,959

DETAIL COST REPORT

County: Los Angeles
County Code: 19

	Legal Entity: Child & Family Center Legal Entity Number: 00210 Mode: 15 - Outpatient (Program 1)	NR H Service Function	NR I Service Function	NR J Service Function	NR K Service Function	NR L Service Function	NR M Service Function	NR N Service Function
1	Allocation Percentage	17	31	33	34	37	41	42
2	Total Units	0.01%	0.00%	0.15%	0.43%	0.01%	21.11%	36.61%
3	Gross Cost	220	20	3,620	10,232	120	500,028	867,028
4	Cost per Unit	453	41	7,446	21,047	247	1,028,541	1,783,451
5	SMA per Unit	2.06	2.06	2.06	2.06	2.06	2.06	2.06
6	Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit	2.12	2.12	2.12	2.12	2.12	2.12	2.12
8	Medi-Cal Units	1.95	1.95	1.95	1.95	1.95	1.95	1.95
9A	Medicare/Medi-Cal Crossover Units	20	20		1,584	120	26,735	145,422
9B	Enhanced SD/MC (Children) Units	220			3,220		86,088	501,004
10A	Enhanced SD/MC (Refugees) Units							
10B	Healthy Families (SED) Units							
11A	Non-Medi-Cal Units							
12	Medi-Cal Costs			3,620	5,428		358,503	139,709
13A	Medicare/Medi-Cal Crossover Costs	453	41		3,258	247	181,185	1,030,563
13B	Enhanced SD/MC SMA Upper Limits	502	48		3,612	274	60,956	331,562
14A	Medi-Cal Published Charges	466	42		3,368	264	186,747	1,092,128
14B	Medi-Cal Negotiated Rates	426	39		3,099	234	82,133	283,573
15A	Medicare/Medi-Cal Crossover Costs							
15B	Enhanced SD/MC SMA Upper Limits							
16A	Medi-Cal Published Charges							
16B	Medi-Cal Negotiated Rates							
17A	Enhanced SD/MC Costs							
17B	Enhanced SD/MC SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover Published Charges							
18B	Medicare/Medi-Cal Crossover Negotiated Rates							
19A	Enhanced SD/MC Costs							
19B	Enhanced SD/MC SMA Upper Limits							
20A	Enhanced SD/MC Published Charges							
20B	Enhanced SD/MC Negotiated Rates							
21A	Enhanced SD/MC Costs							
21B	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC Published Charges							
22B	Enhanced SD/MC Negotiated Rates							
23A	Enhanced SD/MC Costs							
23B	Enhanced SD/MC SMA Upper Limits							
24A	Enhanced SD/MC Published Charges							
24B	Enhanced SD/MC Negotiated Rates							
25A	Enhanced SD/MC (Refugees) Costs							
25B	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) Published Charges							
26B	Enhanced SD/MC (Refugees) Negotiated Rates							
27A	Healthy Families Costs							
27B	Healthy Families SMA Upper Limits							
28A	Healthy Families Published Charges							
28B	Healthy Families Negotiated Rates							
29A	Healthy Families Costs							
29B	Healthy Families SMA Upper Limits							
30A	Healthy Families Published Charges							
30B	Healthy Families Negotiated Rates							
31A	Healthy Families Costs							
31B	Healthy Families SMA Upper Limits							
32A	Healthy Families Published Charges							
32B	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs			7,446	11,165		737,432	287,378

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1996A (05/03)

County: Los Angeles
 County Code: 19

	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
	O	P	Q	R	S	T	U					
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function					
Legal Entity: Child & Family Center												
Legal Entity Number: 00210												
Mode: 15 - Outpatient (Program 1)												
1 Allocation Percentage	1.96%	0.08%	2.23%	0.15%	2.44%	15.92%	0.07%					
2 Total Units	46,480	1,910	52,819	3,669	57,882	377,007	920					
3 Gross Cost	95,606	3,820	108,545	7,547	119,062	775,494	3,251					
4 Cost per Unit	2.06	2.08	2.06	2.08	2.06	2.08	3.53					
5 SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28	4.23					
6 Published Charge per Unit	2.12	2.12	2.12	2.12	2.12	2.12	3.64					
7 Negotiated Rate / Cost per Unit	1.95	1.95	1.95	1.95	1.95	1.95	3.35					
8 Medi-Cal Units	2,966		2,966		1,745	80,070	165					
8A 10/01/02 - 09/30/02	1,910		35,487		8,502	288,842						
9 Medicare/Medi-Cal Crossover Units												
9A 07/01/02 - 06/30/02												
10 Enhanced SD/MC (Children) Units												
10A 07/01/02 - 06/30/02												
10B Enhanced SD/MC (Refugees) Units												
10B 07/01/02 - 06/30/02												
11 Healthy Families (SED) Units												
11A 07/01/02 - 06/30/02												
12 Non-Medi-Cal Units	45,200				3,000		735					
13 Medi-Cal Costs	2,633				3,589		854					
13A 10/01/02 - 09/30/02					17,488		610,568					
14 Medi-Cal SMA Upper Limits	2,918				3,979		783					
14A 10/01/02 - 09/30/02					19,385		870,800					
15 Medi-Cal Published Charges	2,714				3,689		873					
15A 10/01/02 - 09/30/02					18,024		829,305					
16 Medi-Cal Negotiated Rates	2,498				3,403		620					
16A 10/01/02 - 09/30/02					18,579		878,842					
17 Medicare/Medi-Cal Crossover Costs												
17A 07/01/02 - 06/30/02												
18 Medicare/Medi-Cal Crossover SMA Upper Limits												
18A 07/01/02 - 06/30/02												
19 Medicare/Medi-Cal Crossover Published Charges												
19A 07/01/02 - 06/30/02												
20 Medicare/Medi-Cal Crossover Negotiated Rates												
20A 07/01/02 - 06/30/02												
21 Enhanced SD/MC Costs												
21A 10/01/02 - 09/30/02												
22 Enhanced SD/MC SMA Upper Limits												
22A 10/01/02 - 09/30/02												
23 Enhanced SD/MC Published Charges												
23A 10/01/02 - 09/30/02												
24 Enhanced SD/MC Negotiated Rates												
24A 10/01/02 - 09/30/02												
25 Enhanced SD/MC (Refugees) Costs												
25A 07/01/02 - 06/30/02												
26 Enhanced SD/MC (Refugees) SMA Upper Limits												
26A 07/01/02 - 06/30/02												
27 Enhanced SD/MC (Refugees) Published Charges												
27A 07/01/02 - 06/30/02												
28 Enhanced SD/MC (Refugees) Negotiated Rates												
28A 07/01/02 - 06/30/02												
29 Healthy Families Costs												
29A 10/01/02 - 09/30/02												
30 Healthy Families SMA Upper Limits												
30A 10/01/02 - 09/30/02												
31 Healthy Families Published Charges												
31A 07/01/02 - 06/30/02												
32 Healthy Families Negotiated Rates												
32A 07/01/02 - 06/30/02												
33 Non-Medi-Cal Costs	92,975				7,547		2,597					
33A 10/01/02 - 09/30/02												

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1906A (05/03)

County: Los Angeles
County Code: 19

	Legal Entity, Child & Family Center Legal Entity Number: 00210 Model: 15 - Outpatient (Program 1)	NR		NR		NR		NR		NR		
		V	W	X	Y	Z	AA	AB	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	81	62	87	71	77						
2	Total Units	1,43%	3,31%	0,01%	0,07%	1,84%						
3	Gross Cost	19,755	45,833	105	1,155	26,173						
4	Cost per Unit	13,790	13,878	1,261	10,239	3,202						
5	SMA per Unit	4,23	4,23	4,23	4,23	4,23						
6	Published Charge per Unit	3,94	3,64	3,64	3,14	3,14						
7	Negotiated Rate / Cost per Unit	3,35	3,35	3,35	2,90	2,90						
8	Medi-Cal Units	1,070	7,715	45	80	1,590						
8A	Medicare/Medi-Cal Crossover Units	2,835	20,405			11,450						
9	Enhanced SD/MC (Children) Units											
9A	Enhanced SD/MC (Refugees) Units											
10	Healthy Families (SED) Units											
10A	Healthy Families (SMA Upper Limits)											
10B	Healthy Families Published Charges											
11	Medi-Cal Negotiated Rates											
11A	Medi-Cal Negotiated Rates											
12	Non-Medi-Cal Units	1,005	2,005	60	335	405						
12A	Medicare/Medi-Cal Crossover Costs	14,845	14,803		740	12,728						
13	Medi-Cal Costs	3,781	27,203		245	4,884						
13A	Medicare/Medi-Cal Crossover SMA Upper Limits	10,018	72,107	159		35,027						
14	Medi-Cal SMA Upper Limits	4,528	32,834		273	5,422						
14A	Medicare/Medi-Cal Crossover Published Charges	11,992	86,313	180		39,045						
15	Medi-Cal Published Charges	3,895	28,083		251	4,983						
15A	Medi-Cal Published Charges	10,319	74,274	164		35,853						
16	Medi-Cal Negotiated Rates	3,545	25,845		232	4,811						
16A	Medi-Cal Negotiated Rates	9,497	68,357	151		33,205						
17	Medicare/Medi-Cal Crossover Costs											
17A	Medicare/Medi-Cal Crossover SMA Upper Limits											
18	Medicare/Medi-Cal Crossover Published Charges											
18A	Medicare/Medi-Cal Crossover Published Charges											
19	Medicare/Medi-Cal Crossover Negotiated Rates											
19A	Medicare/Medi-Cal Crossover Negotiated Rates											
20	Enhanced SD/MC Costs											
20A	Enhanced SD/MC SMA Upper Limits											
21	Enhanced SD/MC SMA Upper Limits											
21A	Enhanced SD/MC Published Charges											
22	Enhanced SD/MC Published Charges											
22A	Enhanced SD/MC Negotiated Rates											
23	Enhanced SD/MC Negotiated Rates											
23A	Enhanced SD/MC (Refugees) Costs											
24	Enhanced SD/MC (Refugees) Costs											
24A	Enhanced SD/MC (Refugees) SMA Upper Limits											
25	Enhanced SD/MC (Refugees) Published Charges											
26	Enhanced SD/MC (Refugees) Negotiated Rates											
27	Healthy Families Costs											
28	Healthy Families SMA Upper Limits											
29	Healthy Families Published Charges											
29A	Healthy Families Negotiated Rates											
30	Non-Medi-Cal Costs	57,459	51,604	212	2,294	38,938						
30A	Medicare/Medi-Cal Crossover Costs											
31	Medicare/Medi-Cal Crossover SMA Upper Limits											
31A	Medicare/Medi-Cal Crossover Published Charges											
32	Medicare/Medi-Cal Crossover Published Charges											
32A	Medicare/Medi-Cal Crossover Negotiated Rates											
33	Non-Medi-Cal Costs											

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles

County Code: 19

Legal Entity Number: 02207 Mod: 15 - Outpatient (Program 1)	Legal Entity: Child & Family Guidance Center	A	B	C	D	E	F	G
		Mode Total	Service Function 03	Service Function 03	Service Function 04	Service Function 04	Service Function 04	Service Function 06
1	Allocation Percentage	100.00%	0.85%	0.92%	2.81%	0.24%	0.25%	0.03%
2	Total Units	77,189	77,189	77,189	22,181	22,408	22,408	2,762
3	Gross Cost	14,390,443	122,265	2,796	403,940	35,136	35,495	4,424
4	Cost per Unit		1.58	1.58	1.58	1.58	1.58	1.60
5	SMA per Unit		1.77	1.77	1.77	1.77	1.77	1.77
6	Published Charge per Unit		1.57	1.57	1.57	1.57	1.57	1.57
7	Negotiated Rate / Cost per Unit		1.57	1.57	1.57	1.57	1.57	1.57
8	Medi-Cal Units		11,481	1,384	51,486	9,869		59
8A			48,821	235	172,318	10,832		2,028
9	Medicare/Medi-Cal Crossover Units							
9A								
10	Enhanced SD/MC (Children) Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units		478		4,439			
11A			1,135		6,583			
12	Non-Medi-Cal Units		15,274	136	20,180	1,654	22,408	677
13	Medi-Cal Costs	2,537,404	18,190	2,208	81,572	15,674		95
13A		8,545,648	77,350	372	272,959	18,842		3,245
14	Medi-Cal SMA Upper Limits	2,888,979	20,321	2,487	91,743	17,514		104
14A		9,775,440	86,413	418	305,003	18,319		3,586
15	Medi-Cal Published Charges	2,504,973	19,025	2,189	80,649	15,536		93
15A		8,432,389	76,649	369	270,539	16,692		3,181
16	Medi-Cal Negotiated Rates	2,504,973	19,025	2,189	80,649	15,536		93
16A		8,432,389	76,649	369	270,539	16,692		3,181
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Healthy Families Costs	185,727	757		7,032			
28B		557,677	1,786		10,396			
30	Healthy Families SMA Upper Limits	212,850	846		7,857			
30A		639,088	2,009		11,617			
31	Healthy Families Published Charges	183,214	750		6,969			
31A		550,298	1,782		10,304			
32	Healthy Families Negotiated Rates	183,214	750		6,969			
32A		550,298	1,782		10,304			
33	Non-Medi-Cal Costs	2,584,129	24,200	215	31,982	2,620	35,495	1,084

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 2 OF 7
 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

		H	I	J	K	L	M	N
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	08	10	10	10	12	12	14
2	Total Units	156,290	270,938	50,822	117	112,114	2,162	271,469
3	Gross Cost	254,071	528,125	98,875	226	219,435	4,212	535,649
4	Cost per Unit	1.61	1.95	1.95	1.95	1.95	1.95	1.97
5	SMA per Unit	1.77	2.28	2.28	2.28	2.28	2.28	2.29
6	Published Charge per Unit	1.57	1.93	1.93	1.93	1.93	1.93	1.93
7	Negotiated Rate / Cost per Unit	1.57	1.93	1.93	1.93	1.93	1.93	1.93
8	Medi-Cal Units	30,239	51,277	19,504	16,435	16,435	1,596	52,804
9A	Medicare/Medi-Cal Crossover Units	110,890	173,957	25,908	41,861	41,861	340	181,919
9B	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	834	4,019					7,689
11A	Healthy Families (SED) Units	3,240	11,621					18,203
12	Non-Medi-Cal Units	7,066	29,754	5,210	17	50,136	256	13,174
13	Medi-Cal Costs	56,196	99,952	38,018	32,021	32,021	3,051	103,796
13A	Medi-Cal Costs	177,974	336,520	50,501	81,569	81,569	692	358,953
14	Medi-Cal SMA Upper Limits	64,141	119,912	44,489	37,472	37,472	3,570	119,937
14A	Medi-Cal SMA Upper Limits	199,268	395,961	59,070	95,443	95,443	775	414,775
15	Medi-Cal Published Charges	56,894	98,965	37,643	31,720	31,720	3,022	101,828
15A	Medi-Cal Published Charges	174,062	335,177	50,002	80,792	80,792	656	351,104
16	Medi-Cal Negotiated Rates	58,884	98,965	37,643	31,720	31,720	3,022	101,828
16A	Medi-Cal Negotiated Rates	174,062	335,177	50,002	80,792	80,792	656	351,104
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	1,339	9,004				976	14,935
29A	Healthy Families Costs	5,201	22,852				6,198	31,971
30	Healthy Families SMA Upper Limits	1,478	10,531				1,142	17,257
30A	Healthy Families SMA Upper Limits	5,735	26,496				7,253	36,943
31	Healthy Families Published Charges	1,309	8,916				967	14,608
31A	Healthy Families Published Charges	5,087	22,429				6,130	31,272
32	Healthy Families Negotiated Rates	1,309	8,916				967	14,608
32A	Healthy Families Negotiated Rates	5,087	22,429				6,130	31,272
33	Non-Medi-Cal Costs	11,393	57,996	10,156	228	97,682	499	25,994

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 DETAIL COST REPORT

County: Los Angeles
 County Code: 19
 Legal Entity: Child & Family Guidance Center
 Legal Entry Number: 00207
 Model: 15 - Outpatient (Program 1)

	NR	O	NR	P	CR	NR	R	NR	S	CR	NR	T	NR	U
		Service Function		Service Function	Service Function		Service Function		Service Function	Service Function		Service Function		Service Function
1	17	0.14%	31	0.02%	31	0.16%	34	0.01%	34	0.02%	37			
2		Total Units												
3		Gross Cost												
4		Cost per Unit												
5		SMA per Unit												
6		Published Charge per Unit												
7		Negotiated Rate / Cost per Unit												
8		Medi-Cal Units												
9		Medicare/Medi-Cal Crossover Units												
10		Enhanced SD/MC (Children) Units												
10A		Enhanced SD/MC (Refugees) Units												
10B		Healthy Families (SED) Units												
11		Non-Medi-Cal Units												
12		Medi-Cal Costs												
13		Medi-Cal SMA Upper Limits												
14		Medi-Cal Published Charges												
15		Medi-Cal Negotiated Rates												
16		Medicare/Medi-Cal Crossover Costs												
17		Medicare/Medi-Cal Crossover SMA Upper Limits												
18		Medicare/Medi-Cal Crossover Published Charges												
18A		Medicare/Medi-Cal Crossover Negotiated Rates												
20		Enhanced SD/MC Costs												
21		Enhanced SD/MC SMA Upper Limits												
22		Enhanced SD/MC Published Charges												
23		Enhanced SD/MC Negotiated Rates												
24		Healthy Families Costs												
26		Healthy Families SMA Upper Limits												
30		Healthy Families Published Charges												
30A		Healthy Families Negotiated Rates												
31		Non-Medi-Cal Costs												
31A		Non-Medi-Cal SMA Upper Limits												
32		Non-Medi-Cal Published Charges												
32A		Non-Medi-Cal Negotiated Rates												
33		Total												

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	Mode	V	W	X	Y	Z	AA	AB
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage		39	41	41	42	42	42	45
2	Total Units		9.74%	9.49%	0.06%	28.65%	3.85%	1.07%	14.05%
3	Gross Cost		54,310	701,273	6,084	2,115,857	284,528	78,885	1,023,237
4	Cost per Unit		107,162	1,305,596	11,067	4,122,547	554,430	153,344	2,019,000
5	SMA per Unit		1.97	1.95	1.95	1.95	1.95	1.95	1.97
6	Published Charge per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit		1.93	1.93	1.93	1.93	1.93	1.93	1.93
8	Medi-Cal Units		8,050	95,405	3,827	358,489	67,131		202,888
9A	Medicare/Medi-Cal Crossover Units		35,856	262,418	1,186	1,350,913	199,021		711,043
10	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Refugees) Units								
10B	Healthy Families (SED) Units								
11A	Non-Medi-Cal Units		228	5,004		32,387			18,615
12	Medi-Cal Costs		3,873	22,730		98,236			40,008
13	Medi-Cal Costs		6,305	295,716	1,078	278,035	48,377	78,885	44,905
14	Medi-Cal SMA Upper Limits		15,884	189,783	7,452	688,386	130,811		400,486
15	Medi-Cal Published Charges		70,749	549,868	2,315	2,832,375	329,353		1,402,994
16	Medi-Cal Negotiated Rates		18,354	217,523	8,728	817,166	153,059		482,787
17	Medicare/Medi-Cal Crossover Costs		81,752	643,919	2,711	3,080,082	365,368		1,621,170
18	Medicare/Medi-Cal Crossover SMA Upper Limits		15,537	184,132	7,366	891,724	129,583		381,728
19	Medicare/Medi-Cal Crossover Published Charges		69,202	545,087	2,295	2,807,262	328,211		1,372,313
20	Medicare/Medi-Cal Crossover Negotiated Rates		15,537	184,132	7,366	891,724	129,583		381,728
21A	Enhanced SD/MC Costs		69,202	545,087	2,295	2,807,262	328,211		1,372,313
22	Enhanced SD/MC SMA Upper Limits								
23	Enhanced SD/MC Published Charges								
24	Enhanced SD/MC Negotiated Rates								
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29A	Healthy Families Costs		446	9,744		62,485			36,730
30	Healthy Families SMA Upper Limits		7,642	44,262		181,422			90,777
30A	Healthy Families Published Charges		515	11,409		73,113			42,442
31	Healthy Families Negotiated Rates		8,830	51,824		223,978			104,688
32	Healthy Families Costs		436	9,956		61,869			35,927
32A	Healthy Families SMA Upper Limits		7,475	43,698		189,585			88,782
33	Healthy Families Negotiated Rates		436	9,956		61,869			35,927
33A	Healthy Families Published Charges		7,475	43,698		189,585			88,782
33B	Healthy Families Negotiated Rates		7,475	43,698		189,585			88,782
33C	Non-Medi-Cal Costs		12,441	575,851	2,059	537,879	94,267	153,344	88,012

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1998A (05/03)

County: Los Angeles
County Code: 19

Legal Entity: Child & Family Guidance Center Legal Entity Number: 00207 Mode: 15 - Outpatient (Program 1)	NR	AC Function	NR AD Service Function	CR AE Service Function	NR AF Service Function	NR AG Service Function	NR AH Service Function	NR AI Service Function
1 Allocation Percentage		47	52	52	52	53	54	57
2 Total Units		0.05%	1.88%	0.09%	0.00%	3.56%	0.51%	0.05%
3 Gross Cost		47,416	138,927	6,775	86	261,748	37,850	3,889
4 Cost per Unit		93,03	270,512	13,200	167	516,466	73,900	7,674
5 SMA per Unit		1.96	1.95	1.95	1.95	1.97	1.95	1.97
6 Published Charge per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28
7 Negotiated Rate / Cost per Unit		1.93	1.93	1.93	1.93	1.93	1.93	1.93
8 Medi-Cal Units		5,768	21,533	891		31,728	4,284	
8A		21,838	90,293	3,219		200,549	16,510	830
9 Medicare/Medi-Cal Crossover Units								
10 Enhanced SD/MC (Children) Units								
10A Enhanced SD/MC (Refugees) Units								
11 Healthy Families (SED) Units		898	7,561					
11A Non-Medi-Cal Units		19,312	17,853	2,669	86	11,825	15,068	2,859
12 Medi-Cal Costs		11,328	41,928	1,735		62,804	8,321	
13 Medi-Cal SMA Upper Limits		42,487	175,814	6,268		385,713	32,217	1,835
14 Medi-Cal Published Charges		13,151	49,055	2,031		72,340	9,722	
14A Medi-Cal Negotiated Rates		49,335	205,868	7,309		457,242	37,843	2,120
15 Medicare/Medi-Cal Crossover Published Charges		11,132	41,559	1,720		61,235	8,230	1,785
15A Medicare/Medi-Cal Crossover Negotiated Rates		41,781	174,265	6,213		387,960	31,864	1,785
16 Medicare/Medi-Cal Crossover Costs		11,132	41,559	1,720		61,235	8,230	1,785
16A Medicare/Medi-Cal Crossover Negotiated Rates		41,781	174,265	6,213		387,960	31,864	1,785
17 Medicare/Medi-Cal Crossover Costs								
17A Medicare/Medi-Cal Crossover Negotiated Rates								
18 Medicare/Medi-Cal Crossover SMA Upper Limits								
18A Medicare/Medi-Cal Crossover Published Charges								
19 Medicare/Medi-Cal Crossover Published Charges								
19A Medicare/Medi-Cal Crossover Negotiated Rates								
20 Medicare/Medi-Cal Crossover Negotiated Rates								
20A Enhanced SD/MC Costs								
21 Enhanced SD/MC Costs								
21A Enhanced SD/MC SMA Upper Limits								
22 Enhanced SD/MC SMA Upper Limits								
22A Enhanced SD/MC Published Charges								
23 Enhanced SD/MC Published Charges								
23A Enhanced SD/MC Negotiated Rates								
24 Enhanced SD/MC Negotiated Rates								
24A Enhanced SD/MC (Refugees) Costs								
25 Enhanced SD/MC (Refugees) Costs								
26 Enhanced SD/MC (Refugees) SMA Upper Limits								
27 Enhanced SD/MC (Refugees) Published Charges								
28 Enhanced SD/MC (Refugees) Negotiated Rates								
29 Healthy Families Costs		3,674	3,674			6,273	146	
29A Healthy Families SMA Upper Limits		1,371	14,722			28,940	3,772	
30 Healthy Families SMA Upper Limits		4,302	4,302			7,248	171	
30A Healthy Families Published Charges		1,591	17,239			33,441	4,407	
31 Healthy Families Published Charges		3,642	3,642			6,135	145	
31A Healthy Families Negotiated Rates		1,547	14,593			28,307	3,731	
32 Healthy Families Negotiated Rates		1,347	3,642			6,135	145	
32A Non-Medi-Cal Costs		1,347	14,593			28,307	3,731	
33 Non-Medi-Cal Costs		37,920	34,373	5,197	167	22,938	29,403	5,839

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1968A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

Legal Entity Number: 00207 Mode: 15 - Outpatient (Program 1)	Legal Entity: Child & Family Guidance Center	AJ	AK	AL	AM	AN	AO	AP
		NR	NR	CR	NR	CR	NR	NR
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	60	81	61	62	62	62	67
2	Total Units	1,80%	4.27%	0.01%	9.32%	0.20%	0.24%	0.07%
3	Gross Cost	84,476	155,575	430	339,067	10,641	8,772	855
4	Cost per Unit	25,406	615,139	1,700	1,340,557	42,067	34,878	3,361
5	SMA per Unit	4.01	3.95	3.95	3.95	3.95	3.95	3.97
6	Published Charge per Unit	4.23	4.23	4.23	4.23	4.23	4.23	4.23
7	Negotiated Rate / Cost per Unit	3.92	3.92	3.92	3.92	3.92	3.92	3.92
8	Medi-Cal Units	11,976	20,415	320	67,481	2,869	390	390
9	Medicare/Medi-Cal Crossover Units	43,883	56,257	101	194,304	6,227	265	265
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	775	889		5,608			
12	Non-Medi-Cal Units	2,085	2,843		16,385			
13	Medi-Cal Costs	5,960	75,071	9	56,321	1,525	8,772	200
13A	Medicare/Medi-Cal Crossover Costs	47,966	80,720	1,265	266,774	11,421	1,647	1,647
14	Medi-Cal SMA Upper Limits	175,066	222,437	399	768,145	24,617	1,051	1,051
15	Medi-Cal Published Charges	50,658	68,355	1,354	265,445	12,220	1,650	1,650
16	Medi-Cal Negotiated Rates	184,778	237,967	427	821,908	26,340	1,121	1,121
17	Medicare/Medi-Cal Crossover Costs	171,237	220,527	396	761,672	24,410	1,059	1,059
18	Medicare/Medi-Cal Crossover SMA Upper Limits	48,946	80,927	1,254	284,528	11,325	1,529	1,529
19	Medicare/Medi-Cal Crossover Published Charges	171,237	220,527	396	761,672	24,410	1,059	1,059
20	Medicare/Medi-Cal Crossover Negotiated Rates	48,946	80,927	1,254	284,528	11,325	1,529	1,529
21	Enhanced SD/MC Costs	171,237	220,527	396	761,672	24,410	1,059	1,059
21A	Enhanced SD/MC SMA Upper Limits							
22	Enhanced SD/MC Published Charges							
23	Enhanced SD/MC Negotiated Rates							
24	Enhanced SD/MC (Refugees) Costs							
25	Enhanced SD/MC (Refugees) SMA Upper Limits							
26	Enhanced SD/MC (Refugees) Published Charges							
27	Enhanced SD/MC (Refugees) Negotiated Rates							
28	Healthy Families Costs	3,108	3,516		22,162			
29	Healthy Families SMA Upper Limits	8,336	11,636		80,822			
30	Healthy Families Published Charges	3,278	3,760		23,713			
31	Healthy Families Negotiated Rates	8,620	12,449		66,079			
32	Non-Medi-Cal Costs	3,038	3,485		21,976			
33	Non-Medi-Cal SMA Upper Limits	8,173	11,537		80,306			
34	Non-Medi-Cal Published Charges	3,038	3,485		21,976			
35	Non-Medi-Cal Negotiated Rates	8,173	11,537		60,336			
36	Grand Total	23,886	298,827	38	222,855	6,029	34,678	793

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

County: Los Angeles
 County Code: 19

Legal Entity, Child & Family Guidance Center Mode: 15 - Outpatient (Program 1)	NR AQ Function	CR AR Service Function	NR AS Service Function	NR AT Service Function	NR AU Service Function	CR AV Service Function	NR AW Service Function
1 Allocation Percentage	71	71	75	76	77	77	77
2 Total Units	17,716	400	36,201	1,185	79,364	4,149	1,342
3 Gross Cost	57,805	1,305	119,543	3,913	258,566	13,517	4,372
4 Cost per Unit	3.26	3.26	3.30	3.30	3.26	3.26	3.26
5 SMA per Unit	3.41	3.41	3.41	3.41	3.41	3.41	3.41
6 Published Charge per Unit	3.23	3.23	3.23	3.23	3.23	3.23	3.23
7 Negotiated Rate / Cost per Unit	3.23	3.23	3.23	3.23	3.23	3.23	3.23
8 Medi-Cal Units	4,501	400	5,721	1,185	15,773	1,744	
9 Medicare/Medi-Cal Crossover Units	7,000	7,000	27,472	1,185	51,878	2,175	
10 Enhanced SD/MC (Children) Units							
10A Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
12 Non-Medi-Cal Units	5,116		1,859		8,543	230	1,342
13 Medi-Cal Costs	14,866	1,305	18,892	3,913	51,366	5,882	
14 Medi-Cal SMA Upper Limits	22,840	1,384	19,509	4,041	63,768	9,847	
15 Medi-Cal Published Charges	23,870	1,282	18,479	3,828	50,947	7,025	
16 Medi-Cal Negotiated Rates	14,538	1,282	18,479	3,828	50,947	7,025	
17 Medicare/Medi-Cal Crossover Costs	22,610		88,735		186,920		
18 Medicare/Medi-Cal Crossover SMA Upper Limits	22,610		88,735		186,920		
19 Medicare/Medi-Cal Crossover Published Charges	22,610		88,735		186,920		
20 Medicare/Medi-Cal Crossover Negotiated Rates	22,610		88,735		186,920		
21 Enhanced SD/MC Costs							
22 Enhanced SD/MC SMA Upper Limits							
23 Enhanced SD/MC Published Charges							
24 Enhanced SD/MC Negotiated Rates							
25 Enhanced SD/MC (Refugees) Costs							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
27 Enhanced SD/MC (Refugees) Published Charges							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
29 Healthy Families Costs	1,263	489	3,325		6,591		
30 Healthy Families SMA Upper Limits	2,823	484	3,434		10,039		
31 Healthy Families Published Charges	1,320	430	2,270		6,599		
32 Healthy Families Negotiated Rates	2,300	3,253	459		1,378		
33 Non-Medi-Cal Costs	16,953	6,139	27,833		749	4,372	

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

Legal Entity: ChildNet Youth and Family Services Inc. Legal Entity Number: 00783 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G	
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
		03	04	10	12	31	41							
1 Allocation Percentage	100.00%	0.35%	17.03%	7.12%	0.10%	0.53%	0.67%							
2 Total Units		11,065	543,384	178,431	2,548	13,231	16,549							
3 Gross Cost	4,989,536	17,303	849,712	355,367	5,132	26,651	33,335							
4 Cost per Unit		1.56	1.56	2.01	2.01	2.01	2.01							
5 SMA per Unit		1.77	1.77	2.28	2.28	2.28	2.28							
6 Published Rate / Cost per Unit		1.56	1.56	2.00	2.00	2.00	2.00							
7 Negotiated Rate / Cost per Unit		4.304	139,033	53,829	555	12,975	2,669							
8 Medi-Cal Units		5,671	309,568	120,822	1,487	104	11,388							
8A Medicare/Medi-Cal Crossover Units														
9 Enhanced SD/IMC (Children) Units														
10A Enhanced SD/IMC (Refugees) Units														
10B Healthy Families (SED) Units														
11A Non-Medi-Cal Units														
12 Medi-Cal Costs	1,377,626	8,730	217,412	108,428	1,118	26,136	5,437							
13A Medicare/Medi-Cal Crossover Costs	3,506,822	8,868	809,211	243,373	2,955	209	22,935							
14 Medi-Cal SMA Upper Limits	1,559,337	7,618	245,088	122,730	1,265	29,563	6,154							
14A Medi-Cal Published Charges	3,989,377	10,038	889,587	275,474	3,345	237	25,980							
15 Medi-Cal Negotiated Rates	0.70102 - 09/30/02	7,618	246,088	122,730	1,265	29,583	6,154							
15A Medi-Cal Negotiated Rates	10/01/02 - 09/30/03	10,038	889,587	275,474	3,345	237	25,980							
16 Medicare/Medi-Cal Crossover Costs	0.70102 - 09/30/02	8,714	215,891	107,658	1,110	25,850	5,388							
16A Medicare/Medi-Cal Crossover Rates	10/01/02 - 09/30/03	8,747	607,754	241,644	2,934	208	22,772							
17 Medicare/Medi-Cal Crossover Costs	0.70102 - 09/30/02													
17A Medicare/Medi-Cal Crossover Rates	10/01/02 - 09/30/03													
18 Medicare/Medi-Cal Crossover SMA Upper Limits	0.70102 - 09/30/02													
18A Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 09/30/03													
19 Medicare/Medi-Cal Crossover Published Rates	0.70102 - 09/30/02													
19A Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 09/30/03													
20 Enhanced SD/IMC Costs	0.70102 - 09/30/02													
21 Enhanced SD/IMC Rates	10/01/02 - 09/30/03													
22 Enhanced SD/IMC SMA Upper Limits	0.70102 - 09/30/02													
22A Enhanced SD/IMC Published Charges	10/01/02 - 09/30/03													
23 Enhanced SD/IMC Negotiated Rates	0.70102 - 09/30/02													
24 Enhanced SD/IMC (Refugees) Costs	10/01/02 - 09/30/03													
25 Enhanced SD/IMC (Refugees) Rates	0.70102 - 09/30/02													
26 Enhanced SD/IMC (Refugees) SMA Upper Limits	10/01/02 - 09/30/03													
27 Enhanced SD/IMC (Refugees) Published Charges	0.70102 - 09/30/03													
28 Healthy Families Costs	0.70102 - 09/30/02													
29 Healthy Families Rates	10/01/02 - 09/30/03													
30 Healthy Families SMA Upper Limits	0.70102 - 09/30/02													
31 Healthy Families Published Charges	10/01/02 - 09/30/03													
31A Healthy Families Negotiated Rates	0.70102 - 09/30/02													
32 Healthy Families Negotiated Rates	10/01/02 - 09/30/03													
33 Non-Medi-Cal Costs		1,704	23,099	3,585	1,080	306	4,953							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

Legal Entity Number	H	I	J	K	L	M	N
Legal Entity Name	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
00783	42	52	54	61	62		
1 Allocation Percentage	82.36%	2.86%	0.02%	0.16%	8.79%		
2 Total Units	1,544,796	70,852	618	2,102	117,338		
3 Gross Cost	3,111,696	142,718	1,241	7,855	438,505		
4 Cost per Unit	2.01	2.01	2.01	3.74	3.74		
5 SMA per Unit	2.28	2.28	2.28	4.23	4.23		
6 Published Charge per Unit	2.28	2.28	2.28	4.23	4.23		
7 Negotiated Rate / Cost per Unit	2.00	2.00	2.00	3.74	3.74		
8 Medi-Cal Units	432,000	18,197	156	253	27,853		
8A 10/01/02 - 09/30/03	1,080,963	52,335	377	1,848	86,181		
9 Medicare/Medi-Cal Crossover Units							
9A 07/01/02 - 09/30/03							
10 Enhanced SD/MC (Children) Units							
10A 07/01/02 - 09/30/03							
10B Enhanced SD/MC (Refugees) Units							
10B 07/01/02 - 09/30/03							
11 Healthy Families (SED) Units							
11A 10/01/02 - 09/30/03							
12 Non-Medi-Cal Units	31,743	320	83	201	1,306		
13 Medi-Cal Costs	870,363	36,654	314	945	104,088		
13A 10/01/02 - 09/30/03	2,177,394	105,418	759	6,159	329,538		
14 Medi-Cal SMA Upper Limits	895,165	41,489	356	1,070	117,816		
14A 07/01/02 - 09/30/03	2,484,598	119,324	860	6,971	373,008		
15 Medi-Cal Published Charges	895,165	41,489	356	1,070	117,816		
15A 07/01/02 - 09/30/03	2,484,598	119,324	860	6,971	373,008		
16 Medi-Cal Negotiated Rates	884,180	38,394	312	845	104,170		
16A 10/01/02 - 09/30/03	2,161,926	104,670	754	6,184	328,797		
17 Medicare/Medi-Cal Crossover Costs							
17A 07/01/02 - 09/30/03							
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A 07/01/02 - 09/30/03							
19 Medicare/Medi-Cal Crossover Published Charges							
19A 07/01/02 - 09/30/03							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A 07/01/02 - 09/30/03							
21 Enhanced SD/MC Costs							
21A 10/01/02 - 09/30/03							
22 Enhanced SD/MC SMA Upper Limits							
22A 10/01/02 - 09/30/03							
23 Enhanced SD/MC Published Charges							
23A 10/01/02 - 09/30/03							
24 Enhanced SD/MC Negotiated Rates							
24A 10/01/02 - 09/30/03							
25 Enhanced SD/MC (Refugees) Costs							
25A 07/01/02 - 09/30/03							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A 07/01/02 - 09/30/03							
27 Enhanced SD/MC (Refugees) Published Charges							
27A 07/01/02 - 09/30/03							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A 07/01/02 - 09/30/03							
29 Healthy Families Costs							
29A 10/01/02 - 09/30/03							
30 Healthy Families SMA Upper Limits							
30A 10/01/02 - 09/30/03							
31 Healthy Families Published Charges							
31A 10/01/02 - 09/30/03							
32 Healthy Families Negotiated Rates							
32A 10/01/02 - 09/30/03							
33 Non-Medi-Cal Costs	63,940	645	167	751	4,877		

DETAIL COST REPORT

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

County: Los Angeles
 County Code: 19

Legal Entity Number: 00666 Model: 15 - Outpatient (Program 1)	Legal Entity: Children's Bureau	A	B	C	D	E	F	G
		Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 14
1	Allocation Percentage	100.00%	0.01%	1.85%	0.32%	11.49%	0.07%	4.16%
2	Total Units		344	67,367	11,658	321,479	2,019	116,458
3	Gross Cost	6,018,116	969	111,203	19,229	691,453	4,343	250,483
4	Cost per Unit		1.65	1.65	1.65	2.15	2.15	2.15
5	SMA per Unit		1.77	1.77	1.77	2.26	2.26	2.26
6	Published Charge per Unit		1.68	1.68	1.68	2.19	2.19	2.19
7	Negotiated Rate / Cost per Unit		1.68	1.68	1.68	2.19	2.19	2.19
8	Medi-Cal Units		70	11,724	5,564	35,122	120	60,642
9A	Medicare/Medi-Cal Crossover Units		238	50,734	4,161	276,358	1,479	49,711
9B	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
11A	Healthy Families (SED) Units				132			210
12	Non-Medi-Cal Units		30	4,939	1,777	9,999	420	5,695
13A	Medi-Cal Costs	1,210,434	115	19,344	8,213	75,542	258	130,432
14A	Medi-Cal SMA Upper Limits	4,517,530	393	83,709	8,866	594,404	3,181	106,921
15A	Medi-Cal Published Charges	4,828,445	421	89,799	7,365	630,098	3,372	113,341
16A	Medi-Cal Negotiated Rates	4,999,762	400	85,233	6,900	605,224	3,239	108,967
17A	Medicare/Medi-Cal Crossover Costs	4,599,743	400	85,233	8,900	605,224	3,239	108,967
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19A	Medicare/Medi-Cal Crossover Published Charges							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21A	Enhanced SD/MC Costs							
22A	Enhanced SD/MC SMA Upper Limits							
23A	Enhanced SD/MC Published Charges							
24A	Enhanced SD/MC Negotiated Rates							
25A	Enhanced SD/MC (Refugees) Costs							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27A	Enhanced SD/MC (Refugees) Published Charges							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29A	Healthy Families Costs	4,794			218			452
30A	Healthy Families SMA Upper Limits	5,152			234			479
31A	Healthy Families Published Charges	4,881			222			460
32A	Healthy Families Negotiated Rates	4,981			222			460
33	Non-Medi-Cal Costs	285,358	59	8,149	2,932	21,506	903	12,678

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.20%	50.26%	42	45	52	53	52	53	53	60	61	61	61
2	Total Units	5,614	1,530,021	488,956	92,881	23,324	170	170	170	170	170	170	170	170
3	Gross Cost	12,075	3,505,928	1,047,988	199,988	30,643	351	351	351	351	351	351	351	351
4	Cost per Unit	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.93	2.93	2.93	2.93
5	SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	4.23	4.23	4.23	4.23
6	Published Charge per Unit	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.98	2.98	2.98	2.98
7	Negotiated Rate / Cost per Unit	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.98	2.98	2.98	2.98
8	Medi-Cal Units	181,993	257,974	7,673	13,632	4,572	120	120	120	120	120	120	120	120
8A	Medi-Cal Units	3,730	1,407,036	190,797	77,409	5,246	120	120	120	120	120	120	120	120
9	Medicare/Medi-Cal Crossover Units													
9A	Medicare/Medi-Cal Crossover Units													
10	Enhanced SD/MC (Children) Units													
10A	Enhanced SD/MC (Children) Units													
10B	Enhanced SD/MC (Refugees) Units													
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units													
11A	Healthy Families (SED) Units													
12	Non-Medi-Cal Units	1,884	60,982	36,897	7,899	592								
13	Medi-Cal Costs	3,448,422	854,863	164,503	15,354	351								
13A	Medi-Cal Costs	8,023	3,026,321	410,375	164,494	15,354								
14	Medi-Cal SMA Upper Limits	369,344	568,181	17,454	31,081	19,340								
14A	Medi-Cal SMA Upper Limits	6,504	3,208,042	435,017	176,493	22,191								
15	Medi-Cal Published Charges	3,354,785	564,953	16,804	29,854	13,625								
15A	Medi-Cal Published Charges	8,189	3,081,408	417,645	189,538	15,633								
16	Medi-Cal Negotiated Rates	354,705	564,953	16,804	29,854	13,625								
16A	Medi-Cal Negotiated Rates	8,189	3,081,408	417,645	189,538	15,633								
17	Medicare/Medi-Cal Crossover Costs													
17A	Medicare/Medi-Cal Crossover Costs													
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A	Medicare/Medi-Cal Crossover SMA Upper Limits													
19	Medicare/Medi-Cal Crossover Published Charges													
19A	Medicare/Medi-Cal Crossover Published Charges													
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A	Medicare/Medi-Cal Crossover Negotiated Rates													
21	Enhanced SD/MC Costs													
21A	Enhanced SD/MC Costs													
22	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC SMA Upper Limits													
23	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Published Charges													
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs													
25A	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
26A	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
27A	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
28A	Enhanced SD/MC (Refugees) Negotiated Rates													
29	Healthy Families Costs													
29A	Healthy Families Costs													
30	Healthy Families SMA Upper Limits													
30A	Healthy Families SMA Upper Limits													
31	Healthy Families Published Charges													
31A	Healthy Families Published Charges													
32	Healthy Families Negotiated Rates													
32A	Healthy Families Negotiated Rates													
33	Non-Medi-Cal Costs	4,052	131,185	78,360	16,980	1,733								

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

	NR	CR	O	P	Q	R	S	T	U
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Legal Entity: Children's Bureau									
Legal Entity Number: 00668									
Mode: 15 - Outpatient (Program 1)									
1 Allocation Percentage	62	77	1.55%	0.02%					
2 Total Units			31,874	451					
3 Gross Cost			93,296	1,032					
4 Cost per Unit			2.93	2.29					
5 SMA per Unit			4.23	3.41					
6 Published Charge per Unit			2.98	2.33					
7 Negotiated Rate / Cost per Unit			2.98	2.33					
8			4,335						
8A	07/01/02 - 06/30/02		26,728	451					
9	07/01/02 - 06/30/02								
9A	07/01/02 - 06/30/02								
10	10/01/02 - 09/30/02								
10A	07/01/02 - 09/30/02								
10B	10/01/02 - 06/30/03								
11	07/01/02 - 06/30/03								
11A	07/01/02 - 09/30/02								
12	10/01/02 - 06/30/03		810						
13	07/01/02 - 09/30/02		12,687						
13A	10/01/02 - 06/30/03		78,228	1,032					
14	07/01/02 - 09/30/02		18,337						
14A	10/01/02 - 06/30/03		113,084	1,538					
15	07/01/02 - 06/30/02		12,918						
15A	10/01/02 - 06/30/03		79,852	1,051					
16	07/01/02 - 09/30/02		12,918						
16A	10/01/02 - 06/30/03		79,852	1,032					
17	07/01/02 - 09/30/02								
17A	10/01/02 - 06/30/03								
18	07/01/02 - 09/30/02								
18A	10/01/02 - 06/30/03								
19	07/01/02 - 09/30/02								
19A	10/01/02 - 06/30/03								
20	07/01/02 - 09/30/02								
20A	10/01/02 - 06/30/03								
21	07/01/02 - 09/30/02								
21A	10/01/02 - 06/30/03								
22	07/01/02 - 09/30/02								
22A	10/01/02 - 06/30/03								
23	07/01/02 - 09/30/02								
23A	10/01/02 - 06/30/03								
24	07/01/02 - 09/30/02								
24A	10/01/02 - 06/30/03								
25	07/01/02 - 06/30/03								
26	07/01/02 - 06/30/03								
27	07/01/02 - 06/30/03								
28	07/01/02 - 06/30/03								
29	07/01/02 - 09/30/02								
29A	10/01/02 - 06/30/03								
30	07/01/02 - 09/30/02								
30A	10/01/02 - 06/30/03								
31	07/01/02 - 09/30/02								
31A	10/01/02 - 06/30/03								
32	07/01/02 - 09/30/02								
32A	10/01/02 - 06/30/03								
33	Non-Medi-Cal Costs		2,371						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1868A (03/03)

County: Los Angeles
 County Code: 19

Legal Entry Number: 00179 Model: 19 - Outpatient (Program 1)	A Mode Total	NR			NR			NR			NR		
		B Service Function	C Service Function	D Service Function	E Service Function	F Service Function	G Service Function	H Service Function	I Service Function	J Service Function	K Service Function	L Service Function	
1 Allocation Percentage	100.0%	03	04	10	12	33	34						
2 Total Units	7,855,002	0.10%	1.79%	8.50%	0.70%	2.17%	6.09%						
3 Gross Cost	3,206	3,206	54,747	202,010	16,637	2,570	144,861						
4 Cost per Unit	0.41	0.41	7.22	24.05	1.54	0.33	18.54						
5 SMA per Unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00						
6 Published Charge per Unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00						
7 Negotiated Rate / Cost per Unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00						
8 Medi-Cal Units	592	592	9,197	44,659	2,350	502	33,890						
8A Medicare/Medi-Cal Crossover Units	1,778	1,778	27,592	134,059	7,052	1,508	101,671						
9				40									
9A				120									
10 Enhanced SD/MC (Children) Units													
10A													
10B Enhanced SD/MC (Refugees) Units													
11 Healthy Families (SED) Units													
11A													
12 Non-Medi-Cal Units	836	836	11,610	22,576	7,136	560	8,520						
13 Medi-Cal Costs	1,397,660	1,397,660	23,596	147,723	7,768	1,658	112,001						
13A	4,193,623	4,193,623	70,790	443,176	23,308	4,984	306,008						
14 Medi-Cal SMA Upper Limits	964,449	964,449	16,279	101,914	5,358	1,145	77,269						
14A	2,863,377	2,863,377	3,147	305,746	16,076	3,438	231,810						
15 Medi-Cal Published Charges	964,449	964,449	16,279	101,914	5,358	1,145	77,269						
15A	2,863,377	2,863,377	3,147	305,746	16,076	3,438	231,810						
16 Medi-Cal Negotiated Rates	964,449	964,449	16,279	101,914	5,358	1,145	77,269						
16A	2,863,377	2,863,377	3,147	305,746	16,076	3,438	231,810						
17 Medicare/Medi-Cal Crossover Costs	132	132											
17A	397	397											
18 Medicare/Medi-Cal Crossover SMA Upper Limits	91	91											
18A	274	274											
19 Medicare/Medi-Cal Crossover Published Charges	91	91											
19A	274	274											
20 Medicare/Medi-Cal Crossover Negotiated Rates	91	91											
20A	274	274											
21 Enhanced SD/MC Costs													
21A													
22 Enhanced SD/MC SMA Upper Limits													
22A													
23 Enhanced SD/MC Published Charges													
23A													
24 Enhanced SD/MC Negotiated Rates													
24A													
25 Enhanced SD/MC (Refugees) Costs													
25A													
26 Enhanced SD/MC (Refugees) SMA Upper Limits													
26A													
27 Enhanced SD/MC (Refugees) Published Charges													
27A													
28 Enhanced SD/MC (Refugees) Negotiated Rates													
28A													
29 Healthy Families Costs	117,257	117,257	4,072	383			644						
29A	351,775	351,775	12,215	1,183			1,933						
30 Healthy Families SMA Upper Limits	80,855	80,855	2,711	271			445						
30A	242,668	242,668	8,427	816			1,334						
31 Healthy Families Published Charges	80,855	80,855	2,711	271			445						
31A	242,668	242,668	8,427	816			1,334						
32 Healthy Families Negotiated Rates	80,855	80,855	2,711	271			445						
32A	242,668	242,668	8,427	816			1,334						
33 Non-Medi-Cal Costs	1,783,568	1,783,568	2,145	29,707	23,590	1,651	26,157						

DETAILED COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00170	Legal Entity: Children Hospital Los Angeles	Mode: 15 - Outpatient (Program 1)	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function
1	Allocation Percentage		41	42	62	54	61	62					
2	Total Units		3,52%	62.94%	4.87%	0.13%	0.64%	10.60%					
3	Gross Cost		83,648	1,498,060	115,650	3,073	8,225	135,808					
4	Cost per Unit		276,443	4,944,233	382,666	10,156	50,430	832,886					
5	SMA per Unit		3.30	3.30	3.30	3.30	3.30	6.13					
6	Published Charge per Unit		2.28	2.28	2.28	2.28	2.28	4.23					
7	Negotiated Rate / Cost per Unit		2.28	2.28	2.28	2.28	2.28	4.23					
8	Medi-Cal Units		11,489	280,578	17,571	341	1,324	22,384					
9A	Medicare/Medi-Cal Crossover Units		34,487	761,736	52,712	1,022	3,972	67,154					
9B													
10A	Enhanced SD/MC (Children) Units												
10B	Enhanced SD/MC (Refugees) Units												
11A	Healthy Families (SED) Units			19,851	362						7,563		
11B				59,855	1,066						22,668		
12	Non-Medi-Cal Units		37,692	375,540	44,159	1,710	2,929	16,019					
13A	Medi-Cal Costs		37,999	661,168	58,069	1,127	6,118	137,244					
13B			113,906	2,583,512	174,205	3,378	24,354	411,744					
14A	Medi-Cal SMA Upper Limits		26,195	594,118	40,062	777	5,801	94,684					
14B			78,585	1,782,358	120,183	2,330	16,802	284,061					
15A	Medi-Cal Published Charges		26,195	594,118	40,062	777	5,801	94,684					
15B			78,585	1,782,358	120,183	2,330	16,802	284,061					
16A	Medi-Cal Negotiated Rates		26,195	594,118	40,062	777	5,801	94,684					
16B			78,585	1,782,358	120,183	2,330	16,802	284,061					
17A	Medicare/Medi-Cal Crossover Costs												
17B													
18A	Medicare/Medi-Cal Crossover SMA Upper Limits												
18B													
19A	Medicare/Medi-Cal Crossover Published Charges												
19B													
20A	Medicare/Medi-Cal Crossover Negotiated Rates												
20B													
21A	Enhanced SD/MC Costs												
21B													
22A	Enhanced SD/MC SMA Upper Limits												
22B													
23A	Enhanced SD/MC Published Charges												
23B													
24A	Enhanced SD/MC Negotiated Rates												
24B													
25	Enhanced SD/MC (Refugees) Costs												
26	Enhanced SD/MC (Refugees) SMA Upper Limits												
27	Enhanced SD/MC (Refugees) Published Charges												
28	Enhanced SD/MC (Refugees) Negotiated Rates												
29A	Healthy Families Costs			64,613	1,163						46,371		
29B				193,845	3,480						139,108		
30A	Healthy Families SMA Upper Limits			44,578	803						31,991		
30B				133,733	2,408						96,970		
31A	Healthy Families Published Charges			44,578	803						31,991		
31B				133,733	2,408						96,970		
32A	Healthy Families Negotiated Rates			44,578	803						31,991		
32B				133,733	2,408						96,970		
33	Non-Medi-Cal Costs		124,566	1,241,069	145,903	5,851	17,950	98,218					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1866A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 1 OF 3
 Fiscal Year 2002-2003

DETAILED COST REPORT

County: Los Angeles
 County Code: 19

Legal Entity: Children's Institute International
 Legal Entity Number: 00581
 Model: 19 - Outpatient (Program 1)

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17
1 Allocation Percentage	100.00%	0.02%	5.65%	0.15%	12.29%	0.13%	0.29%
2 Total Units		658	238,352	8,008	408,141	4,566	8,568
3 Gross Cost	7,099,744	1,099	367,378	13,348	872,217	9,441	20,012
4 Cost per Unit		1.67	1.67	1.67	2.15	2.15	2.15
5 SMA per Unit		1.77	1.77	1.77	2.28	2.28	2.28
6 Negotiated Rate / Cost per Unit		1.67	1.67	1.67	2.15	2.15	2.15
8 Medi-Cal Units		56	54,712	987	87,156	80	721
9A Medicare/Medi-Cal Crossover Units		96	170,509	5,136	291,950	2,891	5,040
9B Medicare/Medi-Cal Crossover Units							
10A Enhanced SD/MC (Children) Units							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units			782	203	1,436		326
11A Healthy Families (SED) Units							
12 Non-Medi-Cal Units		307	6,325	1,680	8,825	1,845	3,511
13 Medi-Cal Costs	1,459,479	93	91,216	1,848	187,174	128	1,548
13A Medi-Cal Costs	5,183,789	180	284,272	8,563	628,894	5,778	10,824
14 Medi-Cal SMA Upper Limits	1,548,431	99	98,840	1,747	158,716	137	1,844
14A Medi-Cal SMA Upper Limits	5,514,123	170	301,801	9,091	665,846	8,135	11,491
15 Medi-Cal Published Charges	1,460,032	94	91,368	1,848	187,352	129	1,550
15A Medi-Cal Published Charges	5,199,271	160	284,750	8,577	627,863	5,786	10,838
16 Medi-Cal Negotiated Rates							
16A Medi-Cal Negotiated Rates							
17 Medicare/Medi-Cal Crossover Costs							
17A Medicare/Medi-Cal Crossover Costs							
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A Medicare/Medi-Cal Crossover SMA Upper Limits							
19 Medicare/Medi-Cal Crossover Published Charges							
19A Medicare/Medi-Cal Crossover Published Charges							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A Medicare/Medi-Cal Crossover Negotiated Rates							
21 Enhanced SD/MC Costs							
21A Enhanced SD/MC Costs							
22 Enhanced SD/MC SMA Upper Limits							
22A Enhanced SD/MC SMA Upper Limits							
23 Enhanced SD/MC Published Charges							
23A Enhanced SD/MC Published Charges							
24 Enhanced SD/MC Negotiated Rates							
24A Enhanced SD/MC Negotiated Rates							
25 Enhanced SD/MC (Refugees) Costs							
25A Enhanced SD/MC (Refugees) Costs							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A Enhanced SD/MC (Refugees) SMA Upper Limits							
27 Enhanced SD/MC (Refugees) Published Charges							
27A Enhanced SD/MC (Refugees) Published Charges							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A Enhanced SD/MC (Refugees) Negotiated Rates							
29 Healthy Families Costs	14,253		1,304		3,084		700
29A Healthy Families Costs	160,890		10,027		35,888		700
30 Healthy Families SMA Upper Limits	15,132		1,304		3,274		743
30A Healthy Families SMA Upper Limits	170,804		10,845		38,017		743
31 Healthy Families Published Charges	14,286		1,306		3,087		701
31A Healthy Families Published Charges	160,863		10,043		35,849		701
32 Healthy Families Negotiated Rates							
32A Healthy Families Negotiated Rates							
33 Non-Medi-Cal Costs	277,332	845	10,562	2,801	18,167	3,533	7,940
33A Non-Medi-Cal Costs							

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

	CR	O	CR	P	CR	Q	CR	R	CR	S	CR	T	CR	U
		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function
Legal Entity: Children's Institute International														
Legal Entity Number: 00591														
Mode: 15 - Outpatient (Program 1)														
1 Allocation Percentage	54	0.00%	57	0.01%	81	0.04%	87	5.19%	87	0.18%				
2 Total Units	33	483	751	92,483	2,667	308,541	10,828							
3 Gross Cost	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15				
4 Cost per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28				
5 SMA per Unit	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15				
6 Published Charge per Unit														
7 Negotiated Rate / Cost per Unit														
8 Medi-Cal Units														
8A 1001/02 - 07/30/03														
9 Medicare/Medi-Cal Crossover Units														
9A 1001/02 - 07/30/03														
10 Enhanced SD/MC (Children) Units														
10A 1001/02 - 06/30/02														
10B Enhanced SD/MC (Refugees) Units														
10B 1001/02 - 06/30/03														
11 Healthy Families (SED) Units														
11A 07/01/02 - 06/30/03														
12 Non-Medi-Cal Units														
12A 1001/02 - 06/30/03														
13 Medi-Cal Costs														
13A 07/01/02 - 06/30/03	71	681	179	70,873	2,203	4,001								
14 Medi-Cal SMA Upper Limits														
14A 07/01/02 - 06/30/03	75	681	254	75,243	2,339	5,203								
15 Medi-Cal Published Charges														
15A 07/01/02 - 06/30/03	71	651	238	271,022	8,085									
16 Medi-Cal Negotiated Rates														
16A 1001/02 - 06/30/03														
17 Medicare/Medi-Cal Crossover Costs														
17A 07/01/02 - 06/30/03														
18 Medicare/Medi-Cal Crossover SMA Upper Limits														
18A 1001/02 - 06/30/03														
19 Medicare/Medi-Cal Crossover Published Charges														
19A 07/01/02 - 06/30/03														
20 Medicare/Medi-Cal Crossover Negotiated Rates														
20A 07/01/02 - 06/30/03														
21 Enhanced SD/MC Costs														
21A 1001/02 - 06/30/03														
22 Enhanced SD/MC SMA Upper Limits														
22A 1001/02 - 06/30/03														
23 Enhanced SD/MC Published Charges														
23A 07/01/02 - 06/30/03														
24 Enhanced SD/MC Negotiated Rates														
24A 1001/02 - 06/30/03														
25 Enhanced SD/MC (Refugees) Costs														
25A 07/01/02 - 06/30/03														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
26A 1001/02 - 06/30/03														
27 Enhanced SD/MC (Refugees) Published Charges														
27A 07/01/02 - 06/30/03														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
28A 1001/02 - 06/30/03														
29 Healthy Families Costs														
29A 07/01/02 - 06/30/03														
30 Healthy Families SMA Upper Limits														
30A 1001/02 - 06/30/03														
31 Healthy Families Published Charges														
31A 07/01/02 - 06/30/03														
32 Healthy Families Negotiated Rates														
32A 1001/02 - 06/30/03														
33 Non-Medi-Cal Costs														
33A 1001/02 - 06/30/03														
				412		2,674		18,037		1,956				

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1066A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	Mode	A Mode Total	B Service Function	C Service Function	D Service Function	E Service Function	F Service Function	G Service Function
1	Allocation Percentage		100.00%						
2	Total Units								
3	Gross Cost		4,250,448						
4	Cost per Unit								
5	SMA per Unit								
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units								
8A	Medi-Cal Units								
9	Medicare/Medi-Cal Crossover Units								
9A	Medicare/Medi-Cal Crossover Units								
10	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Children) Units								
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units								
11A	Healthy Families (SED) Units								
12	Non-Medi-Cal Units								
13	Medi-Cal Coets								
13A	Medi-Cal Coets								
14	Medi-Cal SMA Upper Limits								
14A	Medi-Cal SMA Upper Limits								
15	Medi-Cal Published Charges								
15A	Medi-Cal Published Charges								
16	Medi-Cal Negotiated Rates								
16A	Medi-Cal Negotiated Rates								
17	Medicare/Medi-Cal Crossover Costs								
17A	Medicare/Medi-Cal Crossover Costs								
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A	Medicare/Medi-Cal Crossover SMA Upper Limits								
19	Medicare/Medi-Cal Crossover Published Charges								
19A	Medicare/Medi-Cal Crossover Published Charges								
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A	Medicare/Medi-Cal Crossover Negotiated Rates								
21	Enhanced SD/MC Costs								
21A	Enhanced SD/MC Costs								
22	Enhanced SD/MC SMA Upper Limits								
22A	Enhanced SD/MC SMA Upper Limits								
23	Enhanced SD/MC Published Charges								
23A	Enhanced SD/MC Published Charges								
24	Enhanced SD/MC Negotiated Rates								
24A	Enhanced SD/MC Negotiated Rates								
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
28A	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs								
29A	Healthy Families Costs								
30	Healthy Families SMA Upper Limits								
30A	Healthy Families SMA Upper Limits								
31	Healthy Families Published Charges								
31A	Healthy Families Published Charges								
32	Healthy Families Negotiated Rates								
32A	Healthy Families Negotiated Rates								
33	Non-Medi-Cal Costs								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1998A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

DETAIL COST REPORT

County: Los Angeles
 County Code: 18

		NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
		H	I	J	K	L	M	N							
		Service	Service	Service	Service	Service	Service	Service							
		Function	Function	Function	Function	Function	Function	Function							
1	Allocation Percentage	12	17	31	41	42	42	47							
2	Total Units	0.35%	0.35%	0.25%	1.34%	54.71%	1.37%	4.27%							
3	Gross Cost	9,556	6,570	8,690	38,430	1,482,354	37,231	115,690							
4	Cost per Unit	14,677	15,012	10,447	87,147	2,375,343	58,404	181,485							
5	SMA per Unit	1.57	1.57	1.57	1.57	1.57	1.57	1.57							
6	Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28							
7	Negotiated Rate / Cost per Unit	1.68	1.68	1.68	1.68	1.68	1.68	1.68							
8	Medi-Cal Units	2,379	583	4,050	4,682	222,457		11,803							
9A	Medicare/Medi-Cal Crossover Units	5,889	6,329	300	21,838	781,107		52,852							
10A	Enhanced SD/MC (Children) Units					9,483									
10B	Enhanced SD/MC (Refugees) Units					55,208									
11A	Healthy Families (SED) Units														
12	Non-Medi-Cal Units	1,088	2,646	1,365	10,138	405,351	37,231	49,635							
13	Medi-Cal Costs	3,732	863	7,136	7,298	348,964		18,515							
14	Medi-Cal SMA Upper Limits	9,238	9,828	471	53,845	1,183,836		82,908							
15A	Medi-Cal Published Charges	5,424	1,264	10,374	10,807	507,202		26,911							
16A	Medi-Cal Negotiated Rates	13,427	14,430	694	49,337	1,735,324		120,503							
17A	Medicare/Medi-Cal Crossover Costs	5,997	9,448	7,844	7,815	373,728		19,829							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	9,894	10,633	504	36,354	1,278,680		86,781							
19A	Medicare/Medi-Cal Crossover Published Charges	3,897	948	7,844	7,815	373,728		19,829							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	9,894	10,633	504	36,354	1,278,680		86,781							
21A	Enhanced SD/MC Costs					14,878									
22A	Enhanced SD/MC SMA Upper Limits					88,168									
23A	Enhanced SD/MC Published Charges					21,821									
24A	Enhanced SD/MC Negotiated Rates					128,150									
25A	Healthy Families Costs					15,931									
26A	Healthy Families SMA Upper Limits					94,428									
27A	Healthy Families Published Charges					15,931									
28A	Healthy Families Negotiated Rates					94,428									
29A	Non-Medi-Cal Costs														
30A	Non-Medi-Cal SMA Upper Limits														
31A	Non-Medi-Cal Published Charges														
32A	Non-Medi-Cal Negotiated Rates														
33	Non-Medi-Cal Costs	1,707	4,151	2,173	15,906	835,897	58,404	77,562							

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986A (05/03)

County: Los Angeles
 County Code: 19

Legal Entity Number: 00190 Mode: 15 - Outpatient (Program 1)	O	P	Q	R	S	T	U
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage	9.55%	0.04%	0.26%	0.19%	0.04%	8.99%	0.37%
2 Total Units	258,705	1,069	7,648	5,144	905	141,384	7,391
3 Gross Cost	405,828	1,877	11,904	8,009	1,901	287,036	15,528
4 Cost per Unit	1.57	1.57	1.57	1.57	2.10	2.10	2.10
5 SMA per Unit	2.28	2.28	2.28	2.28	4.23	4.23	4.23
6 Published Charge per Unit	1.68	1.68	1.68	1.68	2.25	2.25	2.25
7 Negotiated Rate / Cost per Unit	1.68	1.57	1.68	1.68	2.25	2.25	2.10
8 Medi-Cal Units	44,099	123	7,463	3,278	665	16,043	7,391
8A	1001102 - 0630002						
9	1001102 - 0630003	121,611				44,940	
9A	Medicare/Medi-Cal Crossover Units	255				155	
10	1001102 - 0630003	4,530				7,143	
10A	Enhanced SD/MC (Children) Units						
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units	880				195	
11A		4,006				865	
12	Non-Medi-Cal Units	83,344	1,069	60	1,295	240	70,023
13	Medi-Cal Costs	69,177		183	899	37,907	
13A		190,769		11,707	5,139	1,367	94,415
14	Medi-Cal SMA Upper Limits	100,546		280	1,306	76,322	
14A		277,273		17,018	7,469	2,813	190,099
15	Medi-Cal Published Charges	74,086		207	963	40,597	
15A		204,306		12,538	5,504	1,486	101,115
16	Medi-Cal Negotiated Rates	74,086		207	963	40,597	
16A		204,306		12,538	5,504	1,486	101,115
17	Medicare/Medi-Cal Crossover Costs	400				326	
17A		7,109				15,007	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	581				669	
18A		10,328				30,215	
19	Medicare/Medi-Cal Crossover Published Charges	428				349	
19A		7,610				16,072	
20	Medicare/Medi-Cal Crossover Negotiated Rates	428				349	
20A		7,610				16,072	
21	Enhanced SD/MC Costs						
21A							
22	Enhanced SD/MC SMA Upper Limits						
22A							
23	Enhanced SD/MC Published Charges						
23A							
24	Enhanced SD/MC Negotiated Rates						
24A							
25	Enhanced SD/MC (Refugees) Costs	1,349				410	
25A		6,284				1,659	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	1,961				825	
26A		9,134				3,744	
27	Enhanced SD/MC (Refugees) Published Charges	1,445				439	
27A		6,730				1,991	
28	Enhanced SD/MC (Refugees) Negotiated Rates	1,445				439	
28A		6,730				1,991	
29	Healthy Families Costs						
29A							
30	Healthy Families SMA Upper Limits						
30A							
31	Healthy Families Published Charges						
31A							
32	Healthy Families Negotiated Rates						
32A							
33	Non-Medi-Cal Costs	130,740	1,677	94	2,031	504	147,112
							15,528

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

DETAIL COST REPORT

County: Los Angeles
 County Code: 19

NR

	Legal Entity: Community Counseling Service Legal Entity Number: 00180 Mode: 15 - Outpatient (Program 1)	V Service Function	W Service Function	X Service Function	Y Service Function	Z Service Function	AA Service Function	AB Service Function
1	Allocation Percentage	67						
2	Total Units	0.05%						
3	Gross Cost	1,100						
4	Cost per Unit	2,311						
5	SMA per Unit	2.10						
6	Published Charge per Unit	4.23						
7	Negotiated Rate / Cost per Unit	2.25						
8	Medi-Cal Units	210						
8A	Medi-Cal Units	305						
9	Medicare/Medi-Cal Crossover Units							
9A	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units	686						
13	Medi-Cal Costs	441						
13A	Medi-Cal Costs	641						
14	Medi-Cal SMA Upper Limits	888						
14A	Medi-Cal SMA Upper Limits	1,280						
15	Medi-Cal Published Charges	473						
15A	Medi-Cal Published Charges	686						
16	Medi-Cal Negotiated Rates	473						
16A	Medi-Cal Negotiated Rates	686						
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A	Healthy Families Costs							
30	Healthy Families SMA Upper Limits							
30A	Healthy Families SMA Upper Limits							
31	Healthy Families Published Charges							
31A	Healthy Families Published Charges							
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	1,229						

DETAILED COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (09/03)

County: Los Angeles
County Code: 19

Legal Entity	Mode Total	NR A	NR B	NR C	NR D	NR E	NR F	NR G
Legal Entity, Community Family Guidance Center	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Legal Entity Number: 00181	Mode: 15 - Outpatient (Program 1)	03	04	10	12	14	17	
1 Allocation Percentage	100.00%	0.21%	0.97%	14.89%	5.05%	0.27%	0.85%	
2 Total Units	5,465	25,470	286,327	90,337	15,306	4,865	0.27%	
3 Gross Cost	3,175,137	6,593	30,669	472,686	160,333	26,982	0.835	
4 Cost per Unit		1.21	1.21	1.77	1.77	1.77	1.77	
5 SMA per Unit		1.77	1.77	2.26	2.26	2.26	2.26	
6 Published Charge per Unit		1.21	1.21	1.78	1.78	1.78	1.78	
7 Negotiated Rate / Cost per Unit		1.21	1.21	1.78	1.78	1.78	1.78	
8 Medi-Cal Units		535	5,295	60,963	10,237	3,160	730	
9A Medicare/Medi-Cal Crossover Units		1,735	17,158	187,620	28,719	9,915	1,635	
9B Medicare/Medi-Cal Crossover Units								
10 Enhanced SD/MC (Children) Units								
10A Enhanced SD/MC (Refugees) Units								
10B Healthy Families (SED) Units								
11A Non-Medi-Cal Units		60	785	11,863	53,361	2,125	2,500	
12 Medi-Cal Costs	638,827	645	6,388	108,199	18,168	5,623	1,296	
13A Medicare/Medi-Cal Crossover Costs	1,902,357	2,083	20,701	332,994	47,422	17,587	2,902	
14 Medicare/Medi-Cal Crossover Costs	848,696	947	9,372	138,995	23,340	7,323	1,664	
14A Medicare/Medi-Cal Crossover Published Charges	2,538,808	3,071	30,370	427,774	60,919	22,606	3,728	
15 Medicare/Medi-Cal Crossover Published Charges	640,668	647	6,407	108,514	18,222	5,839	1,299	
15A Medicare/Medi-Cal Crossover Published Charges	1,907,895	2,089	20,781	333,964	47,560	17,660	2,910	
16 Medicare/Medi-Cal Crossover Rates	640,668	647	6,407	108,514	18,222	5,839	1,299	
16A Medicare/Medi-Cal Crossover Rates	1,907,895	2,099	20,781	333,964	47,560	17,660	2,910	
17 Medicare/Medi-Cal Crossover Costs								
17A Medicare/Medi-Cal Crossover Costs								
18 Medicare/Medi-Cal Crossover SMA Upper Limits								
18A Medicare/Medi-Cal Crossover SMA Upper Limits								
19 Medicare/Medi-Cal Crossover Published Charges								
19A Medicare/Medi-Cal Crossover Published Charges								
20 Medicare/Medi-Cal Crossover Negotiated Rates								
20A Medicare/Medi-Cal Crossover Negotiated Rates								
21 Enhanced SD/MC Costs								
21A Enhanced SD/MC Costs								
22 Enhanced SD/MC SMA Upper Limits								
22A Enhanced SD/MC SMA Upper Limits								
23 Enhanced SD/MC Published Charges								
23A Enhanced SD/MC Published Charges								
24 Enhanced SD/MC Negotiated Rates								
24A Enhanced SD/MC Negotiated Rates								
25 Enhanced SD/MC (Refugees) Costs								
25A Enhanced SD/MC (Refugees) Costs								
26 Enhanced SD/MC (Refugees) SMA Upper Limits								
26A Enhanced SD/MC (Refugees) SMA Upper Limits								
27 Enhanced SD/MC (Refugees) Published Charges								
27A Enhanced SD/MC (Refugees) Published Charges								
28 Enhanced SD/MC (Refugees) Negotiated Rates								
28A Enhanced SD/MC (Refugees) Negotiated Rates								
29 Healthy Families Costs	29,213	72	6,854	8,054	8,054	8,054	8,054	
29A Healthy Families Costs	97,963	947	9,372	138,995	23,340	7,323	1,664	
30 Healthy Families SMA Upper Limits	38,361	108	1,068	1,369	27,116	1,369	27,116	
30A Healthy Families SMA Upper Limits	29,288	73	6,874	8,074	8,074	8,074	8,074	
31 Healthy Families Published Charges	98,275	950	9,475	12,170	12,170	12,170	12,170	
31A Healthy Families Published Charges	29,286	73	6,874	8,074	8,074	8,074	8,074	
32 Healthy Families Negotiated Rates	98,275	950	9,475	12,170	12,170	12,170	12,170	
32A Healthy Families Negotiated Rates	3,855	2,580	3,530	3,530	3,530	3,530	3,530	
33 Non-Medi-Cal Costs	508,746	3,855	2,580	3,530	3,530	3,530	3,530	4,437

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

	Legal Entity: Community Family Guidance Center Legal Entity Number: 00181 Model: 15 - Outpatient (Program 1)	H	I	J	K	L	M	N	O
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	41	42	45	47	52	53		54
2	Total Units	12,956	54,156	2,945	1,294	1,424	0.12%		1,024
3	Gross Costs	224,440	968,711	50,515	23,030	25,430	2,160		18,256
4	Cost per Unit	308,343	1,779,289	90,205	40,874	45,240	3,869		32,401
5	SMA per Unit	1.77	1.77	1.77	1.77	1.77	1.77		1.77
6	Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	2.28		2.28
7	Negotiated Rate / Cost per Unit	1.78	1.78	1.78	1.78	1.78	1.78		1.78
8	Medi-Cal Units	23,610	220,210	9,325	5,050	4,835	1,689		1,783
9A	Medicare/Medi-Cal Crossover Units	74,985	839,830	37,075	10,995	16,606	491		4,622
9B	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Refugees) Units								
11A	Healthy Families (SED) Units	633	10,902		605				
12	Non-Medi-Cal Units	570	37,698		1,905				
13	Medi-Cal Costs	124,665	519,911	6,115	6,985	1,739			11,841
14	Medi-Cal SMA Upper Limits	41,904	390,836	16,550	8,963	8,226	2,988		3,162
15A	Medi-Cal Published Charges	133,050	1,135,788	85,802	19,514	29,473	871		8,203
16A	Medi-Cal Negotiated Rates	53,831	502,078	21,261	11,514	10,566	3,851		4,066
17A	Medicare/Medi-Cal Crossover Costs	179,920	1,459,040	84,531	25,069	37,862	1,119		10,530
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	42,028	391,874	16,598	8,988	8,250	3,006		3,192
19A	Medicare/Medi-Cal Crossover Published Charges	133,438	1,139,075	85,984	19,571	29,559	874		8,227
20A	Medicare/Medi-Cal Crossover Negotiated Rates	42,026	391,874	16,598	8,989	8,250	3,006		3,192
21A	Enhanced SD/MC Costs	133,436	1,139,075	65,994	19,571	29,559	874		8,227
22A	Enhanced SD/MC SMA Upper Limits								
23A	Enhanced SD/MC Published Charges								
24A	Enhanced SD/MC Negotiated Rates								
25A	Healthy Families Costs	1,118	19,349			1,074			
26A	Healthy Families SMA Upper Limits	1,072	68,008			3,381			
27A	Healthy Families Published Charges	1,436	24,857			1,379			
28A	Healthy Families Negotiated Rates	1,300	85,961			4,343			
29A	Non-Medi-Cal Costs	1,121	19,408			1,077			
30A	Non-Medi-Cal SMA Upper Limits	1,015	67,102			3,381			
31A	Non-Medi-Cal Published Charges	1,121	19,408			1,077			
32A	Non-Medi-Cal Negotiated Rates	1,015	67,102			3,381			
33	Non-Medi-Cal Costs	221,259	106,436	10,853	12,397	3,066	0		21,016

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1969A (09/03)

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	NR	O	NR	P	NR	O	NR	R	NR	S	NR	T	NR	U
00181	Community Family Guidance Center	60	61	62	67	71	77	77	77	77	77	77	77	77	77
1	Allocation Percentage	0.12%	0.67%	2.82%	0.01%	0.04%	0.81%	0.04%	0.01%	0.04%	0.04%	0.04%	0.04%	0.04%	0.04%
2	Total Units	2,095	12,315	50,468	215	710	12,200	710	12,200	1,120	19,342	1,120	19,342	1,120	19,342
3	Gross Cost	3,718	21,657	89,572	362	1,120	19,342	1,120	19,342	1,120	19,342	1,120	19,342	1,120	19,342
4	Cost per Unit	1.77	1.77	1.77	1.77	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59
5	SMA per Unit	4.23	4.23	4.23	4.23	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41
6	Published Charge per Unit	1.78	1.78	1.78	1.78	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59
7	Negotiated Rate / Cost per Unit	1.78	1.78	1.78	1.78	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59
8	Medi-Cal Units	665	1,890	10,650	215	35	1,710	35	1,710	35	1,710	35	1,710	35	1,710
9	Medicare/Medi-Cal Crossover Units	1,175	4,585	33,908	215	65	8,480	65	8,480	65	8,480	65	8,480	65	8,480
9A	Medicare/Medi-Cal Crossover Units														
10	Enhanced SD/MC (Children) Units														
10A	Enhanced SD/MC (Children) Units														
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A	Healthy Families (SED) Units														
12	Non-Medi-Cal Units	255	5,950	3,485			420								
13	Medi-Cal Costs	1,180	2,899	16,902	352	136	2,711	35							
14	Medi-Cal SMA Upper Limits	2,085	8,138	60,181	362	119	5,831	119							
14A	Medi-Cal SMA Upper Limits	2,813	7,149	45,050	908	290	32,361	290							
15	Medi-Cal Published Charges	1,184	3,008	18,957	363	56	2,718	56							
15A	Medi-Cal Published Charges	2,092	8,161	60,358	363	135	15,089	135							
16	Medi-Cal Negotiated Rates	1,184	3,008	18,957	363	56	2,718	56							
16A	Medi-Cal Negotiated Rates	2,092	8,161	60,358	363	135	15,089	135							
17	Medicare/Medi-Cal Crossover Costs														
17A	Medicare/Medi-Cal Crossover Costs														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	Medicare/Medi-Cal Crossover SMA Upper Limits														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Medicare/Medi-Cal Crossover Published Charges														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	Medicare/Medi-Cal Crossover Negotiated Rates														
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC Costs														
22	Enhanced SD/MC SMA Upper Limits														
22A	Enhanced SD/MC SMA Upper Limits														
23	Enhanced SD/MC Published Charges														
23A	Enhanced SD/MC Published Charges														
24	Enhanced SD/MC Negotiated Rates														
24A	Enhanced SD/MC Negotiated Rates														
25	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs														
29A	Healthy Families Costs														
30	Healthy Families SMA Upper Limits														
30A	Healthy Families SMA Upper Limits														
31	Healthy Families Published Charges														
31A	Healthy Families Published Charges														
32	Healthy Families Negotiated Rates														
32A	Healthy Families Negotiated Rates														
33	Non-Medi-Cal Costs	453	10,560	6,185			668								

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1968A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00472 Mode: 15 - Outpatient (Program 1)	CR						
	A	B	C	D	E	F	G
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage	100.00%	61	61				
2 Total Units	94.08%	15.92%					
3 Gross Cost	18,253	3,455					
4 Cost per Unit	63,732	12,063					
5 SMA per Unit	3.49	3.49					
6 Published Charge per Unit	4.23	4.23					
7 Negotiated Rate / Cost per Unit	3.36	3.36					
8 Medi-Cal Units		3,536					
8A 07/01/02 - 09/30/02		14,417					
9 Medicare/Medi-Cal Crossover Units							
9A 10/01/02 - 06/30/03							
10 Enhanced SD/MC (Children) Units							
10A 07/01/02 - 09/30/02							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A 07/01/02 - 09/30/02							
12 Non-Medi-Cal Units			3,455				
13 Medi-Cal Costs	13,394						
13A 07/01/02 - 09/30/02	50,338						
14 Medi-Cal SMA Upper Limits	16,226						
14A 07/01/02 - 09/30/02	60,984						
15 Medi-Cal Published Charges	12,851						
15A 07/01/02 - 09/30/02	48,297						
16 Medi-Cal Negotiated Rates							
16A 07/01/02 - 09/30/02							
17 Medicare/Medi-Cal Crossover Costs							
17A 10/01/02 - 06/30/03							
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A 07/01/02 - 09/30/02							
19 Medicare/Medi-Cal Crossover Published Charges							
19A 07/01/02 - 09/30/02							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A 07/01/02 - 09/30/02							
21 Enhanced SD/MC Costs							
21A 10/01/02 - 06/30/03							
22 Enhanced SD/MC SMA Upper Limits							
22A 07/01/02 - 09/30/02							
23 Enhanced SD/MC Published Charges							
23A 07/01/02 - 09/30/02							
24 Enhanced SD/MC Negotiated Rates							
24A 10/01/02 - 06/30/03							
25 Enhanced SD/MC (Refugees) Costs							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
27 Enhanced SD/MC (Refugees) Published Charges							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
29 Healthy Families Costs							
29A 10/01/02 - 06/30/03							
30 Healthy Families SMA Upper Limits							
30A 07/01/02 - 09/30/02							
31 Healthy Families Published Charges							
31A 07/01/02 - 09/30/02							
32 Healthy Families Negotiated Rates							
32A 07/01/02 - 09/30/02							
33 Non-Medi-Cal Costs	12,063						

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1996A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 09189 Mode: 15 - Outpatient (Program 1)	Legal Entity: Didi Hirsch Psychiatric Service Mode: 15 - Outpatient (Program 1)	CR					NR					CR				
		A Mode Total	B Service Function 03	C Service Function 04	D Service Function 04	E Service Function 06	F Service Function 06	G Service Function 10	H Service Function 06	I Service Function 06	J Service Function 06	K Service Function 06	L Service Function 06	M Service Function 06	N Service Function 06	O Service Function 06
1	Allocation Percentage	100.00%	0.66%	18.21%	0.25%	0.07%	0.14%	4.61%								
2	Total Units	56,368	1,434,173	22,256	1,634	12,400	311,473									
3	Gross Cost	12,618,674	64,592	2,078,519	32,265	2,223	18,102	591,189								
4	Cost per Unit		1.45	1.45	1.45	1.45	1.45	1.90								
5	SMA per Unit		1.77	1.77	1.77	1.77	2.28									
6	Published Charge per Unit		1.97	1.97	1.97	1.97	2.58									
7	Negotiated Rate / Cost per Unit		1.45	1.45	1.45	1.45	1.84									
8	Medi-Cal Units		6,631	228,382	15,070	680	2,314	50,865								
8A			16,296	824,619	4,191	566	6,877	173,140								
9	Medicare/Medi-Cal Crossover Units															
9A																
10	Enhanced SD/MC (Children) Units															
10A																
10B	Enhanced SD/MC (Refugees) Units															
11	Healthy Families (SED) Units		181	3,038		221	2,911									
11A			326	9,768		21	12,729									
12	Non-Medi-Cal Units		34,934	367,456	2,965	285	3,057	71,808								
13	Medi-Cal Costs	1,944,255	9,610	331,004	21,840	985	3,354	66,582								
13A		5,041,705	23,618	1,195,104	6,074	820	9,807	328,627								
14	Medi-Cal SMA Upper Limits	2,347,124	11,737	404,254	28,874	1,204	4,096	116,018								
14A		7,291,807	28,844	1,459,578	7,418	1,002	12,172	394,759								
15	Medi-Cal Published Charges	2,844,296	13,041	449,178	29,638	1,337	4,851	131,451								
15A		8,217,657	32,049	1,621,778	6,242	1,113	13,525	447,273								
16	Medi-Cal Negotiated Rates	1,966,529	9,910	331,004	24,715	1,116	3,795	96,582								
16A		6,081,787	23,618	1,195,104	6,073	820	11,278	328,627								
17	Medicare/Medi-Cal Crossover Costs	58,973														
17A		136,922														
18	Medicare/Medi-Cal Crossover SMA Upper Limits	71,796														
18A		188,880														
19	Medicare/Medi-Cal Crossover Published Charges	80,159														
19A		188,858														
20	Medicare/Medi-Cal Crossover Negotiated Rates	56,973														
20A		136,922														
21	Enhanced SD/MC Costs															
21A																
22	Enhanced SD/MC SMA Upper Limits															
22A																
23	Enhanced SD/MC Published Charges															
23A																
24	Enhanced SD/MC Negotiated Rates															
24A																
25	Enhanced SD/MC (Refugees) Costs															
26	Enhanced SD/MC (Refugees) SMA Upper Limits															
27	Enhanced SD/MC (Refugees) Published Charges															
28	Enhanced SD/MC (Refugees) Negotiated Rates															
29	Healthy Families Costs	71,822	262	5,707			320	6,525								
29A		248,484	472	14,157			30	24,160								
30	Healthy Families SMA Upper Limits	88,485	320	6,970			381	6,637								
30A		296,632	577	17,289			37	29,022								
31	Healthy Families Published Charges	97,718	358	7,745			435	7,550								
31A		335,355	641	19,211			41	32,853								
32	Healthy Families Negotiated Rates	250,071	262	5,707			362	5,525								
32A		824,619	472	14,157			34	24,160								
33	Non-Medi-Cal Costs	4,316,532	50,630	532,547	4,341	417	4,431	136,265								

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	ISA	CR		NR		CR		NR	
			H	I	J	K	L	M	N	
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	10	12	14	17	33	34	38	39	39
2	Total Units	0.00%	0.45%	0.50%	0.07%	0.14%	0.60%	0.60%	0.60%	0.60%
3	Gross Cost	49	29,329	33,433	4,455	9,373	40,484	40,484	40,484	40,484
4	Cost per Unit	83	55,068	83,458	8,513	17,790	76,659	76,659	76,659	76,659
5	SMA per Unit	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90
6	Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58
8	Negotiated Rate / Cost per Unit	2.14	1.90	2.14	2.14	1.90	1.90	2.14	2.14	2.14
8	Medi-Cal Units	10	1,590	8,023	1,148	3,816	12,544	12,544	12,544	12,544
8A	Medi-Cal Units	20	8,788	16,147	2,172	3,816	22,380	22,380	22,380	22,380
9	Medicare/Medi-Cal Crossover Units									
9A	Medicare/Medi-Cal Crossover Units									
10	Enhanced SD/MC (Children) Units									
10A	Enhanced SD/MC (Children) Units									
10B	Enhanced SD/MC (Refugees) Units									
10C	Enhanced SD/MC (Refugees) Units									
11	Healthy Families (SED) Units									
11A	Healthy Families (SED) Units									
12	Non-Medi-Cal Units	10	18,778	6,796	1,165	5,757	4,730	408	408	408
13	Medi-Cal Costs	19	3,016	11,432	2,179	8,863	23,809	23,809	23,809	23,809
13A	Medi-Cal Costs	55	16,669	30,848	4,123	8,863	42,478	42,478	42,478	42,478
14	Medi-Cal SMA Upper Limits	23	3,626	13,732	2,617	28,690	1,324	1,324	1,324	1,324
14A	Medi-Cal SMA Upper Limits	66	20,069	36,816	4,932	6,244	51,026	7,922	7,922	7,922
15	Medi-Cal Published Charges	26	4,107	15,659	2,860	9,341	32,405	32,405	32,405	32,405
15A	Medi-Cal Published Charges	75	22,728	41,713	5,611	9,341	57,814	7,857	7,857	7,857
16	Medi-Cal Negotiated Rates	21	3,018	12,899	2,457	22,809	1,955	1,955	1,955	1,955
16A	Medi-Cal Negotiated Rates	62	16,669	34,555	4,648	8,863	42,478	6,591	6,591	6,591
17	Medicare/Medi-Cal Crossover Costs									
17A	Medicare/Medi-Cal Crossover Costs									
18	Medicare/Medi-Cal Crossover SMA Upper Limits									
18A	Medicare/Medi-Cal Crossover SMA Upper Limits									
19	Medicare/Medi-Cal Crossover Published Charges									
19A	Medicare/Medi-Cal Crossover Published Charges									
20	Medicare/Medi-Cal Crossover Negotiated Rates									
20A	Medicare/Medi-Cal Crossover Negotiated Rates									
21	Enhanced SD/MC Costs									
21A	Enhanced SD/MC Costs									
22	Enhanced SD/MC SMA Upper Limits									
22A	Enhanced SD/MC SMA Upper Limits									
23	Enhanced SD/MC Published Charges									
23A	Enhanced SD/MC Published Charges									
24	Enhanced SD/MC Negotiated Rates									
24A	Enhanced SD/MC Negotiated Rates									
25	Enhanced SD/MC (Refugees) Costs									
25A	Enhanced SD/MC (Refugees) Costs									
26	Enhanced SD/MC (Refugees) SMA Upper Limits									
26A	Enhanced SD/MC (Refugees) SMA Upper Limits									
27	Enhanced SD/MC (Refugees) Published Charges									
27A	Enhanced SD/MC (Refugees) Published Charges									
28	Enhanced SD/MC (Refugees) Negotiated Rates									
28A	Enhanced SD/MC (Refugees) Negotiated Rates									
29	Healthy Families Costs									
29A	Healthy Families Costs									
30	Healthy Families SMA Upper Limits									
30A	Healthy Families SMA Upper Limits									
31	Healthy Families Published Charges									
31A	Healthy Families Published Charges									
32	Healthy Families Negotiated Rates									
32A	Healthy Families Negotiated Rates									
33	Non-Medi-Cal Costs	19	35,638	12,903	2,211	10,927	6,978	868	868	868

County: Los Angeles
 County Code: 19

	Legal Entity: Didi Hirsch Psychiatric Service Legal Entity Number: 00183 Mode: 15 - Outpatient (Program 1)	CR	CR	ISA	NR	NR	NR	CR	NR	NR
		O	P	Q	R	S	T	U		
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	41	42	42	45	47	52	53		
2	Total Units	3,735	46,12%	0.89%	2.51%	0.43%	6.24%	0.30%		
3	Gross Cost	251,830	3,250,051	48,450	169,252	28,869	421,654	24,099		
4	SMA per Unit	477,935	8,168,735	88,221	321,257	55,023	800,316	45,736		
5	Cost per Unit	1.90	1.90	1.90	1.90	1.90	1.90	1.90		
6	Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28		
7	Negotiated Rate / Cost per Unit	2.58	2.58	2.58	2.58	2.58	2.58	2.58		
8	Medi-Cal Units	1.90	1.90	1.90	1.90	1.90	1.90	1.90		
8A	Medi-Cal Units	15,981	489,281	29,334	28,707	6,777	58,523	5,023		
9	Medicare/Medi-Cal Crossover Units	71,965	1,805,172	5,887	91,983	17,859	218,028	9,096		
9A	Medicare/Medi-Cal Crossover Units	1,564	1,564				905			
10	Enhanced SD/MC (Children) Units	10,062	10,062				3,248			
10A	Enhanced SD/MC (Children) Units									
10B	Enhanced SD/MC (Refugees) Units									
11	Healthy Families (SED) Units	734	21,201		2,326		3,352	440		
12	Non-Medi-Cal Units	2,747	72,181		7,527		10,873	424		
13	Medi-Cal Costs	1,39,393	1,050,530	8,278	38,439	4,353	126,125	9,113		
13A	Medi-Cal Costs	32,231	928,876	55,877	54,487	12,883	111,079	9,834		
14	Medi-Cal SMA Upper Limits	1,36,693	3,046,684	16,830	174,550	33,897	414,865	17,205		
15	Medi-Cal Published Charges	38,717	1,111,581	66,882	65,452	15,452	133,432	11,452		
16	Medi-Cal Negotiated Rates	154,080	3,059,792	20,217	209,078	40,719	488,472	20,736		
17	Medicare/Medi-Cal Crossover Costs	43,867	1,263,960	75,779	74,156	17,507	151,182	12,976		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	185,807	4,145,641	22,908	237,658	46,135	584,782	23,498		
19	Medicare/Medi-Cal Crossover Published Charges	32,231	929,078	82,715	81,433	14,503	111,079	10,740		
20	Medicare/Medi-Cal Crossover Negotiated Rates	138,583	3,046,684	18,975	196,801	38,218	414,965	19,485		
21	Enhanced SD/MC Costs	3,025	3,025				1,718			
22	Enhanced SD/MC SMA Upper Limits	19,155	19,155				6,165			
23	Enhanced SD/MC Published Charges	3,634	3,634				2,063			
24	Enhanced SD/MC Negotiated Rates	23,010	23,010				7,405			
25	Healthy Families Costs	26,071	26,071				2,338			
26	Healthy Families SMA Upper Limits	3,025	3,025				8,381			
27	Healthy Families Published Charges	19,155	19,155				1,718			
28	Healthy Families Negotiated Rates						6,165			
29	Enhanced SD/MC (Refugees) Costs									
30	Enhanced SD/MC (Refugees) SMA Upper Limits									
31	Enhanced SD/MC (Refugees) Published Charges									
32	Enhanced SD/MC (Refugees) Negotiated Rates									
33	Healthy Families Costs	1,383	40,240		4,415		6,362	635		
34	Healthy Families SMA Upper Limits	5,214	137,022		14,858		20,637	805		
35	Healthy Families Published Charges	1,874	48,338		5,303		7,643	1,003		
36	Healthy Families Negotiated Rates	6,293	154,895		17,848		24,790	967		
37	Non-Medi-Cal Costs	1,586	54,769		5,009		8,859	1,137		
38	Non-Medi-Cal SMA Upper Limits	7,088	186,491		20,219		28,088	1,095		
39	Non-Medi-Cal Published Charges	1,383	40,240		4,978		6,362	942		
40	Non-Medi-Cal Negotiated Rates	5,214	137,022		16,790		20,637	807		
41	Non-Medi-Cal Costs	302,534	1,983,931	15,714	72,959	8,262	239,390	17,297		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1998A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 4 OF 5
 Fiscal Year 2002-2003

DETAIL COST REPORT

County: Los Angeles
 County Code: 19

Legal Entity Number: 00163 Mode: 19 - Outpatient (Program 1)	Legal Entity: Didi Hirsch Psychiatric Services	CR		NR		CR		NR		CR		NR	
		V	W	X	Y	Z	AA	AB	Service Function	Service Function	Service Function	Service Function	
1	Allocation Percentage	0.23%	0.02%	0.15%	0.00%	12.29%	0.07%	0.00%	62	62	62	67	67
2	Total Units	15,403	1,945	5,411	22,180	454,015	2,615	76	76	76	76	76	76
3	Gross Cost	29,236	2,653	19,128	78,905	1,575,847	9,075	264	264	264	264	264	264
4	Cost per Unit	1.90	1.36	3.54	3.56	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47
5	SMA per Unit	2.28	2.28	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23
6	Published Charge per Unit	2.56	2.56	4.72	4.72	4.72	4.72	4.72	4.72	4.72	4.72	4.72	4.72
7	Negotiated Rate / Cost per Unit	1.80	2.14	3.84	3.47	3.47	3.47	3.94	3.94	3.94	3.94	3.94	3.94
8	Medi-Cal Units	68	591	880	2,150	57,020	1,600	75	75	75	75	75	75
8A		4,522	754	2,955	7,940	125,072	565	15,628	15,628	15,628	15,628	15,628	15,628
9	Medicare/Medi-Cal Crossover Units												
9A													
10	Enhanced SD/MC (Children) Units												
10A													
10B	Enhanced SD/MC (Refugees) Units												
10B													
11	Healthy Families (SED) Units												
11A													
12	Non-Medi-Cal Units	10,732		1,187	11,403	218,530	250						
13	Medi-Cal Costs	125	1,122	3,054	7,461	197,696	6,247						
13A		5,583	1,431	10,255	27,555	434,059	1,861						
14	Medi-Cal SMA Upper Limits	150	1,347	3,722	9,095	241,195	7,614						
14A		10,310	1,719	12,500	33,588	529,055	2,380						
15	Medi-Cal Published Charges	170	1,627	4,151	10,141	266,946	6,480						
15A		11,882	1,848	13,938	37,451	589,927	2,665						
16	Medi-Cal Negotiated Rates	125	1,285	3,467	7,461	197,688	7,092						
16A		8,583	1,614	11,643	27,555	434,059	2,276						
17	Medicare/Medi-Cal Crossover Costs												
17A													
18	Medicare/Medi-Cal Crossover SMA Upper Limits												
18A													
19	Medicare/Medi-Cal Crossover Published Charges												
19A													
20	Medicare/Medi-Cal Crossover Negotiated Rates												
20A													
21	Enhanced SD/MC Costs												
21A													
22	Enhanced SD/MC SMA Upper Limits												
22A													
23	Enhanced SD/MC Published Charges												
23A													
24	Enhanced SD/MC Negotiated Rates												
24A													
25	Enhanced SD/MC (Refugees) Costs												
25A													
26	Enhanced SD/MC (Refugees) SMA Upper Limits												
26A													
27	Enhanced SD/MC (Refugees) Published Charges												
27A													
28	Enhanced SD/MC (Refugees) Negotiated Rates												
28A													
29	Healthy Families Costs	158		260	385	4,065							
29A													
30	Healthy Families SMA Upper Limits	189		317	470	4,978							
30A													
31	Healthy Families Published Charges	214		354	524	5,652							
31A													
32	Healthy Families Negotiated Rates	156		266	385	4,065							
32A													
33	Non-Medi-Cal Costs	20,370		4,119	39,574	756,403	868						

DETAILED COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1996A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number, 05183 Mode: 13 - Outpatient (Program 1)	Legal Entity: Didi Hirsch Psychiatric Service	AC	AD	AE	AF	AG	AH	AI
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.02%	0.80%	0.02%				
2	Total Units	1,018	36,721	1,038				
3	Gross Cost	2,854	102,118	2,869				
4	Cost per Unit	2.78	2.78	2.78				
5	SMA per Unit	3.41	3.41	3.41				
6	Published Charge per Unit	3.78	3.78	3.78				
7	Negotiated Rate / Cost per Unit	2.78	2.78					
8	Medi-Cal Units	16	6,247	490				
8A			15,944	27				
9	Medicare/Medi-Cal Crossover Units							
9A								
10	Enhanced SD/MC (Children) Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
10B1								
11	Healthy Families (SED) Units							
11A								
12	Non-Medi-Cal Units	377	14,523	522				
13	Medi-Cal Costs	44	17,372	1,382				
13A		1,741	44,339	78				
14	Medi-Cal SMA Upper Limits	55	21,302	1,871				
14A		2,135	54,399	92				
15	Medi-Cal Published Charges	61	23,654	1,854				
15A		2,368	60,321	102				
16	Medi-Cal Negotiated Rates	44	17,372					
16A		1,741	44,339					
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
25A								
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A								
27	Enhanced SD/MC (Refugees) Published Charges							
27A								
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A								
29	Healthy Families Costs							
29A								
30	Healthy Families SMA Upper Limits							
30A								
31	Healthy Families Published Charges							
31A								
32	Healthy Families Negotiated Rates							
32A								
33	Non-Medi-Cal Costs	1,045	40,387	1,451				

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Legal Entity: Durnoff Center Legal Entity Number: 00184 Model: 15 - Outpatient (Program 1)							
1 Allocation Percentage	100.00%	04	10	43	52	81	62
2 Total Units	26,897	210,904	23,809	276,960	21,468	21,940	30,945
3 Gross Cost	956,615	256,946	37,808	439,613	34,068	77,977	109,982
4 Cost per Unit	1.22	1.59	1.59	1.59	1.59	3.55	3.55
5 SMA per Unit	1.77	2.28	2.28	2.28	2.28	4.23	4.23
6 Published Charge per Unit	1.45	1.89	1.89	1.89	1.89	4.23	4.23
7 Negotiated Rate / Cost per Unit	1.45	1.89	1.89	1.89	1.89	4.23	4.23
8 Medi-Cal Units	31,646	2,038	2,038	32,090	4,806	-1,870	3,960
8A	116,197	13,917	13,917	157,215	8,949	9,865	26,535
9					323		
9A					(305)	77	
10 Enhanced SD/MC (Children) Units							
10A							
10B Enhanced SD/MC (Refugees) Units							
10B							
11 Healthy Families (SED) Units							
11A							
12 Non-Medi-Cal Units	63,061	7,854	7,854	87,655	7,481	10,205	450
13	120,832	3,236	3,236	50,669	7,382	6,848	14,074
13A	566,902	141,564	22,100	249,658	14,211	35,081	84,308
14	189,056	59,013	4,647	73,165	10,670	7,910	16,751
14A	770,225	205,699	31,731	358,450	20,404	41,728	112,243
15	143,812	45,897	3,842	60,650	8,762	7,910	16,751
15A	682,611	168,486	26,303	297,138	18,914	41,729	112,243
16	143,812	45,897	3,842	60,650	8,762	7,910	16,751
16A	682,611	168,486	26,303	297,136	16,914	41,729	112,243
17	987			404	513		
17A	(362)			(484)	122		
18	1,432			695	736		
18A	(520)			(695)	176		
19	1,197			576	610		
19A	(431)			(576)	148		
20	1,197			576	610		
20A	(431)			(576)	148		
21							
21A							
22							
22A							
23							
23A							
24							
24A							
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28							
28A							
29							
29A							
30							
30A							
31							
31A							
32							
32A							
33	276,245	76,826	12,472	136,106	11,680	36,270	1,599

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1066A (05/03)

County: Los Angeles
County Code: 19

	Legal Entity	Legal Entity	Mode	A	NR B	NR C	NR D	NR E	NR F	NR G
	00185	EL CENTRO DE AMISTAD, INC.	15 - Outpatient (Program 1)	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
					03	04	10	12	33	34
1				100.00%	0.15%	53.09%	5.41%	0.27%	0.02%	2.34%
2					1,558	574,845	58,587	2,825	210	25,355
3				1,056,082	1,558	560,721	57,148	2,853	205	24,742
4					0.98	0.98	0.98	0.98	0.98	0.98
5					1.77	1.77	2.28	2.28	2.28	2.28
6					1.58	1.58	1.58	1.58	1.58	1.58
7					1.58	1.58	1.58	1.58	1.58	1.58
8					200	90,178	11,018	378		420
8A					200	270,791	40,282	1,155		21,530
9										
9A										
10										
10A										
10B										
11										
11A										
12					1,386	213,878	7,290	1,386	210	3,415
13										
13A										
14					195	284,138	39,282	1,127		410
14A					384	199,812	26,114	855		858
15					318	427,860	63,846	1,825		664
15A					318	142,478	17,404	893		664
16					318	427,860	63,846	1,825		34,017
16A					318	142,478	17,404	893		664
17										
17A										
18										
18A										
19										
19A										
20										
20A										
21										
21A										
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24A										
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27										
28										
28A										
29										
29A										
30										
30A										
31										
31A										
32										
32A										
33				323,808	1,381	208,623	7,111	1,381	205	3,331

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1998A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 2 OF 2
 Fiscal Year 2002-2003

DETAIL COST REPORT

County: Los Angeles
 County Code: 19

Legal Entity Number: 00185 Mode: 15 - Consultant (Program 1)	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function
1 Allocation Percentage		41		42		52		61						
2 Total Units		0.84%		32.86%		2.52%		0.03%		2.36%				
3 Gross Cost		10,135		365,756		27,360		150		10,418				
4 Cost per Unit		9,888		347,015		28,707		358		24,891				
5 SMA per Unit		0.96		0.68		0.96		2.39		2.39				
6 Published Charge per Unit		2.26		2.28		2.28		4.23		4.23				
7 Negotiated Rate / Cost per Unit		1.58		1.58		1.58		3.87		3.87				
8 Medi-Cal Units		1,380		83,639		8,885		1,895		1,895				
9 Medicare/Medi-Cal Crossover Units		5,780		200,667		15,510		45		5,856				
10 Enhanced SD/MC (Children) Units														
10B Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units														
12 Non-Medi-Cal Units		2,975		91,510		3,185		106		2,835				
13 Medi-Cal Costs		1,346		62,075		6,472		106		4,528				
14 Medi-Cal SMA Upper Limits		5,838		185,678		15,129		106		14,068				
15 Medi-Cal Published Charges		3,148		145,087		19,802		190		8,018				
16 Medi-Cal Negotiated Rates		13,178		457,384		35,363		174		7,334				
17 Medicare/Medi-Cal Crossover Costs		2,180		100,550		13,722		174		22,787				
18 Medicare/Medi-Cal Crossover SMA Upper Limits		9,132		316,868		24,808		174		7,334				
19 Medicare/Medi-Cal Crossover Published Charges		2,180		100,550		13,722		174		22,787				
20 Medicare/Medi-Cal Crossover Negotiated Rates		2,180		100,550		13,722		174		22,787				
21 Enhanced SD/MC Costs		6,432		316,950		24,506		174		22,787				
22 Enhanced SD/MC SMA Upper Limits														
23 Enhanced SD/MC Published Charges														
24 Enhanced SD/MC Negotiated Rates														
25 Enhanced SD/MC (Refugees) Costs														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
27 Enhanced SD/MC (Refugees) Published Charges														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
29 Healthy Families Costs														
30 Healthy Families SMA Upper Limits														
31 Healthy Families Published Charges														
32 Healthy Families Negotiated Rates														
33 Non-Medi-Cal Costs		2,902		89,282		3,107		251		6,296				

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

Legal Entity: Enki Health & Research Legal Entity Number: 00186 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G	
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
		03	04	06	10	12	17							
1 Allocation Percentage	100.00%	0.16%	3.70%	0.01%	5.20%	0.91%								
2 Total Units	25,944	614,821	2,064	525,653	91,104	10,857								
3 Gross Cost	19,963,504	26,509	629,218	2,109	891,788	154,563	18,418							
4 Cost per Unit		1.02	1.02	1.02	1.70	1.70								
5 SMA per Unit		1.77	1.77	1.77	2.28	2.28								
6 Published Charge per Unit		1.10	1.10	1.10	1.80	1.80								
7 Negotiated Rate / Cost per Unit		1.06	1.06	1.06	1.76	1.76								
8 Medi-Cal Units	07/01/02 - 09/30/02	4,007	84,456	185	115,405	15,128	4,070							
9A Medicare/Medi-Cal Crossover Units	10/01/02 - 09/30/03	14,364	333,981	923	312,962	45,092	4,212							
9B Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02													
10 Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03													
10A Enhanced SD/MC (Children) Units	07/01/02 - 06/30/02													
10B Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03													
10C Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/02													
11 Healthy Families (SED) Units	07/01/02 - 06/30/02	200	1,881	300	11,258	605	1,050							
11A Healthy Families (SED) Units	10/01/02 - 06/30/03	761	11,155	580	30,163	806	846							
12 Non-Medi-Cal Units	07/01/02 - 06/30/02	6,532	183,348	580	85,835	29,273	679							
13 Medi-Cal Costs	07/01/02 - 09/30/02	4,094	86,298	180	196,791	25,665	6,905							
13A Medi-Cal Costs	10/01/02 - 06/30/03	14,708	341,268	943	530,967	70,501	7,146							
14 Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	7,092	149,487	292	283,123	34,482	9,280							
14A Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	25,477	591,146	1,634	713,553	102,810	9,903							
15 Medi-Cal Published Charges	07/01/02 - 09/30/02	4,408	92,902	182	207,739	27,230	7,326							
15A Medi-Cal Published Charges	10/01/02 - 06/30/03	15,833	367,378	1,015	563,332	81,166	7,582							
16 Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	2,923,362	4,247	89,523	175	203,113	26,025							
16A Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	9,111,865	15,256	354,070	878	550,813	79,362							
17 Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	158,867												
17A Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	478,374												
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	209,847												
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	630,940												
19 Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	188,865												
19A Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	591,163												
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02	164,591												
20A Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	494,169												
21 Enhanced SD/MC Costs	07/01/02 - 09/30/02													
21A Enhanced SD/MC Costs	10/01/02 - 06/30/03													
22 Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02													
22A Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03													
23 Enhanced SD/MC Published Charges	07/01/02 - 09/30/02													
23A Enhanced SD/MC Published Charges	10/01/02 - 06/30/03													
24 Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02													
24A Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03													
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03													
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03													
27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03													
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03													
29 Healthy Families Costs	07/01/02 - 06/30/02	131,890	1,922	308	51,175	1,267	1,435							
29A Healthy Families Costs	10/01/02 - 06/30/03	444,737	11,308	308	25,737	1,835	2,384							
30 Healthy Families SMA Upper Limits	07/01/02 - 06/30/02	177,333	460	690	68,772	1,836	1,829							
30A Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	601,104	1,320	690	20,316	1,449	1,690							
31 Healthy Families Published Charges	07/01/02 - 06/30/02	139,745	286	2,089	429	54,293	1,451							
31A Healthy Families Published Charges	10/01/02 - 06/30/03	471,264	826	12,271	19,867	1,417	1,648							
32 Healthy Families Negotiated Rates	07/01/02 - 06/30/02	136,823	276	1,964	413	53,087	1,419							
32A Healthy Families Negotiated Rates	10/01/02 - 06/30/03	461,369	796	11,834	413	53,087	1,419							
33 Non-Medi-Cal Costs		4,150,404	6,874	187,343	599	94,727	49,603							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.01%	31	0.01%	34	41	49%	42	64%	47	52	60%	54	65%	54
2	Total Units	718	920	486,514	5,283,519	33,917	659,995	36,094	64,925	57,542	1,119,697	54,925			
3	Gross Cost	1,218	1,561	846,284	8,929,838	57,542	1,119,697	54,925							
4	Cost per Unit	1.70	1.70	1.70	1.70	1.70	1.70	1.70	1.70	1.70	1.70	1.70	1.70	1.70	1.70
5	SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80
7	Negotiated Rate / Cost per Unit	1.76	1.76	1.76	1.76	1.76	1.76	1.76	1.76	1.76	1.76	1.76	1.76	1.76	1.76
8	Medi-Cal Units	410	90	72,685	877,106	3,705	104,610	6,242							
8A		78	250,719	2,837,950	21,924	325,376	14,088								
9	Medicare/Medi-Cal Crossover Units				40,753										
10	Enhanced SD/MC (Children) Units														
10A															
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A															
12	Non-Medi-Cal Units	230													
13	Medi-Cal Costs	696	153	123,314	1,488,057	6,286	177,476	10,590							
13A		132	425,358	4,914,136	37,185	532,016	23,901								
14	Medi-Cal SMA Upper Limits	935	205	165,722	1,999,928	8,447	238,511	14,232							
14A		178	571,639	6,489,728	49,587	741,957	32,121								
15	Medi-Cal Published Charges	738	182	130,833	1,578,781	6,509	188,298	11,238							
15A		140	451,294	5,107,990	39,453	565,677	25,358								
16	Medi-Cal Negotiated Rates	722	158	127,928	1,543,707	6,521	184,114	10,986							
16A		137	441,265	4,994,176	38,596	572,862	24,785								
17	Medicare/Medi-Cal Crossover Costs				16,307										
17A					68,140										
18	Medicare/Medi-Cal Crossover SMA Upper Limits				21,215										
18A					92,917										
19	Medicare/Medi-Cal Crossover Published Charges				17,302										
19A					73,355										
20	Medicare/Medi-Cal Crossover Negotiated Rates				16,917										
20A					71,725										
21	Enhanced SD/MC Costs														
21A															
22	Enhanced SD/MC SMA Upper Limits														
22A															
23	Enhanced SD/MC Published Charges														
23A															
24	Enhanced SD/MC Negotiated Rates														
24A															
25	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs														
29A															
30	Healthy Families SMA Upper Limits														
30A															
31	Healthy Families Published Charges														
31A															
32	Healthy Families Negotiated Rates														
32A															
33	Non-Medi-Cal Costs	300	753	272,370	2,192,364	11,482	348,514	20,116							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1866A (03/03)

County: Los Angeles
County Code: 19

	Local Entity: EraJ Health & Research Legal Entity Number: 00188 Model: 15 - Outpatient (Program 1)	NR O Service Function	NR P Service Function	NR Q Service Function	NR R Service Function	NR S Service Function	NR T Service Function	NR U Service Function
1	Allocation Percentages	0.00%	61	62	67	71	76	77
2	Total Units	30	68,123	1,190,465	1,250	0.04%	0.00%	60
3	Gross Cost	61	217,358	3,798,348	3,988	6,257	171	194,957
4	Cost per Unit	1.70	3.18	3.19	3.19	2.85	2.85	2.85
5	SMA per Unit	2.26	4.23	4.23	4.23	3.41	3.41	3.41
6	Published Charge per Unit	1.80	3.35	3.35	3.35	3.00	3.00	3.00
7	Negotiated Rate / Cost per Unit	1.78	3.31	3.31	3.31	2.98	2.98	2.98
8	Medi-Cal Units	30	8,926	195,342	590	590	60	13,009
8A	Medicare/Medi-Cal Crossover Units		29,557	546,366	375	1,603		40,517
9	Enhanced SD/MC (Children) Units			40,006				2,483
10	Enhanced SD/MC (Refugees) Units			116,564				5,698
10A	Healthy Families (SED) Units							
10B	Healthy Families (SED) Units							
11	Non-Medi-Cal Units							
11A	Medi-Cal Costs	51	28,477	623,273	1,082	1,683		37,116
13	Medi-Cal SMA Upper Limits		84,307	1,743,277	1,197	4,574	171	115,607
14	Medi-Cal Published Charges	68	37,763	826,297	2,496	2,012		44,361
14A	Medi-Cal Negotiated Rates		125,028	2,311,128	1,586	5,486	208	138,163
15	Medi-Cal SMA Upper Limits	54	29,999	654,390	1,977	1,770		39,027
15A	Medi-Cal Published Charges		90,016	1,830,326	1,256	4,808	180	121,551
16	Medi-Cal Negotiated Rates	53	29,542	646,542	1,953	1,748		38,507
16A	Medi-Cal SMA Upper Limits		97,834	1,808,471	1,341	4,745	178	119,930
17	Medicare/Medi-Cal Crossover Costs			127,646				7,085
17A	Medicare/Medi-Cal Crossover SMA Upper Limits			371,818				18,829
18	Enhanced SD/MC SMA Upper Limits			169,225				8,467
18A	Enhanced SD/MC Published Charges			493,066				20,112
19	Enhanced SD/MC Negotiated Rates			134,020				7,449
19A	Enhanced SD/MC SMA Upper Limits			390,489				17,694
20	Enhanced SD/MC Published Charges			132,420				7,350
20A	Enhanced SD/MC Negotiated Rates			385,827				17,458
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC SMA Upper Limits							
22	Enhanced SD/MC Published Charges							
22A	Enhanced SD/MC Negotiated Rates							
23	Enhanced SD/MC SMA Upper Limits							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC SMA Upper Limits							
25	Enhanced SD/MC Published Charges							
26	Enhanced SD/MC Negotiated Rates							
26A	Enhanced SD/MC SMA Upper Limits							
27	Healthy Families Costs							
27A	Healthy Families SMA Upper Limits							
28	Healthy Families Published Charges							
28A	Healthy Families Negotiated Rates							
29	Healthy Families Costs							
29A	Healthy Families SMA Upper Limits							
30	Healthy Families Published Charges							
30A	Healthy Families Negotiated Rates							
31	Healthy Families Costs							
31A	Healthy Families SMA Upper Limits							
32	Healthy Families Published Charges							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs							
33A	Non-Medi-Cal SMA Upper Limits							
33B	Non-Medi-Cal Published Charges							
33C	Non-Medi-Cal Negotiated Rates							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

Legal Entity: Five Acres Boys & Gear Aid Society of Los Angeles
Legal Entity Number: 00647
Mode: 15 - Outpatient (Program 1)

	A	B	C	D	E	F	G
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	100.00%	0.03%	0.49%	5.84%	0.01%	0.30%	1.51%
2	Total Units	705	121,754	113,965	120	8,402	29,430
3	Gross Cost	867	170,186	203,597	215	11,469	52,718
4	Cost per Unit	1.40	1.40	1.79	1.79	1.79	1.79
5	SMA per Unit	1.77	1.77	2.28	2.28	2.28	2.28
6	Published Charge per Unit	1.61	1.61	2.06	2.06	2.06	2.06
7	Negotiated Rate / Cost per Unit	1.61	1.61	2.06	2.06	2.06	2.06
8	Medi-Cal Units		34,829	15,558		2,489	6,830
8A			86,925	96,272		3,833	22,500
9	Medicare/Medi-Cal Crossover Units						
10	Enhanced SD/MC (Children) Units						
10A	Enhanced SD/MC (Refugees) Units						
10B	Healthy Families (SED) Units						
11	Non-Medi-Cal Units	705		135	120		
12	Medi-Cal Costs		46,654	33,154		4,423	12,414
13			121,504	170,202		7,046	40,304
14	Medi-Cal SMA Upper Limits		81,847	42,312		6,629	15,800
14A			153,857	217,220		8,987	51,300
15	Medi-Cal Published Charges		56,075	36,229		5,086	14,278
15A			139,949	196,290		8,102	46,350
16	Medi-Cal Negotiated Rates		56,075	36,229		5,086	14,278
16A			139,949	196,290		8,102	46,350
17	Medicare/Medi-Cal Crossover Costs						
17A							
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A							
19	Medicare/Medi-Cal Crossover Published Charges						
19A							
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A							
21	Enhanced SD/MC Costs						
21A							
22	Enhanced SD/MC SMA Upper Limits						
22A							
23	Enhanced SD/MC Published Charges						
23A							
24	Enhanced SD/MC Negotiated Rates						
24A							
25	Enhanced SD/MC (Refugees) Costs						
25A							
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
26A							
27	Enhanced SD/MC (Refugees) Published Charges						
27A							
28	Enhanced SD/MC (Refugees) Negotiated Rates						
28A							
29	Healthy Families Costs						
29A							
30	Healthy Families SMA Upper Limits						
30A							
31	Healthy Families Published Charges						
31A							
32	Healthy Families Negotiated Rates						
32A							
33	Non-Medi-Cal Costs	987	0	241	215		
		15,132	0	241	215		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1866A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 2 OF 3
 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 18

	Legal Entity: Five Acres Boys & Girls Aid Society of Los Angeles Legal Entity Number: 00647 Mode: 15 - Outpatient (Program 1)	H	I	J	K	L	M	N
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
		41	42	52	54	56	61	62
1	Allocation Percentage	0.35%	36.63%	1.44%	0.02%	30.70%	0.04%	18.17%
2	Total Units	6,875	715,569	28,255	339	730,892	861	334,616
3	Gross Cost	12,316	1,276,196	50,228	907	1,069,479	1,251	632,854
4	Cost per Unit	1.79	1.78	1.76	1.79	1.46	1.89	1.89
5	SMA per Unit	2.26	2.26	2.26	2.26	2.26	4.23	4.23
6	Published Charge per Unit	2.06	2.06	2.06	2.06	2.06	3.84	3.84
7	Negotiated Rate / Cost per Unit	2.06	2.06	2.06	2.06	2.06	3.84	3.84
8	Medi-Cal Units		128,800	19,097		186,306		84,060
8A			566,499	9,158		534,887	511	250,569
9	Medicare/Medi-Cal Crossover Units							
9A								
10	Enhanced SD/MC (Children) Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A								
12	Non-Medi-Cal Units	6,875	270		309		190	
13	Medi-Cal Costs		229,711	33,949		287,244		158,978
13A			1,046,003	16,280		782,236	867	473,673
14	Medi-Cal SMA Upper Limits		263,664	43,641		447,875		356,370
14A			1,337,218	20,880		1,218,856	2,162	1,059,865
15	Medi-Cal Published Charges		265,328	39,340		404,388		322,187
15A			1,206,168	18,866		1,101,249	1,862	967,147
16	Medi-Cal Negotiated Rates		265,328	39,340		404,388		322,187
16A			1,208,168	18,865		1,101,249	1,902	962,147
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A								
30	Healthy Families SMA Upper Limits							
30A								
31	Healthy Families Published Charges							
31A								
32	Healthy Families Negotiated Rates							
32A								
33	Non-Medi-Cal Costs	12,316	482	(9)	607		284	0

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (02/03)

County: Los Angeles
County Code: 19

CR

Legal Entity: Five Acres Boys' & Girls' Aid Society of Los Angeles	Legal Entity Number: 00947	Model: 15 - Outpatient (Program 1)	O	P	Q	R	S	T	U
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage		77						
2	Total Units		0.04%						
3	Gross Cost		700						
4	Cost per Unit		1.522						
5	SMA per Unit		2.17						
6	Published Charge per Unit		2.90						
7	Negotiated Rate / Cost per Unit		2.17						
8	Medi-Cal Units		130						
9A	Medicare/Medi-Cal Crossover Units		570						
9B	Enhanced SD/MC (Refugees) Units								
10A	Enhanced SD/MC (Children) Units								
10B	Enhanced SD/MC (Refugees) Units								
11A	Healthy Families (SED) Units								
12	Non-Medi-Cal Units								
13	Medi-Cal Costs		283						
13A	Medicare/Medi-Cal Crossover Costs		1,239						
14	Medi-Cal SMA Upper Limits		443						
14A	Medicare/Medi-Cal Crossover SMA Upper Limits		1,944						
15	Medi-Cal Published Charges		325						
15A	Medicare/Medi-Cal Crossover Published Charges		1,425						
16	Medi-Cal Negotiated Rates		283						
16A	Medicare/Medi-Cal Crossover Negotiated Rates		1,239						
17	Enhanced SD/MC Costs								
17A	Enhanced SD/MC (Refugees) Costs								
18	Enhanced SD/MC SMA Upper Limits								
18A	Enhanced SD/MC (Refugees) SMA Upper Limits								
19	Enhanced SD/MC Published Charges								
19A	Enhanced SD/MC (Refugees) Published Charges								
20	Enhanced SD/MC Negotiated Rates								
20A	Enhanced SD/MC (Refugees) Negotiated Rates								
21	Healthy Families Costs								
21A	Healthy Families SMA Upper Limits								
22	Healthy Families Published Charges								
22A	Healthy Families Negotiated Rates								
23	Non-Medi-Cal Costs								
23A	Medicare/Medi-Cal Crossover Costs								
23A	Medicare/Medi-Cal Crossover (Refugees) Costs								
24	Medicare/Medi-Cal Crossover SMA Upper Limits								
24A	Medicare/Medi-Cal Crossover SMA Upper Limits (Refugees)								
25	Medicare/Medi-Cal Crossover Published Charges								
25A	Medicare/Medi-Cal Crossover Published Charges (Refugees)								
26	Medicare/Medi-Cal Crossover Negotiated Rates								
26A	Medicare/Medi-Cal Crossover Negotiated Rates (Refugees)								
27	Healthy Families Costs								
27A	Healthy Families SMA Upper Limits								
28	Healthy Families Published Charges								
28A	Healthy Families Negotiated Rates								
29	Non-Medi-Cal Costs								
29A	Medicare/Medi-Cal Crossover Costs								
30	Medicare/Medi-Cal Crossover (Refugees) Costs								
30A	Medicare/Medi-Cal Crossover SMA Upper Limits								
31	Medicare/Medi-Cal Crossover Published Charges								
31A	Medicare/Medi-Cal Crossover Published Charges (Refugees)								
32	Medicare/Medi-Cal Crossover Negotiated Rates								
32A	Medicare/Medi-Cal Crossover Negotiated Rates (Refugees)								
33	Non-Medi-Cal Costs								

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (09/03)

County: Los Angeles
County Code: 19

Legal Entity, Foothill Family Services Legal Entity Number: 00724 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G	
	Mode Total	Service Function	03	04	10	12	31	34	03%	06%	06%	06%	06%	06%
1 Allocation Percentage	100.00%													
2 Total Units														
3 Gross Cost	3,173,479													
4 Cost per Unit														
5 SMA per Unit														
6 Published Charge per Unit														
7 Negotiated Rate / Cost per Unit														
8														
8A Medi-Cal Units														
9 Medicare/Medi-Cal Crossover Units														
9A														
10 Enhanced SD/MC (Children) Units														
10A														
10B Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units														
11A														
12 Non-Medi-Cal Units														
13 Medi-Cal Costs	567,777													
13A	2,409,974													
14 Medi-Cal SMA Upper Limits	954,217													
14A	4,045,465													
15 Medi-Cal Published Charges	1,048,065													
15A	4,440,184													
16 Medi-Cal Negotiated Rates	917,799													
16A	3,689,109													
17 Medicare/Medi-Cal Crossover Costs														
17A														
18 Medicare/Medi-Cal Crossover SMA Upper Limits														
18A														
19 Medicare/Medi-Cal Crossover Published Charges														
19A														
20 Medicare/Medi-Cal Crossover Negotiated Rates														
20A														
21 Enhanced SD/MC Costs														
21A														
22 Enhanced SD/MC SMA Upper Limits														
22A														
23 Enhanced SD/MC Published Charges														
23A														
24 Enhanced SD/MC Negotiated Rates														
24A														
25 Enhanced SD/MC (Refugees) Costs														
25A														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
26A														
27 Enhanced SD/MC (Refugees) Published Charges														
27A														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
28A														
29 Healthy Families Costs														
29A														
30 Healthy Families SMA Upper Limits														
30A														
31 Healthy Families Published Charges														
31A														
32 Healthy Families Negotiated Rates														
32A														
33 Non-Medi-Cal Costs	195,654													
33A	804													
33B	27,338													
33C	6,242													
33D	338													

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00724 Mode: 19 - Outpatient (Program 1)	H	I	J	K	L	M	N
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	41	42	61	62	71	77
2	Total Units	3,45%	69,87%	3,21%	0,06%	0,03%	0,54%
3	Gross Cost	80,460	1,604,275	74,849	841	524	8,700
4	Cost per Unit	109,614	2,165,561	101,989	2,038	54,904	17,235
5	SMA per Unit	1,36	1,36	1,36	2,42	1,98	1,98
6	Published Charge per Unit	2,28	2,28	2,28	4,23	4,23	3,41
7	Negotiated Rate / Cost per Unit	2,51	2,51	2,51	4,46	4,46	3,85
8	Medi-Cal Units	2,20	2,20	2,20	4,17	4,17	3,41
8A	Medi-Cal Units	12,135	283,910	17,974	2,240	19,604	1,548
9	Medicare/Medi-Cal Crossover Units	34,562	1,241,674	53,272	49	5,901	5,901
10	Enhanced SD/MC (Children) Units						
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units						
12	Non-Medi-Cal Units	33,763	78,437	3,803	792	624	1,551
13	Medi-Cal Costs	16,532	386,781	24,467	5,422	3,067	11,086
13A	Medi-Cal Costs	47,085	1,691,849	72,574	119	47,456	5,278
14	Medi-Cal SMA Upper Limits	27,668	647,315	40,981	207	82,925	9,850
14A	Medi-Cal Published Charges	78,801	2,831,473	121,460	207	9,980	20,444
15	Medi-Cal Published Charges	30,459	712,614	45,115	219	87,434	5,278
15A	Medi-Cal Negotiated Rates	86,751	3,117,104	133,713	204	81,748	19,069
16	Medi-Cal Negotiated Rates	26,687	624,602	39,543	204	81,748	19,069
17	Medicare/Medi-Cal Crossover Costs	78,038	2,732,123	117,186			
17A	Medicare/Medi-Cal Crossover Costs						
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A	Medicare/Medi-Cal Crossover Published Charges						
19	Medicare/Medi-Cal Crossover Negotiated Rates						
19A	Enhanced SD/MC Costs						
21	Enhanced SD/MC SMA Upper Limits						
22	Enhanced SD/MC Published Charges						
23	Enhanced SD/MC Negotiated Rates						
23A	Healthy Families Costs						
24	Healthy Families SMA Upper Limits						
24A	Healthy Families Published Charges						
25	Healthy Families Negotiated Rates						
26	Non-Medi-Cal Costs	45,997	106,858	4,908	1,917	2,026	1,038
26A	Non-Medi-Cal Costs						

DETAILED COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (02/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	Mode	A	B	C	D	E	F	G
			Mode Total	Service Function 03	Service Function 04	Service Function 04	Service Function 10	Service Function 10	Service Function 12
1	Allocation Percentage		100.00%	0.04%	4.76%	5.40%	5.51%	0.30%	0.11%
2	Total Units		2,081,989	726	98,778	101,994	71,324	3,841	443
3	Gross Cost		2,081,989	806	99,817	113,059	115,252	6,207	2,332
4	Cost per Unit		1.11	1.11	1.11	1.11	1.62	1.62	1.62
5	SMA per Unit		1.77	1.77	1.77	1.77	2.28	2.28	2.28
6	Published Charge per Unit		466.00	466.00	466.00	466.00	466.00	466.00	466.00
7	Negotiated Rate / Cost per Unit		1.12	1.12	1.12	1.12	1.83	1.83	1.83
8	Medi-Cal Units		106	14,973	5,891	12,898	73	147	147
8A	Medi-Cal Units	07/01/02 - 09/30/02	316	44,920	17,872	38,892	219	440	440
9	Medicare/Medi-Cal Crossover Units								
9A	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
10	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10B	Enhanced SD/MC (Refugees) Units								
10BA	Enhanced SD/MC (Refugees) Units	07/01/02 - 09/30/02							
11	Healthy Families (SED) Units								
11A	Healthy Families (SED) Units	07/01/02 - 09/30/02							
12	Non-Medi-Cal Units								
12A	Non-Medi-Cal Units	07/01/02 - 09/30/02							
13	Medi-Cal Costs		328,766	118	16,597	6,530	20,842	118	238
13A	Medi-Cal Costs	07/01/02 - 09/30/02	968,379	351	40,793	19,589	62,522	354	711
14	Medi-Cal SMA Upper Limits		468,801	188	26,502	10,427	29,407	188	335
14A	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,408,391	559	78,508	31,279	89,218	498	1,003
15	Medi-Cal Published Charges		85,828,931	49,396	6,971,418	2,745,206	6,010,468	34,018	69,502
15A	Medi-Cal Published Charges	07/01/02 - 09/30/02	257,811,688	147,256	20,932,720	8,235,152	18,030,472	102,054	205,040
16	Medi-Cal Negotiated Rates		331,823	119	16,770	6,330	21,024	118	240
16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	984,860	354	50,319	19,589	63,008	354	717
17	Medicare/Medi-Cal Crossover Costs								
17A	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
19	Medicare/Medi-Cal Crossover Published Charges								
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
21	Enhanced SD/MC Costs								
21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
22	Enhanced SD/MC SMA Upper Limits								
22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
23	Enhanced SD/MC Published Charges								
23A	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
24	Enhanced SD/MC Negotiated Rates								
24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
25	Enhanced SD/MC (Refugees) Costs								
25A	Enhanced SD/MC (Refugees) Costs	07/01/02 - 09/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 09/30/02							
27	Enhanced SD/MC (Refugees) Published Charges								
27A	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 09/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates								
28A	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 09/30/02							
29	Healthy Families Costs		15,885	11	362		1,609		113
29A	Healthy Families Costs	07/01/02 - 09/30/02	47,061	34	1,087		4,828		338
30	Healthy Families SMA Upper Limits		22,228	18	579		2,271		160
30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	68,664	55	1,738		6,813		477
31	Healthy Families Published Charges		3,859,054	4,660	152,382		464,138		32,820
31A	Healthy Families Published Charges	07/01/02 - 09/30/02	11,877,672	14,446	457,146		1,392,408		97,394
32	Healthy Families Negotiated Rates		15,825	11	368		1,823		114
32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02	47,451	35	1,099		4,870		341
33	Non-Medi-Cal Costs		714,099	292	31,877	86,940	25,450	6,735	932

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 04/19/2003 (03/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 2 OF 3
 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

Legal Entity Number: 00190 Mode: 15 - Outpatient (Program 1)	H	NR	J	K	L	M	N
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentages	31	33	34	41	42	42	52
2 Total Units	0.11%	0.07%	0.19%	1.43%	57.17%	4.40%	5.85%
3 Gross Cost	1,595	960	2,490	18,452	740,193	56,992	75,782
4 Cost per Unit	2,240	1,352	4,025	29,822	1,195,992	92,066	122,478
5 SMA per Unit	1.62	1.62	1.62	1.62	1.62	1.62	1.62
6 Negotiated Rate / Cost per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7 Published Charge per Unit	466.00	466.00	466.00	466.00	466.00	466.00	466.00
8 Negotiated Rate / Cost per Unit	1.83	1.83	1.83	1.83	1.83	1.83	1.83
9 Medi-Cal Units	282	105	619	2,064	131,705	1,638	13,706
10 Medicare/Medi-Cal Crossover Units	844	315	1,856	6,153	395,113	4,914	41,118
11 Enhanced SD/MC (Children) Units							
12 Enhanced SD/MC (Refugees) Units							
13 Healthy Families (SED) Units		135		873	6,059		15
14 Non-Medi-Cal Units	280	405	15	2,621	18,176		45
15 Medi-Cal Costs	456	170	1,001	3,336	212,807	2,647	22,151
16 Medicare/Medi-Cal Crossover Costs	1,364	509	3,000	10,009	638,417	7,940	66,451
17 Enhanced SD/MC SMA Upper Limits	843	239	1,411	4,706	300,267	3,735	31,200
18 Medicare/Medi-Cal Crossover Published Charges	1,924	718	4,232	14,120	900,838	11,204	93,744
19 Healthy Families Published Charges	13,412	48,930	298,454	981,824	61,374,530	763,308	6,306,996
20 Medi-Cal Negotiated Rates	393,304	146,790	864,866	2,865,038	182,888,924	2,288,924	19,160,056
21 Enhanced SD/MC Costs	480	171	1,009	3,364	214,879	2,847	22,341
22 Medicare/Medi-Cal Crossover Costs	1,376	513	3,025	10,065	644,034	7,940	67,019
23 Enhanced SD/MC SMA Upper Limits							
24 Medicare/Medi-Cal Crossover Published Charges							
25 Healthy Families Published Charges							
26 Healthy Families Negotiated Rates							
27 Non-Medi-Cal Costs	420	24	24	10,830	305,609	61,489	33,776

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MH 1866A (05/00)

County: Los Angeles
County Code: 19

		O	NR	CR	CR	CR	R	S	T	U
	Legal Entity: Gateway Hesp & MHC	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Legal Entity Number: 00190	61	62	62	62	62	52			
	Mode: 15 - Outpatient (Program 1)									
1	Allocation Percentage		8.28%	5.80%	0.00%					
2	Total Units	3,340	58,295	41,595	40					
3	Gross Cost	9,905	173,156	123,465	65					
4	Cost per Unit	2.97	2.97	2.97	1.62					
5	SMA per Unit	4.23	4.23	4.23	2.28					
6	Published Charge per Unit	7.00	7.00	7.00	4.68.00					
7	Negotiated Rate / Cost per Unit	3.00	3.00	2.97	1.62					
8	Medi-Cal Units	581	11,628	1,650						
9	Medicare/Medi-Cal Crossover Units	1,774	35,479	4,951						
9A										
10	Enhanced SD/MC (Children) Units									
10A										
10B	Enhanced SD/MC (Refugees) Units									
11	Healthy Families (SED) Units	105	616							
11A		319	1,849							
12	Non-Medi-Cal Units	550	8,525	34,965	40					
13	Medi-Cal Costs	1,756	35,127	4,901						
13A		5,277	105,385	14,706						
14	Medi-Cal SMA Upper Limits	7,500	50,034	6,960						
14A		7,504	50,076	20,943						
15	Medi-Cal Published Charges	4,137	82,782	11,500						
15A		12,418	248,353	34,657						
16	Medi-Cal Negotiated Rates	1,773	35,479	4,901						
16A		5,322	106,437	14,706						
17	Medicare/Medi-Cal Crossover Costs									
17A										
18	Medicare/Medi-Cal Crossover SMA Upper Limits									
18A										
19	Medicare/Medi-Cal Crossover Published Charges									
19A										
20	Medicare/Medi-Cal Crossover Negotiated Rates									
20A										
21	Enhanced SD/MC Costs									
21A										
22	Enhanced SD/MC SMA Upper Limits									
22A										
23	Enhanced SD/MC Published Charges									
23A										
24	Enhanced SD/MC Negotiated Rates									
24A										
25	Enhanced SD/MC (Refugees) Costs									
26	Enhanced SD/MC (Refugees) SMA Upper Limits									
27	Enhanced SD/MC (Refugees) Published Charges									
28	Enhanced SD/MC (Refugees) Negotiated Rates									
29	Healthy Families Costs	315	1,830							
29A		849	5,492							
30	Healthy Families SMA Upper Limits	448	2,686							
30A		1,346	7,821							
31	Healthy Families Published Charges	742	4,312							
31A		2,233	12,943							
32	Healthy Families Negotiated Rates	316	1,848							
32A		957	5,547							
33	Non-Medi-Cal Costs	1,036	25,322	103,856	65					

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (03/03)

County Code: 19
County: Los Angeles

Legal Entity Number: 00174 Mode: 15 - Outpatient (Program 1)	Legal Entity: Hamburger Home, Inc	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
		A	B	C	D	E	F	G					
		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	100.00%	0.17%	8.13%	10.29%	0.02%	0.65%	59.56%	41	12	41	42	
2	Total Units		4,309	200,874	192,618	335	12,355	1,715,141					
3	Gross Cost	3,172,733	5,407	259,055	326,418	568	20,938	1,689,784					
4	Cost per Unit		1.26	1.28	1.69	1.69	1.69	1.69					
5	SMA per Unit		1.41	1.41	1.41	1.41	1.41	1.41					
6	Published Charge per Unit		1.41	1.41	1.41	1.41	1.41	1.41					
7	Negotiated Rate / Cost per Unit		1.41	1.41	1.41	1.41	1.41	1.41					
8	Medi-Cal Units		4,269	150,948	134,706	335	7,465	753,495					
8A	Medicare/Medi-Cal Crossover Units												
9	Enhanced SD/MC (Children) Units												
10	Enhanced SD/MC (Refugees) Units												
10A	Enhanced SD/MC (Refugees) Units												
10B	Enhanced SD/MC (Refugees) Units												
11	Healthy Families (SED) Units												
11A	Healthy Families (SED) Units												
12	Non-Medi-Cal Units												
13	Medi-Cal Costs	712,863	5,407	193,918	226,433	568	12,651	1,278,817					
13A	Medi-Cal Costs	2,170,548	7,450	267,180	307,335	764	17,020	1,717,989					
14	Medi-Cal SMA Upper Limits	860,697	7,450	267,180	307,335	764	17,020	1,717,989					
14A	Medi-Cal SMA Upper Limits	2,327,200	5,935	212,838	250,721	623	13,885	1,401,501					
15	Medi-Cal Published Charges	782,414	782,183	282,174	326,418	673	13,885	1,401,501					
15A	Medi-Cal Published Charges	2,362,319	2,360,767	848,174	984,455	673	13,885	1,401,501					
16	Medi-Cal Negotiated Rates												
16A	Medi-Cal Negotiated Rates												
17	Medicare/Medi-Cal Crossover Costs												
17A	Medicare/Medi-Cal Crossover Costs												
18	Medicare/Medi-Cal Crossover SMA Upper Limits												
18A	Medicare/Medi-Cal Crossover SMA Upper Limits												
19	Medicare/Medi-Cal Crossover Published Charges												
19A	Medicare/Medi-Cal Crossover Published Charges												
20	Medicare/Medi-Cal Crossover Negotiated Rates												
20A	Medicare/Medi-Cal Crossover Negotiated Rates												
21	Enhanced SD/MC Costs												
21A	Enhanced SD/MC Costs												
22	Enhanced SD/MC SMA Upper Limits												
22A	Enhanced SD/MC SMA Upper Limits												
23	Enhanced SD/MC Published Charges												
23A	Enhanced SD/MC Published Charges												
24	Enhanced SD/MC Negotiated Rates												
24A	Enhanced SD/MC Negotiated Rates												
25	Enhanced SD/MC (Refugees) Costs												
25A	Enhanced SD/MC (Refugees) Costs												
26	Enhanced SD/MC (Refugees) SMA Upper Limits												
26A	Enhanced SD/MC (Refugees) SMA Upper Limits												
27	Enhanced SD/MC (Refugees) Published Charges												
27A	Enhanced SD/MC (Refugees) Published Charges												
28	Enhanced SD/MC (Refugees) Negotiated Rates												
28A	Enhanced SD/MC (Refugees) Negotiated Rates												
29	Healthy Families Costs												
29A	Healthy Families Costs												
30	Healthy Families SMA Upper Limits												
30A	Healthy Families SMA Upper Limits												
31	Healthy Families Published Charges												
31A	Healthy Families Published Charges												
32	Healthy Families Negotiated Rates												
32A	Healthy Families Negotiated Rates												
33	Non-Medi-Cal Costs	193,704					3,105	11,137			7,194	155,434	

DETAILED COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

County: Los Angeles
County Code: 19

Legal Entity Number (0174) Mode: 15 - Outpatient (Program 1)	H Service Function	I Service Function	J Service Function	K Service Function	L Service Function	M Service Function	N Service Function
1 Allocation Percentage	52	58	61	62	77		
2 Total Units	0.75%	7.96%	0.14%	11.71%	0.60%		
3 Gross Cost	14,078	149,120	1,392	116,227	7,638		
4 Cost per Unit	21,857	252,708	4,376	371,825	18,698		
5 SMA per Unit	1.68	1.69	3.14	3.14	2.49		
6 Published Charge per Unit	2.28	2.28	4.23	4.23	3.41		
7 Negotiated Rate / Cost per Unit	1.86	1.86	3.45	3.45	2.73		
8	3.685	43,076	794	35,208	811		
8A Medi-Cal Units	9,005	108,044	3	76,913	6,397		
9 Medicare/Medi-Cal Crossover Units							
10 Enhanced SD/MC (Children) Units							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units	100						
12 Non-Medi-Cal Units	605		595	4,173	330		
13 Medi-Cal Costs	6,584	72,999	2,496	110,684	2,268		
14 Medi-Cal SMA Upper Limits	15,262	179,708	9	241,762	15,911		
15 Medi-Cal Published Charges	8,658	98,213	3,359	148,521	3,107		
16 Medi-Cal Negotiated Rates	20,534	241,760	13	325,342	21,814		
17 Medicare/Medi-Cal Crossover Costs	7,225	80,121	2,736	121,461	2,487		
18 Medicare/Medi-Cal Crossover Published Charges	18,751	197,242	10	265,350	17,484		
19 Medicare/Medi-Cal Crossover Negotiated Rates	7,226	80,121	2,736	121,461	2,288		
20 Enhanced SD/MC Costs	16,751	197,242	10	265,350	15,911		
21 Enhanced SD/MC Published Charges							
22 Enhanced SD/MC Negotiated Rates							
23 Healthy Families Costs							
24 Healthy Families Published Charges							
25 Healthy Families Negotiated Rates							
26 Non-Medi-Cal Costs	1,025		1,970	13,117	621		
27 Non-Medi-Cal Published Charges							
28 Non-Medi-Cal Negotiated Rates							
29							
30							
31							
32							
33							

DETAILED COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00192	Legal Entity: Hathway Children and Family Services	Mode: 15 - Outpatient (Program 1)	A	B	C	D	E	F	G
			Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17
1	Allocation Percentages		100.00%	0.10%	1.65%	0.09%	5.08%	0.92%	1.35%
2	Total Units		83,247	4,315	3,100	191,034	34,407	50,870	78,527
3	Gross Cost		5,902,008	5,690	96,390	3,598	294,897	53,114	78,527
4	Cost per Unit			1.16	1.16	1.16	1.54	1.54	1.54
5	SMA per Unit			1.77	1.77	1.77	2.28	2.28	2.28
6	Published Charge per Unit			1.80	1.80	1.80	2.40	2.40	2.40
7	Negotiated Rate / Cost per Unit			1.43	1.43	1.43	1.82	1.82	1.82
8	Medi-Cal Units			500	13,918	870	28,746	3,312	3,020
8A	Medicare/Medi-Cal Crossover Units			2,345	51,552	1,025	110,938	14,732	8,980
9	Enhanced SD/MC (Children) Units			103			1,015	85	
10A	Enhanced SD/MC (Refugees) Units			1,335		180	3,192	555	70
11	Healthy Families (SED) Units			30	593		4,924	270	1,690
11A	Non-Medi-Cal Units			35	3,335		9,518	1,190	1,690
12	Medi-Cal Costs			2,005	12,911	1,025	33,001	14,283	37,110
13	Medicare/Medi-Cal Crossover Costs			579	16,114	1,007	44,375	5,113	4,682
13A	Enhanced SD/MC (Children) Costs			2,715	59,605	1,187	171,253	22,742	13,862
14	Medi-Cal SMA Upper Limits			885	24,626	1,340	65,541	7,651	6,896
14A	Enhanced SD/MC (Refugees) Upper Limits			4,151	91,247	1,814	252,839	33,989	20,474
15	Medi-Cal Published Charges			800	25,052	1,596	68,990	7,949	7,248
15A	Enhanced SD/MC (Refugees) Published Charges			4,221	92,794	1,845	266,251	35,357	21,552
16	Medi-Cal Negotiated Rates			715	19,903	1,241	52,318	6,028	5,495
16A	Enhanced SD/MC (Refugees) Negotiated Rates			3,253	73,719	1,406	201,907	26,912	16,344
17	Medicare/Medi-Cal Crossover Costs								
17A	Enhanced SD/MC (Refugees) Costs								
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A	Enhanced SD/MC (Refugees) SMA Upper Limits								
19	Medicare/Medi-Cal Crossover Published Charges								
19A	Enhanced SD/MC (Refugees) Published Charges								
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A	Enhanced SD/MC (Refugees) Negotiated Rates								
21	Enhanced SD/MC Costs			18,889	119		1,567	131	
21A	Enhanced SD/MC (Refugees) Costs			67,069	1,548	208	4,927	857	108
22	Enhanced SD/MC SMA Upper Limits			28,005	182		2,314	194	
22A	Enhanced SD/MC (Refugees) SMA Upper Limits			129,068	2,363	319	7,278	1,285	180
23	Enhanced SD/MC Published Charges			29,398	185		2,436	204	
23A	Enhanced SD/MC (Refugees) Published Charges			135,339	2,403	324	7,661	1,332	188
24	Enhanced SD/MC Negotiated Rates			22,373	147		1,847	155	
24A	Enhanced SD/MC (Refugees) Negotiated Rates			103,115	1,509	957	5,808	1,010	127
25	Enhanced SD/MC (Refugees) Costs								
25A	Enhanced SD/MC (Refugees) SMA Upper Limits								
26	Enhanced SD/MC (Refugees) Published Charges								
26A	Enhanced SD/MC (Refugees) Negotiated Rates								
27	Healthy Families Costs			70,227	35	1,150	7,138	417	2,609
27A	Healthy Families SMA Upper Limits			214,358	41	3,951	14,093	1,537	616
28	Healthy Families Published Charges			104,135	53	1,758	10,543	616	3,853
28A	Healthy Families Negotiated Rates			317,649	62	5,903	21,701	2,713	3,853
29	Healthy Families Costs			109,184	54	1,787	11,098	645	4,056
29A	Healthy Families SMA Upper Limits			333,267	63	5,003	22,843	2,856	4,056
30	Healthy Families Published Charges			83,198	43	1,420	8,416	491	3,078
30A	Healthy Families Negotiated Rates			253,755	50	4,769	17,323	2,166	3,078
31	Non-Medi-Cal Costs			1,034,507	2,321	13,908	50,943	22,018	57,266
31A	Enhanced SD/MC (Refugees) Costs								
31A	Enhanced SD/MC (Refugees) SMA Upper Limits								
31A	Enhanced SD/MC (Refugees) Published Charges								
31A	Enhanced SD/MC (Refugees) Negotiated Rates								

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1968A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00321 Mode: 15 - Outpatient (Program 1)	A	B	C	D	E	F	G
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
		03	04	10	12	31	34
1 Allocation Percentage	100.00%	0.08%	0.79%	3.05%	0.50%	0.06%	0.43%
2 Total Units	1,893	24,490	72,040	11,743	1,345	1,345	10,270
3 Gross Cost	3,844,354	2,341	30,287	117,142	19,065	2,187	18,714
4 Cost per Unit	2,031	96	420	9,978	14,137	1,618	1,822
5 SMA per Unit	1.77	1.75	1.75	2.50	2.50	2.50	2.50
6 Published Charge per Unit	1.82	1.82	1.82	2.13	2.13	2.13	2.13
7 Negotiated Rate / Cost per Unit							
8 Medi-Cal Units	327	3,344	14,016	2,297	391		
9 Medicare/Medi-Cal Crossover Units	284	21,099	52,332	6,769	654		10,279
10 Enhanced SD/MC (Children) Units							
10A Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A Healthy Families Negotiated Rates							
12 Non-Medi-Cal Units	1,272	47					
13 Medi-Cal Costs	659,768	404	4,136	22,791	3,735	636	16,714
14 Medi-Cal SMA Upper Limits	2,972,606	364	26,094	65,085	11,007	1,551	16,714
15 Medi-Cal Published Charges	4,188,071	578	5,919	31,966	5,237	891	23,436
16 Medi-Cal Negotiated Rates	981,159	520	37,345	119,317	15,433	2,175	25,088
17 Medicare/Medi-Cal Crossover Costs	4,467,431	872	6,852	35,040	5,743	978	25,088
18 Medicare/Medi-Cal Crossover SMA Upper Limits	664,236	515	36,923	130,630	19,923	2,385	25,088
19 Medicare/Medi-Cal Crossover Published Charges	3,893,655	478	5,417	29,854	4,893	833	21,694
20 Medicare/Medi-Cal Crossover Negotiated Rates							
21 Enhanced SD/MC Costs							
21A Enhanced SD/MC SMA Upper Limits							
22 Enhanced SD/MC Published Charges							
22A Enhanced SD/MC Negotiated Rates							
23 Healthy Families Costs	9,929					1,587	
23A Healthy Families SMA Upper Limits	57,664					6,504	
24 Healthy Families Published Charges	13,822					2,225	
24A Healthy Families Negotiated Rates	80,717					8,320	
25 Healthy Families Costs	15,285					2,440	
25A Healthy Families SMA Upper Limits	86,575					9,123	
26 Healthy Families Published Charges	13,009					2,079	
26A Healthy Families Negotiated Rates	75,408					7,772	
27 Non-Medi-Cal Costs	144,483	1,573	58	1,735	4,353		

DETAIL COSTS REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1866A (05/03)

County: Los Angeles
County Code: 18

Legal Entity Number: 00192 Mode: 15 - Outpatient (Program 1)	H. Service Function	I. Service Function	J. Service Function	K. Service Function	L. Service Function	M. Service Function	N. Service Function
1 Allocation Percentage	31	33	34	37	41	42	47
2 Total Units	0.18%	0.22%	0.45%	0.01%	6.83%	37.80%	6.84%
3 Gross Cost	6,770	8,100	16,940	230	256,720	1,424,167	249,405
4 Cost per Unit	10,451	12,504	20,150	355	396,295	2,198,498	365,003
5 SMA per Unit	1.54	1.54	1.54	1.54	1.54	1.54	1.54
6 Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7 Negotiated Rate / Cost per Unit	2.40	2.40	2.40	2.40	2.40	2.40	2.40
8	1.82	1.82	1.82	1.82	1.82	1.82	1.82
9	3,755	1,500	2,985	20	30,868	225,772	10,565
10	930	1,845	10,120	20	129,393	833,813	35,900
11	90						
12	510	120	1,140			28,762	3,580
13	255	1,860				82,823	197,470
14	1,230	4,835	715	210	76,403	219,222	1,090
15	5,797	2,316	4,608			348,521	16,927
16	1,436	2,539	15,622	31	198,199	1,287,146	55,418
17	8,561	3,420	8,808			514,760	25,000
18	2,120	3,751	23,074	48	292,736	1,901,084	81,652
19	9,012	3,600	7,164			541,853	26,316
20	2,232	3,948	24,288	48	308,143	2,001,151	96,160
21	6,834	2,730	5,433			410,905	19,956
22	1,693	2,954	18,419	38	233,675	1,517,540	65,338
23							
24							
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33							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00321	Legal Entity Name: Hillside	Mode: 15 - Outpatient (Program 1)	NR O Service Function	NR P Service Function	NR Q Service Function	NR R Service Function	NR S Service Function	NR T Service Function	NR U Service Function
1	Allocation Percentage		71	77					
2	Total Units		0.03%	0.23%					
3	Gross Cost		396	3,666					
4	Cost per Unit		865	9,006					
5	SMA per Unit		2.44	2.44					
6	Published Charge per Unit		3.41	3.41					
7	Negotiated Rate / Cost per Unit		3.50	3.50					
8	Medi-Cal Units	07/01/02 - 06/30/02	80	487					
8A		10/01/02 - 09/30/03	148	3,188					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 06/30/02							
9A		10/01/02 - 09/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 06/30/02							
10A		10/01/02 - 09/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 06/30/02							
11A		10/01/02 - 09/30/03							
12	Non-Medi-Cal Units		167						
13	Medi-Cal Costs	07/01/02 - 06/30/02	195	1,214					
13A		10/01/02 - 09/30/03	362	7,700					
14	Medi-Cal SMA Upper Limits	07/01/02 - 06/30/02	273	1,666					
14A		10/01/02 - 09/30/03	566	10,874					
15	Medi-Cal Published Charges	07/01/02 - 06/30/02	280	1,740					
15A		10/01/02 - 09/30/03	616	11,162					
16	Medi-Cal Negotiated Rates	07/01/02 - 06/30/02	250	1,560					
16A		10/01/02 - 09/30/03	474	10,206					
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 06/30/02							
17A		10/01/02 - 09/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 06/30/02							
18A		10/01/02 - 09/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 06/30/02							
19A		10/01/02 - 09/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 06/30/02							
20A		10/01/02 - 09/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 06/30/02							
21A		10/01/02 - 09/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 06/30/02							
22A		10/01/02 - 09/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 06/30/02							
23A		10/01/02 - 09/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 06/30/02							
24A		10/01/02 - 09/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 06/30/02							
29A		10/01/02 - 09/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 06/30/02							
30A		10/01/02 - 09/30/03							
31	Healthy Families Published Charges	07/01/02 - 06/30/02							
31A		10/01/02 - 09/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 06/30/02							
32A		10/01/02 - 09/30/03							
33	Non-Medi-Cal Costs								(0)
									408

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1866A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	NR	O	P	NR	O	R	S	T	NR	U
Model			Service Function	Service Function		Service Function	Service Function	Service Function	Service Function		Service Function
1	Allocation Percentage		52	54	56	61	62	67	76		
2	Total Units		2,617	2,377	2,377	1,777	10,127	1,077	0,177		
3	Gross Cost		98,009	8,525	893,244	37,166	212,376	3,545	145		
4	Cost per Unit		151,295	10,073	1,376,859	102,793	587,381	9,805	320		
5	SMA per Unit		1.54	1.54	2.77	2.77	2.77	2.77	2.21		
6	Published Charge per Unit		2.28	2.28	4.23	4.23	4.23	4.23	3.41		
7	Negotiated Rate / Cost per Unit		2.40	2.40	4.30	4.30	4.30	4.30	3.43		
8	Medi-Cal Units	07/01/02 - 09/30/02	12,533	432	224,919	8,194	47,858	275			
9	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03	58,161	5,980	644,943	13,327	141,851	1,255			
10	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03	928				680				
10A	Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03	2,616				175				
11	Healthy Families (SED) Units	07/01/02 - 09/30/02	1,356				285				
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03	3,789				505				
12	Non-Medi-Cal Units		20,812	113	1,920	14,680	12,236	1,885	145		
13	Medi-Cal Costs	07/01/02 - 09/30/02	18,347	667	347,204	22,683	132,384	761			
13A	Medi-Cal Costs	10/01/02 - 06/30/03	66,695	9,231	995,590	36,659	392,327	3,471			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	28,575	985	512,815	34,681	202,439	1,163			
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	128,047	13,634	1,470,470	56,373	600,030	5,309			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	30,079	1,037	538,806	35,234	206,789	1,163			
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	134,786	14,352	1,547,863	57,308	609,959	5,397			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	22,810	786	409,353	27,980	162,717	935			
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	102,213	10,684	1,173,796	45,312	487,293	4,267			
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02									
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03									
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02									
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03									
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02									
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03									
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02									
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03									
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	1,433								
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	4,041								
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	2,116								
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	5,898								
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	2,227								
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	6,283								
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02	1,680								
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	4,785								
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 09/30/02									
25A	Enhanced SD/MC (Refugees) Costs	10/01/02 - 06/30/03									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 09/30/02									
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/02 - 06/30/03									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 09/30/02									
27A	Enhanced SD/MC (Refugees) Published Charges	10/01/02 - 06/30/03									
28	Healthy Families Costs	07/01/02 - 09/30/02	2,096								
28A	Healthy Families Costs	10/01/02 - 06/30/03	5,864								
29	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	3,096								
29A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	8,662								
30	Healthy Families Published Charges	07/01/02 - 09/30/02	3,256								
30A	Healthy Families Published Charges	10/01/02 - 06/30/03	9,116								
31	Healthy Families Negotiated Rates	07/01/02 - 09/30/02	2,472								
31A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03	6,914								
32	Non-Medi-Cal Costs		37,819	174	2,964	40,802	33,842	5,241	320		
32A	Non-Medi-Cal Costs										
33	Non-Medi-Cal Costs										

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1996A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 1 OF 2
 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

Legal Entity Number	Local Entity	Mode Total	NR Service Function	NR C Service Function	NR D Service Function	NR E Service Function	NR F Service Function	NR G Service Function
00108	Local Entity: Main Group Child & Family Center							
00108	Mode: 15 - Outpatient (Program 1)							
1	Allocation Percentage	100.00%	0.01%	2.45%	11.73%	6.77%	0.29%	0.96%
2	Total Units	101,541	210	375,996	219,205	9,321	31,811	31,811
3	Gross Cost	7,282,530	368	178,380	854,468	483,043	20,959	71,531
4	Cost per Unit		1.76	1.76	2.25	2.25	2.25	2.25
5	SMA per Unit		1.77	1.77	2.28	2.28	2.28	2.28
6	Published Charge per Unit		1.75	1.75	2.24	2.24	2.24	2.24
7	Negotiated Rate / Cost per Unit		1.75	1.75	2.24	2.24	2.24	2.24
8	Medi-Cal Units		15	19,824	74,260	13,553	515	3,645
9	Medicare/Medi-Cal Crossover Units			62,576	240,576	46,260	2,863	22,823
10	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
12	Non-Medi-Cal Units		185	19,027	46,480	185	6,243	5,543
13	Medi-Cal Costs	1,210,786		34,825	168,962	30,476	1,188	8,198
13A		3,594,366	28	109,829	558,953	104,021	5,783	50,870
14	Medi-Cal SMA Upper Limits	1,227,586		35,088	169,313	30,901	1,174	8,311
14A		3,644,120	27	110,760	568,703	105,473	5,644	51,580
15	Medi-Cal Published Charges	3,206,145		34,862	166,342	30,359	1,164	8,165
15A		3,580,589	26	109,608	558,810	103,622	5,741	50,878
16	Medi-Cal Negotiated Rates	1,205,145		34,862	166,342	30,359	1,164	8,165
16A		3,580,589	26	109,608	558,810	103,622	5,741	50,878
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
25A								
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A								
27	Enhanced SD/MC (Refugees) Published Charges							
27A								
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A								
29	Healthy Families Costs							
29A								
30	Healthy Families SMA Upper Limits							
30A								
31	Healthy Families Published Charges							
31A								
32	Healthy Families Negotiated Rates							
32A								
33	Non-Medi-Cal Costs	2,364,837	343	33,425	104,516	358,131	14,038	12,464

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

	Legal Entity, Help Group Child & Family Center Legal Entity Number: 00198 Mode: 19 - Outpatient (Program 1)	H	I	J	K	L	M	N
		NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function	NR Service Function
1	Allocation Percentage	41	42	52	54	61	62	
2	Total Units	18,865	49,795	1,033	0,685	3,825	3,325	
3	Gross Cost	6,107,720	1,612,411	52,728	21,170	61,455	98,240	
4	Cost per Unit	324	324	51	31	16	29	
5	SMA per Unit	2,24	2,24	2,24	2,24	2,24	2,24	
6	Published Charge per Unit	2,24	2,24	2,24	2,24	2,24	2,24	
7	Negotiated Rate / Cost per Unit	2,24	2,24	2,24	2,24	2,24	2,24	
8	Medi-Cal Units	36,928	339,303	6,373	3,120	10,972	12,785	
9	Medicare/Medi-Cal Crossover Units	119,585	974,705	38,545	3,624	19,688	30,561	
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
10B	Healthy Families (SED) Units							
11	Non-Medi-Cal Units	451,412	280,011	7,810	14,426	31,194	14,884	
12	Medi-Cal Costs	87,834	782,983	14,330	7,016	44,043	53,262	
13	Medicare/Medi-Cal Crossover Costs	288,801	2,181,740	86,673	6,149	82,024	127,316	
14	Medi-Cal SMA Upper Limits	89,156	773,811	14,530	7,114	44,720	54,061	
14A	Medi-Cal SMA Upper Limits	272,854	2,222,327	87,853	6,263	83,294	129,273	
15	Medi-Cal Published Charges	87,199	780,039	14,278	6,989	43,874	53,068	
15A	Medi-Cal Published Charges	267,870	2,183,336	86,341	6,116	81,709	129,828	
16	Medi-Cal Negotiated Rates	87,199	780,039	14,278	6,989	43,874	53,068	
16A	Medi-Cal Negotiated Rates	267,870	2,183,336	86,341	6,116	81,709	129,828	
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A	Healthy Families Costs							
30	Healthy Families SMA Upper Limits							
30A	Healthy Families SMA Upper Limits							
31	Healthy Families Published Charges							
31A	Healthy Families Published Charges							
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	1,015,063	554,666	17,562	32,439	129,863	62,048	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1066A (05/03)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

	Legal Entity	H	I	J	K	L	M	N
	Legal Entity Number	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	00321	41	42	52	54	58	61	62
	Modic: 15 - Outpatient (Program 1)							
1	Allocation Percentage	4.28%	24.52%	6.60%	0.00%	42.70%	0.75%	15.92%
2	Total Units	100,816	575,673	156,041	2,203	1,009,608	9,545	203,018
3	Gross Cost	183,933	942,555	253,733	3,582	1,641,587	39,903	612,195
4	Cost per Unit	1.83	1.63	1.63	1.63	1.63	3.02	3.02
5	SMA per Unit	2.28	2.28	2.28	2.28	2.28	4.23	4.23
6	Published Charge per Unit	2.50	2.50	2.50	2.50	2.50	4.00	4.00
7	Negotiated Rate / Cost per Unit	2.13	2.13	2.13	2.13	2.13	3.96	3.86
8	Medi-Cal Units	6,975	77,267	14,217	440	190,298	950	50,077
9	Medicare/Medi-Cal Crossover Units	54,115	453,466	132,570	440	808,087	2,535	152,861
9A	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units		4,872	458				
11A	Healthy Families (SED) Units		27,450	4,303				
12	Non-Medi-Cal Units	37,726	18,818	4,493	1,783	11,225	6,100	260
13	Medi-Cal Costs	14,594	125,641	23,116	715	309,433	2,865	151,006
13A	Medi-Cal Costs	87,884	737,365	215,597	715	1,314,091	7,644	460,345
14	Medi-Cal SMA Upper Limits	20,453	178,198	32,415	1,003	433,875	4,019	211,526
14A	Medi-Cal SMA Upper Limits	123,382	1,033,902	302,260	1,003	1,842,436	10,723	845,796
15	Medi-Cal Published Charges	22,438	193,168	36,543	1,100	475,740	3,600	200,308
15A	Medi-Cal Published Charges	132,286	1,133,965	331,425	1,100	2,050,218	10,140	610,644
16	Medi-Cal Negotiated Rates	115,285	965,853	282,374	637	1,721,225	10,013	197,804
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs		7,587	745				
29A	Healthy Families Costs		44,835	6,997				
30	Healthy Families SMA Upper Limits		1,044	1,145				
30A	Healthy Families SMA Upper Limits		82,586	9,811				
31	Healthy Families Published Charges		11,650	1,145				
31A	Healthy Families Published Charges		69,625	10,768				
32	Healthy Families Negotiated Rates		9,976	976				
32A	Healthy Families Negotiated Rates		58,489	5,165				
33	Non-Medi-Cal Costs	61,345	27,347	7,306	2,867	16,283	18,384	844

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

Legal Entity: (Intercommunity Child Guidance Center)

	A	B	C	D	E	F	G
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
		03	04	08	10	12	17
1	100.00%						
2	19,560	19,560	371,171	13,748	220,057	19,229	5,478
3	2,850,769	28,803	548,000	20,224	335,477	28,286	8,058
4		1.47	1.47	1.47	1.47	1.47	1.47
5		1.77	1.77	1.77	2.28	2.28	2.28
6		1.59	1.59	1.59	1.59	1.59	1.59
7		1.59	1.59	1.59	1.59	1.59	1.59
8		3,177	100,065	1,277	43,724	1,969	735
9A		4,462	218,852	1,456	140,831	4,478	458
9B							
10							
10A							
10B							
11							
12		11,941	34,780	11,005	23,165	12,782	4,265
13		590,708	147,183	1,878	64,319	2,896	1,061
14		1,599,383	8,564	321,936	2,157	308,871	6,587
14A		849,887	5,023	177,087	2,260	99,691	1,878
15		2,305,483	7,888	387,996	2,596	320,839	10,210
15A		838,486	5,051	159,067	2,000	89,521	3,131
16		1,717,835	7,095	347,975	2,331	223,803	7,120
16A		638,498	5,051	159,067	2,000	89,521	3,131
17		1,717,835	7,095	347,975	2,331	223,803	7,120
17A							
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32A							
33		466,980	17,566	15,189	34,106	18,802	8,303

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1886A (05/03)

County: Los Angeles
County Code: 19

		NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
		H	I	J	K	L	M	N					
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function					
	Legal Entity: Intercommunity Child Guidance Center												
	Legal Entity Number: 00185												
	Mode: 15 - Outpatient (Program 1)												
1	Allocation Percentage	0.02%	1.03%	3.85%	44.18%	1.35%	2.82%	0.19%					
2	Total Units	310	19,004	78,534	856,144	20,743	56,510	3,415					
3	Gross Cost	456	29,278	112,583	1,259,406	36,340	83,127	5,024					
4	Cost per Unit	1.47	1.47	1.47	1.47	1.47	1.47	1.47					
5	SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28					
6	Published Charge per Unit	1.59	1.59	1.59	1.59	1.59	1.59	1.59					
7	Negotiated Rate / Cost per Unit	1.59	1.59	1.59	1.59	1.59	1.59	1.59					
8	Medi-Cal Units		7,805	11,553	160,742	11,859	24,550	1,096					
8A		07/01/02 - 09/30/02	7,381	19,314	487,281	11,659	20,976	2,235					
9	Medicare/Medi-Cal Crossover Units												
9A		07/01/02 - 09/30/02											
10	Enhanced SD/MC (Children) Units												
10A		07/01/02 - 09/30/02											
10B	Enhanced SD/MC (Refugees) Units												
10B		07/01/02 - 09/30/02											
11	Healthy Families (SED) Units												
11A		07/01/02 - 09/30/02											
12	Non-Medi-Cal Units												
12A		07/01/02 - 09/30/02											
13	Medi-Cal Costs		11,481	18,085	238,455	1,761	38,126	1,811					
13A		07/01/02 - 09/30/02	466	28,411	731,828	17,445	30,856	3,286					
14	Medi-Cal SMA Upper Limits		17,765	28,341	366,492	2,713	95,992	2,487					
14A		07/01/02 - 09/30/02	707	16,829	44,036	1,133,963	27,039	47,825					
15	Medi-Cal Published Charges		12,410	18,389	255,580	1,892	39,047	1,741					
15A		07/01/02 - 09/30/02	493	12,410	30,709	790,804	18,856	33,352					
16	Medi-Cal Negotiated Rates		12,410	16,389	255,580	1,892	39,047	1,741					
16A		07/01/02 - 09/30/02	493	11,738	30,709	790,804	18,856	33,352					
17	Medicare/Medi-Cal Crossover Costs												
17A		07/01/02 - 09/30/02											
18	Medicare/Medi-Cal Crossover SMA Upper Limits												
18A		07/01/02 - 09/30/02											
19	Medicare/Medi-Cal Crossover Published Charges												
19A		07/01/02 - 09/30/02											
20	Medicare/Medi-Cal Crossover Negotiated Rates												
20A		07/01/02 - 09/30/02											
21	Enhanced SD/MC Costs												
21A		07/01/02 - 09/30/02											
22	Enhanced SD/MC SMA Upper Limits												
22A		07/01/02 - 09/30/02											
23	Enhanced SD/MC Published Charges												
23A		07/01/02 - 09/30/02											
24	Enhanced SD/MC Negotiated Rates												
24A		07/01/02 - 09/30/02											
25	Enhanced SD/MC (Refugees) Costs												
25A		07/01/02 - 09/30/02											
26	Enhanced SD/MC (Refugees) SMA Upper Limits												
26A		07/01/02 - 09/30/02											
27	Enhanced SD/MC (Refugees) Published Charges												
27A		07/01/02 - 09/30/02											
28	Enhanced SD/MC (Refugees) Negotiated Rates												
28A		07/01/02 - 09/30/02											
29	Healthy Families Costs												
29A		07/01/02 - 09/30/02											
30	Healthy Families SMA Upper Limits												
30A		07/01/02 - 09/30/02											
31	Healthy Families Published Charges												
31A		07/01/02 - 09/30/02											
32	Healthy Families Negotiated Rates												
32A		07/01/02 - 09/30/02											
33	Non-Medi-Cal Costs												
33A		07/01/02 - 09/30/02											

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988A (05/03)

County: Los Angeles
County Code: 19

	Legal Entity	NR	O	P	NR	O	R	S	T	U
	Legal Entity Number	Function	Function	Function	Function	Function	Function	Function	Function	Function
1	Allocation Percentage	81	1.71%	62	67	77	0.24%			
2	Total Units		15,634	92,995	2,855	2,875	6,703			
3	Gross Cost		46,869	290,802	8,302	6,703				
4	Cost per Unit		3.13	3.13	3.13	2.33				
5	SMA per Unit		4.23	4.23	4.23	3.41				
6	Published Charge per Unit		3.36	3.36	3.36	2.52				
7	Negotiated Rate / Cost per Unit		3.36	3.36	3.36	2.52				
8	Medi-Cal Units	07/01/02 - 09/30/02	2,530	17,066	90	1,158				
9	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03	7,702	81,201	855	1,507				
10	Enhanced SD/IMC (Children) Units	10/01/02 - 06/30/03								
10B	Enhanced SD/IMC (Refugees) Units	07/01/02 - 06/30/03								
11	Healthy Families (SED) Units	07/01/02 - 06/30/03	102	2,332		63				
11A	Non-Medi-Cal Units	10/01/02 - 06/30/03	313	7,187		147				
12	Medi-Cal Costs		4,987	5,208	1,710					
13	Medi-Cal Costs	07/01/02 - 06/30/02	7,812	53,387	281	2,700				
14	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	24,085	181,390	2,874	3,514				
15	Medi-Cal Published Charges	07/01/02 - 06/30/02	10,702	72,189	381	3,949				
16	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	32,578	256,860	3,817	5,139				
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 06/30/02	8,551	57,683	304	2,918				
18	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	26,033	208,859	2,890	3,798				
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 06/30/02	8,551	57,683	304	2,918				
20	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	26,033	208,859	2,890	3,798				
21	Enhanced SD/IMC Costs	07/01/02 - 06/30/02								
22	Enhanced SD/IMC SMA Upper Limits	10/01/02 - 06/30/03								
23	Enhanced SD/IMC Published Charges	07/01/02 - 06/30/02								
24	Enhanced SD/IMC Negotiated Rates	10/01/02 - 06/30/03								
25	Enhanced SD/IMC (Refugees) Costs	07/01/02 - 06/30/03								
26	Enhanced SD/IMC (Refugees) SMA Upper Limits	10/01/02 - 06/30/03								
27	Enhanced SD/IMC (Refugees) Published Charges	07/01/02 - 06/30/03								
28	Enhanced SD/IMC (Refugees) Negotiated Rates	10/01/02 - 06/30/03								
29	Healthy Families Costs	07/01/02 - 06/30/02	319	7,262		147				
29A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	978	22,474		343				
30	Healthy Families Published Charges	07/01/02 - 06/30/02	431	9,864		215				
31	Healthy Families Negotiated Rates	10/01/02 - 06/30/03	1,324	30,401		501				
32	Non-Medi-Cal Costs		15,565	18,280	5,347					

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

		A	B	C	D	E	F	G
		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	100.00%	03	04	10	12	31	41
2	Total Units		710	199,624	323,078	30,951	6,578	76,888
3	Gross Cost	5,154,384	1,553	370,974	909,054	107,065	18,503	216,342
4	Cost per Unit		2.19	2.19	2.81	2.81	2.81	2.81
5	SMA per Unit		1.77	1.77	2.26	2.26	2.26	2.26
6	Published Charge per Unit		1.71	1.71	2.20	2.20	2.20	2.20
7	Negotiated Rate / Cost per Unit		1.71	1.71	2.20	2.20	2.20	2.20
8	Medi-Cal Units		110	19,281	17,664	2,745	1,348	7,430
9A	Medicare/Medi-Cal Crossover Units		585	142,747	290,908	33,566	4,835	86,008
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units		32	7,616	14,506	1,708	285	3,452
13A	Medi-Cal Costs	314,245	241	42,124	49,702	7,724	3,787	20,906
14A	Medi-Cal SMA Upper Limits	4,610,616	1,242	312,193	816,536	94,536	13,896	185,723
15A	Medi-Cal Published Charges	3,735,851	1,005	282,852	693,270	76,803	11,252	150,464
16A	Medi-Cal Negotiated Rates	245,702	188	32,836	36,861	6,039	2,861	16,348
17A	Medicare/Medi-Cal Crossover Costs	245,702	188	32,836	36,861	6,039	2,861	16,348
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	3,894,953	971	244,097	639,968	73,916	10,857	145,213
19A	Medicare/Medi-Cal Crossover Published Charges							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21A	Enhanced SD/MC Costs							
22A	Enhanced SD/MC SMA Upper Limits							
23A	Enhanced SD/MC Published Charges							
24A	Enhanced SD/MC Negotiated Rates							
25A	Healthy Families Costs							
26A	Healthy Families SMA Upper Limits							
27A	Healthy Families Published Charges							
28A	Healthy Families Negotiated Rates							
29A	Non-Medi-Cal Costs							
30A	Non-Medi-Cal SMA Upper Limits							
31A	Non-Medi-Cal Published Charges							
32A	Non-Medi-Cal Negotiated Rates							
33	Mode Total	231,520	70	16,656	40,816	4,808	830	9,713

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00315 Mode: 15 - Outpatient (Program 1)	Legal Entity: LAUSD 97th St. Mental Health	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
		H	I	J	K	L	M	N							
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function							
1	Allocation Percentage	42	52	64	61	62	71	77							
2	Total Units	51,59%	14,47%	1,17%	0,04%	1,01%	0,01%	0,22%							
3	Gross Cost	845,394	265,251	21,401	435	9,940	145	2,895							
4	Cost per Unit	2,600,053	7,48,373	60,217	2,275	51,966	610	11,340							
5	SMA per Unit	2,81	2,81	2,81	5,23	5,23	4,21	4,21							
6	Published Charge per Unit	2,28	2,28	2,28	4,23	4,23	3,41	3,41							
7	Negotiated Rate / Cost per Unit	2,20	2,20	2,20	4,09	4,09	3,29	3,29							
8	Medi-Cal Units	55,871	8,962	821	120	765	-	95							
8A	Medicare/Medi-Cal Crossover Units	847,075	244,368	19,619	295	8,729	138	2,479							
9	Enhanced SD/MC (Children) Units														
10	Enhanced SD/MC (Refugees) Units														
10A	Healthy Families (SED) Units														
11	Non-Medi-Cal Units	42,448	11,910	961	20	448	7	121							
12	Medi-Cal Costs	157,208	25,217	628	628	4,002	400	400							
13	Medicare/Medi-Cal Crossover Costs	2,383,440	687,644	55,203	1,543	45,891	581	10,431							
13A	Enhanced SD/MC SMA Upper Limits	127,368	20,433	1,872	508	3,238	324	324							
14	Medi-Cal SMA Upper Limits	1,831,331	557,207	44,791	1,248	35,924	471	8,453							
14A	Healthy Families Published Charges	1,22,916	19,716	1,806	491	3,129	454	313							
15	Medi-Cal Published Charges	1,863,565	537,558	43,163	1,207	35,702	454	8,156							
15A	Healthy Families Costs	1,22,916	19,716	1,806	491	3,129	454	313							
16	Medi-Cal Negotiated Rates	1,863,565	537,558	43,163	1,207	35,702	454	8,156							
16A	Healthy Families Costs	1,22,916	19,716	1,806	491	3,129	454	313							
17	Medicare/Medi-Cal Crossover Costs														
17A	Enhanced SD/MC Costs														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	Healthy Families Published Charges														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Healthy Families Costs														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	Healthy Families Costs														
21	Enhanced SD/MC Costs														
21A	Healthy Families Published Charges														
22	Enhanced SD/MC SMA Upper Limits														
22A	Healthy Families Costs														
23	Enhanced SD/MC Published Charges														
23A	Healthy Families Published Charges														
24	Enhanced SD/MC Negotiated Rates														
24A	Healthy Families Costs														
25	Enhanced SD/MC (Refugees) Costs														
25A	Healthy Families Published Charges														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A	Healthy Families Costs														
27	Enhanced SD/MC (Refugees) Published Charges														
27A	Healthy Families Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	Healthy Families Costs														
29	Healthy Families Costs														
29A	Healthy Families SMA Upper Limits														
30	Healthy Families SMA Upper Limits														
30A	Healthy Families Published Charges														
31	Healthy Families Published Charges														
31A	Healthy Families Costs														
32	Healthy Families Negotiated Rates														
32A	Healthy Families Published Charges														
33	Non-Medi-Cal Costs	118,437	33,512	2,704	105	2,333	29	509							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity	Mode	Mode Total	NR A	NR B	NR C	NR D	NR E	NR F	NR G
00199	Los Angeles Child Guidance Clinic	15 - Outpatient (Program 1)		03	04	06	10	12	17	
1	Allocation Percentage		100.00%							
2	Total Units		31,970	8,11%	366,587	9,99%	140,035	4,87%	6,781	0,34%
3	Gross Cost		5,811,987	41,08%	471,062	8,99%	282,969	19,79%	23,951	0,41%
4	Cost per Unit		1,29	1,29	1,29	2,02	2,02	2,02	2,02	2,02
5	SMA per Unit		1,77	1,77	1,77	2,26	2,26	2,26	2,06	2,06
6	Published Charge per Unit		1,31	1,31	1,31	1,31	2,06	2,06	2,06	2,06
7	Negotiated Rate / Cost per Unit		1,31	1,31	1,31	1,31	2,06	2,06	2,06	2,06
8	Medi-Cal Units	07/01/02 - 09/30/02	8,478	67,95%	67,95%	1,79%	21,30%	1,70%	1,70%	1,83%
8A		10/01/02 - 09/30/03	21,896	225,86%	225,86%	3,36%	98,73%	7,00%	7,00%	8,03%
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02								
9A		10/01/02 - 09/30/03								
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02								
10A		10/01/02 - 09/30/03								
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 09/30/03								
10BA		10/01/02 - 09/30/03								
11	Healthy Families (SED) Units	07/01/02 - 09/30/02	25	70%	70%	30	310			
11A		10/01/02 - 09/30/03	6	2,39%	2,39%	6	2,58%			
12	Non-Medi-Cal Units	07/01/02 - 09/30/02	3,787	69,64%	69,64%	1,83%	17,09%	1,07%	1,07%	4,03%
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,064,531	8,33%	87,33%	2,26%	43,06%	3,44%	3,44%	3,28%
13A		10/01/02 - 09/30/03	3,529,173	27,84%	290,27%	4,32%	199,54%	14,14%	14,14%	12,20%
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,234,491	11,46%	120,29%	3,11%	48,58%	3,81%	3,71%	3,71%
14A		10/01/02 - 09/30/03	4,086,278	39,34%	399,78%	5,56%	225,12%	15,96%	15,96%	13,76%
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,085,120	8,48%	89,02%	2,30%	43,88%	3,50%	3,50%	3,35%
15A		10/01/02 - 09/30/03	3,597,429	28,39%	295,88%	4,07%	203,40%	14,82%	14,82%	12,43%
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	1,085,120	8,48%	89,02%	2,30%	43,88%	3,50%	3,50%	3,35%
16A		10/01/02 - 09/30/03	3,597,429	28,39%	295,88%	4,07%	203,40%	14,82%	14,82%	12,43%
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02								
17A		10/01/02 - 09/30/03								
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02								
18A		10/01/02 - 09/30/03								
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02								
19A		10/01/02 - 09/30/03								
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02								
20A		10/01/02 - 09/30/03								
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02								
21A		10/01/02 - 09/30/03								
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02								
22A		10/01/02 - 09/30/03								
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02								
23A		10/01/02 - 09/30/03								
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02								
24A		10/01/02 - 09/30/03								
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 09/30/03								
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 09/30/03								
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 09/30/03								
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 09/30/03								
29	Healthy Families Costs	07/01/02 - 09/30/02	24,024	32	907	39	626	8	8	8
29A		10/01/02 - 09/30/03	80,177	8	3,077	8	5,224	8	8	8
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	27,539	44	1,256	53	707	11	5,894	11,703
30A		10/01/02 - 09/30/03	102,861	11	4,237	39	639	8	5,325	23,951
31	Healthy Families Published Charges	07/01/02 - 09/30/02	24,488	33	925	8	3,126	8	639	2,06
31A		10/01/02 - 09/30/03	91,921	33	925	39	639	8	639	2,06
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02	24,488	33	925	8	3,126	8	639	2,06
32A		10/01/02 - 09/30/03	91,921	33	925	39	639	8	639	2,06
33	Non-Medi-Cal Costs	07/01/02 - 09/30/02	1,103,982	4,86%	89,497	2,36%	34,541	2,17%	2,17%	8,15%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Legal Entity Number (00199) Mode: 15 - Outpatient (Program 1)	Legal Entity: Los Angeles Child Guidance Clinic	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	31	0.51%	33	0.06%	34	0.37%	37	0.07%	41	5.07%	42	58.83%	47	5.30%
2	Total Units	14,599	1,730	10,535	1,200	10,535	1,200	10,535	1,200	145,814	1,686,708	1,686,708	1,686,708	152,339	152,339
3	Gross Cost	20,503	3,496	21,999	2,433	21,999	2,433	21,999	2,433	294,878	3,406,683	3,406,683	3,406,683	307,864	307,864
4	Cost per Unit	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02
5	SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06
7	Negotiated Rate / Cost per Unit	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06
8	Medi-Cal Units	5,350	1,095	1,426	120	1,426	120	1,426	120	27,554	304,828	304,828	304,828	31,983	31,983
8A		6,566	535	7,093		7,093		7,093		103,072	1,005,216	1,005,216	1,005,216	81,422	81,422
9	Medicare/Medi-Cal Crossover Units														
9A															
10	Enhanced SD/MC (Children) Units														
10A															
10B	Enhanced SD/MC (Refugees) Units														
10B															
11	Healthy Families (SED) Units	150													
11A		553													
12	Non-Medi-Cal Units	1,960	100	2,014		2,014		2,014		14,948	333,792	333,792	333,792	37,103	37,103
13	Medi-Cal Costs	10,812	2,213	2,886		2,886		2,886		55,664	618,031	618,031	618,031	64,635	64,635
13A		13,289	1,081	14,334		14,334		14,334		208,300	2,031,456	2,031,456	2,031,456	184,547	184,547
14	Medi-Cal SMA Upper Limits	12,198	2,487	3,256		3,256		3,256		82,823	694,008	694,008	694,008	72,921	72,921
14A		14,970	1,220	16,172		16,172		16,172		235,004	2,291,892	2,291,892	2,291,892	185,642	185,642
15	Medi-Cal Published Charges	11,021	2,256	2,942		2,942		2,942		56,701	627,848	627,848	627,848	65,885	65,885
15A		13,528	1,102	14,612		14,612		14,612		212,328	2,070,745	2,070,745	2,070,745	187,729	187,729
16	Medi-Cal Negotiated Rates	11,021	2,256	2,942		2,942		2,942		56,701	627,848	627,848	627,848	65,885	65,885
16A		13,526	1,102	14,612		14,612		14,612		212,328	2,070,745	2,070,745	2,070,745	187,729	187,729
17	Medicare/Medi-Cal Crossover Costs														
17A															
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A															
19	Medicare/Medi-Cal Crossover Published Charges														
19A															
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A															
21	Enhanced SD/MC Costs														
21A															
22	Enhanced SD/MC SMA Upper Limits														
22A															
23	Enhanced SD/MC Published Charges														
23A															
24	Enhanced SD/MC Negotiated Rates														
24A															
25	Enhanced SD/MC (Refugees) Costs														
25A															
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A															
27	Enhanced SD/MC (Refugees) Published Charges														
27A															
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A															
29	Healthy Families Costs	303													
29A		1,118													
30	Healthy Families SMA Upper Limits	342													
30A		1,361													
31	Healthy Families Published Charges	309													
31A		1,139													
32	Healthy Families Negotiated Rates	309													
32A		1,139													
33	Non-Medi-Cal Costs	4,001	202	4,070		4,070		4,070		30,209	674,565	674,565	674,565	75,103	75,103

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1066A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Mode Total	NR 03	NR 04	CR 04	ISA 04	NR 08	NR 08
1 Allocation Percentage	100.00%	0.99%	12.24%	0.08%	1.27%	0.15%	0.64%
2 Total Units	102,006	3,445,039	21,602	367,742	41,616	181,405	181,405
3 Gross Cost	34,709,106	126,135	4,259,953	26,712	442,385	51,459	224,316
4 Cost per Unit	1.24	1.24	1.24	1.24	1.24	1.24	1.24
5 SMA per Unit	1.77	1.77	1.77	1.77	1.77	1.77	1.77
6 Published Charge per Unit	1.99	1.99	1.99	1.99	1.99	1.99	1.99
7 Negotiated Rate / Cost per Unit	1.31	1.31	1.31	1.31	1.31	1.31	1.31
8 Medi-Cal Units	18,997	551,932	254,707	5,951	44,846	558	44,846
8A Medi-Cal Units	38,245	2,052,075	73,058	28,014	98,454	6,300	34,328
9 Medicare/Medi-Cal Crossover Units	1,066	2,978	616	701	701	701	701
10 Enhanced SD/MC (Children) Units	428	18,382	734	2,718	2,718	2,718	2,718
10A Enhanced SD/MC (Refugees) Units	172	7,698	558	558	558	558	558
10B Healthy Families (SED) Units	200	24,342	6,300	34,328	34,328	34,328	34,328
11 Healthy Families (SED) Units	42,876	767,834	29,977	6,300	34,328	34,328	34,328
12 Non-Medi-Cal Units	23,481	662,490	314,957	7,358	55,207	55,207	55,207
13 Medi-Cal Costs	18,970,809	47,292	2,537,457	90,340	34,841	121,743	121,743
13A Medi-Cal Costs	8,269,888	33,826	876,920	10,533	79,073	79,073	79,073
14 Medi-Cal SMA Upper Limits	28,367,883	87,884	3,632,173	49,585	174,264	174,264	174,264
14A Medi-Cal SMA Upper Limits	9,147,545	37,804	1,088,345	11,842	88,846	88,846	88,846
15 Medi-Cal Published Charges	30,737,344	76,108	4,083,629	65,748	195,923	195,923	195,923
15A Medi-Cal Published Charges	24,886	723,031	333,666	7,796	56,486	56,486	56,486
16 Medi-Cal Negotiated Rates	20,097,704	50,101	2,098,218	95,708	36,888	128,975	128,975
16A Medi-Cal Negotiated Rates	86,521	867	762	867	867	867	867
17 Medicare/Medi-Cal Crossover Costs	1,887,123	843,380	843,380	843,380	843,380	843,380	843,380
17A Medicare/Medi-Cal Crossover Costs	2,956,284	938,020	3,282,411	3,282,411	3,282,411	3,282,411	3,282,411
18 Medicare/Medi-Cal Crossover SMA Upper Limits	601,233	2,105,161	2,105,161	2,105,161	2,105,161	2,105,161	2,105,161
18A Medicare/Medi-Cal Crossover SMA Upper Limits	96,851	1,343	3,680	762	3,361	3,361	3,361
19 Medicare/Medi-Cal Crossover Published Charges	204,922	528	22,730	1,090	1,241	1,241	1,241
19A Medicare/Medi-Cal Crossover Published Charges	100,465	1,922	5,268	1,258	4,811	4,811	4,811
20 Medicare/Medi-Cal Crossover Negotiated Rates	308,610	758	32,538	1,228	1,395	1,395	1,395
20A Medicare/Medi-Cal Crossover Negotiated Rates	107,885	2,161	5,922	1,461	5,409	5,409	5,409
21 Enhanced SD/MC Costs	329,519	852	3,999	807	918	918	918
21A Enhanced SD/MC Costs	70,833	1,423	3,999	862	3,561	3,561	3,561
22 Enhanced SD/MC SMA Upper Limits	217,084	581	24,080	962	3,561	3,561	3,561
22A Enhanced SD/MC SMA Upper Limits	61,169	213	9,519	277,694	30,100	30,100	30,100
23 Enhanced SD/MC Published Charges	227,694	304	13,525	354	43,085	43,085	43,085
23A Enhanced SD/MC Published Charges	92,114	384	43,085	342,822	15,319	15,319	15,319
24 Enhanced SD/MC Negotiated Rates	96,905	368	368	368	48,441	48,441	48,441
24A Enhanced SD/MC Negotiated Rates	64,803	225	10,084	225	10,084	10,084	10,084
25 Enhanced SD/MC (Refugees) Costs	241,219	262	31,886	241,219	241,219	241,219	241,219
25A Enhanced SD/MC (Refugees) Costs	53,021	973,947	26,712	37,068	7,750	42,448	42,448
26 Enhanced SD/MC (Refugees) SMA Upper Limits	7,075,461	53,021	973,947	26,712	37,068	7,750	42,448
26A Enhanced SD/MC (Refugees) SMA Upper Limits	227,694	247	9,519	30,100	30,100	30,100	30,100
27 Enhanced SD/MC (Refugees) Published Charges	92,114	304	13,525	354	43,085	43,085	43,085
27A Enhanced SD/MC (Refugees) Published Charges	342,822	384	43,085	342,822	15,319	15,319	15,319
28 Enhanced SD/MC (Refugees) Negotiated Rates	96,905	368	368	368	48,441	48,441	48,441
28A Enhanced SD/MC (Refugees) Negotiated Rates	64,803	225	10,084	225	10,084	10,084	10,084
29 Healthy Families Costs	241,219	262	31,886	241,219	241,219	241,219	241,219
29A Healthy Families Costs	53,021	973,947	26,712	37,068	7,750	42,448	42,448
30 Healthy Families SMA Upper Limits	7,075,461	53,021	973,947	26,712	37,068	7,750	42,448
30A Healthy Families SMA Upper Limits	227,694	247	9,519	30,100	30,100	30,100	30,100
31 Healthy Families Published Charges	92,114	304	13,525	354	43,085	43,085	43,085
31A Healthy Families Published Charges	342,822	384	43,085	342,822	15,319	15,319	15,319
32 Healthy Families Negotiated Rates	96,905	368	368	368	48,441	48,441	48,441
32A Healthy Families Negotiated Rates	64,803	225	10,084	225	10,084	10,084	10,084
33 Non-Medi-Cal Costs	21,051,611	2,105,161	2,105,161	2,105,161	2,105,161	2,105,161	2,105,161

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	Mode	NR	H	I	J	K	L	M	N
00203	PACIFIC CLINICS	15 - Outpatient (Program 1)	10	10	10	10	12	14	17	31
			Function	Function	Function	Function	Function	Function	Function	Function
1	Allocation Percentage		0.00%	0.00%	0.00%	0.12%	0.18%	0.04%	0.04%	0.02%
2	Total Units		815,543	548	5,363	41,279	61,112	12,777	8,567	5,332
3	Gross Cost		915,043	817	5,363	41,279	61,112	12,777	8,567	5,332
4	Cost per Unit		1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit		2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36
7	Negotiated Rate / Cost per Unit		1.58	1.49	1.58	1.58	1.58	1.58	1.58	1.58
8	Medi-Cal Units	07/01/02 - 06/30/02	92,137		1,725	2,148	8,198	2,685	3,176	3,176
8A		10/01/02 - 09/30/03	398,175		531	9,512	14,218	3,639	684	684
8	Medicare/Medi-Cal Crossover Units	07/01/02 - 06/30/02	3,036		583	30				
9A		10/01/02 - 09/30/03	9,655							
10	Enhanced SD/MC (Children) Units	07/01/02 - 06/30/02	2,214					265		136
10A		10/01/02 - 09/30/03	10,703					374	106	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/02	1,289			77				477
11	Healthy Families (SED) Units	07/01/02 - 06/30/02	4,535		767	703				110
11A		10/01/02 - 09/30/03	91,787		548	15,207	17,923	1,938		738
12	Non-Medi-Cal Units									
13	Medi-Cal Costs	07/01/02 - 06/30/02	137,414		2,573	3,205	12,224	4,004	4,737	
13A		10/01/02 - 09/30/03	583,841		782	14,186	21,205	5,726	1,035	
14	Medi-Cal SMA Upper Limits	07/01/02 - 06/30/02	210,072		3,833	4,900	18,887	6,122	7,241	
14A		10/01/02 - 09/30/03	907,839		1,211	21,687	32,417	8,753	1,682	
15	Medi-Cal Published Charges	07/01/02 - 06/30/02	219,286		4,106	5,115	19,508	6,390	7,859	
15A		10/01/02 - 09/30/03	947,657		1,264	22,039	33,839	9,137	1,852	
16	Medi-Cal Negotiated Rates	07/01/02 - 06/30/02	145,576		2,726	3,365	12,960	4,242	5,018	
16A		10/01/02 - 09/30/03	829,117		839	15,029	22,464	8,068	1,087	
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 06/30/02	4,631		889	45				
17A		10/01/02 - 09/30/03	14,400		1,329	68				
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 06/30/02	5,927							
18A		10/01/02 - 09/30/03	22,013							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 06/30/02	7,230		1,388	71				
19A		10/01/02 - 09/30/03	22,979							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 06/30/02	4,800		921	47				
20A		10/01/02 - 09/30/03	15,256							
21	Enhanced SD/MC Costs	07/01/02 - 06/30/02	3,302							203
21A		10/01/02 - 09/30/03	15,983						157	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 06/30/02	5,048							310
22A		10/01/02 - 09/30/03	24,463						238	
23	Enhanced SD/MC Published Charges	07/01/02 - 06/30/02	5,299							324
23A		10/01/02 - 09/30/03	25,473						250	
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 06/30/02	3,458							215
24A		10/01/02 - 09/30/03	18,911						168	
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03								
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03								
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03								
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03								
29	Healthy Families Costs	07/01/02 - 06/30/02	1,922			115				711
29A		10/01/02 - 09/30/03	6,784			1,048				164
30	Healthy Families SMA Upper Limits	07/01/02 - 06/30/02	2,939			176				1,080
30A		10/01/02 - 09/30/03	10,340			1,803				251
31	Healthy Families Published Charges	07/01/02 - 06/30/02	3,068			163				1,135
31A		10/01/02 - 09/30/03	10,703			1,673				292
32	Healthy Families Negotiated Rates	07/01/02 - 06/30/02	2,037			122				754
32A		10/01/02 - 09/30/03	7,165			1,111				174
33	Non-Medi-Cal Costs		136,907		817	1,129	22,590	26,731	2,890	1,102

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1968A (05/03)

County: Los Angeles
County Code: 19

Legal Entity/Number/Mode	NR O Service Function	NR P Service Function	NR Q Service Function	NR R Service Function	NR S Service Function	NR T Service Function	CR U Service Function
Legal Entity: PACIFIC CLINICS Mode: 15 - Outpatient (Program 1)							
1 Allocation Percentage	33	34	34	39	41	42	42
2 Total Units	0.02%	0.53%	0.07%	0.02%	2.10%	43.12%	0.14%
3 Gross Cost	4,114	124,812	345	4,284	489,905	10,062,128	32,539
4 Cost per Unit	6.136	185,847	515	6,389	730,848	15,006,739	48,529
5 SMA per Unit	1.49	1.49	1.49	1.49	1.49	1.49	1.49
6 Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7 Negotiated Rate / Cost per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38
8	1.58	1.58	1.49	1.58	1.58	1.58	1.49
8A Medi-Cal Units	30	22,157	33,960	172,112	5,888,951		
9 Medicare/Medi-Cal Crossover Units	1,844	84,292	2,388				
9A Enhanced SD/MC (Children) Units	215	3,440		477	113,513		
10A Enhanced SD/MC (Refugees) Units	681	280		1,418	480,316		
10B Healthy Families (SED) Units	240	240		1,788	87,003		
11 Non-Medi-Cal Units	2,240	11,472	345	1,918	273,992	1,799,495	32,539
13 Medi-Cal Costs	45	33,043	50,693	2,332,410			
13A Medicare/Medi-Cal Crossover Costs	2,750	125,714	3,529	266,689	6,797,743		
14 Medi-Cal SMA Upper Limits	68	50,513	77,487	3,965,867			
14A Enhanced SD/MC (Children) Published Charges	4,204	192,169	5,394	392,415	13,449,808		
15A Enhanced SD/MC (Refugees) Published Charges	71	52,734	80,886	3,722,077			
16A Healthy Families (SED) Published Charges	4,389	200,816	5,831	409,827	14,039,503		
17 Medicare/Medi-Cal Crossover Rates	47	35,008	53,704	2,470,649			
17A Medicare/Medi-Cal Crossover Costs	2,814	133,181	3,738	271,937	9,520,343		
18 Medicare/Medi-Cal Crossover SMA Upper Limits	321	169,294	711	189,294			
18A Medicare/Medi-Cal Crossover Published Charges	5,130	158	158	887,285			
19 Medicare/Medi-Cal Crossover Negotiated Rates	490	1,088	258,810	1,088	258,810		
20A Enhanced SD/MC Costs	7,843	242	242	1,050,860			
20B Enhanced SD/MC SMA Upper Limits	512	1,135	270,161	1,135	270,161		
21A Enhanced SD/MC Published Charges	8,187	252	1,098,742	252	1,098,742		
22A Enhanced SD/MC Negotiated Rates	340	764	179,351	187	729,069		
23A Healthy Families Costs	5,435	1,016	2,112	31,810			
23B Healthy Families SMA Upper Limits	358	1,953	3,228	45,172			
23C Healthy Families Published Charges	547	1,621	4,008	199,367			
24A Healthy Families Negotiated Rates	1,075	379	3,370	50,285			
25 Enhanced SD/MC (Refugees) Costs	1,075	379	4,184	207,067			
26 Enhanced SD/MC (Refugees) SMA Upper Limits	2,237	33,362	2,237	33,362			
27 Enhanced SD/MC (Refugees) Published Charges	2,778	137,485	2,778	137,485			
28 Enhanced SD/MC (Refugees) Negotiated Rates							
29 Healthy Families Costs	3,154	1,913	7,593	137,570			
29A Healthy Families SMA Upper Limits	4,822	11,562	2,925	67,210			
30A Healthy Families Published Charges	5,034	3,054	12,969	219,536			
31A Healthy Families Negotiated Rates	3,342	2,027	2,027	36,645			
32A Non-Medi-Cal Costs	17,109	2,860	408,186	2,683,766			48,529
33	3,341	515	2,860	408,186			48,529

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1969A (05/003)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	ISA V	NR W	NR X	NR Y	CR Z	ISA AA	NR AB
Mode	Program 1	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	42	45	47	52	52	52	53
2	Total Units	200,181	218,131	83,774	1,303,230	12,516	46,480	4,594
3	Gross Cost	298,552	325,322	124,941	1,943,648	18,666	89,291	8,862
4	Cost per Unit	1.49	1.49	1.49	1.49	1.49	1.49	1.49
5	SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38
7	Negotiated Rate / Cost per Unit	1.58	1.58	1.58	1.58	1.49	1.58	1.58
8	Medi-Cal Units	106,340	41,165	18,669	150,046	28,462	1,753	
8A		54,151	80,864	47,207	595,006	9,596	6,588	80
9	Medicare/Medi-Cal Crossover Units	31,420			30,626			
9A					211,181			280
10	Enhanced SD/MC (Children) Units		2,365	982	4,032			80
10A			2,214	417	3,640			
11	Enhanced SD/MC (Refugees) Units							
10B								
11A	Healthy Families (SED) Units		841	280	879			
12	Non-Medi-Cal Units	8,270	90,055	15,229	299,503	12,516	1,846	2,401
13	Medi-Cal Costs	158,597	61,398	27,843	223,780	42,448	2,815	
13A		80,761	120,601	70,405	891,871	14,297		
14	Medi-Cal SMA Upper Limits	342,455	83,853	42,965	342,105		64,853	3,997
14A		123,484	184,370	107,632	1,393,454		21,895	182
15	Medi-Cal Published Charges	253,089	97,980	44,432	357,109		67,740	4,172
15A		128,879	192,456	112,353	1,423,254		22,815	190
16	Medi-Cal Negotiated Rates	168,017	65,045	28,487	237,073		44,970	2,770
16A		85,559	127,765	74,597	844,849		15,146	125
17	Medicare/Medi-Cal Crossover Costs	46,890			45,576		8,793	
17A					314,957			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	71,638			69,827		14,970	
18A					481,483			
19	Medicare/Medi-Cal Crossover Published Charges	74,780			72,890		15,827	
19A					502,811			
20	Medicare/Medi-Cal Crossover Negotiated Rates	49,844			48,389		10,374	
20A					333,896			
21	Enhanced SD/MC Costs	4,403	1,479	613	6,013			418
21A		3,302	622	5429	5,429			119
22	Enhanced SD/MC SMA Upper Limits	5,808	2,262	9103	9,103			638
22A		5,048	851	8,299	8,299			182
23	Enhanced SD/MC Published Charges	7,107	2,361	9,596	9,596			668
23A		5,289	992	5,663	5,663			190
24	Enhanced SD/MC Negotiated Rates	4,718	1,597	6,371	6,371			442
24A		3,498	659	5,751	5,751			128
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs		386		1,311			
29A			1,284		7,930			
30	Healthy Families SMA Upper Limits		593		2,004			
30A			1,917		12,123			
31	Healthy Families Published Charges		819		2,992			
31A			2,002		12,654			
32	Healthy Families Negotiated Rates		411		1,399			
32A			1,326		5,401			
33	Non-Medi-Cal Costs	12,334	134,313	24,204	446,681	18,698	2,753	3,581

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	AC	AD	AE	AF	AG	AH	AI
00203	00203	54	57	58	61	62	62	62
Mode: 15 - Outpatient (Program 1)		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.05%	0.01%	5.12%	0.95%	17.96%	0.27%	1.01%
2	Total Units	20,879	3,303	1,04,762	79,775	2,171,204	32,153	121,772
3	Gross Cost	31,139	5,060	1,761,878	229,871	6,250,861	92,568	350,560
4	Cost per Unit	1.49	1.49	1.68	2.88	2.88	2.88	2.88
5	SMA per Unit	2.26	2.26	2.26	4.23	4.23	4.23	4.23
6	Published Charge per Unit	2.38	2.38	2.38	4.92	4.92	4.92	4.92
7	Negotiated Rate / Cost per Unit	1.58	1.58	1.58	3.05	3.05	2.88	3.05
8	Medi-Cal Units	1,921	492	186,725	11,540	296,572	-	80,889
8A	Medi-Cal Units	7,803	2,433	869,833	36,978	965,005	-	26,888
9	Medicare/Medi-Cal Crossover Units	30	30	210	45	67,711	-	22,108
10	Enhanced SD/MC (Children) Units	257	257	500	500	295,484	-	-
10A	Enhanced SD/MC (Refugees) Units	42	42	268	268	2,339	-	-
11	Healthy Families (SED) Units	204	204	1,065	1,065	8,744	-	-
11A	Non-Medi-Cal Units	10,922	478	17,104	29,137	536,426	32,153	12,267
13	Medi-Cal Costs	2,855	718	281,486	33,223	767,456	-	174,723
13A	Medi-Cal Costs	11,190	3,628	1,474,903	106,171	2,835,813	-	76,834
14	Medi-Cal SMA Upper Limits	4,360	1,099	430,293	48,914	1,127,600	-	256,714
14A	Medi-Cal SMA Upper Limits	17,107	5,547	2,254,767	155,994	4,169,571	-	112,890
15	Medi-Cal Published Charges	4,572	1,147	449,166	56,777	1,311,534	-	298,590
15A	Medi-Cal Published Charges	17,857	5,791	2,353,861	181,440	4,848,226	-	131,306
16	Medi-Cal Negotiated Rates	3,035	782	298,166	35,167	813,046	-	185,101
16A	Medi-Cal Negotiated Rates	11,855	3,844	1,862,514	112,478	3,004,265	-	81,398
17	Medicare/Medi-Cal Crossover Costs	130	130	194,939	130	859,331	-	63,649
17A	Medicare/Medi-Cal Crossover Costs	180	180	296,418	180	859,331	-	93,517
18	Medicare/Medi-Cal Crossover SMA Upper Limits	221	221	1,262,587	221	1,262,587	-	108,771
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	137	137	206,519	137	206,519	-	67,429
19	Medicare/Medi-Cal Crossover Published Charges	45	45	865	865	5,887	-	-
19A	Medicare/Medi-Cal Crossover Published Charges	353	353	1,727	1,727	11,168	-	-
20	Medicare/Medi-Cal Crossover Negotiated Rates	68	68	866	866	6,621	-	-
20A	Medicare/Medi-Cal Crossover Negotiated Rates	588	588	2,538	2,538	18,438	-	-
21	Enhanced SD/MC Costs	71	71	1,033	1,033	10,027	-	-
21A	Enhanced SD/MC Costs	612	612	2,862	2,862	19,119	-	-
22	Enhanced SD/MC SMA Upper Limits	47	47	641	641	6,216	-	-
22A	Enhanced SD/MC SMA Upper Limits	406	406	1,830	1,830	11,852	-	-
23	Enhanced SD/MC Published Charges	63	63	861	861	6,731	-	-
23A	Enhanced SD/MC Published Charges	304	304	3,069	3,069	25,174	-	-
24	Enhanced SD/MC Negotiated Rates	96	96	1,265	1,265	9,890	-	-
24A	Enhanced SD/MC Negotiated Rates	465	465	4,508	4,508	36,987	-	-
25	Healthy Families Costs	100	100	1,471	1,471	11,503	-	-
25A	Healthy Families Costs	466	466	5,245	5,245	43,020	-	-
26	Healthy Families SMA Upper Limits	86	86	912	912	7,131	-	-
26A	Healthy Families SMA Upper Limits	322	322	3,251	3,251	26,699	-	-
27	Healthy Families Published Charges	16,289	16,289	25,509	83,805	1,544,362	92,568	35,374
27A	Healthy Families Published Charges	16,289	16,289	25,509	83,805	1,544,362	92,568	35,374
28	Healthy Families Negotiated Rates	16,289	16,289	25,509	83,805	1,544,362	92,568	35,374
28A	Healthy Families Negotiated Rates	16,289	16,289	25,509	83,805	1,544,362	92,568	35,374

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles

	Legal Entity Number	Legal Entity Name	NR	AK	NR	AL	NR	AM	CR	ISA	AP
	00203	PACIFIC CLINICS	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Mode: 15 - Outpatient (Program 1)										
1		Allocation Percentage	0.06%	0.06%	0.03%	2.81%	0.02%				
2		Total Units	7,481	7,234	3,401	355,969	2,173	27,480			
3		Gross Cost	21,536	19,871	9,342	977,843	5,969	75,426			
4		Cost per Unit	2.86	2.75	2.75	2.75	2.75	2.75			
5		SMA Per Unit	4.23	3.41	3.41	3.41	3.41	3.41			
6		Published Charge per Unit	4.92	4.75	4.75	4.75	4.75	4.75			
7		Negotiated Rate / Cost per Unit	3.05	2.91	2.91	2.91	2.91	2.91			
8		Medi-Cal Units	1,684	319	765	52,400		16,100			
8A		Medicare/Medi-Cal Crossover Units	3,418	3,375	2,015	214,453		5,748			
8B		Medicare/Medi-Cal Crossover Units				36,547		4,957			
9		Enhanced SD/MC (Children) Units	130								
10		Enhanced SD/MC (Refugees) Units	427	80		1,366					
10A		Healthy Families (SED) Units									
10B		Non-Medi-Cal Units	1,622	3,490	821	40,030	2,173	965			
11		Medi-Cal Costs	5,434	876	2,101	143,304		44,224			
12		Medi-Cal Costs	9,841	9,271	5,535	569,087		15,789			
13		Medi-Cal SMA Upper Limits	7,969	1,086	2,606	178,684		54,901			
14		Medi-Cal Published Charges	14,458	11,509	6,811	731,365		19,801			
15		Medi-Cal Negotiated Rates	9,269	1,515	3,634	249,600		78,475			
16		Medi-Cal Crossover Costs	16,817	16,031	9,571	1,018,652		27,303			
17		Medi-Cal Crossover SMA Upper Limits	5,748	828	2,226	152,484		48,861			
18		Medi-Cal Crossover Published Charges	10,425	9,821	5,864	824,658		16,727			
19		Medi-Cal Crossover Negotiated Rates				17,912		12,782			
20		Enhanced SD/MC Costs	1,229	550	185	3,815		15,880			
21		Enhanced SD/MC SMA Upper Limits	550	205	205	4,736		22,121			
22		Enhanced SD/MC Published Charges	1,808	640	285	6,588		13,552			
23		Enhanced SD/MC Negotiated Rates	2,101	175	175	4,042					
24		Healthy Families Costs				2,862					
25		Healthy Families SMA Upper Limits				3,304					
26		Healthy Families Published Charges				4,903					
27		Healthy Families Negotiated Rates				2,830					
28		Non-Medi-Cal Costs	4,670	9,556	1,706	112,153	5,969	2,023			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1669A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 1 OF 3
 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

Line Item	Legal Entity / Mod	A	NR					NR	NR	NR	NR
			B	C	D	E	F				
		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	
			03	04	10	12	31	34			
1	Allocation Percentage	100.00%	0.11%	3.42%	7.32%	0.36%	0.02%	2.85%			
2	Total Units		12,066	360,720	404,878	19,844	1,960	158,150			
3	Gross Cost	10,205,413	11,658	348,527	746,643	38,770	2,507	291,592			
4	Cost per Unit		0.97	0.97	1.84	1.84	1.84	1.84			
5	SMA per Unit		1.77	1.77	2.28	2.28	2.28	2.28			
6	Published Charge per Unit		1.00	1.00	1.90	1.90	1.90	1.90			
7	Negotiated Rate / Cost per Unit		0.98	0.98	1.87	1.87	1.87	1.87			
8	Medi-Cal Units		177	58,296	9,351	35	843	5,933			
8A		07/01/02 - 09/30/02	842	282,735	285,458	1,027	802	149,781			
9	Medicare/Medi-Cal Crossover Units										
9A		10/01/02 - 09/30/03									
10	Enhanced SD/MC (Children) Units										
10A		07/01/02 - 09/30/02									
10B	Enhanced SD/MC (Refugees) Units										
10B		07/01/02 - 09/30/03									
11	Healthy Families (SED) Units		177	88	679		309	2,485			
11A		07/01/02 - 09/30/02	585	1,918	2,969		309	2,485			
12	Non-Medi-Cal Units		10,285	17,697	106,521	18,573	35	10,838			
13	Medi-Cal Costs	1,697,302	171	56,325	17,240	65	1,185	276,109			
13A		07/01/02 - 09/30/03	814	273,178	526,288	1,853	80	14,666			
14	Medi-Cal SMA Upper Limits	2,148,672	313	103,184	21,320	80	1,466	13,527			
14A		07/01/02 - 09/30/02	1,480	500,441	650,844	2,942	555	341,455			
15	Medi-Cal Published Charges	1,749,490	177	58,296	17,787	67	1,222	11,273			
15A		07/01/02 - 09/30/03	842	282,735	542,370	1,951	1,296	284,546			
16	Medi-Cal Negotiated Rates	1,721,543	173	57,130	17,486	65	1,202	11,095			
16A		10/01/02 - 09/30/03	826	277,060	533,906	1,920	1,276	260,053			
17	Medicare/Medi-Cal Crossover Costs										
17A		10/01/02 - 09/30/03									
18	Medicare/Medi-Cal Crossover SMA Upper Limits										
18A		10/01/02 - 09/30/03									
19	Medicare/Medi-Cal Crossover Published Charges										
19A		10/01/02 - 09/30/03									
20	Medicare/Medi-Cal Crossover Negotiated Rates										
20A		10/01/02 - 09/30/03									
21	Enhanced SD/MC Costs										
21A		07/01/02 - 09/30/03									
22	Enhanced SD/MC SMA Upper Limits										
22A		10/01/02 - 09/30/03									
23	Enhanced SD/MC Published Charges										
23A		10/01/02 - 09/30/03									
24	Enhanced SD/MC Negotiated Rates										
24A		10/01/02 - 09/30/03									
25	Enhanced SD/MC (Refugees) Costs										
25A		07/01/02 - 09/30/03									
26	Enhanced SD/MC (Refugees) SMA Upper Limits										
26A		07/01/02 - 09/30/03									
27	Enhanced SD/MC (Refugees) Published Charges										
27A		07/01/02 - 09/30/03									
28	Enhanced SD/MC (Refugees) Negotiated Rates										
28A		07/01/02 - 09/30/03									
29	Healthy Families Costs	19,278	171	83	1,252	171	570	4,545			
29A		10/01/02 - 09/30/03	62,157	1,951	5,474	570	1,548	10,838			
30	Healthy Families SMA Upper Limits	23,960	313	152	1,548	705	1,548	10,838			
30A		10/01/02 - 09/30/03	1,035	3,391	6,769	705	1,548	10,838			
31	Healthy Families Published Charges	19,869	177	88	1,290	567	567	4,545			
31A		10/01/02 - 09/30/03	64,068	585	1,916	567	1,270	10,838			
32	Healthy Families Negotiated Rates	19,553	173	84	1,270	578	578	4,545			
32A		10/01/02 - 09/30/03	63,045	573	1,878	578	1,270	10,838			
33	Non-Medi-Cal Costs	710,834	9,037	17,069	146,388	34,242	65	4,545			

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	NR	H	I	J	K	L	M	N
00204	00204	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Medic. 15 - Outpatient (Program 1)	41							
1	Allocation Percentage	36.72%							
2	Total Units	303,701	1,455,230	38,385	2,701,391	126,774	505,428	62	4,96%
3	Gross Cost	141,821	3,961,134	559,922	1,84	3,54	3,54		
4	Cost per Unit	462	1,304	1,84	1,84	1,84	1,84		
5	SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28		
6	Published Charge per Unit	1.90	1.90	1.90	1.90	1.90	1.90		
7	Negotiated Rate / Cost per Unit	1.87	1.87	1.87	1.87	1.87	1.87		
8	Medi-Cal Units	1,929	388,295	7,787		321,053	1,065	36,510	
8A		1,965	1,627,196	283,422		1,144,197	19,813	105,741	
9	Medicare/Medi-Cal Crossover Units								
9A									
10	Enhanced SD/MC (Children) Units								
10A									
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units	4,389	5,087	30				191	498
11A		7,416	15,098	2,310		3,702		15,576	
12	Non-Medi-Cal Units	61,414	107,485	112		16,033			
13	Medi-Cal Costs	3,556	715,885	14,320		591,877	3,840	129,225	
13A		3,070	3,000,001	540,971		2,109,514	70,127	374,264	
14	Medi-Cal SMA Upper Limits	4,388	685,313	17,709		731,956	4,500	154,437	
14A		3,798	3,710,007	689,002		2,608,789	83,508	447,284	
15	Medi-Cal Published Charges	3,865	737,761	14,757		609,963	3,900	133,282	
15A		3,184	3,091,672	657,502		2,173,974	72,317	365,955	
16	Medi-Cal Negotiated Rates	3,607	726,112	14,524		600,332	3,695	131,071	
16A		3,114	3,042,857	540,899		2,139,448	71,129	379,610	
17	Medicare/Medi-Cal Crossover Costs								
17A									
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A									
19	Medicare/Medi-Cal Crossover Published Charges								
19A									
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A									
21	Enhanced SD/MC Costs								
21A									
22	Enhanced SD/MC SMA Upper Limits								
22A									
23	Enhanced SD/MC Published Charges								
23A									
24	Enhanced SD/MC Negotiated Rates								
24A									
25	Enhanced SD/MC (Refugees) Costs	8,082	9,342	55				878	283
25A		13,676	27,777	4,369		6,825		678	338
26	Enhanced SD/MC (Refugees) SMA Upper Limits	10,007	11,553	69				808	
26A		15,913	34,350	5,404		8,441		292	
27	Enhanced SD/MC (Refugees) Published Charges	6,338	9,027	57				697	267
27A		14,064	26,025	4,503		7,034		696	
28	Enhanced SD/MC (Refugees) Negotiated Rates	8,207	9,475	56				696	287
28A		13,872	28,173	4,432		6,923		696	
29	Healthy Families Costs	113,227	198,129	206		29,559	0	55,130	1,656
29A									
30	Healthy Families SMA Upper Limits								
30A									
31	Healthy Families Published Charges								
31A									
32	Healthy Families Negotiated Rates								
32A									
33	Non-Medi-Cal Costs								

DETAILED COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988A (05/03)

County: Los Angeles
County Code: 19

Legal Entity: Pasadena Childrens Training Society dba The Exchange
Legal Entity Number: 03024
Mode: 15 - Outpatient (Program 1)

				NR	NR	P	Q	R	S	T	U
				Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage			71	77						
2	Total Units			0.06%	7.21%						
3	Gross Cost			2,638	297,227						
4	Cost per Unit			6,528	735,533						
5	SMA per Unit			2.47	2.47						
6	Published Charge per Unit			3.41	3.41						
7	Negotiated Rate / Cost per Unit			2.55	2.55						
8	Medi-Cal Units			2.51	2.51						
9A	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		81,665	81,665						
10A	Enhanced SD/MC (Children) Units	10/01/02 - 09/30/03		217,548	217,548						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 09/30/02									
11A	Healthy Families (SED) Units	10/01/02 - 09/30/03		151	151						
12	Non-Medi-Cal Units			17,833	17,833						
13	Medi-Cal Costs	07/01/02 - 09/30/02		152,674	152,674						
13A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 09/30/03		538,355	538,355						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02		210,380	210,380						
15	Medi-Cal Published Charges	10/01/02 - 09/30/03		741,839	741,839						
15A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02		157,322	157,322						
16	Medicare/Medi-Cal Crossover Costs	10/01/02 - 09/30/03		554,747	554,747						
17	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02		154,864	154,864						
18	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 09/30/03		548,045	548,045						
18A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02									
19	Enhanced SD/MC Costs	10/01/02 - 09/30/03									
20	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02									
20A	Enhanced SD/MC Published Charges	10/01/02 - 09/30/03									
20A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02									
21	Healthy Families Costs	10/01/02 - 09/30/03									
21A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02									
22	Healthy Families Published Charges	10/01/02 - 09/30/03									
22A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02									
23	Enhanced SD/MC Costs	10/01/02 - 09/30/03									
23A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02									
24	Enhanced SD/MC Published Charges	10/01/02 - 09/30/03									
24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02									
25	Healthy Families Costs	10/01/02 - 09/30/03									
25A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02									
26	Healthy Families Published Charges	10/01/02 - 09/30/03									
26A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02									
27	Healthy Families Costs	10/01/02 - 09/30/03									
27A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02									
28	Healthy Families Published Charges	10/01/02 - 09/30/03									
28A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02									
29	Healthy Families Costs	10/01/02 - 09/30/03									
29A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02									
30	Healthy Families Published Charges	10/01/02 - 09/30/03									
30A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02									
31	Healthy Families Costs	10/01/02 - 09/30/03									
31A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02									
32	Healthy Families Published Charges	10/01/02 - 09/30/03									
32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02									
33	Non-Medi-Cal Costs			6,528	44,130						

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH1 1996A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00201 Modet: 15 - Outpatient (Program 1)	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17
1 Allocation Percentage	100.00%	0.01%	1.85%	0.00%	8.53%	0.24%	0.19%
2 Total Units	430	152,631	15	514,050	14,226	11,270	11,270
3 Gross Cost	12,041,987	627	222,885	22	1,027,243	28,428	22,521
4 Cost per Unit		1.46	1.46	1.46	2.00	2.00	2.00
5 SMA per Unit		1.77	1.77	1.77	2.28	2.28	2.28
6 Published Charge per Unit		1.77	1.77	1.77	2.28	2.28	2.28
7 Negotiated Rate / Cost per Unit		1.46	1.46	1.46	2.00	2.00	2.00
8 Medi-Cal Units		240	26,684	15	121,078	1,175	3,355
8A Medicare/Medi-Cal Crossover Units			90,180		385,296	4,065	5,090
9A Enhanced SD/MC (Children) Units							
10A Enhanced SD/MC (Refugees) Units							
11A Healthy Families (SED) Units							
12 Non-Medi-Cal Units		190	30,845		14,156	8,986	2,786
13A Medi-Cal Costs	2,788,774	350	38,841	22	241,950	2,348	6,764
14 Medi-Cal SMA Upper Limits	8,415,107	350	131,553	22	729,903	8,123	10,172
14A Medi-Cal Published Charges	3,150,681	425	47,248	27	276,053	2,879	7,718
15A Medi-Cal Negotiated Rates	3,151,590	425	159,519	27	832,875	9,288	11,605
16 Medicare/Medi-Cal Crossover Costs	9,517,584	425	159,519	27	276,053	2,879	7,718
17 Medicare/Medi-Cal Crossover SMA Upper Limits	2,792,101	350	38,973	22	242,152	2,350	6,770
18 Medicare/Medi-Cal Crossover Published Charges	8,422,128	350	131,863	22	730,962	8,130	10,180
19 Medicare/Medi-Cal Crossover Negotiated Rates							
20 Enhanced SD/MC Coets							
21 Enhanced SD/MC SMA Upper Limits							
22 Enhanced SD/MC Published Charges							
23 Enhanced SD/MC Negotiated Rates							
24 Healthy Families Costs	38,295	4,303	4,303		5,078	4,303	
25 Healthy Families SMA Upper Limits	119,234	4,303	4,303		21,946	4,303	
26 Healthy Families Published Charges	43,635	4,303	4,303		5,791	4,303	
27 Healthy Families Negotiated Rates	135,339	4,303	4,303		25,039	4,303	
28 Total	43,644	5,222	5,222		5,791	5,222	
29 Total	135,362	4,303	4,303		5,060	4,303	
30 Total	30,337	4,303	4,303		21,964	4,303	
31 Total	119,336	2,894	2,894		28,288	2,894	
32 Total	679,576	277	44,998		17,957	5,965	
33 Total							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

Legal Entity	Legal Entity	H	I	J	K	L	M	N
Number	Name	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
00201	00201	31	33	34	37	41	42	47
15 - Outpatient (Program 1)	15 - Outpatient (Program 1)							
1	Allocation Percentage	0.12%	0.01%	1.34%	0.02%	0.83%	56.80%	1.49%
2	Total Units	7,960	490	60,560	1,470	37,997	3,422,743	89,629
3	Gross Cost	14,108	959	160,996	2,836	75,931	6,839,779	179,109
4	Cost per Unit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
5	SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
8	Medi-Cal Units	5,785	490	23,700	1,470	4,295	751,374	21,185
8A	Medi-Cal Units	740		54,080	1,470	15,837	2,409,213	48,789
9	Medicare/Medi-Cal Crossover Units							
9A	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	60		490			11,785	
11A	Healthy Families (SED) Units			490			40,857	
12	Non-Medi-Cal Units	475		1,800		18,065	209,814	19,645
13	Medi-Cal Costs	11,560	959	47,360	2,836	8,593	1,501,496	42,335
13A	Medi-Cal Costs	1,479		108,070	2,836	31,248	4,814,409	97,517
14	Medi-Cal SMA Upper Limits	13,190	1,084	54,036	3,352	9,793	1,713,133	48,302
14A	Medi-Cal SMA Upper Limits	1,687		123,302	3,352	35,652	5,493,006	111,282
15	Medi-Cal Published Charges	13,190	1,084	54,036	3,352	9,793	1,713,133	48,302
15A	Medi-Cal Published Charges	1,687		123,302	3,352	35,652	5,493,006	111,282
16	Medi-Cal Negotiated Rates	11,570	960	47,400	2,940	8,090	1,502,748	42,370
16A	Medi-Cal Negotiated Rates	1,480		106,180	2,940	31,274	4,818,426	97,598
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	120		979			23,550	
29A	Healthy Families Costs			979			81,046	
30	Healthy Families SMA Upper Limits	137		1,117			26,870	
30A	Healthy Families SMA Upper Limits			1,117			92,470	
31	Healthy Families Published Charges	137		1,117			26,870	
31A	Healthy Families Published Charges			1,117			92,470	
32	Healthy Families Negotiated Rates	120		960			23,570	
32A	Healthy Families Negotiated Rates			960			81,114	
33	Non-Medi-Cal Costs	940		3,597		36,100	419,278	30,257

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1946A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 3 OF 3
 Fiscal Year 2002-2003

County Code: 19
 Legal Entity: PENNY LANE CENTERS
 Legal Entity Number: 00201
 Mode: 15 - Outpatient (Program 1)

	O	P	Q	R	S	T	U
	NR	NR	NR	NR	NR	NR	NR
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	52	54	57	58	61	62	67
2	3.65%	0.03%	0.07%	12.80%	0.02%	12.05%	0.07%
3	219,769	1,783	4,353	777,113	667	350,601	2,102
4	439,172	3,523	8,669	1,552,930	2,859	1,453,123	8,506
5	2.00	2.00	2.00	2.00	4.05	4.05	4.05
6	2.28	2.28	2.28	2.28	4.23	4.23	4.23
7	2.28	2.28	2.28	2.28	4.24	4.24	4.24
8	2.00	2.00	2.00	2.00	4.06	4.06	4.06
9	35,153	1,598	273,554	180	80,851	731	901
10	1,058,968	863	2,755	540,568	40	259,511	901
11							
12	14,032	800	12,933	447	5,925	470	
13	70,247	3,193	446,735	728	363,593	2,858	
14	337,854	1,924	1,060,231	162	1,050,143	3,648	
15	80,149	3,643	5,090,703	761	380,070	3,092	
16	385,247	2,198	8,281	1,232,490	189	1,097,732	3,811
17	80,149	3,643	5,090,703	763	380,098	3,096	
18	345,247	2,198	8,281	1,232,490	170	1,100,327	3,820
19	70,306	3,198	447,158	728	363,887	2,961	
20	337,936	1,928	1,061,132	162	1,051,020	3,649	
21							
22							
23							
24							
25							
26							
27							
28							
29	406					3,880	
30	2,824					9,550	
31	463					4,035	
32	3,222					9,983	
33	463					4,045	
34	3,222					10,006	
35	466					3,864	
36	2,826					9,558	
37	28,041	1,569	0	25,964	1,809	23,975	1,902

County: Los Angeles
 County Code: 19
 Legal Entity: Saint Johns Health Center
 Legal Entity Number: 00217
 Mode: 15 - Outpatient (Program 1)

DETAIL COST REPORT

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 14
1	100.00%	0.57%	1.76%	1.85%	6.44%	5.48%	2.05%
2		7,536	23,515	24,626	67,244	57,241	21,446
3	2,404.037	17,762	42,379	44,381	154,850	131,815	49,306
4		1.80	1.80	1.80	2.30	2.30	2.30
5		1.77	1.77	1.77	2.28	2.28	2.28
7		1.80	1.80	1.80	2.30	2.30	2.30
8							
8A	07/01/02 - 09/30/02	235	2,415	3,135	10,910	2,445	2,470
9	10/01/02 - 09/30/03	765	10,530	13,463	59,004	13,411	15,073
9A	07/01/02 - 09/30/02		1,390		6		
10	10/01/02 - 09/30/03		2,860		93		
10A	07/01/02 - 09/30/02						
10B	10/01/02 - 09/30/03						
11	07/01/02 - 09/30/02						
11A	10/01/02 - 09/30/03		1,070		4,836		
12	Non-Medi-Cal Units	6,536	5,450	8,026	12,396	41,385	3,903
13	Medi-Cal Costs	304,238	4,352	5,650	25,124	5,630	5,668
13A	10/01/02 - 09/30/03	1,073,010	1,378	18,977	24,263	9,819	34,710
14	Medi-Cal SMA Upper Limits	301,237	4,16	5,449	24,975	5,576	5,632
14A	10/01/02 - 09/30/03	1,062,430	1,354	18,658	23,630	30,577	34,368
15	Medi-Cal Published Charges	303,867	4,23	5,643	25,063	5,624	5,681
15A	10/01/02 - 09/30/03	1,071,702	1,377	18,964	24,233	30,845	34,868
16	Medi-Cal Negotiated Rates						
16A	10/01/02 - 09/30/03						
17	Medicare/Medi-Cal Crossover Costs	24,215	2,506		14		
17A	10/01/02 - 09/30/03	94,322	4,794		214		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	23,880	2,480		14		
18A	10/01/02 - 09/30/03	93,428	4,708		212		
19	Medicare/Medi-Cal Crossover Published Charges	24,185	2,502		14		
19A	10/01/02 - 09/30/03	94,207	4,788		214		
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A	10/01/02 - 09/30/03						
21	Enhanced SD/MC Costs						
21A	10/01/02 - 09/30/03						
22	Enhanced SD/MC SMA Upper Limits						
22A	10/01/02 - 09/30/03						
23	Enhanced SD/MC Published Charges						
23A	10/01/02 - 09/30/03						
24	Enhanced SD/MC Negotiated Rates						
24A	10/01/02 - 09/30/03						
25	Enhanced SD/MC (Refugees) Costs						
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
27	Enhanced SD/MC (Refugees) Published Charges						
28	Enhanced SD/MC (Refugees) Negotiated Rates						
28A	10/01/02 - 09/30/03						
29	Healthy Families Costs	65,805	1,928		11,134		
29A	10/01/02 - 09/30/03						
30	Healthy Families SMA Upper Limits	65,272	1,894		11,024		
30A	10/01/02 - 09/30/03						
31	Healthy Families Published Charges	65,824	1,928		11,121		
31A	10/01/02 - 09/30/03						
32	Healthy Families Negotiated Rates						
32A	10/01/02 - 09/30/03						
33	Non-Medi-Cal Costs	842,348	11,969	9,822	14,468	28,546	8,969

DETAIL COST REPORT:

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00217 Mode: 15 - Outpatient (Program 1)	H	I	J	K	L	M	N
Legal Entity Name: Saint Johns Health Center	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage	0.11%	0.41%	1.40%	10.97%	38.35%	6.56%	9.12%
2 Total Units	1,125	4,255	14,965	114,540	400,334	68,623	85,174
3 Gross Cost	2,591	9,798	33,771	263,784	921,892	157,769	219,167
4 Cost per Unit	2.30	2.30	2.30	2.30	2.30	2.30	2.30
5 SMA per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28
6 Published Charge per Unit	2.30	2.30	2.30	2.30	2.30	2.30	2.30
7 Negotiated Rate / Cost per Unit							
8 Medi-Cal Units	114	130	1,980	5,057	58,115	6,277	23,919
8A Medicare/Medi-Cal Crossover Units	689	1,789	7,284	17,383	194,485	49,295	55,083
8B Medicare/Medi-Cal Crossover Units					5,111		1,561
9 Medicare/Medi-Cal Crossover Units					23,480		6,708
10 Enhanced SD/MC (Children) Units							
10A Enhanced SD/MC (Refugees) Units							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A Non-Medi-Cal Units	412	2,336	3,511	92,060	14,730	940	1,465
12 Non-Medi-Cal Units					104,403	12,011	6,438
13 Medi-Cal Costs	283	288	4,514	11,845	133,828	14,455	55,081
13A Medicare/Medi-Cal Crossover Costs	1,378	4,120	16,707	40,063	447,862	113,517	126,846
14 Medi-Cal SMA Upper Limits	280	288	4,469	11,530	132,302	14,312	54,535
14A Medicare/Medi-Cal Crossover Published Charges	1,360	4,078	16,630	39,668	443,428	112,383	125,589
15 Medi-Cal Published Charges	282	289	4,508	11,631	133,895	14,437	55,014
15A Medicare/Medi-Cal Crossover Negotiated Rates	1,376	4,115	16,776	40,004	447,316	113,379	128,901
16 Medi-Cal Negotiated Rates							
16A Medicare/Medi-Cal Crossover Costs							
17 Medicare/Medi-Cal Crossover Costs					11,770		3,595
17A Medicare/Medi-Cal Crossover Costs					54,093		15,447
18 Medicare/Medi-Cal Crossover SMA Upper Limits					11,653		3,559
18A Medicare/Medi-Cal Crossover Published Charges					63,557		15,284
19 Medicare/Medi-Cal Crossover Published Charges					11,755		3,590
19A Medicare/Medi-Cal Crossover Negotiated Rates					54,027		15,428
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A Enhanced SD/MC Costs							
21 Enhanced SD/MC Costs							
21A Medicare/Medi-Cal Crossover Costs							
22 Enhanced SD/MC SMA Upper Limits							
22A Medicare/Medi-Cal Crossover Published Charges							
23 Enhanced SD/MC Published Charges							
23A Medicare/Medi-Cal Crossover Negotiated Rates							
24 Enhanced SD/MC Negotiated Rates							
24A Medicare/Medi-Cal Crossover Costs							
25 Enhanced SD/MC (Refugees) Costs							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
27 Enhanced SD/MC (Refugees) Published Charges							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A Healthy Families Costs			4,375		33,820	2,185	3,374
29 Healthy Families SMA Upper Limits			4,332		33,584	2,143	3,340
30 Healthy Families Published Charges			4,370		33,879	2,182	3,370
31 Healthy Families Negotiated Rates							
32 Non-Medi-Cal Costs	848	5,379	8,085	212,068	240,420	27,659	14,825
33 Non-Medi-Cal Costs							

County: Los Angeles
 County Code: 19

	Legal Entity Number: 00217 Mode: 15 - Outpatient (Program 1)	CR O Service Function	CR P Service Function	CR O Service Function	CR R Service Function	CR S Service Function	CR T Service Function	CR U Service Function
1	Allocation Percentage	53	54	61	62	77		
2	Total Units	0.45%	0.63%	2.56%	10.54%	0.71%		
3	Gross Cost	4,935	6,536	14,486	59,507	4,815		
4	Cost per Unit	11,479	13,061	61,841	253,469	17,047		
5	SMA per Unit	2.30	2.30	4.26	4.26	3.45		
6	Published Charge per Unit	2.28	2.28	4.23	4.23	3.41		
7	Negotiated Rate / Cost per Unit	2.30	2.30	4.25	4.25	3.45		
8	Medi-Cal Units	988	863	636	5,895	1,515		
8A	Medi-Cal Units	2,821	595	2,044	23,055	2,374		
9	Medicare/Medi-Cal Crossover Units				1,486			
9A	Medicare/Medi-Cal Crossover Units				4,947			
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units	1,376	6,078	11,809	22,365	1,046		
13	Medi-Cal Costs	2,275	1,987	2,708	25,084	5,233		
13A	Medi-Cal Costs	6,036	1,370	5,888	58,103	5,200		
14	Medi-Cal SMA Upper Limits	2,253	1,868	2,680	24,938	5,166		
14A	Medi-Cal SMA Upper Limits	5,876	1,357	8,846	97,523	8,095		
15	Medi-Cal Published Charges	2,272	1,985	2,703	25,254	5,227		
15A	Medi-Cal Published Charges	6,028	1,369	8,487	97,984	8,190		
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs				6,332			
17A	Medicare/Medi-Cal Crossover Costs				18,774			
18	Medicare/Medi-Cal Crossover SMA Upper Limits				6,284			
18A	Medicare/Medi-Cal Crossover SMA Upper Limits				19,567			
19	Medicare/Medi-Cal Crossover Published Charges				6,324			
19A	Medicare/Medi-Cal Crossover Published Charges				19,760			
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A	Healthy Families Costs				9,008			
30	Healthy Families SMA Upper Limits							
30A	Healthy Families SMA Upper Limits				8,965			
31	Healthy Families Published Charges							
31A	Healthy Families Published Charges				8,997			
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	3,169	11,884	50,237	95,187	3,613		

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00206 Mode: 15 - Outpatient (Program 1)	Legal Entity: San Fernando Valley CMHC, Inc	A	B	C	D	E	F	G
		Mode Total	Service Function 03	Service Function 04	Service Function 04	Service Function 04	Service Function 10	Service Function 10
1	Allocation Percentage	100.00%	0.02%	4.42%	0.74%	0.32%	2.78%	0.83%
2	Total Units	2,217	403,356	67,185	29,424	194,845	44,054	78,695
3	Gross Cost	12,536,518	3,047	554,453	82,352	40,446	348,902	78,695
4	Cost per Unit		1.37	1.37	1.37	1.37	1.79	1.79
5	SMA per Unit		1.77	1.77	1.77	1.77	2.28	2.28
6	Published Charge per Unit		1.77	1.77	1.77	1.77	2.28	2.28
7	Negotiated Rate / Cost per Unit		1.37	1.37	1.50	1.50	1.79	1.79
8	Medi-Cal Units		1,670	681,666	14,280	12,580	36,045	7,631
9	Medicare/Medi-Cal Crossover Units		450	233,942	23,106	15,744	131,047	20,347
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units			529			123	
11A	Healthy Families (SED) Units			1,306			1,300	
12	Non-Medi-Cal Units		57	98,883	29,789	1,100	28,330	18,078
13	Medi-Cal Costs	2,447,307	2,296	94,429	19,843	17,292	64,544	13,685
13A	Medi-Cal Costs	7,264,386	619	321,578	31,781	21,942	224,661	36,435
14	Medi-Cal SMA Upper Limits	3,151,375	2,956	121,582	25,783	22,267	82,183	17,399
14A	Medi-Cal SMA Upper Limits	9,350,627	797	414,077	40,888	27,887	298,787	48,391
15	Medi-Cal Published Charges	3,151,375	2,956	121,582	25,783	22,267	82,183	17,399
15A	Medi-Cal Published Charges	9,350,627	797	414,077	40,888	27,887	298,787	48,391
16	Medi-Cal Negotiated Rates	2,478,075	2,296	94,429	21,435	18,870	64,544	15,033
16A	Medi-Cal Negotiated Rates	7,328,682	619	321,578	34,659	23,618	234,661	40,084
17	Medicare/Medi-Cal Crossover Costs	570						
17A	Medicare/Medi-Cal Crossover Costs	687						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	781						
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	1,184						
19	Medicare/Medi-Cal Crossover Published Charges	781						
19A	Medicare/Medi-Cal Crossover Published Charges	1,184						
20	Medicare/Medi-Cal Crossover Negotiated Rates	585						
20A	Medicare/Medi-Cal Crossover Negotiated Rates	687						
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) SMA Upper Limits							
25A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
29	Healthy Families Costs	7,025	727				220	
29A	Healthy Families Costs	29,778	1,795				2,328	
30	Healthy Families SMA Upper Limits	8,024	836				280	
30A	Healthy Families SMA Upper Limits	38,127	2,312				2,964	
31	Healthy Families Published Charges	8,024	836				280	
31A	Healthy Families Published Charges	38,127	2,312				2,964	
32	Healthy Families Negotiated Rates	7,025	727				220	
32A	Healthy Families Negotiated Rates	29,778	1,795				2,328	
33	Non-Medi-Cal Costs	2,786,584	133	135,924	40,548	1,512	47,148	28,787

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

County: Los Angeles
 County Code: 19

	Legal Entity Number: 00208	Legal Entity: San Fernando Valley CMHC, Inc	Mode: 15 - Outpatient (Program 1)	ISA	H	CR	I	J	K	NR	ISA	CR	M	N
				Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1				10	0.03%	0.01%	12	41	42	42			42	52
2				10	2,441	756	3,100	3,155,202	229,238	3,27%			107,046	312,167
3				10	4,371	1,354	5,556	6,724,259	410,488	181,683			559,022	4,46%
4				179	1.79	1.79	1.79	1.79	1.79	1.79			1.79	1.79
5				2.28	2.28	2.28	2.28	2.28	2.28	2.28			2.28	2.28
6				2.28	2.28	2.28	2.28	2.28	2.28	2.28			2.28	2.28
7				1.97	1.79	1.79	1.79	1.79	1.97	1.97			1.97	1.79
8				935	55	360	702,671	23,906	53,055	65,067			53,055	65,067
9A				1,476	461	1,598	2,197,658	124,354	51,516	190,773			51,516	190,773
9B														
9C														
10A														
10B														
11A														
12				30	240	1,155	840,183	80,978	2,475	55,616			2,475	55,616
13A				1,674	98	845	1,250,247	42,808	95,004	116,513			95,004	116,513
13B				2,643	825	2,844	3,933,264	272,678	92,248	341,610			92,248	341,610
14A				2,132	125	821	1,602,090	54,506	120,965	148,363			120,965	148,363
14B				3,305	1,051	3,821	5,010,660	263,527	117,456	434,982			117,456	434,982
15A				2,132	125	821	1,602,090	54,506	120,965	148,363			120,965	148,363
15B				3,385	1,051	3,821	5,010,660	263,527	117,456	434,982			117,456	434,982
16A				2,908	825	2,844	3,933,264	244,977	101,487	341,610			101,487	341,610
17A														
17B														
18A														
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31A														
31B														
32A														
32B														
33				54	430	2,086	1,504,484	145,004	4,432	99,599			4,432	99,599

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1998A (05/03)

County: Los Angeles
County Code: 19

	Legal Entity: San Fernando Valley CMHC, Inc Legal Entity Number: 00208 Mode: 15 - Outpatient (Program 1)	NR O	NR P	CR Q	CR R	NR S	CR T	NR U
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	52	52	54	58	61	62	62
2	Total Units	0.00%	0.00%	0.03%	8.12%	0.02%	13.91%	1.26%
3	Gross Cost	130	185	185	428,424	750	550,261	49,814
4	Cost per Unit	233	331	3,250	787,183	2,376	1,743,556	157,635
5	SMA per Unit	1.79	1.79	1.79	1.79	3.17	3.17	3.17
6	Published Charge per Unit	2.28	2.28	2.28	2.28	4.23	4.23	4.23
7	Negotiated Rate / Cost per Unit	1.97	1.97	1.79	1.79	3.05	3.17	3.05
8	Medi-Cal Units	07/01/02 - 09/30/02	130	1570	115,506	165	93,840	9,815
8A	Medi-Cal Units	10/01/02 - 06/30/03	130	181	245	312,892	320	270,088
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 06/30/03					150	
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03					280	
10	Enhanced SD/MC (Children) Units	07/01/02 - 06/30/03						
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02					350	
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03					950	
12	Non-Medi-Cal Units		4		26	265	184,523	3,128
13	Medi-Cal Costs	07/01/02 - 06/30/03		2,811	206,832	523	297,647	31,089
13A	Medi-Cal Costs	10/01/02 - 06/30/03		324	560,284	1,014	655,788	116,825
14	Medi-Cal SMA Upper Limits	07/01/02 - 06/30/03		3,580	263,354	698	397,366	41,517
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03		413	713,394	1,354	1,142,472	155,964
15	Medi-Cal Published Charges	07/01/02 - 06/30/03		3,580	263,354	698	397,366	41,517
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03		413	713,394	1,354	1,142,472	155,964
16	Medi-Cal Negotiated Rates	07/01/02 - 06/30/03		2,811	206,832	602	297,647	35,825
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03		357	560,284	1,168	655,789	134,378
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 06/30/03					475	
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03					887	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 06/30/03					635	
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03					1,184	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 06/30/03					635	
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03					1,184	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 06/30/03					475	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03					887	
21	Enhanced SD/MC Costs	07/01/02 - 06/30/03						
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 06/30/03						
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 06/30/03						
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 06/30/03						
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
25A	Enhanced SD/MC (Refugees) Costs	10/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
27A	Enhanced SD/MC (Refugees) Published Charges	10/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
28A	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 06/30/03					1,109	
29A	Healthy Families Costs	10/01/02 - 06/30/03					3,010	
30	Healthy Families SMA Upper Limits	07/01/02 - 06/30/03					1,481	
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03					4,019	
31	Healthy Families Published Charges	07/01/02 - 06/30/03					1,481	
31A	Healthy Families Published Charges	10/01/02 - 06/30/03					4,019	
32	Healthy Families Negotiated Rates	07/01/02 - 06/30/03					1,109	
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03					3,010	
33	Non-Medi-Cal Costs		7	(0)	47	840	584,659	9,911

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1996A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00208 Mode: 15 - Outpatient (Program 1)	Legal Entity: San Fernando Valley CMHC, Inc	USA		CR		CR		NR		ISA	
		V Service Function	W Service Function	X Service Function	Y Service Function	Z Service Function	AA Service Function	AB Service Function			
1	Allocation Percentage	62	71	77	77	77	77	77	77	77	77
2	Total Units	0.52%	0.01%	6.15%	0.01%	0.06%	0.06%	0.01%	0.01%	0.06%	0.06%
3	Gross Cost	20,715	375	304,795	890	2,815	2,815	890	890	2,815	2,815
4	Cost per Unit	69,635	949	771,495	1,721	7,125	7,125	1,721	1,721	7,125	7,125
5	SMA per Unit	3.17	2.53	2.53	2.53	2.53	2.53	2.53	2.53	2.53	2.53
6	Published Charge per Unit	4.23	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41
7	Negotiated Rate / Cost per Unit	4.23	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41
8	Medi-Cal Units	10,100	375	57,813	85	1,025	1,025	85	85	1,025	1,025
9A	Medicare/Medi-Cal Crossover Units	6,995	180,955	20	1,760			20	20	1,760	1,760
10A	Enhanced SD/MC (Children) Units	30									
10B	Enhanced SD/MC (Refugees) Units										
11A	Healthy Families (SED) Units										
12	Non-Medi-Cal Units	3,580		86,227	595	30	30	595	595	30	30
13	Medi-Cal Costs	32,002	949	145,828	185	2,594	2,594	185	185	2,594	2,594
14A	Medi-Cal SMA Upper Limits	22,164	1,279	196,460	222	3,495	3,495	222	222	3,495	3,495
15A	Medi-Cal Published Charges	29,589	1,279	196,460	222	3,495	3,495	222	222	3,495	3,495
16A	Medi-Cal Negotiated Rates	36,865	949	145,828	188	2,982	2,982	188	188	2,982	2,982
17A	Medicare/Medi-Cal Crossover Costs	25,532		458,026	59	5,086	5,086	59	59	5,086	5,086
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	95									
19A	Medicare/Medi-Cal Crossover Published Charges	127									
20A	Medicare/Medi-Cal Crossover Negotiated Rates	127									
21A	Enhanced SD/MC Costs	110									
22A	Enhanced SD/MC SMA Upper Limits										
23A	Enhanced SD/MC Published Charges										
24A	Enhanced SD/MC Negotiated Rates										
25A	Enhanced SD/MC (Refugees) Costs										
26A	Enhanced SD/MC (Refugees) SMA Upper Limits										
27A	Enhanced SD/MC (Refugees) Published Charges										
28A	Enhanced SD/MC (Refugees) Negotiated Rates										
29A	Healthy Families Costs										
30A	Healthy Families SMA Upper Limits										
31A	Healthy Families Published Charges										
32A	Healthy Families Negotiated Rates										
33	Non-Medi-Cal Costs	11,375		167,831	1,506	76	76	1,506	1,506	76	76

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

	Legal Entity Number: 00213	Legal Entity Name: South Bay Children's Health Center	Mode: 15 - Outpatient (Program 1)	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
				A	B	C	D	E	F	G								
				Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function								
1				100.00%	0.26%	0.79%	6.89%	6.07%	1.52%									
2					676	2,073	14,626	14,080	3,251									
3				529,510	1,357	4,161	30,325	34,989	8,074									
4					2.01	2.01	2.48	2.48	2.48									
5					1.77	1.77	2.28	2.28	2.28									
6					2.00	2.00	2.40	2.40	2.40									
7					1.77	1.77	2.19	2.19	2.19									
8					268	1,637	11,614											
9A																		
9B																		
10					75			1,218	771									
10A					201			2,993	485									
10B																		
10C																		
11					15		124											
11A					45		374											
12					400		908											
13					534		3,989											
13A					3,286		28,844											
14					471		3,692											
14A					2,687		26,480											
15					532		3,854											
15A					3,274		27,874											
16					471		3,517											
16A					2,867		25,435											
17																		
17A																		
18																		
18A																		
19																		
19A																		
20																		
20A																		
21					151		3,025											
21A					403		7,433											
22					133		2,777											
22A					356		6,824											
23					150		2,923											
23A					402		7,183											
24					133		2,667											
24A					356		6,555											
25																		
25A																		
26																		
26A																		
27																		
27A																		
28																		
28A																		
29					30		308											
29A					90		909											
30					27		263											
30A					80		853											
31					30		298											
31A					90		898											
32					27		272											
32A					80		819											
33					221		2,255											
					803		8,004											
					221		2,255											
					803		8,004											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

County: Los Angeles
County Code: 19
Legal Entity: South Bay Children's Health Center
Legal Entity Number: 00213
Mode: 15 - Outpatient (Program 1)

Mode: 15 - Outpatient (Program 1)

	H	I	J	K	L	M	N
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	41	42	52	54	61	62	
2	27.54%	34.26%	0.73%	0.60%	12.62%	6.89%	
3	58,709	73,041	1,546	1,279	15,190	6,200	
4	145,009	181,404	3,840	3,177	66,836	26,477	
5	2.48	2.48	2.48	2.48	4.40	4.40	
6	2.28	2.28	2.28	2.28	4.23	4.23	
7	2.40	2.40	2.40	2.40	4.25	4.25	
8	2.19	2.19	2.19	2.19	3.88	3.88	
8A	8,871	58,831	1,541		420	6,810	
9							
9A					485		
10	3,796				2,506		
10A	8,359						
10B							
11							
11A							
12	46,654	4,975		1,279	12,220	370	690
13		17,065	12			1,848	
13A		148,112	3,827			29,965	
14		15,668	11			1,777	
14A		134,135	3,513			26,806	
15		16,480	12			1,785	
15A		141,194	3,698			28,943	
16		15,047	11			1,630	
16A		1,28,840	3,375			26,423	
17							
17A							
18							
18A							
19							
19A							
20							
20A							
21	9,428				2,048		
21A	20,760				11,022		
22	8,655						
22A	19,059				10,566		
23	9,110				1,976		
23A	20,062				10,846		
24	6,313				1,804		
24A	18,306				9,719		
25							
25A							
26							
26A							
27							
27A							
28							
28A							
29							
29A		5,871				1,628	
30							
30A		5,380				1,565	
31							
31A		5,674				1,573	
32							
32A		5,177				1,436	
33	115,821	12,366		3,177	53,770	3,030	

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00214 Mode: 15 - Outpatient (Program 1)	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 04	Service Function 10	Service Function 10	Service Function 12
1 Allocation Percentage	100.00%	0.07%	14.32%	0.07%	4.82%	0.07%	0.12%
2 Total Units		4,898	1,093,148	5,116	326,120	4,518	7,914
3 Gross Cost	10,417,729	8,811	1,481,891	9,956	592,288	8,952	12,193
4 Cost per Unit		1.80	1.36	1.96	1.54	1.54	1.54
5 SMA per Unit		1.77	1.77	1.77	2.28	2.28	2.28
6 Published Charge per Unit		1.55	1.55	1.55	1.75	1.75	1.75
7 Negotiated Rate / Cost per Unit		1.47	1.47	1.47	1.66	1.66	1.66
8 Medi-Cal Units		20	158,802		60,015		200
8A Medi-Cal Costs		182	615,775		175,729		118
9 Medicare/Medi-Cal Crossover Units							
10 Enhanced SD/MC (Children) Units			872		4,090		
10A Enhanced SD/MC (Children) Costs			1,565		3,184		
10B Enhanced SD/MC (Refugees) Units							
10B Enhanced SD/MC (Refugees) Costs							
11 Healthy Families (SED) Units		121	305		857		493
11A Healthy Families (SED) Costs		1,069	3,550		8,809		278
12 Non-Medi-Cal Units		3,584	314,089	5,116	73,538	4,518	6,824
13 Medi-Cal Costs	1,738,550	27	214,124		92,435		308
14 Medi-Cal SMA Upper Limits	5,619,834	248	840,369		270,857		183
14A Medi-Cal SMA Upper Limits	2,812,887	35	277,717		138,834		456
15 Medi-Cal Published Charges	8,105,820	322	1,069,922		400,862		271
15A Medi-Cal Negotiated Rates	1,975,343	31	243,198		105,028		350
16 Medi-Cal Negotiated Rates	6,385,177	282	864,451		307,528		208
17 Medicare/Medi-Cal Crossover Costs	93				99,825		332
17A Medicare/Medi-Cal Crossover SMA Upper Limits	4,712				281,710		186
18 Medicare/Medi-Cal Crossover Published Charges	127						
18A Medicare/Medi-Cal Crossover Negotiated Rates	6,549						
19 Medicare/Medi-Cal Crossover Published Charges	105						
19A Medicare/Medi-Cal Crossover Negotiated Rates	5,355						
20 Enhanced SD/MC Costs	5,060						
20A Enhanced SD/MC Costs	25,857						
21 Enhanced SD/MC SMA Upper Limits	72,799						
21A Enhanced SD/MC SMA Upper Limits	42,336						
22 Enhanced SD/MC Published Charges	107,057						
22A Enhanced SD/MC Published Charges	82,710						
23 Enhanced SD/MC Negotiated Rates	31,103						
23A Enhanced SD/MC Negotiated Rates	78,462						
24 Enhanced SD/MC (Refugees) Costs							
24A Enhanced SD/MC (Refugees) Costs							
25 Enhanced SD/MC (Refugees) SMA Upper Limits							
25A Enhanced SD/MC (Refugees) SMA Upper Limits							
26 Enhanced SD/MC (Refugees) Published Charges							
26A Enhanced SD/MC (Refugees) Published Charges							
27 Healthy Families Costs	7,668	165	539		1,474		780
27A Healthy Families Costs	82,838	1,485	4,845		13,260		428
28 Healthy Families SMA Upper Limits	11,217	214	699		2,182		1,124
28A Healthy Families SMA Upper Limits	91,435	1,928	6,264		19,829		634
29 Healthy Families Published Charges	8,744	188	612		1,875		863
29A Healthy Families Published Charges	71,398	1,688	5,503		15,066		487
30 Healthy Families Negotiated Rates	6,295	178	581		1,589		818
30A Healthy Families Negotiated Rates	67,774	1,601	5,219		14,291		461
31 Non-Medi-Cal Costs	2,882,345	4,658	428,656	9,956	113,200	6,952	10,574

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 2 OF 3
 Fiscal Year 2002-2003

DETAIL COST REPORT

County: Los Angeles
 County Code: 19

Legal Entity Number: 00214 Mode: 15 - Outpatient (Program 1)	NR H Service Function	NR I Service Function	CR J Service Function	NR K Service Function	NR L Service Function	CR M Service Function	NR N Service Function
1 Allocation Percentage	31	34	41	42	42	42	52
2 Total Units	0.04%	0.15%	0.07%	0.36%	44.18%	0.07%	22.23%
3 Gross Cost	2,853	10,269	4,516	24,311	2,968,431	4,516	1,503,941
4 Cost per Unit	4,385	15,067	6,952	37,457	4,802,727	6,953	2,310,344
5 SMA per Unit	1.54	1.54	1.54	1.54	1.54	1.54	1.54
6 Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7 Negotiated Rate / Cost per Unit	1.75	1.75	1.75	1.75	1.75	1.75	1.75
8	1.86	1.86	1.54	1.86	1.86	1.54	1.86
8A Medi-Cal Units	1,991	4,892	1,868	1,868	483,705	1,868	288,851
9	551	5,082	1,481,499	1,045,124			
9A Medicare/Medi-Cal Crossover Units			437	120			
10 Enhanced SD/MC (Children) Units			3,615	8,410			
10A Enhanced SD/MC (Refugees) Units			18,169	22,652			
11 Healthy Families (SED) Units			265	208			
11A Non-Medi-Cal Units			2,360	20,579			
12	311	325	4,516	1,871	4,516		1,953,905
13 Medi-Cal Costs	3,067	7,537	2,909	760,365	444,575		
13A	840	7,829	2,281,778	1,009,662			
14 Medi-Cal SMA Upper Limits	4,536	11,154	4,305	1,125,847	658,124		
14A	1,258	11,587	3,377,816	2,382,883			
15 Medi-Cal Published Charges	3,484	8,661	3,304	863,984	506,139		
15A	964	8,684	2,692,823	1,826,967			
16 Medi-Cal Negotiated Rates	3,305	8,121	3,134	819,550	478,161		
16A	815	8,438	2,459,265	1,734,906			
17 Medicare/Medi-Cal Crossover Costs			673	185			
17A			896	274			
18 Medicare/Medi-Cal Crossover SMA Upper Limits			765	210			
18A			725	168			
19 Medicare/Medi-Cal Crossover Published Charges			5,568	12,953			
19A			27,984	34,848			
20 Medicare/Medi-Cal Crossover Negotiated Rates			8,242	19,175			
20A			41,426	51,647			
21 Enhanced SD/MC Costs			6,328	14,718			
21A			31,786	39,641			
22 Enhanced SD/MC SMA Upper Limits			6,061	13,961			
22A			30,181	37,802			
23 Enhanced SD/MC Published Charges			408	320			
23A			3,687	2,882			
24 Enhanced SD/MC Negotiated Rates			604	474			
24A			5,426	4,296			
25 Enhanced SD/MC (Refugees) Costs			464	364			
25A			4,165	3,274			
26 Enhanced SD/MC (Refugees) SMA Upper Limits			440	345			
26A			3,951	3,106			
27 Enhanced SD/MC (Refugees) Published Charges			1,491,112	210,859			
27A			6,962	6,963			
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A							
29 Healthy Families Costs							
29A							
30 Healthy Families SMA Upper Limits							
30A							
31 Healthy Families Published Charges							
31A							
32 Healthy Families Negotiated Rates							
32A							
33 Non-Medi-Cal Costs	479	501	6,962	30,473	1,491,112	6,963	210,859

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

	CR			NR			NR			NR			U
	O	P	Q	R	S	T	S	T	S	T	U		
Legal Entity: Special Service for Groups	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Legal Entity Number: 00214													
Mode: 15 - Outpatient (Program 1)													
1	Allocation Percentage	54	61	62	77								
2	Total Units	0.07%	0.07%	12.74%	0.61%								
3	Gross Cost	4,530	2,378	479,903	28,192								
4	Cost per Unit	6,974	4,472	1,327,708	53,442								
5	SMA per Unit	1.54	3.09	3.09	2.04								
6	Published Charge per Unit	2.28	4.23	4.23	3.41								
7	Negotiated Rate / Cost per Unit	1.75	3.51	3.51	2.32								
8	Negotiated Rate	1.66	3.33	3.33	2.20								
9	Medi-Cal Units	47	182	66,590	3,398								
10	Medicare/Medi-Cal Crossover Units	220	48	185,170	13,031								
11	Enhanced SD/MC (Children) Units					30							
12	Enhanced SD/MC (Refugees) Units					760				245			
13	Healthy Families (SED) Units					933							
14	Non-Medi-Cal Units	4,530	2,108	2,068	170,948	9,518							
15	Medi-Cal Costs	72	500	205,656	6,903								
16	Medicare/Medi-Cal Crossover Costs	339	148	581,144	26,588								
17	Medi-Cal SMA Upper Limits	107	895	281,876	11,587								
18	Medi-Cal Published Charges	502	203	795,959	44,436								
19	Medi-Cal Negotiated Rates	82	569	253,731	7,883								
20	Medicare/Medi-Cal Crossover Published Charges	385	188	660,477	30,232								
21	Medicare/Medi-Cal Crossover Negotiated Rates	78	539	221,745	7,478								
22	Enhanced SD/MC Costs	365	190	628,606	28,869								
23	Enhanced SD/MC SMA Upper Limits					93							
24	Enhanced SD/MC Published Charges					5,954							
25	Enhanced SD/MC Negotiated Rates					127							
26	Healthy Families Costs					5,279							
27	Healthy Families SMA Upper Limits					105							
28	Healthy Families Published Charges					4,380							
29	Healthy Families Negotiated Rates					4,156							
30	Non-Medi-Cal Costs					600							
31	Enhanced SD/MC					2,347							
32	Enhanced SD/MC SMA Upper Limits					2,858							
33	Enhanced SD/MC Published Charges					3,215							
34	Enhanced SD/MC Negotiated Rates					3,955							
35	Healthy Families					2,868							
36	Healthy Families SMA Upper Limits					3,282							
37	Healthy Families Published Charges					2,531							
38	Healthy Families Negotiated Rates					3,114							
39	Non-Medi-Cal Costs												
40	Allocation Percentage	52	54	61	62	77							
41	Total Units	0.07%	0.04%	0.07%	12.74%	0.61%							
42	Gross Cost	4,530	2,378	479,903	28,192								
43	Cost per Unit	6,974	4,472	1,327,708	53,442								
44	SMA per Unit	1.54	3.09	3.09	2.04								
45	Published Charge per Unit	2.28	4.23	4.23	3.41								
46	Negotiated Rate / Cost per Unit	1.75	3.51	3.51	2.32								
47	Negotiated Rate	1.66	3.33	3.33	2.20								
48	Medi-Cal Units	47	182	66,590	3,398								
49	Medicare/Medi-Cal Crossover Units	220	48	185,170	13,031								
50	Enhanced SD/MC (Children) Units					30							
51	Enhanced SD/MC (Refugees) Units					760							
52	Healthy Families (SED) Units					933							
53	Non-Medi-Cal Units	4,530	2,108	2,068	170,948	9,518							
54	Medi-Cal Costs	72	500	205,656	6,903								
55	Medicare/Medi-Cal Crossover Costs	339	148	581,144	26,588								
56	Medi-Cal SMA Upper Limits	107	895	281,876	11,587								
57	Medi-Cal Published Charges	502	203	795,959	44,436								
58	Medi-Cal Negotiated Rates	82	569	253,731	7,883								
59	Medicare/Medi-Cal Crossover Published Charges	385	188	660,477	30,232								
60	Medicare/Medi-Cal Crossover Negotiated Rates	78	539	221,745	7,478								
61	Enhanced SD/MC Costs	365	190	628,606	28,869								
62	Enhanced SD/MC SMA Upper Limits					93							
63	Enhanced SD/MC Published Charges					5,954							
64	Enhanced SD/MC Negotiated Rates					127							
65	Healthy Families Costs					5,279							
66	Healthy Families SMA Upper Limits					105							
67	Healthy Families Published Charges					4,380							
68	Healthy Families Negotiated Rates					4,156							
69	Non-Medi-Cal Costs					600							
70	Allocation Percentage	52	54	61	62	77							
71	Total Units	0.07%	0.04%	0.07%	12.74%	0.61%							
72	Gross Cost	4,530	2,378	479,903	28,192								
73	Cost per Unit	6,974	4,472	1,327,708	53,442								
74	SMA per Unit	1.54	3.09	3.09	2.04								
75	Published Charge per Unit	2.28	4.23	4.23	3.41								
76	Negotiated Rate / Cost per Unit	1.75	3.51	3.51	2.32								
77	Negotiated Rate	1.66	3.33	3.33	2.20								
78	Medi-Cal Units	47	182	66,590	3,398								
79	Medicare/Medi-Cal Crossover Units	220	48	185,170	13,031								
80	Enhanced SD/MC (Children) Units					30							
81	Enhanced SD/MC (Refugees) Units					760							
82	Healthy Families (SED) Units					933							
83	Non-Medi-Cal Units	4,530	2,108	2,068	170,948	9,518							
84	Medi-Cal Costs	72	500	205,656	6,903								
85	Medicare/Medi-Cal Crossover Costs	339	148	581,144	26,588								
86	Medi-Cal SMA Upper Limits	107	895	281,876	11,587								
87	Medi-Cal Published Charges	502	203	795,959	44,436								
88	Medi-Cal Negotiated Rates	82	569	253,731	7,883								
89	Medicare/Medi-Cal Crossover Published Charges	385	188	660,477	30,232								
90	Medicare/Medi-Cal Crossover Negotiated Rates	78	539	221,745	7,478								
91	Enhanced SD/MC Costs	365	190	628,606	28,869								
92	Enhanced SD/MC SMA Upper Limits					93							
93	Enhanced SD/MC Published Charges					5,954							
94	Enhanced SD/MC Negotiated Rates					127							
95	Healthy Families Costs					5,279							
96	Healthy Families SMA Upper Limits					105							
97	Healthy Families Published Charges					4,380							
98	Healthy Families Negotiated Rates					4,156							
99	Non-Medi-Cal Costs					600							
100	Allocation Percentage	52	54	61	62	77							
101	Total Units	0.07%	0.04%	0.07%	12.74%	0.61%							
102	Gross Cost	4,530	2,378	479,903	28,192								
103	Cost per Unit	6,974	4,472	1,327,708	53,442								
104	SMA per Unit	1.54	3.09	3.09	2.04								
105	Published Charge per Unit	2.28	4.23	4.23	3.41								
106	Negotiated Rate / Cost per Unit	1.75	3.51	3.51	2.32								
107	Negotiated Rate	1.66	3.33	3.33	2.20								
108	Medi-Cal Units	47	182	66,590	3,398								
109	Medicare/Medi-Cal Crossover Units	220	48	185,170	13,031								
110	Enhanced SD/MC (Children) Units					30							
111	Enhanced SD/MC (Refugees) Units					760							
112	Healthy Families (SED) Units					933							
113	Non-Medi-Cal Units	4,530	2,108	2,068	170,948	9,518							
114	Medi-Cal Costs	72	500	205,656	6,903								
115	Medicare/Medi-Cal Crossover Costs												

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1968A (09/03)

County: Los Angeles
County Code: 19

Local Entity: St. Francis Medical Center - Children's Center
Legal Entity Number: 00784
Mode: 15 - Outpatient (Program 1)

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 10	Service Function 12	Service Function 31	Service Function 34
1	100.00%	0.05%	2.05%	9.23%	0.22%	0.35%	2.78%
2	1,487,975	350	15,196	53,023	1,273	2,032	15,955
3		695	30,306	135,431	3,251	5,190	40,762
4		1.99	1.99	2.55	2.55	2.55	2.55
5		1.77	1.77	2.28	2.28	2.28	2.28
6		1.71	1.71	2.19	2.19	2.19	2.19
7		1.71	1.71	2.19	2.19	2.19	2.19
8		40	1,177	11,004	418	1,740	2,862
8A		310	14,019	42,010	855	292	13,093
9							
9A							
10							
10A							
10B							
11							
11A							
12							
13	261,266	80	2,347	26,106	1,068	4,444	7,310
13A	1,208,708	618	27,969	107,325	2,184	746	33,442
14	234,283	71	2,083	25,089	953	3,917	6,525
14A	1,080,540	549	24,814	95,803	1,949	6,666	29,652
15	224,013	68	2,013	24,099	915	3,811	6,268
15A	1,034,650	530	23,872	92,022	1,872	639	28,674
16	224,013	68	2,013	24,099	915	3,811	6,268
16A	1,034,650	530	23,872	92,022	1,872	639	28,674
17							
17A							
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DETAILED COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1000A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
Model		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	41		43	52	54									
2	Total Units	1.00%	80.22%	1.86%	0.06%	0.10%									
3	Gross Cost	6,257	461,029	10,703	348	7,165									
4	Cost per Unit	15,962	1,177,506	27,337	869	1,502									
5	SMA per Unit	2.95	2.95	2.65	2.65	4.06									
6	Published Charge per Unit	2.26	2.26	2.26	2.26	4.23									
7	Negotiated Rate / Cost per Unit	2.19	2.19	2.19	2.19	3.48									
8	Medi-Cal Units	2,462	78,226	1,818	45	50									
8A	Medicare/Medi-Cal Crossover Units	3,795	382,804	8,685	303	320									
9	Enhanced SD/MC (Children) Units														
10	Enhanced SD/MC (Refugees) Units														
10A	Healthy Families (SED) Units														
10B	Non-Medi-Cal Units														
11	Medi-Cal Costs	6,258	189,802	4,844	115	203									
12	Medi-Cal SMA Upper Limits	8,683	977,754	22,684	774	1,269									
13	Medi-Cal Published Charges	6,653	872,793	20,258	691	1,354									
14	Medi-Cal Negotiated Rates	5,362	171,313	3,081	89	174									
15	Medicare/Medi-Cal Crossover Costs	8,311	838,341	19,458	664	1,114									
16	Medicare/Medi-Cal Crossover SMA Upper Limits														
17	Medicare/Medi-Cal Crossover Published Charges														
18	Medicare/Medi-Cal Crossover Negotiated Rates														
19	Enhanced SD/MC Costs														
20	Enhanced SD/MC SMA Upper Limits														
21	Enhanced SD/MC Published Charges														
22	Enhanced SD/MC Negotiated Rates														
23	Healthy Families Costs														
24	Healthy Families SMA Upper Limits														
25	Healthy Families Published Charges														
26	Healthy Families Negotiated Rates														
27	Non-Medi-Cal Costs														
28	Non-Medi-Cal SMA Upper Limits														
29	Non-Medi-Cal Published Charges														
30	Non-Medi-Cal Negotiated Rates														
31															
32															
33															

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988A (03/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

Legal Entity, Star View Model: 15 - Outpatient (Program 1)	A Mode Total	NR B Service Function	NR C Service Function	NR D Service Function	NR E Service Function	NR F Service Function	NR G Service Function
1 Allocation Percentage	100.00%	10	12	41	42	52	54
2 Total Units	279,139	4,977	0.00%	0.29%	06.00%	9.19%	0.02%
3 Gross Cost	11,181,100	555,485	8,624	32,769	7,385,837	1,027,700	1,968
4 Cost per Unit		1.99	1.99	1.99	1.99	1.99	1.99
5 SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28
6 Published Charge per Unit		2.25	2.25	2.25	2.25	2.25	2.25
7 Negotiated Rate / Cost per Unit		1.99	1.99	1.99	1.99	1.99	1.99
8 Medi-Cal Units	73,990	776	776	1,278	978,470	137,050	
8A	189,151	1,980	1,980	3,280	2,501,402	350,281	
9 Medicare/Medi-Cal Crossover Units							
9A							
10 Enhanced SD/MC (Children) Units							
10A							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A							
12 Non-Medi-Cal Units	15,997	2,081	2,081	11,932	231,604	28,021	969
13 Medi-Cal Costs	2,957,056	147,240	1,542	2,837	1,947,155	272,729	
13A	7,559,547	376,410	3,940	6,487	4,977,790	697,216	
14 Medi-Cal SMA Upper Limits	3,406,856	165,897	1,787	2,907	2,230,912	312,474	
14A	8,709,438	431,284	4,514	7,433	5,703,197	798,823	
15 Medi-Cal Published Charges	3,440,876	168,478	1,744	2,899	2,201,558	308,263	
15A	8,798,406	425,590	4,468	7,336	5,628,155	788,312	
16 Medi-Cal Negotiated Rates	2,957,056	147,240	1,542	2,837	1,947,155	272,730	
16A	7,559,547	376,410	3,940	6,487	4,977,790	697,216	
17 Medicare/Medi-Cal Crossover Costs							
17A							
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A							
19 Medicare/Medi-Cal Crossover Published Charges							
19A							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A							
21 Enhanced SD/MC Costs							
21A							
22 Enhanced SD/MC SMA Upper Limits							
22A							
23 Enhanced SD/MC Published Charges							
23A							
24 Enhanced SD/MC Negotiated Rates							
24A							
25 Enhanced SD/MC (Refugees) Costs							
25A							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A							
27 Enhanced SD/MC (Refugees) Published Charges							
27A							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A							
29 Healthy Families Costs							
29A							
30 Healthy Families SMA Upper Limits							
30A							
31 Healthy Families Published Charges							
31A							
32 Healthy Families Negotiated Rates							
32A							
33 Non-Medi-Cal Costs	684,406	31,834	4,141	23,745	460,592	57,752	1,968

	NR	H	NR	NR	NR	NR	CR	NR	NR	NR	NR	NR	NR	NR	NR	NR
		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function
1		Allocation Percentage	61	8.72%		62	77	0.59%		63	04	7.40%		64	0.05%	
2		Total Units	469,873		800	83,278	20,815	566,595	4,115							
3		Gross Cost	975,048		3,132	289,507	69,510	827,214	6,008							
4		Cost per Unit	1.99		3.46	3.48	3.18	1.46	1.46							
5		SMA per Unit	2.28		4.23	4.23	3.41	1.77	1.77							
6		Published Charge per Unit	2.28		4.25	4.25	3.50	2.25	2.25							
7		Negotiated Rate / Cost per Unit	1.99		3.46	3.48	3.18	1.46	1.46							
8		Medi-Cal Units	135,359		72	22,136	5,605	151,264	583							
8A			348,039		183	66,990	14,074	368,699	1,481							
9		Medicare/Medi-Cal Crossover Units														
9A																
10		Enhanced SD/MC (Children) Units														
10A																
10B		Enhanced SD/MC (Refugees) Units														
11		Healthy Families (SED) Units														
11A																
12		Non-Medi-Cal Units	8,576		645	4,552	1,336	28,822	2,041							
13		Medi-Cal Costs	289,364		261	77,033	17,508	220,845	861							
13A			666,616		637	196,533	44,755	664,581	2,177							
14		Medi-Cal SMA Upper Limits	308,619		306	93,535	18,772	287,937	1,032							
14A			783,989		774	239,376	47,982	694,487	2,639							
15		Medi-Cal Published Charges	304,558		306	94,076	19,268	340,344	1,312							
15A			778,588		778	240,508	69,259	870,073	3,365							
16		Medi-Cal Negotiated Rates	269,364		261	77,033	17,508	220,845	861							
16A			688,618		637	196,533	44,755	664,581	2,177							
17		Medicare/Medi-Cal Crossover Costs														
17A																
18		Medicare/Medi-Cal Crossover SMA Upper Limits														
18A																
19		Medicare/Medi-Cal Crossover Published Charges														
19A																
20		Medicare/Medi-Cal Crossover Negotiated Rates														
20A																
21		Enhanced SD/MC Costs														
21A																
22		Enhanced SD/MC SMA Upper Limits														
22A																
23		Enhanced SD/MC Published Charges														
23A																
24		Enhanced SD/MC Negotiated Rates														
24A																
25		Enhanced SD/MC (Refugees) Costs														
25A																
26		Enhanced SD/MC (Refugees) SMA Upper Limits														
26A																
27		Enhanced SD/MC (Refugees) Published Charges														
27A																
28		Enhanced SD/MC (Refugees) Negotiated Rates														
28A																
29		Healthy Families Costs														
29A																
30		Healthy Families SMA Upper Limits														
30A																
31		Healthy Families Published Charges														
31A																
32		Healthy Families Negotiated Rates														
32A																
33		Non-Medi-Cal Costs	17,064		2,245	15,841	4,248	41,768	2,980							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

	Legal Entity	Mode	A	B	C	D	E	F	G
	Legal Entity Number	Mode	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	00216	15 - Outpatient (Program 1)		03	04	10	12	31	34
1	Allocation Percentage		100.00%	4.46%	11.00%	15.72%	0.26%	0.04%	0.16%
2	Total Units			52,592	129,674	155,276	2,750	440	1,765
3	Gross Cost		1,423,234	63,456	159,549	223,790	3,963	634	2,544
4	Cost per Unit			1.21	1.21	1.44	1.44	1.44	1.44
5	SMA per Unit			1.77	1.77	2.28	2.28	2.28	2.28
6	Published Charge per Unit			1.60	1.60	1.91	1.91	1.91	1.91
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		8,975	14,239	24,235	30	45	760
8A		10/01/02 - 06/30/03		15,992	86,068	190,401	90		770
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 09/30/02							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02			305	995			
11A		10/01/02 - 06/30/03			530	630			
12	Non-Medi-Cal Units	07/01/02 - 09/30/02		27,625	47,732	28,615	2,630	395	245
13	Medi-Cal Costs	07/01/02 - 09/30/02	178,509	10,636	17,191	34,928	43	65	1,081
13A		10/01/02 - 06/30/03	806,803	19,307	80,731	144,702	130		1,110
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	279,101	15,888	25,203	55,256	68	103	1,710
14A		10/01/02 - 06/30/03	1,287,728	28,308	119,398	228,914	208		1,756
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	236,569	14,290	22,782	46,269	57	86	1,433
15A		10/01/02 - 06/30/03	1,071,861	25,587	108,989	191,760	172		1,471
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 09/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 09/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 09/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 09/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02	5,369		368	1,434			
29A		10/01/02 - 06/30/03	11,730		840	1,196			
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	8,450		540	2,269			
30A		10/01/02 - 06/30/03	18,462		938	1,892			
31	Healthy Families Published Charges	07/01/02 - 09/30/02	7,115		466	1,000			
31A		10/01/02 - 06/30/03	15,556		848	1,545			
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		418,618	33,352	57,628	41,529	3,790	569	353

DETAIL COST REPORT

County: Los Angeles
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Legal Entity Number: 00216	Legal Entity: Siringo Behavioral Health Institute	Mode: 15 - Outpatient (Program 1)	CR H	CR I	CR J	CR K	CR L	CR M	CR N
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	41	42	52	61	62			
2	Total Units	0.48%	64.35%	0.69%	0.02%	2.77%			
3	Gross Cost	4,725	635,450	6,830	120	14,665			
4	Cost per Unit	6,510	915,879	9,844	322	39,384			
5	SMA per Unit	1.44	1.44	1.44	2.69	2.69			
6	Published Charge per Unit	2.28	2.28	2.28	4.23	4.23			
7	Negotiated Rate / Cost per Unit	1.91	1.91	1.91	3.56	3.56			
8	Medi-Cal Units		74,308	580		2,395			
8A			389,866	4,144		8,835			
9	Medicare/Medi-Cal Crossover Units								
9A									
10	Enhanced SD/MC (Children) Units								
10A									
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units		2,400			40			
11A			6,635			180			
12	Non-Medi-Cal Units		182,571	2,106	75	3,215			
13	Medi-Cal Costs		107,066	836		8,434			
13A			216	532,777	5,972	121	23,733		
14	Medi-Cal SMA Upper Limits		169,422	1,322		10,131			
14A			342	842,838	9,448	190	37,372		
15	Medi-Cal Published Charges		141,928	1,108		8,528			
15A			287	706,082	7,915	180	31,453		
16	Medi-Cal Negotiated Rates								
16A									
17	Medicare/Medi-Cal Crossover Costs								
17A									
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A									
19	Medicare/Medi-Cal Crossover Published Charges								
19A									
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A									
21	Enhanced SD/MC Costs								
21A									
22	Enhanced SD/MC SMA Upper Limits								
22A									
23	Enhanced SD/MC Published Charges								
23A									
24	Enhanced SD/MC Negotiated Rates								
24A									
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs		3,459			107			
29A			9,418			484			
30	Healthy Families SMA Upper Limits		5,472			189			
30A			14,900			701			
31	Healthy Families Published Charges		4,584			142			
31A			12,482			641			
32	Healthy Families Negotiated Rates								
32A									
33	Non-Medi-Cal Costs		6,594	283,129	3,035	201	8,639		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
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DETAIL COST REPORT

Line Item	Legal Entity Number: 00171 Mode: 15 - Outpatient (Program 1)	Legal Entity: The Almansor Center	A		B		C		D		E		F		G	
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1			100.0%	0.19%	24.81%	7.82%	1.80%	0.02%	12	33	34					
2			4,818	598,034	186,999	34,199	6,040									
3			3,743,374	7,196	928,764	282,818	60,032	685	10,902							
4				1.56	1.56	1.76	1.76	1.76	1.76	1.76	1.76					
5				1.77	1.77	2.28	2.28	2.28	2.28	2.28	2.28					
6				1.66	1.66	1.87	1.87	1.87	1.87	1.87	1.87					
7				1.66	1.66	1.87	1.87	1.87	1.87	1.87	1.87					
8				443	71,684	28,259	2,970	1,955								
8A				3,908	428,441	112,818	17,862	380	1,725							
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DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (05/03)

County: Los Angeles
County Code: 19

Legal Entity	Legal Entity Number	Legal Entity Program	NR H Service Function	NR I Service Function	NR J Service Function	NR K Service Function	NR L Service Function	NR M Service Function	NR N Service Function
1	Allocation Percentage		41	42	43	54	61	62	71
2	Total Units		5.13%	54.65%	0.69%	0.49%	0.49%	2.94%	0.09%
3	Gross Cost		106,334	1,165,508	14,711	9,667	5,550	33,108	1,485
4	Cost per Unit		19,192	2,045,983	25,823	17,345	18,443	110,018	3,438
5	SMA per Unit		1.76	1.76	1.76	1.76	3.32	3.32	2.35
6	Published Charge per Unit		2.28	2.28	2.28	2.28	4.23	4.23	3.41
7	Negotiated Rate / Cost per Unit		1.87	1.87	1.87	1.87	3.54	3.54	2.50
8	Medi-Cal Units	07/01/02 - 09/30/02	10,620	179,040	3,451	183	485	8,575	
9	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03	55,715	819,072	10,810	8,431	2,575	17,566	
10	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
10A	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/02	241	24,753	210			985	137
11	Healthy Families (SED) Units	10/01/02 - 06/30/03	3,044	46,043				1,795	
12	Non-Medi-Cal Units		39,714	98,600	240	1,273	2,490	6,165	1,328
13	Medi-Cal Costs	07/01/02 - 09/30/02	19,642	314,281	6,058	321	1,612	21,849	
13A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	97,800	1,437,771	18,978	14,796	8,557	58,378	
14	Medi-Cal SMA Upper Limits	07/01/02 - 06/30/02	24,214	408,211	7,868	417	2,062	27,812	
15	Medi-Cal Published Charges	10/01/02 - 06/30/03	127,030	1,867,484	24,647	19,223	10,892	74,313	
15A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	19,659	334,805	6,453	342	1,717	23,276	
16	Medi-Cal Negotiated Rates	10/01/02 - 09/30/02	104,167	1,531,665	20,215	13,766	9,116	92,181	
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	19,659	334,805	6,453	342	1,717	23,276	
17A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	104,167	1,531,665	20,215	13,766	9,116	92,181	
18	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 06/30/02							
18A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
19	Enhanced SD/MC Published Charges	07/01/02 - 06/30/02							
19A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
20	Enhanced SD/MC Published Charges	07/01/02 - 06/30/02							
20A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 06/30/02							
21A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
22	Enhanced SD/MC Published Charges	07/01/02 - 06/30/02							
22A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 06/30/02							
23A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
24	Enhanced SD/MC Published Charges	07/01/02 - 06/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 06/30/02	423	43,451	389			3,279	322
29A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	5,423	80,622	479			4,187	467
30	Healthy Families Published Charges	07/01/02 - 06/30/02	549	56,437				7,883	
30A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03	6,940	104,878	393			3,487	343
31	Healthy Families Costs	07/01/02 - 06/30/02	451	48,288				6,354	343
31A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	5,882	86,100	393			3,487	343
32	Healthy Families Published Charges	07/01/02 - 06/30/02	451	46,268				6,354	343
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03	5,892	86,100	421			20,543	3,116
33	Non-Medi-Cal Costs		89,713	189,586	421	2,205	8,274	20,543	3,116

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

County: Los Angeles
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NR

Legal Entity Number: 00171 Mode: 15 - Outpatient (Program 1)	Legal Entity: The Almsosor Center	O	P	Q	R	S	T	U
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	77						
2	Total Units	0.82%						
3	Gross Cost	13,034						
4	Cost per Unit	30,587						
5	SMA per Unit	7.35						
6	Published Charge per Unit	2.50						
7	Negotiated Rate / Cost per Unit	2.50						
8	Medi-Cal Units	2,353						
8A		8,779						
9	Medicare/Medi-Cal Crossover Units							
9A								
10	Enhanced SD/MC (Children) Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	30						
11A		1,170						
12	Non-Medi-Cal Units	662						
13	Medi-Cal Costs	5,616						
13A		20,402						
14	Medi-Cal SMA Upper Limits	8,160						
14A		29,636						
15	Medi-Cal Published Charges	5,983						
15A		21,948						
16	Medi-Cal Negotiated Rates	5,983						
16A		21,948						
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
25A								
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A								
27	Enhanced SD/MC (Refugees) Published Charges							
27A								
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A								
29	Healthy Families Costs	70						
29A		2,746						
30	Healthy Families SMA Upper Limits	102						
30A		3,990						
31	Healthy Families Published Charges	75						
31A		2,925						
32	Healthy Families Negotiated Rates	75						
32A		2,925						
33	Non-Medi-Cal Costs	1,554						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988A (05/03)

County Code: 19
 County: Los Angeles

DEPARTMENT OF MENTAL HEALTH
 PAGE 1 OF 6
 Fiscal Year 2002-2003

DETAIL COST REPORT

Legal Entity	Mode Total	A	B	C	D	E	F	G
Number	Function	Function	Function	Function	Function	Function	Function	Function
00191	03	03	03	04	04	06	10	10
Medicare 15 - Outpatient (Program 1)								
1	Allocation Percentage	100.00%	0.71%	0.50%	4.32%	4.51%	0.27%	13.08%
2	Total Units		38,986	27,828	237,781	245,278	15,093	622,171
3	Gross Cost	5,183,519	57,993	41,074	353,542	369,134	22,440	1,070,149
4	Cost per Unit		1.49	1.49	1.49	1.49	1.49	1.72
5	SMA per Unit		1.77	1.77	1.77	1.77	1.77	2.28
6	Published Charge per Unit		1.70	1.70	1.70	1.70	1.70	1.97
7	Negotiated Rate / Cost per Unit		1.80	1.49	1.60	1.49	1.80	1.82
8	Medi-Cal Units		10,093	7,438	67,712	45,707	5,709	132,497
9	Medicare/Medi-Cal Crossover Units		20,533	11,769	124,069	180,030	8,474	348,417
9A								
10	Enhanced SD/MC (Children) Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A								
12	Non-Medi-Cal Units		8,360	8,419	45,780	21,941	910	141,657
13	Medi-Cal Costs	1,743,639	15,008	11,059	103,673	67,958	8,488	227,898
13A		4,612,025	30,528	17,498	184,507	299,558	12,599	596,548
14	Medi-Cal SMA Upper Limits	2,311,617	17,865	13,165	113,850	60,901	10,105	302,093
14A		5,123,069	36,343	20,831	219,655	319,715	14,969	769,831
15	Medi-Cal Published Charges	1,993,702	17,158	12,645	115,110	77,702	9,705	260,582
15A		5,273,456	34,908	20,007	210,968	307,071	14,408	681,296
16	Medi-Cal Negotiated Rates	1,797,569	16,149	11,069	105,339	67,566	9,134	24,145
16A		4,751,815	32,853	17,498	196,558	268,556	3,558	630,479
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
25A								
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A								
27	Enhanced SD/MC (Refugees) Published Charges							
27A								
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A								
29	Healthy Families Costs	3,103			74			688
29A		9,308			223			2,084
30	Healthy Families SMA Upper Limits	4,195			89			812
30A		12,566			266			2,736
31	Healthy Families Published Charges	3,548			85			787
31A		10,844			255			2,360
32	Healthy Families Negotiated Rates	3,202			80			728
32A		9,809			240			2,184
33	Non-Medi-Cal Costs	1,815,463	12,429	12,517	68,065	32,621	1,353	243,653

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Legal Entity Number: 00191 Model: 15 - Outpatient (Program 1)	Legal Entity: The Guidance Center	CF	NR	CF	NR	CF	NR	CF	NR	CF	NR	CF	NR
		Service Function	10	12	12	17	17	33	33	33	34	33	34
1	Allocation Percentage		2.73%	0.84%	1.19%	0.61%	0.61%	0.06%	0.06%	0.16%	1.12%		
2	Total Units		30,098	40,009	56,485	28,840	4,122	7,499	4,122	7,499	53,187		
3	Gross Cost		23,772	68,818	97,155	49,605	7,090	12,898	7,090	12,898	91,449		
4	Cost per Unit		1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72		
5	SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28		
6	Published Charge per Unit		1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97		
7	Negotiated Rate / Cost per Unit		1.72	1.82	1.72	1.82	1.82	1.82	1.82	1.82	1.82		
8	Medi-Cal Units	07/01/02 - 09/30/02	30,317	7,164	16,105	9,031	861	1,327	861	1,327	8,844		
9	Medicare/Medi-Cal Crossover Units	10/01/02 - 05/30/03	86,503	17,763	24,047	16,866	1,563	3,230	1,563	3,230	31,160		
9A		10/01/02 - 06/30/03											
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03											
11	Healthy Families (SED) Units	07/01/02 - 09/30/02											
11A		10/01/02 - 06/30/03											
12	Non-Medi-Cal Units		13,276	15,072	16,333	2,923	1,678	2,942	1,678	2,942	13,163		
13	Medi-Cal Costs	07/01/02 - 09/30/02	52,146	12,305	27,701	15,534	1,451	2,282	1,451	2,282	15,212		
13A		10/01/02 - 06/30/03	145,787	30,587	41,361	29,044	2,723	5,056	2,723	5,056	53,598		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	69,123	16,311	36,719	20,591	1,983	3,026	1,983	3,026	20,164		
14A		10/01/02 - 06/30/03	197,227	40,545	54,827	38,500	3,609	7,364	3,609	7,364	71,045		
15	Medi-Cal Published Charges	07/01/02 - 06/30/02	56,624	14,070	31,674	17,761	1,683	2,610	1,683	2,610	17,393		
15A		10/01/02 - 06/30/03	170,125	34,974	47,293	33,210	3,113	6,352	3,113	6,352	61,202		
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	52,146	13,020	27,701	16,438	1,567	2,282	1,567	2,282	16,099		
16A		10/01/02 - 06/30/03	148,787	32,365	41,361	30,733	2,884	5,056	2,884	5,056	55,711		
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02											
17A		10/01/02 - 06/30/03											
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02											
18A		10/01/02 - 06/30/03											
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02											
19A		10/01/02 - 06/30/03											
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02											
20A		10/01/02 - 06/30/03											
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02											
21A		10/01/02 - 06/30/03											
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02											
22A		10/01/02 - 06/30/03											
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03											
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03											
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03											
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03											
29	Healthy Families Costs	07/01/02 - 09/30/02											
29A		10/01/02 - 06/30/03											
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02											
30A		10/01/02 - 06/30/03											
31	Healthy Families Published Charges	07/01/02 - 09/30/02											
31A		10/01/02 - 06/30/03											
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02											
32A		10/01/02 - 06/30/03											
33	Non-Medi-Cal Costs		22,839	25,824	28,093	5,028	2,886	5,000	2,886	5,000	22,641		

Legal Entity: The Guidance Center
 Legal Entity Number: 00191
 Mode: 15 - Outpatient (Program 1)

	O	P	O	R	S	T	U
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	34	37	41	41	42	42	47
2	0.32%	0.02%	2.27%	2.03%	34.23%	8.45%	1.37%
3	15,267	823	108,072	96,419	1,638,745	403,760	65,148
4	28,260	1,416	185,888	165,843	2,801,480	884,402	112,069
5	1.72	1.72	1.72	1.72	1.72	1.72	1.72
6	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7	1.97	1.97	1.97	1.97	1.97	1.97	1.97
8	1.72	1.82	1.82	1.72	1.82	1.72	1.82
8A	3,285	15	18,880	22,984	288,048	101,185	15,308
9	9,972	808	45,428	45,184	924,551	253,197	36,782
9A							
10							
10A							
10B							
11							
11A							
12	2,010		43,764	28,271	402,546	49,377	13,058
13	5,850	28	32,474	36,533	512,650	174,058	26,330
14	17,152	1,380	78,137	77,883	1,590,250	435,505	63,268
14A	7,480	34	43,048	52,404	879,549	230,728	34,902
15	22,736	1,842	103,578	102,974	2,107,978	577,286	83,863
15A	6,461	30	37,131	45,203	596,171	189,020	30,106
16	19,612	1,588	89,343	88,524	1,818,314	497,683	72,359
16A	5,850	27	34,362	36,533	542,447	174,058	27,861
17	17,152	1,471	82,679	77,883	1,662,683	435,505	68,943
17A							
18							
18A							
19							
19A							
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29A							
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30A							
31							
31A							
32							
32A							
33	3,457		75,275	49,627	692,368	84,930	22,480

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1866A (05/03)

County: Los Angeles
County Code: 19

Legal Entity Number: 00191	Legal Entity: The Guidance Center	Mode: 15 - Outpatient (Program 1)	IV	CT	W	X	Y	Z	AA	AB
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage		52	52	54	54	54	57	58	61
2	Total Units		2,85%	1,81%	0,13%	0,13%	0,35%	0,01%	0,68%	1,13%
3	Gross Cost		137,420	90,690	9,197	16,964	413	32,455	31,598	31,598
4	Cost per Unit		236,381	155,999	10,859	29,006	710	55,823	92,060	92,060
5	SMA per Unit		1,72	1,72	1,72	1,72	1,72	1,72	1,72	2,92
6	Published Charge per Unit		2,28	2,28	2,28	2,28	2,28	2,28	2,28	4,23
7	Negotiated Rate / Cost per Unit		1,97	1,97	1,97	1,97	1,97	1,97	1,97	3,33
8	Medi-Cal Units		1,82	1,72	1,82	1,72	1,82	1,82	1,82	2,76
8A		07/01/02 - 09/30/02	30,077	27,354	2,457	4,684	323	17,690	17,690	5,230
9	Medicare/Medi-Cal Crossover Units		68,468	51,296	2,017	4,921	90	13,148	13,148	15,085
9A		07/01/02 - 09/30/02								
10	Enhanced SD/MC (Children) Units									
10A		07/01/02 - 09/30/02								
10B	Enhanced SD/MC (Refugees) Units									
11	Healthy Families (SED) Units									
11A		07/01/02 - 09/30/02								
12	Non-Medi-Cal Units		40,294	17,056	1,733	7,259			1,827	10,671
13	Medi-Cal Costs		51,733	47,050	4,226	8,057	568	30,410	30,410	15,247
13A		07/01/02 - 09/30/02	114,306	88,213	3,489	8,484	153	22,615	22,615	45,725
14	Medi-Cal SMA Upper Limits		85,578	62,387	5,002	10,660	736	40,310	40,310	22,123
14A		07/01/02 - 09/30/02	151,524	116,932	4,569	11,220	205	29,977	29,977	66,348
15	Medi-Cal Published Charges		59,152	53,797	4,432	9,212	835	34,771	34,771	17,433
15A		07/01/02 - 09/30/02	130,703	100,984	3,967	9,678	177	25,858	25,858	52,293
16	Medi-Cal Negotiated Rates		54,740	47,050	4,472	8,057	568	32,178	32,178	14,435
16A		07/01/02 - 09/30/02	120,964	88,213	3,871	8,464	164	23,929	23,929	43,291
17	Medicare/Medi-Cal Crossover Costs									
17A		07/01/02 - 09/30/02								
18	Medicare/Medi-Cal Crossover SMA Upper Limits									
18A		07/01/02 - 09/30/02								
19	Medicare/Medi-Cal Crossover Published Charges									
19A		07/01/02 - 09/30/02								
20	Medicare/Medi-Cal Crossover Negotiated Rates									
20A		07/01/02 - 09/30/02								
21	Enhanced SD/MC Costs									
21A		07/01/02 - 09/30/02								
22	Enhanced SD/MC SMA Upper Limits									
22A		07/01/02 - 09/30/02								
23	Enhanced SD/MC Published Charges									
23A		07/01/02 - 09/30/02								
24	Enhanced SD/MC Negotiated Rates									
24A		07/01/02 - 09/30/02								
25	Enhanced SD/MC (Refugees) Costs									
25A		07/01/02 - 09/30/02								
26	Enhanced SD/MC (Refugees) SMA Upper Limits									
26A		07/01/02 - 09/30/02								
27	Enhanced SD/MC (Refugees) Published Charges									
27A		07/01/02 - 09/30/02								
28	Enhanced SD/MC (Refugees) Negotiated Rates									
28A		07/01/02 - 09/30/02								
29	Healthy Families Costs									
29A		07/01/02 - 09/30/02								
30	Healthy Families SMA Upper Limits									
30A		07/01/02 - 09/30/02								
31	Healthy Families Published Charges									
31A		07/01/02 - 09/30/02								
32	Healthy Families Negotiated Rates									
32A		07/01/02 - 09/30/02								
33	Non-Medi-Cal Costs		70,339	20,737	2,864	12,406	0	2,706	2,706	31,108

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1906A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

DETAIL COST REPORT

County: Los Angeles
 County Code: 19

Legal Entity Number: 00181 Model: 15 - Outpatient (Program 1)	Legal Entity: The Guidance Center	AC Service Function	AD Service Function	AE Service Function	AF Service Function	AG Service Function	AH Service Function	AI Service Function
1	Allocation Percentage	81	82	82	87	71	71	78
2	Total Units	0.28%	10.83%	1.30%	0.24%	0.06%	0.10%	0.03%
3	Gross Cost	7,704	298,294	36,412	8,870	1,965	3,167	990
4	Cost per Unit	27,721	869,504	100,149	20,028	5,012	6,079	2,525
5	SMA per Unit	2.92	2.92	2.92	2.92	2.55	2.55	2.55
6	Published Charge per Unit	4.23	4.23	4.23	4.23	3.41	3.41	3.41
7	Negotiated Rate / Cost per Unit	3.33	3.33	3.33	3.33	2.92	2.92	2.92
8	Medi-Cal Units	2.92	2.76	2.92	2.76	2.64	2.55	2.54
8A	Medi-Cal Units	1,906	57,865	8,535	1,290	790	1,297	30
9	Medicare/Medi-Cal Crossover Units	3,825	167,275	22,327	4,638	740	458	900
9A	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units	2,065	72,124	5,650	942	435	1,412	60
13	Medi-Cal Costs	5,566	165,869	24,801	3,781	2,015	3,308	77
13A	Medi-Cal Costs	11,151	447,643	65,068	13,521	1,888	1,108	2,296
14	Medi-Cal SMA Upper Limits	8,082	244,768	36,103	5,457	2,684	4,423	102
14A	Medi-Cal SMA Upper Limits	16,160	707,573	94,443	19,819	2,523	1,962	3,009
15	Medi-Cal Published Charges	6,353	192,861	28,450	4,300	2,304	3,783	86
15A	Medi-Cal Published Charges	12,706	557,578	74,423	15,480	2,158	1,338	2,825
16	Medi-Cal Negotiated Rates	5,858	159,707	24,881	3,560	2,068	3,308	79
16A	Medi-Cal Negotiated Rates	11,151	481,878	65,068	12,901	1,954	1,188	2,376
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A	Healthy Families Costs							
30	Healthy Families SMA Upper Limits							
30A	Healthy Families SMA Upper Limits							
31	Healthy Families Published Charges							
31A	Healthy Families Published Charges							
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	6,026	210,257	16,179	2,746	1,110	3,602	153

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986A (05/03)

County: Los Angeles
 County Code: 19

	Legal Entity: The Guidance Center	AJ	AK	AM	AN	AO	AP
	Legal Entity Number: 00181	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Mode: 15 - Outpatient (Program 1)	77	77				
1	Allocation Percentage	0.85%	0.83%				
2	Total Units	18,919	26,667				
3	Gross Cost	48,260	68,075				
4	Cost per Unit	2.55	2.55				
5	SMA per Unit	3.41	3.41				
6	Published Charge per Unit	2.92	2.92				
7	Negotiated Rate / Cost per Unit	2.54	2.55				
8	Medi-Cal Units	3,141	9,468				
9	Medicare/Medi-Cal Crossover Units	10,681	13,526				
10	Enhanced SD/MC (Children) Units						
10A	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units	25	75				
11A	Non-Medi-Cal Units	4,967	4,683				
12	Medi-Cal Costs	8,012	21,601				
13	Medicare/Medi-Cal Crossover Costs	27,246	34,503				
14	Medi-Cal SMA Upper Limits	10,711	28,876				
14A	Medi-Cal Published Charges	36,422	46,124				
15	Medi-Cal Negotiated Rates	9,161	24,689				
15A	Medi-Cal Negotiated Rates	31,153	39,451				
16	Medi-Cal Negotiated Rates	8,292	21,601				
16A	Medi-Cal Negotiated Rates	28,198	34,503				
17	Medicare/Medi-Cal Crossover Costs						
17A	Medicare/Medi-Cal Crossover Costs						
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A	Medicare/Medi-Cal Crossover Published Charges						
19	Medicare/Medi-Cal Crossover Negotiated Rates						
19A	Medicare/Medi-Cal Crossover Negotiated Rates						
20	Enhanced SD/MC Costs						
20A	Enhanced SD/MC Costs						
21	Enhanced SD/MC SMA Upper Limits						
21A	Enhanced SD/MC SMA Upper Limits						
22	Enhanced SD/MC Published Charges						
22A	Enhanced SD/MC Published Charges						
23	Enhanced SD/MC Negotiated Rates						
23A	Enhanced SD/MC Negotiated Rates						
24	Enhanced SD/MC (Refugees) Costs						
24A	Enhanced SD/MC (Refugees) Costs						
25	Enhanced SD/MC (Refugees) SMA Upper Limits						
25A	Enhanced SD/MC (Refugees) SMA Upper Limits						
26	Enhanced SD/MC (Refugees) Published Charges						
26A	Enhanced SD/MC (Refugees) Published Charges						
27	Enhanced SD/MC (Refugees) Negotiated Rates						
27A	Enhanced SD/MC (Refugees) Negotiated Rates						
28	Healthy Families Costs	64	191				
28A	Healthy Families Costs	181	85				
29	Healthy Families SMA Upper Limits	259	73				
29A	Healthy Families SMA Upper Limits	219	66				
30	Healthy Families Published Charges	198	198				
30A	Healthy Families Published Charges	12,747	11,971				
31	Healthy Families Negotiated Rates						
31A	Healthy Families Negotiated Rates						
32	Non-Medi-Cal Costs						
32A	Non-Medi-Cal Costs						
33	Non-Medi-Cal Costs						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH1 1986A (05/03)

DEPARTMENT OF MENTAL HEALTH
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 Fiscal Year 2002-2003

County Code: 19
 County: Los Angeles

Legal Entity Number: 00221 Mode: 15 - Outpatient (Program 1)	A	B	C	D	E	F	G
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage	100.00%	04	10	12	33	34	41
2 Total Units		77,448	104,450	38,900	10,890	127,135	194,874
3 Gross Cost	5,060,051	110,945	192,802	71,730	19,712	234,433	389,538
4 Cost per Unit		1.43	1.84	1.84	1.84	1.84	1.84
5 SMA per Unit		1.77	2.28	2.28	2.28	2.28	2.28
6 Published Charge per Unit		1.88	2.42	2.42	2.42	2.42	2.42
7 Negotiated Rate / Cost per Unit							
8 Medi-Cal Units		4,064	627	1,700	1,905	17,004	17,321
8A		11,745	86,755	9,542	2,858	50,053	34,505
9 Medicare/Medi-Cal Crossover Units		3,944	328			627	
9A		8,865	633			2,327	
10 Enhanced SD/MC (Children) Units							
10A							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A							
12 Non-Medi-Cal Units		48,910	32,004	27,486	5,927	69,670	143,013
13 Medi-Cal Costs	563,847	5,850	1,156	3,135	3,513	31,355	31,839
13A	2,105,890	16,825	123,094	17,995	5,270	92,296	63,626
14 Medi-Cal SMA Upper Limits	686,717	7,229	1,430	3,878	4,343	38,789	39,402
14A	2,802,534	20,789	152,201	21,759	6,518	114,121	78,871
15 Medi-Cal Published Charges	739,886	7,878	1,517	4,114	4,810	41,150	41,917
15A	2,763,744	22,081	161,547	23,092	6,918	121,128	83,502
16 Medi-Cal Negotiated Rates							
16A							
17 Medicare/Medi-Cal Crossover Costs	95,539	5,650	601			1,186	
17A	277,302	12,699	1,187			4,281	
18 Medicare/Medi-Cal Crossover SMA Upper Limits	118,004	8,981	743			1,430	
18A	342,500	15,691	1,443			5,308	
19 Medicare/Medi-Cal Crossover Published Charges	125,384	7,415	789			1,517	
19A	363,927	16,668	1,531			5,631	
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A							
21 Enhanced SD/MC Costs							
21A							
22 Enhanced SD/MC SMA Upper Limits							
22A							
23 Enhanced SD/MC Published Charges							
23A							
24 Enhanced SD/MC Negotiated Rates							
24A							
25 Enhanced SD/MC (Refugees) Costs							
25A							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A							
27 Enhanced SD/MC (Refugees) Published Charges							
27A							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A							
29 Healthy Families Costs	12,479	1,523	74			1,583	63
29A	37,431	4,571	221			4,778	188
30 Healthy Families SMA Upper Limits	15,428	1,883	91			1,970	78
30A	46,273	5,652	274			5,905	230
31 Healthy Families Published Charges	16,377	1,998	97			2,091	82
31A	49,124	5,999	290			6,288	244
32 Healthy Families Negotiated Rates							
32A							
33 Non-Medi-Cal Costs	1,987,553	69,921	60,490	50,705	10,928	96,866	263,711

DETAIL COST REPORT

County: Los Angeles
 County Code: 19

Legal Entity Number: 00221 Mode: 15 - Outpatient (Program 1)	H	I	J	K	L	M	N
Legal Entity: Verdugo Mental Health Center	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage	42	52	54	61	62	71	77
2 Total Units	40.10%	12.03%	1.76%	2.01%	20.81%	0.35%	3.26%
3 Gross Cost	1,100,357	330,179	48,856	29,642	308,539	6,390	60,084
4 Cost per Unit	2,029,023	606,039	90,279	1,016,988	1,067,939	17,026	185,759
5 SMA per Unit	1.84	1.84	1.84	3.43	3.43	2.76	2.76
6 Published Charge per Unit	2.28	2.28	2.28	4.23	4.23	3.41	3.41
7 Negotiated Rate / Cost per Unit	2.42	2.42	2.42	4.50	4.50	3.62	3.62
8 Medi-Cal Units	128,870	32,162	3,017	2,005	44,534	505	8,494
8A 10/01/02 - 09/30/02	474,013	198,486	11,812	6,487	127,397	1,125	24,236
9 Medicare/Medi-Cal Crossover Units	16,057	4,795			12,371		2,633
9A 10/01/02 - 09/30/03	46,935	14,884			37,114		6,497
10 Enhanced SD/MC (Children) Units							
10A 10/01/02 - 09/30/03							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units	3,021	1,322	86		325		
11A 10/01/02 - 09/30/02	9,062	3,967	169		974		
12 Non-Medi-Cal Units	422,399	76,563	33,805	21,150	85,824	4,760	18,244
13 Medi-Cal Costs	237,632	59,306	5,563	6,875	152,701	1,383	23,429
13A 10/01/02 - 09/30/03	874,065	362,314	21,781	22,243	436,827	3,103	66,851
14 Medi-Cal SMA Upper Limits	293,824	73,329	6,879	8,481	188,379	1,722	28,965
14A 10/01/02 - 09/30/03	1,060,750	447,988	26,831	27,440	538,869	3,636	82,645
15 Medi-Cal Published Charges	311,865	77,832	7,301	9,023	200,403	1,828	30,748
15A 10/01/02 - 09/30/02	1,147,111	475,496	26,585	29,192	573,267	4,073	87,734
16 Medi-Cal Negotiated Rates							
16A 10/01/02 - 09/30/03							
17 Medicare/Medi-Cal Crossover Costs	29,609	8,842			42,416		7,263
17A 10/01/02 - 09/30/03	86,547	27,446			177,259		17,883
18 Medicare/Medi-Cal Crossover SMA Upper Limits	36,810	10,933			52,329		8,979
18A 10/01/02 - 09/30/03	107,012	33,936			156,992		22,121
19 Medicare/Medi-Cal Crossover Published Charges	38,858	11,604			55,670		9,531
19A 10/01/02 - 09/30/02	113,583	36,019			187,013		23,483
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A 10/01/02 - 09/30/03							
21 Enhanced SD/MC Coets							
21A 10/01/02 - 09/30/02							
22 Enhanced SD/MC SMA Upper Limits							
22A 10/01/02 - 09/30/02							
23 Enhanced SD/MC Published Charges							
23A 10/01/02 - 09/30/03							
24 Enhanced SD/MC Negotiated Rates							
24A 10/01/02 - 09/30/03							
25 Enhanced SD/MC (Refugees) Costs							
25A 10/01/02 - 09/30/03							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A 10/01/02 - 09/30/03							
27 Enhanced SD/MC (Refugees) Published Charges							
27A 10/01/02 - 09/30/03							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A 10/01/02 - 09/30/03							
29 Healthy Families Costs	5,571	2,438	103		1,114		
29A 10/01/02 - 09/30/03	18,710	7,316	312		3,340		
30 Healthy Families SMA Upper Limits	6,888	3,014	128		1,375		
30A 10/01/02 - 09/30/03	20,861	9,045	365		4,120		
31 Healthy Families Published Charges	7,311	3,199	136		1,463		
31A 10/01/02 - 09/30/02	21,930	9,600	409		4,383		
32 Healthy Families Negotiated Rates							
32A 10/01/02 - 09/30/03							
33 Non-Medi-Cal Costs	778,890	141,180	62,520	72,521	294,279	13,130	50,323

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1066A (05/03)

County: Los Angeles
County Code: 19
Legal Entity: Vista Del Mar
Legal Entity Number: 00196
Model: 19 - Outpatient (Program 1)

	A	B	C	D	E	F	G
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	100.00%	04	10	34	42	52	56
2	100.00%	9.32%	9.05%	1.84%	42.13%	0.86%	13.32%
3	267,751	237,303	43,206	1,104,229	22,298	349,028	349,028
4	477,459	463,806	94,216	2,159,204	43,577	662,168	662,168
5	1.78	1.95	1.95	1.95	1.95	1.95	1.95
6	1.77	2.28	2.28	2.28	2.28	2.28	2.28
7	2.08	2.30	2.30	2.30	2.30	2.30	2.30
8	1.77	1.94	1.94	1.94	1.94	1.94	1.94
9	35,859	50,597	20,564	160,975	4,454	45,240	45,240
10	231,892	189,036	27,641	592,112	17,842	303,786	303,786
11							
12							
13	708,392	63,944	94,087	40,192	314,624	8,705	58,421
14	3,116,739	413,514	363,695	54,074	1,167,277	34,872	693,747
15	806,615	63,470	115,586	46,896	387,023	10,155	103,147
16	3,542,477	410,449	424,162	63,021	1,350,015	40,660	692,632
17	642,399	74,587	116,603	47,297	370,243	10,244	104,052
18	3,734,323	482,335	427,883	63,574	1,361,658	41,037	698,708
19	701,145	63,470	98,352	39,894	312,292	8,641	87,796
20	3,083,631	410,449	380,910	53,624	1,148,697	34,613	689,345
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33	1,299,856		1,114		666,303		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988A (05/03)

DEPARTMENT OF MENTAL HEALTH
 PAGE 2 OF 2
 Fiscal Year 2002-2003

DETAIL COST REPORT

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
00104	Vista Del Mar	63	03	12	33	41	54	61	84	93	108	146	158	213	285
Model:	15 - Outpatient (Program 1)	10.84%	2.76%	0.87%	0.41%	3.57%	0.02%	5.05%	0.41%	10.84%	83.566	581	69,800	1,136	260,848
1	Allocation Percentage	10.84%	2.76%	0.87%	0.41%	3.57%	0.02%	5.05%	0.41%	10.84%	83.566	581	69,800	1,136	260,848
2	Total Units	145,490	80,028	25,530	10,845	83,566	581	69,800	1,136	260,848					
3	Gross Cost	545,265	142,704	49,979	20,806	162,913	1,136	260,848							
4	Cost per Unit	3.75	1.76	1.95	1.95	1.95	1.95	3.75							
5	SMA per Unit	4.23	1.77	2.28	2.28	2.28	2.28	4.23							
6	Published Charge per Unit	5.00	2.08	2.30	2.30	2.30	2.30	5.00							
7	Negotiated Rate / Cost per Unit	3.72	1.77	1.94	1.94	1.94	1.94	3.72							
8	Medi-Cal Units	18,745	4,593	1,066	547	2,169	1,94	3,72							
9	Medicare/Medi-Cal Crossover Units	116,384	13,779	3,259	1,843	6,508	328	4,201							
10	Enhanced SD/MC (Children) Units	10,351	61,654	2,117	8,455	84,909	146	63,919							
10A	Enhanced SD/MC (Children) Units	70,362	8,180	2,123	1,089	4,239	213	5,322							
10B	Enhanced SD/MC (Refugees) Units	436,220	24,571	5,370	3,211	12,720	637	15,989							
11	Healthy Families (SED) Units	79,291	8,130	2,476	1,247	4,945	249	6,007							
12	Non-Medi-Cal Units	482,347	24,388	7,431	3,746	14,538	743	18,024							
13	Medi-Cal Costs	93,725	8,533	2,468	1,258	4,969	251	7,100							
14	Medi-Cal SMA Upper Limits	581,970	28,860	7,488	3,779	14,958	750	21,305							
15	Medi-Cal Published Charges	69,731	8,130	2,107	1,061	4,208	211	5,282							
16	Medi-Cal Negotiated Rates	432,988	24,389	6,322	3,187	12,626	632	15,851							
17	Medicare/Medi-Cal Crossover Costs	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02	1,001,002 - 09/30/02
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02
19	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02
21	Enhanced SD/MC Costs	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02
23	Enhanced SD/MC Published Charges	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02
25	Enhanced SD/MC (Refugees) Costs	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02
28	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02
29	Healthy Families Costs	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02
30	Healthy Families SMA Upper Limits	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02
31	Healthy Families Published Charges	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02	07/01/02 - 09/30/02
32	Healthy Families Negotiated Rates	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02	10/01/02 - 09/30/02
33	Non-Medi-Cal Costs	38,793	100,943	41,388	16,525	165,954	285	239,555							

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students II Program
Fiscal Years 2002-03 and 2003-04**

Exhibit D-2

**Los Angeles County Department of Mental Health
Reimbursement Claim for Fiscal Year 2003-04**

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

SB 90 - CHAPTER 1128/94 HANDICAPPED AND DISABLED STUDENTS II

FY 2003-2004 ACTUAL COST CLAIM

Table of Attachments

Attachment 1	FAM-27 Claim Form
Attachment 2	HDS-1 Claim Summary
Attachment 3	HDS-2 Activity Cost Detail
Attachment 4	FY 2003-2004 Medication Monitoring Expenditures
Attachment 5	FY 2003-2004 Medication Monitoring Expenditures and Revenues Worksheet
Attachment 6	Number of Student Referrals Schedule
Attachment 7	FY 2003-2004 Indirect Cost Proposal (ICP) Rate Summary
Attachment 8	FY 2003-2004 Cost Report Actual Indirect Cost Rates
Attachment 9	MH 1966 Cost Report Forms

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HANDICAPPED AND DISABLED STUDENTS II	For State Controller Use only (19) Program Number 00263 (20) Date Filed / / (21) LRS Input / /	Program 263
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L A B E L H E R E	(01) Claimant Identification Number		Reimbursement Claim Data	
	(02) Claimant Name Department of Mental Health		(22) HDS -1, (04)(A)(1)(f)	
	County of Location County of Los Angeles		(23) HDS -1, (04)(B)(1)(f)	
	Street Address or P.O. Box 550 South Vermont Ave., 11th Floor		(24) HDS -1, (04)(C)(1)(f)	
	City Los Angeles		(25) HDS -1, (04)(D)(1)(f)	
			(26) HDS -1, (04)(E)(1)(f)	
	Type of Claim		(27) HDS -1, (04)(F)(1)(f)	
	Estimated Claim		(28) HDS -1, (04)(G)(1)(f)	2,839,465
	Reimbursement Claim		(29) HDS -1, (08)	8
	Fiscal Year of Cost		(30) HDS -1, (07)	235,416
Total Claimed Amount		(31) HDS -1, (09)	0	
Less: 10% Late Penalty		(32) HDS -1, (10)	1,502,454	
Less: Prior Claim Payment Received		(33)		
Net Claimed Amount		(34)		
Due from State		(35)		
Due to State		(36)		

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer

Date



 Jeremy D. Cortez

5-5-06

 Director of Finance

Type or Print Name

Title

(38) Name of Contact Person for Claim

Michael Boyle

Telephone Number

(213) 738-4665

Ext.

E-mail Address

mboyle@lacdmh.org

Program 263	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS II CLAIM SUMMARY					FORM HDS-1
(01) Claimant: COUNTY OF LOS ANGELES / DEPARTMENT OF MENTAL HEALTH			(02) Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		Type of Claim	Fiscal Year 2003/2004
Claim Statistics						
(03) Number of student referrals during the fiscal year of claim.					(Please see Attachment 6). 2,279	
Direct Costs			Object Accounts			
(04) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)	(f)
	Salaries	Benefits	Materials and Supplies	Contracted Services	Fixed Assets	Total
A. Interagency Agreements						
B. Referral and Mental Health Assessments						
C. Transfers and Interim Placements						
D. Membership Participation of Expanded IEP Team						
E. Case Management Duties for Pupils						
F. Payment Authorization to Care Providers						
G. Psychotherapy or Other Treatment Services	2,839,465					2,839,465
(05) Total Direct Costs	2,839,465					2,839,465
Indirect Costs						
(06) Indirect Cost Rate	[10% or ICRP from 2 CFR, Chapter II, formerly OMB A-87]					8.2909%
(07) Total Indirect Costs	[Line (06) x line (05)(a) or [Line (06) x ((line (05)(a) + line (05)(b))]]					235,416
(08) Total Direct and Indirect Costs	[Line (05)(f) + line (07)]					3,074,881
Cost Reduction						
(09) Less: Offsetting Savings						0
(10) Less: Other Reimbursements	(Please see Attachment 5).					1,502,454
(11) Total Claimed Amount	[Line (08) - ((line (09) + line (10)))]					1,572,427

Program 263	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS II ACTIVITY COST DETAIL	FORM HDS-2
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(01) Claimant: COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH	(02) Fiscal Year <u>2003/2004</u>
---	--------------------------------------

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Interagency Agreements	<input type="checkbox"/> Case Management Duties for Pupils
<input type="checkbox"/> Referral and Mental Health Assessments	<input type="checkbox"/> Payment Authorization to Care Providers
<input type="checkbox"/> Transfers and Interim Placements	<input checked="" type="checkbox"/> Psychotherapy or Other Treatment Services
<input type="checkbox"/> Member Participation of Extended IEP Team	

(04) Description of Expenses	Object Accounts
------------------------------	------------------------

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contracted Services	(h) Fixed Assets
<p>Please see Attachment 4 for FY 2003-2004 Medication Monitoring Services Expenditures for LACDMH directly operated and non-governmental agencies. The claimed units of service are based on the AB 3632/SEP Plan identified in the LACDMH data collection system. The cost report is a unit of service based process that determines the unit cost rate and does not reflect Salaries and Employee Benefits at clinician level.</p>						2,839,465	

(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>	2,839,465
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Attachment 4

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - CHAPTER 1128/94 HANDICAPPED AND DISABLED STUDENTS II
 MEDICATION MONITORING SERVICES EXPENDITURES
 FISCAL YEAR 2003-2004

1	2	3	4	5	6	7	8
Contract Type	Entity Name	Entity Number	Mode	SFC	AB 3632 UNITS	Applicable Rate	Gross AB 3632 Cost
CR	LACDMH	00019	15	61	34,224	\$ 3.97	\$ 135,849
NR	LACDMH	00019	15	62	7,588	3.97	30,120
NR	Aspen Health Services	00519	15	61	1,823	3.32	6,052
NR	Associated League of Mexican-America	00173	15	61	774	3.56	2,755
NR	Cedars-Sinai Medical Center	00178	15	61	2,722	4.07	11,079
NR	Child & Family Center	00210	15	61	30,786	3.60	110,830
NR	Child & Family Guidance Center	00207	15	61	173,168	3.92	678,819
NR	ChildNet Youth & Family Services	00783	15	61	907	3.89	3,528
NR	Childrens Hospital of Los Angeles	00179	15	61	7,181	4.23	30,376
NR	Childrens Hospital of Los Angeles	00179	15	62	1,564	4.23	6,616
CR	Children's Institute International	00591	15	61	1,750	4.17	7,290
NR	Community Counseling Service	00180	15	61	2,950	2.21	6,520
NR	Community Family Guidance Center	00181	15	61	11,710	1.87	21,898
NR	Devereux Foundation	00472	15	61	69	3.54	244
CR	Didi Hirsch Psychiatric Service	00183	15	61	10,568	3.60	38,072
CR	Didi Hirsch Psychiatric Service	00183	15	62	22,607	3.60	81,442
NR	Dubnoff Center	00184	15	61	12,055	4.23	50,993
CR	El Centro De Amistad, Inc.	00185	15	61	435	4.37	1,899
NR	Enki Health & Research	00188	15	61	26,144	3.09	80,785
NR	Enki Health & Research	00188	15	62	19,851	3.09	61,340
NR	Five Acres Boys' & Girls' Aid Society of	00647	15	61	2,238	2.76	6,177
NR	Foothill Family Service	00724	15	61	9,313	4.17	38,835
NR	Gateways Hospital	00190	15	61	1,308	3.00	3,924
NR	Hamburger Home, Inc.	00174	15	61	724	3.45	2,498
NR	Hathaway Children & Family Services	00192	15	61	21,266	3.40	72,304
NR	Help Group Child & Family Center	00198	15	61	50,924	4.22	214,899
NR	Hillsides	00321	15	61	9,120	3.17	28,910
NR	Institute For Redesign of Learning (The	00171	15	61	8,115	3.52	28,565
NR	Intercommunity Child Guidance Center	00195	15	61	6,341	3.38	21,433
NR	LAUSD 97th St. Mental Health	00315	15	61	1,290	4.09	5,276
NR	Los Angeles Child Guidance Clinic	00199	15	61	37,372	3.63	135,660
CR	Pacific Clinics	00203	15	61	72,898	2.92	213,099
NR	Pasadena Childrens Training	00204	15	61	47,046	3.79	178,304
NR	Penny Lane Centers	00201	15	61	3,906	4.05	15,819
CR	Saint Johns Health center	00217	15	61	8,513	4.37	37,202
CR	San Fernando Valley CMHC Inc.	00208	15	61	1,570	3.63	5,694
CR	San Gabriel Children's Center	00320	15	61	5,250	4.18	21,968
NR	South Bay Children's Health Center	00213	15	61	10,252	3.88	39,778
NR	Special Service Fro Groups	00214	15	61	1,886	3.33	6,280
NR	St. Francis Medical Center	00784	15	61	185	4.16	770
NR	Starview Adolescent Center	00543	15	61	421	3.48	1,465
NR	Stirling Academy, Inc.	00216	15	61	1,635	3.56	5,821
CR	The Guidance Center	00191	15	61	23,905	3.01	71,915
CR	Verdugo Mental Health Center	00221	15	61	21,270	3.90	82,965
NR	Vista Del Mar Child and Family Services	00196	15	61	62,741	3.72	233,397
TOTAL MEDICATION MONITORING SERVICES					778,365		\$ 2,839,465

To HDS-2, Line (04), Column (g).

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 AB3632 - MEDICATION MONITORING COST SUMMARY
 FY 2003-2004

COST ELEMENTS IDENTIFIED BY GROSS PROGRAM COSTS, OFFSETTING REIMBURSEMENTS/REVENUES, AND NET SB90 REIMBURSABLE COSTS

The following procedure has been followed to assure all appropriate reimbursement/revenue offsets have been applied. Total eligible cost was identified (Line 3) and all applicable reimbursements/revenues have been offset to identify the remaining balance as the eligible SB 90 Chapter 1128/94 reimbursement.

Line 1	AB3632 Program - Medication Monitoring Gross Cost	\$ 2,839,465	From Attachment 5, Column (8); To HDS-2, Line (04), column (g)
Line 2	Administration Cost	235,416	From Attachment 5, Column (8); To HDS-1, Line (07)
Line 3	Gross AB 3632 Cost	<u>\$ 3,074,881</u>	From Attachment 5, Column (8); To HDS-1, Line (08)
Line 4	Cost Reduction - Other Reimbursements	\$ (590,215)	From Attachment 5, Column (9)
Line 5	Final Early and Periodic Screening, Diagnosis, and Treatment State General Fund (EPSDT-SGF)	(48,016)	From Attachment 5, Column (9)
Line 6	EPSDT-SGF share of Administration Costs	(790,381)	From Attachment 5, Column (10)
Line 7	Final Federal Financial Participation (FFP)	(64,611)	From Attachment 5, Column (10)
Line 8	FFP share of Administration Costs	(7,065)	From Attachment 5, sum of Columns (11) through (14)
Line 9	Third Party Revenues & share of Administration Costs	(2,166)	From Attachment 5, sum of Columns (15) and (16)
Line 10	Other State and Local Funds and share of Admin Costs	<u>\$ (1,502,454)</u>	From Attachment 5, Column (17); To HDS-1, Line (10)
Line 11	SB 90 Claimed Amount	<u>\$ 1,572,427</u>	From Attachment 5, Column (18); To HDS-1, Line (11)

Attachment 5

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - CHAPTER 112894 HANDICAPPED AND DISABLED STUDENTS II
 MEDICATION MONITORING SERVICES EXPENDITURES AND REVENUES WORKSHEET
 FISCAL YEAR 2003-2004

Contract Type	Entity Name	Entity Number	Mode	SFC	AB 3532 UNITS	Applicable Rate	Gross AB 3532 Cost	REVENUE OFFSETS - (OTHER REIMBURSEMENTS)							Total Offsets (sum 9 thru 16)	SB 90 Claimed Amount (8 - 17)		
								Final EPSDT-SGF	Final FFP	Patient Fees	Patient Insurance	Medicare	3rd Party/ Other	State CSOC			Local Fund CalWORKS	
CR	LACDMH	00019	15	61	34,224	\$ 3.97	\$ 135,849	\$ 10,839	\$ 21,290	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,294	\$ 103,555
CR	LACDMH	00019	15	62	7,588	3.97	30,120	7,340	6,580	-	-	-	-	-	-	-	15,920	14,200
NR	Aspen Health Services	00519	15	61	1,823	3.32	6,052	2,278	2,464	-	-	-	-	-	-	-	4,742	1,310
NR	Associated League of Mexico	00173	15	61	774	3.56	2,755	1,277	1,469	-	-	-	-	-	-	-	2,746	9
NR	Cedars-Sinai Medical Center	00178	15	61	2,722	4.07	11,079	1,088	1,088	-	-	-	-	-	-	-	108	10,971
NR	Child & Family Center	00210	15	61	30,786	3.60	110,830	16,743	20,406	78	-	-	-	-	-	-	37,227	73,603
NR	Child & Family Guidance Cc	00207	15	61	173,168	3.92	678,819	152,318	196,312	464	3,706	-	-	-	-	-	354,645	324,174
NR	ChildNet Youth & Family Se	00783	15	61	907	3.89	3,528	1,312	1,435	1,845	-	-	-	-	-	-	2,747	781
NR	Childrens Hospital of Los Ar	00179	15	61	7,181	4.23	30,376	8,154	8,874	-	-	-	-	1,037	-	-	18,065	12,311
NR	Childrens Hospital of Los Ar	00179	15	62	1,564	4.23	6,616	3,157	3,459	-	-	-	-	-	-	-	6,616	-
NR	Childrens Institute Internatir	00591	15	61	1,750	4.17	7,290	1,006	1,054	-	-	-	-	-	-	-	2,060	5,230
NR	Community Counseling Sen	00180	15	61	2,950	2.21	6,520	1,507	1,664	-	-	-	-	-	-	-	3,171	3,349
NR	Community Family Guidance	00181	15	61	11,710	1.87	21,888	1,954	6,139	-	-	-	-	-	-	-	8,093	13,805
NR	Devereux Foundation	00472	15	61	69	3.54	244	51	56	-	-	-	-	-	-	-	107	137
NR	Didi Hirsch Psychiatric Serv	00183	15	61	10,568	3.60	38,072	8,515	12,579	-	-	-	-	-	-	-	21,094	16,978
NR	Didi Hirsch Psychiatric Serv	00183	15	62	22,607	3.60	81,442	2,230	2,559	-	-	-	-	-	-	-	4,789	76,653
NR	Dubonoff Center	00184	15	61	12,055	4.23	50,993	3,055	12,680	-	-	-	-	-	-	-	15,735	35,258
NR	El Centro De Amistad, Inc.	00185	15	61	435	4.37	1,899	-	-	-	-	-	-	-	-	-	1,856	-
NR	Erni Health & Research	00186	15	61	26,144	3.09	80,785	23,579	30,493	-	-	-	-	247	-	-	54,319	26,466
NR	Erni Health & Research	00186	15	62	19,851	3.09	61,340	16,309	20,563	-	-	-	-	-	-	-	38,872	22,468
NR	Five Acres Boys' & Girls' Aic	00647	15	61	2,238	2.76	6,177	1,837	1,991	-	-	-	-	-	-	-	3,828	2,348
NR	Foothill Family Services	00724	15	61	9,313	4.17	38,835	4,607	5,276	-	-	-	-	-	-	-	10,383	28,752
NR	Gateways Hospital	00190	15	61	1,308	3.00	3,924	1,453	1,590	-	-	-	-	-	-	-	3,033	891
NR	Hamburger Home, Inc.	00174	15	61	724	3.45	2,488	1,175	1,323	-	-	-	-	-	-	-	2,498	-
NR	Hathaway Children & Family	00192	15	61	21,266	3.40	72,304	22,028	24,363	-	-	-	-	-	-	-	46,891	25,413
NR	Help Group Child & Family	00196	15	61	50,924	4.22	214,899	23,597	42,400	-	-	-	-	-	-	-	65,987	148,902
NR	Hillside	00321	15	61	9,120	3.17	28,910	13,083	14,364	-	-	-	-	-	-	-	27,447	1,463
NR	Institute For Redesign of Le	00171	15	61	8,115	3.52	28,565	7,066	8,852	-	-	-	-	-	-	-	15,918	12,647
NR	Intercommunity Child Guida	00195	15	61	6,341	3.38	21,433	6,554	6,554	-	-	-	-	-	-	-	6,554	14,879
NR	LAUSD 9th St. Mental Hea	00315	15	61	1,290	4.09	5,276	2,049	2,250	-	-	-	-	-	-	-	4,299	977
NR	Los Angeles Child Guidance	00199	15	61	37,372	3.63	135,860	52,398	64,198	-	-	-	-	-	-	-	116,596	18,064
NR	Pacific Clinics	00203	15	61	72,898	2.92	213,059	55,319	74,095	38	-	-	-	-	-	-	129,655	83,444
NR	Pasadena Childrens Trainin	00204	15	61	47,046	3.79	178,304	56,272	72,031	203	-	-	-	-	-	-	126,303	50,001
NR	Penny Lane Centers	00201	15	61	3,906	4.05	15,619	3,819	5,156	-	-	-	-	-	-	-	8,975	6,844
NR	Saint Johns Health center	00217	15	61	8,513	4.37	37,202	4,486	4,919	-	-	-	-	-	-	-	9,415	27,787
NR	San Fernando Valley CHHC	00208	15	61	1,570	3.63	5,694	26	132	-	-	-	-	-	-	-	188	5,506
NR	San Gabriel Children's Cent	00320	15	61	5,250	4.18	21,968	7,756	8,394	-	-	-	-	-	-	-	16,150	5,818
NR	South Bay Children's Health	00213	15	61	10,252	3.88	39,778	5,013	5,013	-	-	-	-	-	-	-	5,013	34,765
NR	Special Services Fro Groups	00214	15	61	1,886	3.33	6,280	262	1,511	-	-	-	-	-	-	-	1,773	4,507
NR	St. Francis Medical Center	00784	15	61	185	4.16	770	324	356	-	-	-	-	-	-	-	680	90
NR	Starview Adolescent Center	00543	15	61	421	3.48	1,465	349	365	-	-	-	-	-	-	-	714	751
NR	Stirling Academy, Inc.	00216	15	61	1,635	3.56	5,821	80	80	2	-	-	-	-	-	-	87	5,734
NR	The Guidance Center	00191	15	61	23,905	3.01	71,915	11,942	15,665	-	-	-	-	-	-	-	27,607	44,308
NR	Vendugo Mental Health Cen	00221	15	61	21,270	3.90	82,965	1,831	16,388	-	-	-	-	-	-	-	18,219	64,746
NR	Vista Del Mar Child and Fan	00196	15	61	62,741	3.72	233,387	54,702	60,441	-	-	-	-	722	-	-	115,865	117,532
Subtotal					776,365		\$ 2,839,465	\$ 590,215	\$ 790,381	\$ 582	\$ 1,845	\$ 233	\$ 3,876	\$ 969	\$ 1,037	\$ -	\$ 1,389,138	\$ 1,450,327
Administration Costs					13,5837%		22,545	2,489	4,057	-	-	-	22	-	-	-	6,548	15,987
Subtotal					7.9623%		212,871	45,547	60,554	46	147	19	295	77	83	-	105,758	105,103
Total					776,365		\$ 3,074,061	\$ 638,231	\$ 854,992	\$ 628	\$ 1,992	\$ 252	\$ 4,183	\$ 1,046	\$ 1,120	\$ -	\$ 1,502,454	\$ 1,572,427

To HDS-1, Line 110

Genciana Macalalad

From: Michael Boyle
Sent: Thursday, May 11, 2006 12:31 PM
To: Paul McIver
Cc: Leonard Kaye; Robert Wu; Genciana Macalalad; Hasmik Yaghobyan
Subject: RE: AB3632

Thanks Paul. That should do it.

Leonard, let us know if you need anything further. Thanks.

From: Paul McIver
Sent: Thursday, May 11, 2006 12:25 PM
To: Michael Boyle
Subject: AB3632

The number of unique clients referred to DMH in FY2002-2003 was 2,461. The number of unique clients referred in FY 2003-2004 was 2,279.

These were "new clients" referred during those years. We served many more kids during those years that were referred and assessed in previous years, but continued to receive mental health service from us. I hope this is what you are looking for. Thanks




**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 603
LOS ANGELES, CALIFORNIA 90012-2766
PHONE: (213) 974-8321 FAX: (213) 617-8108

**J. TYLER McCAULEY
AUDITOR-CONTROLLER**

October 9, 2003

**TO: Gurubunda Singh Khalsa
Department of Mental Health**

**FROM: John Naimo, Chief 
Accounting Division**

SUBJECT: Fiscal Year 2003-2004 Indirect Cost Proposal

As requested, we reviewed Mental Health's Fiscal Year 2003-2004 Indirect Cost Proposal (ICP) submitted September 5, 2003. Based on our review, the rates shown in your workpapers are approved.

If you have any questions, please contact Rick Vandenberg at (213) 893-0972.

JN:RV
dmhicp04

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2003-2004
BASED ON FY 2001-2002 YEAR-END COST REPORT**

INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	(1)			(2)		
	DMH Directly Operated Programs			Life Support / Specialized Shelter		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	301,286	-	301,286	4,089	-	4,089
GENERAL ADMINISTRATION OPERATIONS	5,413,479	-	5,413,479	-	-	-
FISCAL SERVICES	1,276,178	-	1,276,178	13,724	-	13,724
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,637,278	-	3,637,278	6,758	-	6,758
CONTRACTS ADMINISTRATION	-	-	-	9,189	-	9,189
MANAGEMENT INFORMATION SYSTEMS	475,890	-	475,890	85,338	-	85,338
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	125,678,392	125,678,392	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	12,860,757	12,860,757	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	11,104,111	136,539,149	149,643,260	89,098	-	89,098

SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	2,025,140	-	2,025,140	27,486	-	27,486
EXECUTIVE OFFICE	67,007	-	67,007	909	-	909
GENERAL ADMINISTRATION OPERATIONS	9,835,605	-	9,835,605	-	-	-
FISCAL SERVICES	127,625	-	127,625	1,180	-	1,180
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,007,348	-	1,007,348	5,952	-	5,952
CONTRACTS ADMINISTRATION	-	-	-	725	-	725
MANAGEMENT INFORMATION SYSTEMS	2,154,811	-	2,154,811	250,546	-	250,546
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	25,401,287	25,401,287	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	11,964,420	11,964,420	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,387,439	2,387,439
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	2,223,192	-	2,223,192	33,278	-	33,278
CARRY FORWARD - DMH - WORKSHEET 3-B	4,134,236	-	4,134,236	420,871	-	420,871
SUB-TOTAL SS & OTHERS	21,574,785	37,365,706	58,940,471	740,946	2,387,439	3,128,385

TOTAL EXPENDITURES						
CCAP	2,025,140	-	2,025,140	27,486	-	27,486
EXECUTIVE OFFICE	368,294	-	368,294	4,999	-	4,999
GENERAL ADMINISTRATION OPERATIONS	15,249,085	-	15,249,085	-	-	-
FISCAL SERVICES	1,403,803	-	1,403,803	14,904	-	14,904
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,644,626	-	4,644,626	12,710	-	12,710
CONTRACTS ADMINISTRATION	-	-	-	9,914	-	9,914
MANAGEMENT INFORMATION SYSTEMS	2,630,501	-	2,630,501	305,884	-	305,884
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	151,079,678	151,079,678	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	24,825,177	24,825,177	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,387,439	2,387,439
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	2,223,192	-	2,223,192	33,278	-	33,278
CARRY FORWARD - DMH - WORKSHEET 3-B	4,134,236	-	4,134,236	420,871	-	420,871
TOTAL EXPENDITURES	32,678,876	175,904,855	208,583,731	830,045	2,387,439	3,217,484

ADMINISTRATION OVERHEAD RATE		DMH OH	18.1625%	DMH OH	32.2220%
		CCAP	2.4151%	CCAP	2.5451%
	$32,678,876 / 175,904,855 =$		18.5776%	$830,045 / 2,387,439 =$	34.7672%

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

Worksheet 2

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

(2A) *

(3)

	Supplemental Rates			Private Contract Providers		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	7,434	-	7,434	812,242	-	812,242
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	24,951	-	24,951	3,514,957	-	3,514,957
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	12,287	-	12,287	9,805,790	-	9,805,790
CONTRACTS ADMINISTRATION	16,706	-	16,706	3,399,014	-	3,399,014
MANAGEMENT INFORMATION SYSTEMS	165,918	-	165,918	1,636,323	-	1,636,323
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	227,296	-	227,296	19,168,327	-	19,168,327
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	49,971	-	49,971	5,459,603	-	5,459,603
EXECUTIVE OFFICE	1,653	-	1,653	160,646	-	160,646
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	2,145	-	2,145	344,884	-	344,884
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,821	-	10,821	2,715,725	-	2,715,725
CONTRACTS ADMINISTRATION	1,318	-	1,318	202,755	-	202,755
MANAGEMENT INFORMATION SYSTEMS	751,200	-	751,200	7,408,518	-	7,408,518
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	4,340,549	4,340,549	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	474,224,462	474,224,462
CARRY FORWARD - CCAP - WORKSHEET 3-A	60,501	-	60,501	5,392,570	-	5,392,570
CARRY FORWARD - DMH - WORKSHEET 3-B	765,176	-	765,176	4,718,518	-	4,718,518
SUB-TOTAL SS & OTHERS	1,642,787	4,340,549	5,983,335	26,423,220	474,224,462	500,647,681
TOTAL EXPENDITURES						
CCAP	49,971	-	49,971	5,459,603	-	5,459,603
EXECUTIVE OFFICE	9,088	-	9,088	992,888	-	992,888
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	27,096	-	27,096	3,859,842	-	3,859,842
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	23,108	-	23,108	12,521,515	-	12,521,515
CONTRACTS ADMINISTRATION	18,024	-	18,024	3,601,769	-	3,601,769
MANAGEMENT INFORMATION SYSTEMS	917,118	-	917,118	9,044,841	-	9,044,841
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	4,340,549	4,340,549	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	474,224,462	474,224,462
CARRY FORWARD - CCAP - WORKSHEET 3-A	60,501	-	60,501	5,392,570	-	5,392,570
CARRY FORWARD - DMH - WORKSHEET 3-B	765,176	-	765,176	4,718,518	-	4,718,518
TOTAL EXPENDITURES	1,870,083	4,340,549	6,210,632	45,591,546	474,224,462	519,816,008

*Percentage is not shown. There is no Supplemental Rates program in 2003-04.

ADMINISTRATION OVERHEAD RATE

DMH OH	7.3255%
CCAP	2.2884%
$45,591,546 / 474,224,462 =$	9.6139%

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	DHS			Public Guardian		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	37,957	-	37,957	14,646	-	14,646
GENERAL ADMINISTRATION OPERATIONS	-	-	-	232,865	-	232,865
FISCAL SERVICES	184,266	-	184,266	49,156	-	49,156
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	378,820	-	378,820	298,683	-	298,683
CONTRACTS ADMINISTRATION	38,327	-	38,327	-	-	-
MANAGEMENT INFORMATION SYSTEMS	62,622	-	62,622	7,043	-	7,043
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	10,070	10,070	-	-	-
PUBLIC GUARDIAN	-	-	-	-	5,159,350	5,159,350
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	679,682	10,070	689,752	600,382	5,159,350	5,759,742

SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	255,130	-	255,130	96,446	-	96,446
EXECUTIVE OFFICE	8,442	-	8,442	3,257	-	3,257
GENERAL ADMINISTRATION OPERATIONS	-	-	-	423,086	-	423,086
FISCAL SERVICES	16,117	-	16,117	4,226	-	4,226
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	124,434	-	124,434	26,496	-	26,496
CONTRACTS ADMINISTRATION	1,032	-	1,032	-	-	-
MANAGEMENT INFORMATION SYSTEMS	283,623	-	283,623	31,669	-	31,669
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	88,633,051	88,633,051	-	-	-
PUBLIC GUARDIAN	-	-	-	-	3,391,749	3,391,749
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	308,199	-	308,199	113,038	-	113,038
CARRY FORWARD - DMH - WORKSHEET 3-B	78,272	-	78,272	93,627	-	93,627
SUB-TOTAL SS & OTHERS	1,075,148	88,633,051	89,708,200	794,064	3,391,749	4,185,813

TOTAL EXPENDITURES						
CCAP	255,130	-	255,130	96,446	-	96,446
EXECUTIVE OFFICE	46,398	-	46,398	17,904	-	17,904
GENERAL ADMINISTRATION OPERATIONS	-	-	-	658,950	-	658,950
FISCAL SERVICES	180,373	-	180,373	53,381	-	53,381
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	500,955	-	500,955	323,178	-	323,178
CONTRACTS ADMINISTRATION	39,359	-	39,359	-	-	-
MANAGEMENT INFORMATION SYSTEMS	348,145	-	348,145	38,932	-	38,932
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	88,643,122	88,643,122	-	-	-
PUBLIC GUARDIAN	-	-	-	-	8,551,099	8,551,099
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	308,199	-	308,199	113,038	-	113,038
CARRY FORWARD - DMH - WORKSHEET 3-B	78,272	-	78,272	93,627	-	93,627
TOTAL EXPENDITURES	1,754,830	88,643,122	90,397,952	1,394,466	8,551,099	9,945,566

ADMINISTRATION OVERHEAD RATE

DMH OH	1.3442%	DMH OH	13.8342%
CCAP	0.8355%	CCAP	2.4732%
1,754,830 / 88,643,122 =	1.9797%	1,394,466 / 8,551,099 =	16.3073%

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(6)			(7)		
	TAR / Office of Managed Care			Fee for Service		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	8,760	-	8,760	62,003	-	62,003
GENERAL ADMINISTRATION OPERATIONS	185,290	-	185,290	-	-	-
FISCAL SERVICES	29,401	-	29,401	217,021	-	217,021
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	18,974	-	18,974	615,057	-	615,057
CONTRACTS ADMINISTRATION	-	-	-	139,327	-	139,327
MANAGEMENT INFORMATION SYSTEMS	-	-	-	222,380	-	222,380
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	4,477,972	4,477,972	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	242,426	4,477,972	4,720,398	1,255,788	-	1,255,788
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	58,884	-	58,884	416,763	-	416,763
EXECUTIVE OFFICE	1,948	-	1,948	13,790	-	13,790
GENERAL ADMINISTRATION OPERATIONS	338,849	-	338,849	-	-	-
FISCAL SERVICES	2,627	-	2,627	1,284,279	-	1,284,279
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	13,177	-	13,177	203,267	-	203,267
CONTRACTS ADMINISTRATION	-	-	-	10,995	-	10,995
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,008,634	-	1,008,634
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	636,708	636,708	-	-	-
FEE FOR SERVICE	-	-	-	-	87,277,448	87,277,448
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	84,794	-	84,794	551,168	-	551,168
CARRY FORWARD - DMH - WORKSHEET 3-B	184,899	-	184,899	(5,476,534)	-	(5,476,534)
SUB-TOTAL SS & OTHERS	662,679	636,708	1,299,387	(1,969,436)	87,277,448	86,268,006
TOTAL EXPENDITURES						
CCAP	58,884	-	58,884	416,763	-	416,763
EXECUTIVE OFFICE	10,709	-	10,709	75,793	-	75,793
GENERAL ADMINISTRATION OPERATIONS	521,939	-	521,939	-	-	-
FISCAL SERVICES	31,929	-	31,929	1,501,300	-	1,501,300
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	32,151	-	32,151	818,324	-	818,324
CONTRACTS ADMINISTRATION	-	-	-	150,322	-	150,322
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,229,214	-	1,229,214
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,114,680	5,114,680	-	-	-
FEE FOR SERVICE	-	-	-	-	87,277,448	87,277,448
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	64,794	-	64,794	551,168	-	551,168
CARRY FORWARD - DMH - WORKSHEET 3-B	184,899	-	184,899	(5,476,534)	-	(5,476,534)
TOTAL EXPENDITURES	905,105	5,114,680	6,019,785	(733,650)	87,277,448	86,543,798
		DMH OH	15.2781%		DMH OH	-1.9466%
		CCAP	2.4181%		CCAP	1.1080%
ADMINISTRATION OVERHEAD RATE	905,105 /	5,114,680 =	17.6982%	(733,650) /	87,277,448 =	-0.8406%

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(8)			(9)		
	Unallowable Costs			State Hospitals		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	103,744	-	103,744	22,900	-	22,900
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	348,108	-	348,108	77,124	-	77,124
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	171,455	-	171,455	216,159	-	216,159
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	75,535	-	75,535
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	39,001	39,001	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	623,384	39,001	662,385	391,798	-	391,798
SERVICES & SUPPLIES / OTHER CHARGES/OTHER ASSETS						
CCAP	697,328	-	697,328	154,461	-	154,461
EXECUTIVE OFFICE	23,073	-	23,073	5,111	-	5,111
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	29,931	-	29,931	6,630	-	6,630
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	151,005	-	151,005	74,217	-	74,217
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	341,988	-	341,988
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	53,666,311	53,666,311
UNALLOWED COST	-	60,531,372	60,531,372	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	832,629	-	832,629	230,320	-	230,320
CARRY FORWARD - DMH - WORKSHEET 3-B	(11,542)	-	(11,542)	114,432	-	114,432
SUB-TOTAL SS & OTHERS	1,722,424	60,531,372	62,253,797	927,159	53,666,311	54,593,470
TOTAL EXPENDITURES						
CCAP	697,328	-	697,328	154,461	-	154,461
EXECUTIVE OFFICE	126,817	-	126,817	28,060	-	28,060
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	378,117	-	378,117	83,754	-	83,754
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	322,460	-	322,460	290,376	-	290,376
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	417,523	-	417,523
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	53,666,311	53,666,311
UNALLOWED COST	-	60,570,373	60,570,373	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	832,629	-	832,629	230,320	-	230,320
CARRY FORWARD - DMH - WORKSHEET 3-B	(11,542)	-	(11,542)	114,432	-	114,432
TOTAL EXPENDITURES	2,345,809	60,570,373	62,916,182	1,318,957	53,666,311	54,985,268
			DMH OH		DMH OH	
			1.3460%		1.7407%	
			CCAP		CCAP	
			2.6259%		0.7170%	
ADMINISTRATION OVERHEAD RATE	2,345,809 / 60,570,373 =	3.8720%	1,318,957 / 53,666,311 =	2.4577%		

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

INDIRECT COST RATE BY PROGRAM See Worksheet 4 for Indirect/Direct Cost details	(10)	(11)			(12)
	Total Before Adjustment	Adjustment for Supplemental Rates (2A)			Adjusted Total
		Indirect	Direct	Total	
SALARIES AND EMPLOYEE BENEFITS					
CCAP		-	-	-	
EXECUTIVE OFFICE	1,375,141	(7,434)	-	(7,434)	1,367,707
GENERAL ADMINISTRATION OPERATIONS	5,831,634	-	-	-	5,831,634
FISCAL SERVICES	5,714,955	(24,951)	-	(24,951)	5,690,004
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	15,166,981	(12,287)	-	(12,287)	15,144,675
CONTRACTS ADMINISTRATION	3,602,562	(16,706)	-	(16,706)	3,585,857
MANAGEMENT INFORMATION SYSTEMS	2,701,049	(165,918)	-	(165,918)	2,535,131
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	125,678,392	-	-	-	125,678,392
DMH DIRECTLY OPERATED MH PROG-SPECIAL	12,860,757	-	-	-	12,860,757
LIFE SUPPORT/SUPPLEMENTARY RATES					
DHS	10,070	-	-	-	10,070
PUBLIC GUARDIAN	5,159,350	-	-	-	5,159,350
TAR/OFFICE OF MANAGED CARE	4,477,972	-	-	-	4,477,972
FEE FOR SERVICE	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-
UNALLOWED COST	39,001	-	-	-	39,001
CONTRACT PROVIDERS	-	-	-	-	-
SUB-TOTAL 5&EB	182,607,845	(227,296)	-	(227,296)	182,380,549
SERVICES & SUPPLIES / OTHER CHARGES/FOKED ASSETS					
CCAP	9,243,213	(49,971)	-	(49,971)	9,193,242
EXECUTIVE OFFICE	305,838	(1,653)	-	(1,653)	304,184
GENERAL ADMINISTRATION OPERATIONS	10,595,340	-	-	-	10,595,340
FISCAL SERVICES	1,819,544	(2,145)	-	(2,145)	1,817,399
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,332,442	(10,821)	-	(10,821)	4,321,621
CONTRACTS ADMINISTRATION	216,828	(1,318)	-	(1,318)	215,507
MANAGEMENT INFORMATION SYSTEMS	12,229,106	(751,200)	-	(751,200)	11,477,906
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	25,401,287	-	-	-	25,401,287
DMH DIRECTLY OPERATED MH PROG-SPECIAL	11,564,420	-	-	-	11,564,420
LIFE SUPPORT/SUPPLEMENTARY RATES	6,727,987	-	(4,340,549)	(4,340,549)	2,387,439
DHS	88,633,051	-	-	-	88,633,051
PUBLIC GUARDIAN	3,391,749	-	-	-	3,391,749
TAR/OFFICE OF MANAGED CARE	636,708	-	-	-	636,708
FEE FOR SERVICE	87,277,448	-	-	-	87,277,448
STATE HOSPITAL	53,666,311	-	-	-	53,666,311
UNALLOWED COST	80,531,372	-	-	-	80,531,372
CONTRACT PROVIDERS	474,224,482	-	-	-	474,224,482
CARRY FORWARD - CCAP - WORKSHEET 3-A	9,809,689	(80,501)	-	(80,501)	9,749,188
CARRY FORWARD - DMH - WORKSHEET 3-B	5,021,755	(765,176)	-	(765,176)	4,256,579
SUB-TOTAL 5S & OTHERS	868,028,548	(1,642,787)	(4,340,549)	(5,983,335)	860,045,212
TOTAL EXPENDITURES					
CCAP	9,243,213	(49,971)	-	(49,971)	9,193,242
EXECUTIVE OFFICE	1,680,970	(9,088)	-	(9,088)	1,671,881
GENERAL ADMINISTRATION OPERATIONS	18,426,974	-	-	-	18,426,974
FISCAL SERVICES	7,534,499	(27,098)	-	(27,098)	7,507,402
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	19,469,403	(23,108)	-	(23,108)	19,466,295
CONTRACTS ADMINISTRATION	3,819,388	(18,024)	-	(18,024)	3,801,364
MANAGEMENT INFORMATION SYSTEMS	14,930,158	(917,118)	-	(917,118)	14,013,040
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	151,079,678	-	-	-	151,079,678
DMH DIRECTLY OPERATED MH PROG-SPECIAL	24,825,177	-	-	-	24,825,177
LIFE SUPPORT/SUPPLEMENTARY RATES	6,727,987	-	(4,340,549)	(4,340,549)	2,387,439
DHS	88,643,122	-	-	-	88,643,122
PUBLIC GUARDIAN	8,551,099	-	-	-	8,551,099
TAR/OFFICE OF MANAGED CARE	5,114,880	-	-	-	5,114,880
FEE FOR SERVICE	87,277,448	-	-	-	87,277,448
STATE HOSPITAL	53,666,311	-	-	-	53,666,311
UNALLOWED COST	80,570,373	-	-	-	80,570,373
CONTRACT PROVIDERS	474,224,482	-	-	-	474,224,482
CARRY FORWARD - CCAP - WORKSHEET 3-A	9,809,689	(80,501)	-	(80,501)	9,749,188
CARRY FORWARD - DMH - WORKSHEET 3-B	5,021,755	(765,176)	-	(765,176)	4,256,579
TOTAL EXPENDITURES	1,048,636,392	(1,870,063)	(4,340,549)	(6,210,832)	1,042,425,761

*Adjustment is made to align 2001-02
expenditures to reflect 2003-04 programs.
(See worksheet 1 for details)

ADMINISTRATION OVERHEAD RATE

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - CHAPTER 1128/94 HANDICAPPED AND DISABLED STUDENTS II
 FISCAL YEAR 2003-2004

FOOTNOTE TO HDS-1, Line (06) Indirect Cost Rate

	<u>Medication Monitoring Services</u>	<u>Indirect Cost Rate ^(a)</u>	<u>Total Indirect Cost</u>	
DMH directly operated	\$ 165,969	13.5837%	\$ 22,545	
Private contract provider	2,673,496	7.9623%	212,871	
Total	<u>\$ 2,839,465</u>		<u>\$ 235,416</u>	- To HDS-1, Line (07).
Average Indirect Cost Rate =			<u>8.2909%</u>	- To HDS-1, Line (06).

(a) Indirect Cost Rate is based on the Cost Report Actual Rates for FY 2003-2004.

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2003-2004 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

(1)

(2)

	DMH Directly Operated Programs			Life Support/Supplemental Rates		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	360,264	-	360,264	5,512	-	5,512
GENERAL ADMINISTRATION OPERATIONS	5,983,814	-	5,983,814	-	-	-
FISCAL SERVICES	1,705,897	-	1,705,897	18,038	-	18,038
MENTAL HEALTH BUREAU ADMINISTRATION/	3,589,622	-	3,589,622	8,204	-	8,204
CONTRACTS ADMINISTRATION	-	-	-	13,681	-	13,681
MANAGEMENT INFORMATION SYSTEMS	703,351	-	703,351	45,231	-	45,231
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	156,199,470	156,199,470	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,456,724	8,456,724	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	12,342,749	184,656,194	176,998,943	90,645	-	90,645

SRVC & SUPP / OTHER CHAR / FX ASSETS						
CCAP	2,190,021	-	2,190,021	33,509	-	33,509
EXECUTIVE OFFICE	44,258	-	44,258	677	-	677
GENERAL ADMINISTRATION OPERATIONS	8,257,720	-	8,257,720	-	-	-
FISCAL SERVICES	111,232	-	111,232	1,184	-	1,184
MENTAL HEALTH BUREAU ADMINISTRATION/	372,576	-	372,576	3,793	-	3,793
CONTRACTS ADMINISTRATION	-	-	-	479	-	479
MANAGEMENT INFORMATION SYSTEMS	3,532,183	-	3,532,183	152,578	-	152,578
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	28,228,542	28,228,542	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	4,783,641	4,783,641	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	3,024,446	-	3,024,446
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	14,507,991	33,012,183	47,520,174	192,198	3,024,446	3,216,644

TOTAL EXPENDITURES						
CCAP	2,190,021	-	2,190,021	33,509	-	33,509
EXECUTIVE OFFICE	404,522	-	404,522	6,189	-	6,189
GENERAL ADMINISTRATION OPERATIONS	14,241,334	-	14,241,334	-	-	-
FISCAL SERVICES	1,817,128	-	1,817,128	19,202	-	19,202
MENTAL HEALTH BUREAU ADMINISTRATION/	3,962,201	-	3,962,201	11,997	-	11,997
CONTRACTS ADMINISTRATION	-	-	-	14,140	-	14,140
MANAGEMENT INFORMATION SYSTEMS	4,235,534	-	4,235,534	197,807	-	197,807
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	184,428,012	184,428,012	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	13,240,365	13,240,365	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	3,024,446	-	3,024,446
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	26,850,740	197,668,377	224,519,117	282,844	3,024,446	3,307,290

		DMH OH	12.4758%		DMH OH	8.2440%
		CCAP	1.1078%		CCAP	1.1078%
ADMIN. OVERHEAD RATE FOR 2003/2004	26,850,740 / 197,668,377 =		13.5837%	282,844 / 3,024,446 =		9.3518%
ADMIN. OVERHEAD RATE FOR 2002/2003	29,331,116 / 189,562,900 =		15.4730%	381,248 / 2,874,725 =		12.8162%

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2003-2004 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

Worksheet 4 for Indirect/Direct Cost details

(3a)

(3b)

(4)

	In-State MH Contract Providers			Consultation, Out of State, & Other Contractors			DHS		
	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS									
CCAP	-	-	-	-	-	-	-	-	-
EXECUTIVE OFFICE	905,237	-	905,237	16,177	-	16,177	39,650	-	39,650
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	-	-	-
FISCAL SERVICES	4,286,409	-	4,286,409	72,596	-	72,596	167,748	-	167,748
MENTAL HEALTH BUREAU ADMINISTRATION/	9,019,649	-	9,019,649	161,181	-	161,181	369,408	-	369,408
CONTRACTS ADMINISTRATION	4,397,122	-	4,397,122	56,815	-	56,815	40,995	-	40,995
MANAGEMENT INFORMATION SYSTEMS	2,526,231	-	2,526,231	-	-	-	78,171	-	78,171
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
SUB-TOTAL S&EB	21,134,647	-	21,134,647	306,768	-	306,768	715,972	-	715,972

SRVC & SUPP / OTHER CHAR / FX ASSETS									
CCAP	5,502,868	-	5,502,868	98,336	-	98,336	241,030	-	241,030
EXECUTIVE OFFICE	111,206	-	111,206	1,987	-	1,987	4,671	-	4,671
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	-	-	-
FISCAL SERVICES	279,492	-	279,492	4,949	-	4,949	12,242	-	12,242
MENTAL HEALTH BUREAU ADMINISTRATION/	936,178	-	936,178	16,730	-	16,730	40,424	-	40,424
CONTRACTS ADMINISTRATION	147,404	-	147,404	1,672	-	1,672	654	-	654
MANAGEMENT INFORMATION SYSTEMS	11,435,381	-	11,435,381	-	-	-	391,314	-	391,314
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	87,020,284	87,020,284
PUBLIC GUARDIAN	-	-	-	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	8,875,704	8,875,704	-	-	-
SUB-TOTAL SS & OTHERS	18,412,530	496,681,573	515,094,103	123,674	8,875,704	8,999,377	690,535	87,020,284	87,710,819

TOTAL EXPENDITURES									
CCAP	5,502,868	-	5,502,868	98,336	-	98,336	241,030	-	241,030
EXECUTIVE OFFICE	1,016,443	-	1,016,443	18,164	-	18,164	44,521	-	44,521
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	-	-	-
FISCAL SERVICES	4,565,901	-	4,565,901	77,544	-	77,544	199,990	-	199,990
MENTAL HEALTH BUREAU ADMINISTRATION/	9,955,828	-	9,955,828	177,911	-	177,911	409,832	-	409,832
CONTRACTS ADMINISTRATION	4,544,528	-	4,544,528	58,488	-	58,488	41,649	-	41,649
MANAGEMENT INFORMATION SYSTEMS	13,961,612	-	13,961,612	-	-	-	469,485	-	469,485
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	87,020,284	87,020,284
PUBLIC GUARDIAN	-	-	-	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	8,875,704	8,875,704	-	-	-
TOTAL EXPENDITURES	39,547,177	496,681,573	536,228,751	430,443	8,875,704	9,306,146	1,406,508	87,020,284	88,426,792

DMH OH	6.8544%	DMH OH	3.7417%	DMH OH	1.3383%
CCAP	1.1078%	CCAP	1.1078%	CCAP	0.2770%
39,547,177 / 496,681,573 =	7.9623%	430,443 / 8,875,704 =	4.8497%	1,406,508 / 87,020,284 =	1.6163%
	6.3049%		6.3049%	1,080,720 / 81,464,004 =	1.3389%

ADMIN. OVERHEAD RATE FOR 2003/2004
ADMIN. OVERHEAD RATE FOR 2002/2003

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2003-2004 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

Worksheet 4 for Indirect/Direct Cost details

	(5)			(6)			(7)		
	Public Guardian			TAR / Office of Managed Care			Fee for Service		
	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS									
CCAP	-	-	-	-	-	-	-	-	-
EXECUTIVE OFFICE	15,570	-	15,570	10,484	-	10,484	59,640	-	59,640
GENERAL ADMINISTRATION OPERATIONS	239,345	-	239,345	199,454	-	199,454	-	-	-
FISCAL SERVICES	50,950	-	50,950	34,306	-	34,306	209,917	-	209,917
MENTAL HEALTH BUREAU ADMINISTRATION/	331,768	-	331,768	21,064	-	21,064	555,646	-	555,646
CONTRACTS ADMINISTRATION	-	-	-	-	-	-	147,805	-	147,805
MANAGEMENT INFORMATION SYSTEMS	6,193	-	6,193	-	-	-	333,362	-	333,362
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPEC/	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	-	-
PUBLIC GUARDIAN	-	5,502,949	5,502,949	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	5,520,642	5,520,642	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SO/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
SUB-TOTAL S&EB	643,626	5,502,949	6,146,575	265,308	5,520,642	5,786,150	1,306,370	-	1,306,370
PRVC & SUPP / OTHER CHAR / FIX ASSETS									
CCAP	94,650	-	94,650	63,730	-	63,730	362,546	-	362,546
EXECUTIVE OFFICE	1,913	-	1,913	1,288	-	1,288	7,327	-	7,327
GENERAL ADMINISTRATION OPERATIONS	330,309	-	330,309	275,257	-	275,257	-	-	-
FISCAL SERVICES	3,289	-	3,289	2,215	-	2,215	1,044,079	-	1,044,079
MENTAL HEALTH BUREAU ADMINISTRATION/	14,670	-	14,670	7,328	-	7,328	60,804	-	60,804
CONTRACTS ADMINISTRATION	-	-	-	-	-	-	5,181	-	5,181
MANAGEMENT INFORMATION SYSTEMS	20,869	-	20,869	-	-	-	1,316,490	-	1,316,490
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPEC/	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	-	-
PUBLIC GUARDIAN	-	3,040,004	3,040,004	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	231,345	231,345	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	84,538,984	84,538,984
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SO/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	465,719	3,040,004	3,505,723	349,818	231,345	581,162	2,796,427	84,538,984	87,335,411
TOTAL EXPENDITURES									
CCAP	94,650	-	94,650	63,730	-	63,730	362,546	-	362,546
EXECUTIVE OFFICE	17,483	-	17,483	11,772	-	11,772	66,966	-	66,966
GENERAL ADMINISTRATION OPERATIONS	569,653	-	569,653	474,711	-	474,711	-	-	-
FISCAL SERVICES	54,239	-	54,239	36,621	-	36,621	1,263,996	-	1,263,996
MENTAL HEALTH BUREAU ADMINISTRATION/	346,438	-	346,438	28,392	-	28,392	616,450	-	616,450
CONTRACTS ADMINISTRATION	-	-	-	-	-	-	152,986	-	152,986
MANAGEMENT INFORMATION SYSTEMS	27,082	-	27,082	-	-	-	1,649,852	-	1,649,852
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPEC/	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	-	-
PUBLIC GUARDIAN	-	8,542,952	8,542,952	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	5,752,186	5,752,186	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	84,538,984	84,538,984
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SO/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
TOTAL EXPENDITURES	1,109,545	8,542,952	9,652,498	615,126	5,752,186	6,367,312	4,102,796	84,538,984	89,641,781
		DMH OH	11.8799%		DMH OH	9.5859%		DMH OH	4.4243%
		CCAP	1.1079%		CCAP	1.1079%		CCAP	0.4289%
ADMIN. OVERHEAD RATE FOR 2003/2004	1,109,545 /	8,542,952 =	12.9678%	615,126 /	5,752,186 =	10.6838%	4,102,796 /	84,538,984 =	4.8531%
ADMIN. OVERHEAD RATE FOR 2002/2003	1,387,783 /	8,589,377 =	16.1570%	776,063 /	5,404,076 =	14.3428%	4,302,215 /	90,718,389 =	4.7425%

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2003-2004 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for indirect/Direct Cost details

	(8)			(9)		
	SD/MC UNREIMBURSABLE COSTS			STATE HOSPITAL		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	88,323	-	88,323	19,677	-	19,677
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	289,020	-	289,020	64,389	-	64,389
MENTAL HEALTH BUREAU ADMINISTRATION/I	131,448	-	131,448	173,074	-	173,074
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	65,101	-	65,101
DMH DIRECTLY OPERATED MH.PROGRAMS-G	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	336,215	336,215	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	508,791	336,215	845,006	322,242	-	322,242
SRVC & SUPP / OTHER CHAR /FIX ASSETS						
CCAP	536,907	-	536,907	119,615	-	119,615
EXECUTIVE OFFICE	10,850	-	10,850	2,417	-	2,417
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	18,657	-	18,657	4,157	-	4,157
MENTAL HEALTH BUREAU ADMINISTRATION/I	60,776	-	60,776	19,848	-	19,848
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	219,605	-	219,605
DMH DIRECTLY OPERATED MH.PROGRAMS-G	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	627,191	48,124,310	48,751,501	365,641	43,185,230	43,550,871
TOTAL EXPENDITURES						
CCAP	536,907	-	536,907	119,615	-	119,615
EXECUTIVE OFFICE	99,173	-	99,173	22,094	-	22,094
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	307,677	-	307,677	68,548	-	68,548
MENTAL HEALTH BUREAU ADMINISTRATION/I	192,224	-	192,224	192,922	-	192,922
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	284,706	-	284,706
DMH DIRECTLY OPERATED MH.PROGRAMS-G	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,460,526	48,460,526	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	1,135,982	48,460,526	49,596,507	687,883	43,185,230	43,873,113

		DMH OH	1.2382%		DMH OH	1.3159%
		CCAP	1.1079%		CCAP	0.2770%
ADMIN. OVERHEAD RATE FOR 2003/2004	1,135,982 / 48,460,526 =	2.3441%		687,883 / 43,185,230 =	1.5929%	
ADMIN. OVERHEAD RATE FOR 2002/2003	657,056 / 36,054,425 =	1.8224%		685,104 / 43,706,600 =	1.5675%	

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2003-2004 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

(10)

See Worksheet 4 for Indirect/Direct Cost details

	Grand Total		
	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	1,520,534	-	1,520,534
GENERAL ADMINISTRATION OPERATIONS	6,422,413	-	6,422,413
FISCAL SERVICES	6,919,271	-	6,919,271
MENTAL HEALTH BUREAU ADMINISTRATION	14,361,065	-	14,361,065
CONTRACTS ADMINISTRATION	4,656,398	-	4,656,398
MANAGEMENT INFORMATION SYSTEMS	3,757,639	-	3,757,639
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	156,199,470	156,199,470
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	8,456,724	8,456,724
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	5,502,949	5,502,949
TAR/OFFICE OF MANAGED CARE	-	5,820,842	5,820,842
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	336,215	336,215
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL S&EB	37,637,319	176,016,200	213,653,519
SRVC & SUPP / OTHER CHAR / FX ASSETS			
CCAP	9,243,213	-	9,243,213
EXECUTIVE OFFICE	186,794	-	186,794
GENERAL ADMINISTRATION OPERATIONS	8,863,286	-	8,863,286
FISCAL SERVICES	1,481,475	-	1,481,475
MENTAL HEALTH BUREAU ADMINISTRATION	1,533,128	-	1,533,128
CONTRACTS ADMINISTRATION	155,391	-	155,391
MANAGEMENT INFORMATION SYSTEMS	17,068,438	-	17,068,438
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	26,228,542	26,228,542
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	4,783,641	4,783,641
LIFE SUPPORT/SUPPLEMENTARY RATES	-	3,024,448	3,024,448
DHS	-	87,020,284	87,020,284
PUBLIC GUARDIAN	-	3,040,004	3,040,004
TAR/OFFICE OF MANAGED CARE	-	231,345	231,345
FEE FOR SERVICE	-	84,538,984	84,538,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573
OTHER CONTRACT PROVIDERS	-	8,875,704	8,875,704
SUB-TOTAL SS & OTHERS	38,531,724	807,734,062	846,265,787
TOTAL EXPENDITURES			
CCAP	9,243,213	-	9,243,213
EXECUTIVE OFFICE	1,707,328	-	1,707,328
GENERAL ADMINISTRATION OPERATIONS	15,285,698	-	15,285,698
FISCAL SERVICES	8,400,745	-	8,400,745
MENTAL HEALTH BUREAU ADMINISTRATION	15,894,193	-	15,894,193
CONTRACTS ADMINISTRATION	4,811,789	-	4,811,789
MANAGEMENT INFORMATION SYSTEMS	20,826,077	-	20,826,077
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	184,428,012	184,428,012
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	13,240,365	13,240,365
LIFE SUPPORT/SUPPLEMENTARY RATES	-	3,024,448	3,024,448
DHS	-	87,020,284	87,020,284
PUBLIC GUARDIAN	-	8,542,952	8,542,952
TAR/OFFICE OF MANAGED CARE	-	5,752,186	5,752,186
FEE FOR SERVICE	-	84,538,984	84,538,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,480,528	48,480,528
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573
OTHER CONTRACT PROVIDERS	-	8,875,704	8,875,704
TOTAL EXPENDITURES	76,169,043	983,750,262	1,059,919,306

ADMIN. OVERHEAD RATE FOR 2003/2004
ADMIN. OVERHEAD RATE FOR 2002/2003

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 05	Service Function 06	Service Function 10	Service Function 12
1	Allocation Percentage	100.00%	12.85%	0.05%	0.00%	2.16%	0.05%
2	Total Units	3,095,432	12,087,334	45,115	295	16,142,777	59,391
3	Gross Cost	4,983,789	19,439,529	72,657	474	3,325,250	122,340
4	Cost per Unit	1.61	1.61	1.61	1.61	2.08	2.06
5	SMA per Unit	1.83	1.83	1.83	1.83	2.98	2.96
6	Published Charge per Unit	1.46	1.46	1.46	1.46	1.87	1.87
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	365,857	2,058,581	135	135	237,964	7,598
8A		1,089,313	4,858,713	180	180	654,747	15,240
9	Medicare/Medi-Cal Crossover Units					22,824	
9A			96,424			55,161	
10	Enhanced SD/MC (Children) Units	135	75			1,881	
10A		3,162	4,568				
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units	3,480	15,117			9,014	815
11A		13,688	25,103			15,816	905
12	Non-Medi-Cal Units	1,630,797	5,030,398	45,115		717,040	34,712
13	Medi-Cal Costs	16,870,861	588,395	3,310,743	217	490,223	15,603
13A		43,027,139	1,719,738	7,610,879	257	1,142,724	31,393
14	Medi-Cal SMA Upper Limits	19,035,856	689,518	3,787,203	247	561,642	17,934
14A		48,492,737	1,959,843	8,887,785	283	1,309,203	35,966
15	Medi-Cal Published Charges	15,265,236	534,151	3,005,528	197	445,030	14,210
15A		38,921,809	1,561,197	7,080,801	234	1,037,377	28,499
16	Medi-Cal Negotiated Rates						
16A							
17	Medicare/Medi-Cal Crossover Costs	2,014,980				46,803	
17A		4,785,564	185,075			113,826	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	2,270,060				53,393	
18A		5,398,893	178,456			130,180	
19	Medicare/Medi-Cal Crossover Published Charges	1,821,994				42,307	
19A		4,328,361	140,778			103,161	
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A							
21	Enhanced SD/MC Costs	461	217	121			
21A		62,823	6,055	7,380		3,885	
22	Enhanced SD/MC SMA Upper Limits	628	247	137			
22A		71,193	5,766	8,388		4,483	
23	Enhanced SD/MC Published Charges	419	197	110			
23A		56,905	4,817	6,700		3,636	
24	Enhanced SD/MC Negotiated Rates						
24A							
25	Enhanced SD/MC (Refugees) Costs	3,259	637				
26	Enhanced SD/MC (Refugees) SMA Upper Limits	3,661	611				
27	Enhanced SD/MC (Refugees) Published Charges	2,946	488				
28	Enhanced SD/MC (Refugees) Negotiated Rates						
28A	Healthy Families Costs	164,425	5,597	24,312		18,568	1,679
28A		317,209	22,014	40,372		32,879	1,988
30	Healthy Families SMA Upper Limits	186,589	6,285	27,864		21,273	1,923
30A		359,126	25,046	45,938		37,326	2,277
31	Healthy Families Published Charges	146,972	5,051	22,071		16,858	1,574
31A		287,225	19,984	36,860		29,678	1,925
32	Healthy Families Negotiated Rates						
32A							
33	Non-Medi-Cal Costs	56,378,986	2,822,753	6,090,210	72,657	1,477,031	71,627

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1998 (08/04)

County: Los Angeles

County Code: 19

Legal Entity: County of Los Angeles

Legal Entity Number: 00019

Mode: 15 - Outpatient (Program 1)

	H	I	J	K	L	M	N
	CR	CR	CR	CR	CR	CR	CR
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	16	17	33	34	41	42	44
2	0.00%	0.00%	0.01%	0.84%	0.39%	31.67%	0.16%
3	3,469	60	5,150	620,121	259,464	23,622,704	116,745
4	7,146	124	10,708	1,260,395	988,275	48,859,385	239,453
5	2.06	2.06	2.38	2.06	2.06	2.06	2.06
6	2.36	2.36	2.36	1.87	1.87	2.36	2.36
7	1.87	1.87	1.87	1.87	1.87	1.87	1.87
8	07/01/03 - 09/30/03	30	1,890	106,350	33,605	2,305,311	
8A	10/01/03 - 06/30/04	30	1,760	253,859	82,733	6,119,758	
9	07/01/03 - 09/30/03			2,060		374,065	
9A	10/01/03 - 06/30/04			12,045		930,705	
10	07/01/03 - 09/30/03					15,056	
10A	10/01/03 - 06/30/04			175	1,115	32,745	570
10B	07/01/03 - 09/30/03			2,631	625	57,066	
10B	10/01/03 - 06/30/04			2,000	170,990	13,706,868	116,245
11	07/01/03 - 09/30/03						
11A	10/01/03 - 06/30/04						
12	07/01/03 - 09/30/03	62	3,930	221,124	68,035	4,913,503	
13	10/01/03 - 06/30/04	62	2,620	527,821	170,422	12,900,081	
14	07/01/03 - 09/30/03	71	4,480	250,866	79,780	5,629,334	
14A	10/01/03 - 06/30/04	71	2,974	599,100	185,250	14,442,039	
15	07/01/03 - 09/30/03	56	3,534	198,875	63,215	4,480,532	
15A	10/01/03 - 06/30/04	56	2,366	474,711	154,711	11,443,847	
16	07/01/03 - 09/30/03						
16A	10/01/03 - 06/30/04						
17	07/01/03 - 09/30/03			4,325		770,537	
17A	10/01/03 - 06/30/04			25,044		1,917,180	
18	07/01/03 - 09/30/03			4,908		882,793	
18A	10/01/03 - 06/30/04			28,428		2,196,464	
19	07/01/03 - 09/30/03			3,890		698,502	
19A	10/01/03 - 06/30/04			22,624		1,740,418	
20	07/01/03 - 09/30/03						
20A	10/01/03 - 06/30/04						
21	07/01/03 - 09/30/03						
21A	10/01/03 - 06/30/04						
22	07/01/03 - 09/30/03						
22A	10/01/03 - 06/30/04						
23	07/01/03 - 09/30/03						
23A	10/01/03 - 06/30/04						
24	07/01/03 - 09/30/03						
24A	10/01/03 - 06/30/04						
25	07/01/03 - 09/30/03						
25A	10/01/03 - 06/30/04						
26	07/01/03 - 09/30/03						
26A	10/01/03 - 06/30/04						
27	07/01/03 - 09/30/03						
27A	10/01/03 - 06/30/04						
28	07/01/03 - 09/30/03						
28A	10/01/03 - 06/30/04						
29	07/01/03 - 09/30/03						
29A	10/01/03 - 06/30/04						
30	07/01/03 - 09/30/03						
30A	10/01/03 - 06/30/04						
31	07/01/03 - 09/30/03						
31A	10/01/03 - 06/30/04						
32	07/01/03 - 09/30/03						
32A	10/01/03 - 06/30/04						
33	07/01/03 - 09/30/03	7,146	4,196	605,216	952,222	28,234,781	239,453
33A	10/01/03 - 06/30/04						

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1998 (08/04)

County: Los Angeles
County Code: 19

	Legal Entity Number: 07019 Mode: 19 - Outpatient (Program 1)	CR Q Service Function	CR P Service Function	CR O Service Function	CR R Service Function	CR S Service Function	CR T Service Function	CR U Service Function
1	Allocation Percentage	0.07%	7.70%	0.03%	0.04%	0.24%	0.06%	26.37%
2	Total Units	973	5,741,934	25,749	30,063	176,952	34,224	10,206,377
3	Gross Cost	2,094	11,827,812	53,040	61,866	364,503	135,849	40,509,321
4	Cost per Unit	2.06	2.06	2.06	2.06	2.06	3.97	3.97
5	SMA per Unit	2.38	2.38	2.38	2.38	2.38	4.37	4.37
6	Published Charge per Unit	1.87	1.87	1.87	1.87	1.87	3.57	3.57
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	509	735,240	2,119			5,825	965,119
8A		344	1,485,743	8,433			6,315	2,638,699
9	Medicare/Medi-Cal Crossover Units		165,469					176,197
9A			339,669					373,353
10	Enhanced SD/MC (Children) Units		209					1,785
10A								390
10B	Enhanced SD/MC (Refugees) Units		4,631					5,320
11	Healthy Families (SED) Units		5,961					11,340
11A			3,007,112		30,083	176,952	22,284	5,001,594
12	Non-Medi-Cal Units	120		16,789				
13	Medi-Cal Costs	1,048	1,510,401	4,365			22,328	3,654,004
13A		708	3,080,482	13,256			25,067	10,474,077
14	Medi-Cal SMA Upper Limits	1,201	1,730,446	5,001			24,581	4,353,040
14A		812	3,606,363	15,187			27,597	11,831,115
15	Medi-Cal Published Charges	962	1,371,159	3,863			20,081	3,556,145
15A		643	2,778,389	12,033			22,845	8,420,155
16	Medi-Cal Negotiated Rates							
16A			340,850					689,398
17	Medicare/Medi-Cal Crossover Costs		699,478					1,481,981
17A			390,507					769,981
18	Medicare/Medi-Cal Crossover SMA Upper Limits		801,363					1,631,553
18A			309,427					628,023
19	Medicare/Medi-Cal Crossover Published Charges		634,984					1,332,670
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs		431					7,006
21A								
22	Enhanced SD/MC SMA Upper Limits		483					7,713
22A								
23	Enhanced SD/MC Published Charges		381					6,301
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							1,548
25A								1,704
26	Enhanced SD/MC (Refugees) SMA Upper Limits							1,362
26A								
27	Enhanced SD/MC (Refugees) Published Charges							21,117
27A								47,386
28	Enhanced SD/MC (Refugees) Negotiated Rates							23,248
28A								52,178
29	Healthy Families Costs		9,539					18,992
29A			12,276					42,828
30	Healthy Families SMA Upper Limits		10,929					
30A			14,058					
31	Healthy Families Published Charges		6,680					
31A			11,147					
32	Healthy Families Negotiated Rates							
32A								
33	Non-Medi-Cal Costs	247	6,194,351	34,564	61,868	364,503	80,454	20,622,784

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

County: Los Angeles
County Code: 19

Line	Description	CR		CR		CR		CR		CR		CR		CR	
		V	W	X	Y	Z	AA	AB	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.12%	0.01%	14.15%											
2	Total Units	47,150	6,701	6,787,513											
3	Gross Cost	187,158	21,458	21,736,021											
4	Cost per Unit	3.97	3.20	3.20											
5	SMA per Unit	4.37	3.52	3.52											
6	Published Charge per Unit	3.57	2.88	2.88											
7	Negotiated Rate / Cost per Unit														
8	Medi-Cal Units	07/01/03 - 09/30/03													
8A		10/01/03 - 09/30/04													
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03													
9A		10/01/03 - 09/30/04													
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03													
10A		10/01/03 - 09/30/04													
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 09/30/03													
11	Healthy Families (SED) Units	07/01/03 - 09/30/03													
11A		10/01/03 - 09/30/04													
12	Non-Medi-Cal Units		47,150	6,701	4,348,841										
13	Medi-Cal Costs	07/01/03 - 09/30/03													
13A		10/01/03 - 09/30/04													
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03													
14A		10/01/03 - 09/30/04													
15	Medi-Cal Published Charges	07/01/03 - 09/30/03													
15A		10/01/03 - 09/30/04													
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03													
16A		10/01/03 - 09/30/04													
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03													
17A		10/01/03 - 09/30/04													
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03													
18A		10/01/03 - 09/30/04													
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03													
19A		10/01/03 - 09/30/04													
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03													
20A		10/01/03 - 09/30/04													
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03													
21A		10/01/03 - 09/30/04													
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03													
22A		10/01/03 - 09/30/04													
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03													
23A		10/01/03 - 09/30/04													
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03													
24A		10/01/03 - 09/30/04													
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 09/30/03													
25A		10/01/03 - 09/30/04													
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 09/30/03													
26A		10/01/03 - 09/30/04													
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 09/30/03													
27A		10/01/03 - 09/30/04													
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 09/30/03													
28A		10/01/03 - 09/30/04													
29	Healthy Families Costs	07/01/03 - 09/30/03													
29A		10/01/03 - 09/30/04													
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03													
30A		10/01/03 - 09/30/04													
31	Healthy Families Published Charges	07/01/03 - 09/30/03													
31A		10/01/03 - 09/30/04													
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03													
32A		10/01/03 - 09/30/04													
33	Non-Medi-Cal Costs		187,158	21,458	13,528,234										

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (06/04)

County: Los Angeles
County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17
1	100.00%	0.92%	21.52%	1.15%	0.38%	0.06%	0.47%
2	Total Units	8,435	197,330	10,361	2,651	447	3,250
3	Gross Cost	1,310,882	282,001	14,806	4,999	840	6,107
4	Cost per Unit	1.43	1.43	1.43	1.88	1.88	1.88
5	SMA per Unit	1.83	1.83	1.83	2.36	2.36	2.36
6	Published Charge per Unit	1.83	1.83	1.83	2.36	2.36	2.36
7	Negotiated Rate / Cost per Unit	1.43	1.43	1.43	1.88	1.88	1.88
8	Medi-Cal Units	2,996	46,635	179	344		
8A		4,418	143,084	8,294	1,998		
9	Medicare/Medi-Cal Crossover Units						
9A							
10	Enhanced SD/MC (Children) Units						
10A							
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units						
11A							
12	Non-Medi-Cal Units	1,024	7,811	4,057	495	103	3,250
13	Medi-Cal Costs	329,359	66,645		336	647	
13A		870,002	204,479	8,994	3,750	812	
14	Medi-Cal SMA Upper Limits	418,163	85,342		422	812	
14A		1,106,579	261,844	11,518	4,711	812	
15	Medi-Cal Published Charges	418,163	85,342		422	812	
15A		1,106,579	261,844	11,518	4,711	812	
16	Medi-Cal Negotiated Rates	329,618	66,688		337	647	
16A		870,709	204,810	9,000	3,752	812	
17	Medicare/Medi-Cal Crossover Costs						
17A							
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A							
19	Medicare/Medi-Cal Crossover Published Charges						
19A							
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A							
21	Enhanced SD/MC Costs						
21A							
22	Enhanced SD/MC SMA Upper Limits						
22A							
23	Enhanced SD/MC Published Charges						
23A							
24	Enhanced SD/MC Negotiated Rates						
24A							
25	Enhanced SD/MC (Refugees) Costs						
25A							
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
26A							
27	Enhanced SD/MC (Refugees) Published Charges						
27A							
28	Enhanced SD/MC (Refugees) Negotiated Rates						
28A							
29	Healthy Families Costs						
29A							
30	Healthy Families SMA Upper Limits						
30A							
31	Healthy Families Published Charges						
31A							
32	Healthy Families Negotiated Rates						
32A							
33	Non-Medi-Cal Costs	111,290	1,483	10,877	5,612	913	6,107
33A							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (06/04)

County: Los Angeles
County Code: 19

FISCAL YEAR 2003 - 2004

Legal Entity Number (Program 1)	Mode: 15 - Outpatient (Program 1)	NR		NR		NR		NR		NR		NR		NR	
		H	I	J	K	L	M	N	H	I	J	K	L	M	N
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.51%	30.50%	3.59%	0.19%	1.30%	23.52%	0.46%	12.78%						
2	Total Units	3,535	215,744	25,034	1,309	164,071	1,823	50,594							
3	Gross Cost	6,842	405,340	47,033	2,459	308,257	8,049	167,685							
4	Cost per Unit	1.88	1.88	1.88	1.88	1.88	3.32	3.31							
5	SMA per Unit	2.36	2.36	2.36	2.36	2.36	4.37	4.37							
6	Purchased Charge per Unit	2.36	2.36	2.36	2.36	2.36	4.37	4.37							
7	Negotiated Rate / Cost per Unit	1.88	1.88	1.88	1.88	1.88	3.32	3.32							
8	Medi-Cal Units		21,701	2,821	121	86,606	661	19,305							
8A		1,814	155,686	18,867		77,185	952	37,971							
9	Medicare/Medi-Cal Crossover Units														
10	Enhanced SD/MC (Children) Units														
10A															
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A															
12	Non-Medi-Cal Units	1,721	38,357	3,845	1,188		210	318							
13	Medi-Cal Costs		40,772	5,488		163,242	2,193	40,778							
13A		3,408	292,503	35,071	227	145,015	3,159	125,833							
14	Medi-Cal SMA Upper Limits		51,214	6,894		205,051	2,889	53,773							
14A		4,281	367,419	44,054	280	182,157	4,160	165,933							
15	Medi-Cal Published Charges		51,214	6,894		205,051	2,889	53,773							
15A		4,281	367,419	44,054	286	182,157	4,160	165,933							
16	Medi-Cal Negotiated Rates		40,788	5,491		163,346	2,195	40,853							
16A		3,410	292,690	35,084	227	145,108	3,181	126,064							
17	Medicare/Medi-Cal Crossover Costs														
17A															
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A															
19	Medicare/Medi-Cal Crossover Published Charges														
19A															
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A															
21	Enhanced SD/MC Costs														
21A															
22	Enhanced SD/MC SMA Upper Limits														
22A															
23	Enhanced SD/MC Published Charges														
23A															
24	Enhanced SD/MC Negotiated Rates														
24A															
25	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs														
29A															
30	Healthy Families SMA Upper Limits														
30A															
31	Healthy Families Published Charges														
31A															
32	Healthy Families Negotiated Rates														
32A															
33	Non-Medi-Cal Costs	3,233	72,066	6,474	2,232		667	1,054							

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1968 (06/04)

County: Los Angeles
County Code: 18

	Legal Entity Number: 00519 Model: 15 - Outpatient (Program 1)	NR		NR		P Service Function	Q Service Function	R Service Function	S Service Function	T Service Function	U Service Function
		O Service Function									
1	Allocation Percentage	0.09%	77								
2	Total Units	371									
3	Gross Cost	1,231									
4	Cost per Unit	3.32									
5	SMA per Unit	4.37									
6	Published Charge per Unit	4.37									
7	Negotiated Rate / Cost per Unit	3.32									
8											
8A	Medi-Cal Units		320			1,785					
9	Medicare/Medi-Cal Crossover Units					14,414					
9A											
10	Enhanced SD/MC (Children) Units										
10A	Enhanced SD/MC (Refugees) Units										
10B	Healthy Families (SED) Units										
11											
11A	Non-Medi-Cal Units		51			4,977					
12											
13	Medi-Cal Costs					40,189					
13A						6,283					
14	Medi-Cal SMA Upper Limits					50,737					
14A						8,283					
15	Medi-Cal Published Charges					50,737					
15A						4,980					
16	Medi-Cal Negotiated Rates					40,215					
16A											
17	Medicare/Medi-Cal Crossover Costs										
17A											
18	Medicare/Medi-Cal Crossover SMA Upper Limits										
18A											
19	Medicare/Medi-Cal Crossover Published Charges										
19A											
20	Medicare/Medi-Cal Crossover Negotiated Rates										
20A											
21	Enhanced SD/MC Costs										
21A											
22	Enhanced SD/MC SMA Upper Limits										
22A											
23	Enhanced SD/MC Published Charges										
23A											
24	Enhanced SD/MC Negotiated Rates										
24A											
25	Enhanced SD/MC (Refugees) Costs										
25A											
26	Enhanced SD/MC (Refugees) SMA Upper Limits										
26A											
27	Enhanced SD/MC (Refugees) Published Charges										
27A											
28	Enhanced SD/MC (Refugees) Negotiated Rates										
28A											
29	Healthy Families Costs										
29A											
30	Healthy Families SMA Upper Limits										
30A											
31	Healthy Families Published Charges										
31A											
32	Healthy Families Negotiated Rates										
32A											
33	Non-Medi-Cal Costs										
33A											
											189

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1868 (06/04)

County: Los Angeles
 County Code: 19

Legal Entity	Mode Total	NR	NR	NR	NR	NR	NR	NR	NR
Legal Entity	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Legal Entity: ASSOCIATED LEAGUE OF MEXICAN-AMERICANS									
Legal Entity Number: 00170									
Mode: 15 - Outpatient (Program 1)									
1 Allocation Percentage	100.00%	03	04	10	12	34	41		
2 Total Units	2,107	439,217	75,281	640	373	16,500	0.85%		
3 Gross Cost	3,362,351	3,115	849,347	145,157	1,234	719	31,611		
4 Cost per Unit		1.48	1.48	1.93	1.93	1.93	1.93		
5 SMA per Unit		1.83	1.83	2.36	2.36	2.36	2.36		
6 Published Charge per Unit		1.48	1.48	1.93	1.93	1.93	1.93		
7 Negotiated Rate / Cost per Unit		1.48	1.48	1.93	1.93	1.93	1.93		
8 Medi-Cal Units		849	82,407	15,285	51	251	2,885		
8A		1,236	234,780	55,004	488	251	9,198		
9 Medicare/Medi-Cal Crossover Units									
9A									
10 Enhanced SD/MC (Children) Units									
10A									
10B Enhanced SD/MC (Refugees) Units									
10B									
11 Healthy Families (SED) Units									
11A									
12 Non-Medi-Cal Units			122,030	5,022	100	122	4,548		
13 Medi-Cal Costs	652,363	1,255	121,852	29,430	88	484	5,138		
13A	1,860,856	1,860	347,103	109,045	943	484	17,718		
14 Medi-Cal SMA Upper Limits	800,428	1,654	150,905	36,025	120	62	2,156		
14A	2,283,249	2,302	429,647	129,809	1,154	662	21,636		
15 Medi-Cal Published Charges	653,090	1,257	121,962	29,481	94	484	5,143		
15A	1,662,865	1,662	347,474	106,158	944	484	17,735		
16 Medi-Cal Negotiated Rates	653,060	1,257	121,962	29,481	98	484	5,143		
16A	1,862,695	1,862	347,474	106,158	944	484	17,735		
17 Medicare/Medi-Cal Crossover Costs									
17A									
18 Medicare/Medi-Cal Crossover SMA Upper Limits									
18A									
19 Medicare/Medi-Cal Crossover Published Charges									
19A									
20 Medicare/Medi-Cal Crossover Negotiated Rates									
20A									
21 Enhanced SD/MC Costs									
21A									
22 Enhanced SD/MC SMA Upper Limits									
22A									
23 Enhanced SD/MC Published Charges									
23A									
24 Enhanced SD/MC Negotiated Rates									
24A									
25 Enhanced SD/MC (Refugees) Costs									
25A									
26 Enhanced SD/MC (Refugees) SMA Upper Limits									
26A									
27 Enhanced SD/MC (Refugees) Published Charges									
27A									
28 Enhanced SD/MC (Refugees) Negotiated Rates									
28A									
29 Healthy Families Costs									
29A									
30 Healthy Families SMA Upper Limits									
30A									
31 Healthy Families Published Charges									
31A									
32 Healthy Families Negotiated Rates									
32A									
33 Non-Medi-Cal Costs	849,291		180,412	9,862	193	205	8,957		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (09/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Legal Entity	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
Legal Entity Number	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
1	0701/03 - 09/30/03	42	52	56	61	77								
2	0701/03 - 09/30/04	47.23%	5.66%	13.95%	0.08%	7.84%								
3	Total Units	823,037	89,708	243,883	774	74,113								
4	Gross Cost	1,567,922	190,299	470,192	2,752	263,961								
5	Cost per Unit	1.93	1.93	1.93	3.56	3.56								
6	SMA per Unit	2.36	2.36	2.36	4.37	4.37								
7	Published Charge per Unit	1.93	1.93	1.93	3.56	3.56								
8	Negotiated Rate / Cost per Unit	1.93	1.93	1.93	3.56	3.56								
9	Medi-Cal Units	128,542	10,752	83,831	143	12,515								
10	Medicare/Medi-Cal Crossover Units	443,233	39,675	148,891	631	46,966								
11	Enhanced SD/MC (Children) Units													
12	Enhanced SD/MC (Refugees) Units													
13	Healthy Families (SED) Units													
14	Non-Medi-Cal Units	251,852	48,279	1,361		14,932						5,099		
15	Medi-Cal Costs	247,821	20,729	180,515	508	44,508						530		
16	Medicare/Medi-Cal Crossover Costs	854,526	76,491	287,063	2,244	165,954						278		
17	Enhanced SD/MC SMA Upper Limits	303,359	25,375	220,969	625	54,691						616		
18	Enhanced SD/MC Published Charges	1,046,000	93,633	351,383	2,757	203,930						324		
19	Medi-Cal Published Charges	248,098	20,761	180,708	509	44,563						530		
20	Medicare/Medi-Cal Crossover Published Charges	855,440	76,573	287,360	2,248	166,131						278		
21	Medicare/Medi-Cal Crossover Negotiated Rates	248,088	20,751	180,708	509	44,563						530		
22	Enhanced SD/MC Costs	855,440	76,573	287,360	2,248	166,131						279		
23	Enhanced SD/MC SMA Upper Limits													
24	Enhanced SD/MC Published Charges													
25	Enhanced SD/MC Negotiated Rates													
26	Healthy Families Costs													
27	Healthy Families SMA Upper Limits													
28	Healthy Families Published Charges													
29	Healthy Families Negotiated Rates													
30	Total	485,575	83,070	2,824		53,101						15,434		

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1986 (06/04)

County: Los Angeles
County Code: 19

Legal Entity: Cedars-Sinai Medical Center

Legal Entity Number: 00178
Mode: 15 - Outpatient (Program 1)

			H	I	J	K	L	M	N
			NR	NR	NR	NR	NR	NR	NR
			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			NR	NR	NR	NR	NR	NR	NR
1	Allocation Percentage		42	52	54	61	62		
2	Total Units		48,64%	12,97%	0,71%	1,41%	20,46%		
3	Gross Cost		174,264	2,557	2,557	2,722	39,451		
4	Cost per Unit		787,433	269,853	11,654	22,858	331,295		
5	SMA per Unit		4,32	4,52	4,52	8,40	8,40		
6	Published Charge per Unit		2,36	2,36	2,36	4,37	4,37		
7	Negotiated Rate / Cost per Unit		2,24	2,24	2,24	4,07	4,07		
8	Medi-Cal Units	07/01/03 - 09/30/03	24,540	3,834					
9	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04	83,530	28,252	634	747	27,351		
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A	Enhanced SD/MC (Refugees) Units	10/01/03 - 06/30/04							
10B	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A	Non-Medi-Cal Units	10/01/03 - 06/30/04	56,204	14,378	1,923	1,975	9,925		
12	Medi-Cal Costs	07/01/03 - 09/30/03	110,887	17,324			18,265		
13A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	422,582	127,680	2,865	6,273	229,683		
14A	Medi-Cal Published Charges	10/01/03 - 06/30/04	57,914	8,048			9,505		
15A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04	220,707	66,675	1,496	3,264	119,324		
16A	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	54,970	8,598			8,852		
17A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	209,485	63,284	1,420	3,040	111,319		
18A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03	53,743	8,396			8,852		
19A	Enhanced SD/MC Costs	10/01/03 - 06/30/04	304,809	61,872	1,368	3,040	111,319		
20A	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
21A	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
22A	Healthy Families Costs	10/01/03 - 06/30/04							
23A	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
24A	Healthy Families Published Charges	10/01/03 - 06/30/04							
25A	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
26A	Total	07/01/03 - 09/30/03	253,985	64,969	8,689	16,585	83,348		
27A	Total	10/01/03 - 06/30/04	263,965	64,969	8,689	16,585	83,348		

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1999 (09/04)

County: Los Angeles
County Code: 19

	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
	A	B	C	D	E	F	G												
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 08	Service Function 10	Service Function 12												
1	100.00%	1.29%	3.75%	0.00%	0.17%	5.50%	2.1%												
2	Total Units	43,590	126,603	3,075	5,650	149,771	58,059												
3	Gross Cost	72,459	210,595	5,115	9,405	309,857	122,178												
4	Cost per Unit	1.66	1.66	1.66	1.66	2.10	2.10												
5	SMA per Unit	1.83	1.83	1.83	1.83	2.36	2.36												
6	Published Charge per Unit	1.70	1.70	1.70	1.70	2.15	2.15												
7	Negotiated Rate / Cost per Unit	1.66	1.66	1.66	1.66	2.10	2.10												
8	Medi-Cal Units	1,815	13,900	130	300	23,718	2,884												
8A		12,815	68,516	1,945	1,085	94,810	11,445												
9	Medicare/Medi-Cal Crossover Units																		
9A																			
10	Enhanced SD/MC (Children) Units																		
10A																			
10B	Enhanced SD/MC (Refugees) Units																		
11	Healthy Families (SED) Units	310	1,465			4,323	320												
11A		3,440	8,595	75	4,305	13,599	5,165												
12	Non-Medi-Cal Units	25,380	94,827	905	4,305	10,321	38,225												
13	Medi-Cal Costs	756,518	22,455	216	499	49,911	6,089												
13A		2,676,218	20,984	113,972	3,269	199,513	24,084												
14	Medi-Cal SMA Upper Limits	850,962	3,321	24,705	238	549	6,806												
14A		3,010,494	23,085	125,304	3,566	223,752	27,010												
15	Medi-Cal Published Charges	773,037	3,088	22,950	221	510	6,201												
15A		2,738,574	21,446	116,477	3,341	203,842	24,607												
16	Medi-Cal Negotiated Rates	754,955	- 3,013	22,410	216	498	6,056												
16A		2,672,690	20,841	113,737	3,262	199,101	24,035												
17	Medicare/Medi-Cal Crossover Costs																		
17A																			
18	Medicare/Medi-Cal Crossover SMA Upper Limits																		
18A																			
19	Medicare/Medi-Cal Crossover Published Charges																		
19A																			
20	Medicare/Medi-Cal Crossover Negotiated Rates																		
20A																			
21	Enhanced SD/MC Costs																		
21A																			
22	Enhanced SD/MC SMA Upper Limits																		
22A																			
23	Enhanced SD/MC Published Charges																		
23A																			
24	Enhanced SD/MC Negotiated Rates																		
24A																			
25	Enhanced SD/MC (Refugees) Costs																		
26	Enhanced SD/MC (Refugees) SMA Upper Limits																		
27	Enhanced SD/MC (Refugees) Published Charges																		
28	Enhanced SD/MC (Refugees) Negotiated Rates																		
29	Healthy Families Costs	83,180	516	2,437	125	9,097	673												
29A		349,610	5,722	14,297	125	26,917	10,811												
30	Healthy Families SMA Upper Limits	92,520	567	2,681	137	10,202	755												
30A		399,720	6,205	16,729	137	32,094	12,237												
31	Healthy Families Published Charges	83,992	527	2,491	128	9,294	686												
31A		357,291	5,848	14,512	128	28,236	11,146												
32	Healthy Families Negotiated Rates	82,021	515	2,432	125	9,076	672												
32A		348,886	5,710	14,266	125	28,558	10,859												
33	Non-Medi-Cal Costs	1,750,037	42,218	57,433	1,906	7,161	80,439												

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MHI 1998 (08/04)

County: Los Angeles
 County Code: 19
 Legal Entity: Child & Family Center
 Legal Entity Number: 00210
 Mode: 15 - Outpatient (Program 1)

DETAIL COST REPORT

	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
	H	I	J	K	L	M	N										
	Service	Service	Service	Service	Service	Service	Service										
	Function	Function	Function	Function	Function	Function	Function										
1	14	17	31	33	34	37	39										
1	0.21%	0.11%															
2	5,499	2,927															
3	11,572	6,159															
4	2.10	2.10															
5	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36
6	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15
7	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10
8	40	850						165	860								
8A	40	915						1,100	3,370								
9																	
9A																	
10																	
10A																	
10B																	
11	532	450							240								
11A	5419	180						765	2,573								
12																	
13	84	1,769						347	2,020								
13A	84	1,925						2,316	7,082								
14	84	2,008						389	2,288								
14A	84	2,159						2,568	7,853								
15	86	1,826						355	2,084								
15A	86	1,947						2,365	7,246								
16	84	1,785						347	2,016								
16A	84	1,922						2,310	7,077								
17																	
17A																	
18																	
18A																	
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31A																	
32																	
32A																	
33	11,403	379						1,610	5,414								

County: Los Angeles
County Code: 19

Line Item	Description	NR		NR		NR		NR		NR		NR			
		O	P	O	R	S	T	U	O	P	O	R	S	T	U
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	41	42	45	47	52	53	54							
2	Total Units	20,24%	39,89%	1,36%	0,63%	2,65%	0,05%	3,47%							
3	Gross Cost	540,213	1,064,617	36,298	17,801	68,209	1,440	82,432							
4	Cost per Unit	1,136,784	2,240,320	76,379	37,039	143,529	3,000	184,950							
5	SMA per Unit	2,10	2,10	2,10	2,10	2,10	2,10	2,10							
6	Published Charge per Unit	2,36	2,36	2,36	2,36	2,36	2,36	2,36							
7	Negotiated Rate / Cost per Unit	2,15	2,15	2,15	2,15	2,15	2,15	2,15							
8	Negotiated Rate / Cost per Unit	2,10	2,10	2,10	2,10	2,10	2,10	2,10							
8	Medi-Cal Units	37,422	183,222	3,600	3,393	8,439	405	3,648							
8A	Medi-Cal Units	124,166	577,437	2,466	9,335	38,495	405	22,825							
9	Medicare/Medi-Cal Crossover Units														
10	Enhanced SD/MC (Children) Units														
10A	Enhanced SD/MC (Children) Units														
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units	4,265	22,800			1,276		449							
11A	Healthy Families (SED) Units	27,491	83,548			1,345		7,564							
12	Non-Medi-Cal Units	346,867	187,612	30,251	2,250	15,134	1,035	58,146							
13	Medi-Cal Costs	78,749	385,582	7,555	7,144	17,759		7,677							
13A	Medi-Cal Costs	261,292	1,215,126	5,188	19,644	80,968	852	48,032							
14	Medi-Cal SMA Upper Limits	68,316	432,404	6,472	8,012	19,616		8,608							
14A	Medi-Cal SMA Upper Limits	293,038	1,362,751	5,794	22,031	90,825	956	53,867							
15	Medi-Cal Published Charges	80,457	393,927	7,719	7,299	18,144		7,843							
15A	Medi-Cal Published Charges	266,961	1,241,490	5,278	20,070	82,743	871	49,074							
16	Medi-Cal Negotiated Rates	78,586	384,766	7,539	7,130	17,722		7,661							
16A	Medi-Cal Negotiated Rates	260,753	1,212,818	5,156	19,604	80,619	851	47,933							
17	Medicare/Medi-Cal Crossover Costs														
17A	Medicare/Medi-Cal Crossover Costs														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	Medicare/Medi-Cal Crossover SMA Upper Limits														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Medicare/Medi-Cal Crossover Published Charges														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	Medicare/Medi-Cal Crossover Negotiated Rates														
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC Costs														
22	Enhanced SD/MC SMA Upper Limits														
22A	Enhanced SD/MC SMA Upper Limits														
23	Enhanced SD/MC Published Charges														
23A	Enhanced SD/MC Published Charges														
24	Enhanced SD/MC Negotiated Rates														
24A	Enhanced SD/MC Negotiated Rates														
25	Enhanced SD/MC (Refugees) Costs														
25A	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
27A	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs	8,976	47,979			2,665		945							
29A	Healthy Families Costs	57,861	175,809			2,630		15,917							
30	Healthy Families SMA Upper Limits	10,065	53,808			3,011		1,060							
30A	Healthy Families SMA Upper Limits	64,879	197,169			3,174		17,851							
31	Healthy Families Published Charges	9,170	46,020			2,791		945							
31A	Healthy Families Published Charges	59,106	179,624			2,882		16,263							
32	Healthy Families Negotiated Rates	8,957	47,880			2,650		943							
32A	Healthy Families Negotiated Rates	57,731	175,447			2,626		15,884							
33	Non-Medi-Cal Costs	729,927	416,844	83,658	4,736	31,847	2,178	122,359							

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Los Angeles

Local Entity: CHM1 & Family Center

Legal Entity Number (00210)	Mode (19 - Outpatient (Program 1))	NR V Service Function	NR W Service Function	NR X Service Function	NR Y Service Function	NR Z Service Function	NR AA Service Function	NR AB Service Function
1	Allocation Percentage	57	58	60	81	82	87	71
2	Total Units	11,90%	317,514	0,09%	1,96%	2,91%	0,01%	90
3	Gross Cost	668,168	3,355	111,058	163,166	325		
4	Cost per Unit	2,10	3,61	3,61	3,61	3,61	3,61	
5	SD/MC per Unit	2,38	4,37	4,37	4,37	4,37	4,37	3,52
6	Published Charge per Unit	2,15	3,70	3,70	3,70	3,70	3,70	3,18
7	Negotiated Rate / Cost per Unit	2,10	3,60	3,60	3,60	3,60	3,60	3,11
8	Medi-Cal Units	60,365	2,078	7,360	2,078	7,360		
8A	Medi-Cal Units	284,884	8,170	21,831	8,170	21,831		
9	Medicare/Medi-Cal Crossover Units							
9A	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	127,071	7,489	28,551	7,489	28,551		
13A	Medi-Cal Costs	556,365	28,473	78,033	28,473	78,033		
14	Medi-Cal SMA Upper Limits	142,508	9,072	32,163	9,072	32,163		
14A	Medi-Cal SMA Upper Limits	601,550	35,703	94,527	35,703	94,527		
15	Medi-Cal Published Charges	129,828	7,681	27,232	7,681	27,232		
15A	Medi-Cal Published Charges	548,022	30,279	80,035	30,279	80,035		
16	Medi-Cal Negotiated Rates	126,809	7,474	26,498	7,474	26,498		
16A	Medi-Cal Negotiated Rates	535,277	28,412	77,872	28,412	77,872		
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A	Healthy Families Costs							
30	Healthy Families SMA Upper Limits							
30A	Healthy Families SMA Upper Limits							
31	Healthy Families Published Charges							
31A	Healthy Families Published Charges							
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	4,703	3,355	4,703	3,355	4,703	3,355	65,718

County: Los Angeles
 County Code: 19

Legal Entity Number: 00210 Mode: 15 - Outpatient (Program 1)	Legal Entity: Child & Family Center	NR AC Service Function 76	NR AD Service Function 78	NR AE Service Function 77	AG Service Function	AH Service Function	AI Service Function
1	Allocation Percentage			1.24%			
2	Total Units			22,269			
3	Gross Cost			99,462			
4	Cost per Unit			3.12			
5	SMA per Unit	3.52	3.52	3.52			
6	Published Charge per Unit	3.16	3.16	3.16			
7	Negotiated Rate / Cost per Unit	3.11	3.11	3.11			
8	Medi-Cal Units			1,480			
8A	Medicare/Medi-Cal Crossover Units			9,045			
9	Enhanced SD/MC (Children) Units						
10	Enhanced SD/MC (Refugees) Units						
10A	Healthy Families (SED) Units			30			
10B	Non-Medi-Cal Units			11,754			
11	Medi-Cal Costs			4,550			
12	Medicare/Medi-Cal Crossover Costs			25,188			
13	Enhanced SD/MC (Children) Costs			5,139			
13A	Enhanced SD/MC (Refugees) Costs			31,058			
14	Healthy Families (SED) Costs			4,814			
14A	Healthy Families (SED) Negotiated Rates			28,552			
15	Medi-Cal Published Charges			4,541			
15A	Medi-Cal Negotiated Rates			28,130			
16	Medicare/Medi-Cal Crossover Costs						
16A	Medicare/Medi-Cal Crossover SMA Upper Limits						
17	Enhanced SD/MC (Children) Published Charges						
17A	Enhanced SD/MC (Children) Negotiated Rates						
18	Enhanced SD/MC (Refugees) Published Charges						
18A	Enhanced SD/MC (Refugees) Negotiated Rates						
19	Healthy Families (SED) Published Charges						
19A	Healthy Families (SED) Negotiated Rates						
20	Healthy Families (SED) Published Charges						
20A	Healthy Families (SED) Negotiated Rates						
21	Healthy Families Costs						
21A	Healthy Families SMA Upper Limits						
22	Healthy Families Published Charges						
22A	Healthy Families Negotiated Rates						
23	Healthy Families Published Charges						
23A	Healthy Families Negotiated Rates						
24	Healthy Families Published Charges						
24A	Healthy Families Negotiated Rates						
25	Healthy Families Costs						
25A	Healthy Families SMA Upper Limits						
26	Healthy Families Published Charges						
26A	Healthy Families Negotiated Rates						
27	Healthy Families Published Charges						
27A	Healthy Families Negotiated Rates						
28	Healthy Families Published Charges						
28A	Healthy Families Negotiated Rates						
29	Healthy Families Published Charges						
29A	Healthy Families Negotiated Rates						
30	Healthy Families Published Charges						
30A	Healthy Families Negotiated Rates						
31	Healthy Families Published Charges						
31A	Healthy Families Negotiated Rates						
32	Healthy Families Published Charges						
32A	Healthy Families Negotiated Rates						
33	Non-Medi-Cal Costs			36,531			

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (06/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00207 Mode: 15 - Outpatient (Program 1)	CR	NR	W	NR	X	NR	Y	NR	Z	CR	NR	AB
Legal Entity: Child & Family Guidance Center	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage	42	42	45	47	52	52	52	52	52	52	52	52
2 Total Units	2.88%	1.01%	11.03%	1.07%	2.03%	2.03%	2.03%	2.03%	2.03%	2.03%	2.03%	2.03%
3 Gross Cost	245,587	89,288	928,894	89,688	166,769	166,769	166,769	166,769	166,769	166,769	166,769	166,769
4 Cost per Unit	509,628	172,834	1,854,274	151,855	346,798	346,798	346,798	346,798	346,798	346,798	346,798	346,798
5 SMA per Unit	2.08	2.08	2.03	2.03	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08
6 Published Charge per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36
7 Negotiated Rate / Cost per Unit	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93
8 Medi-Cal Units	59,844	192,660	13,356	13,356	27,644	27,644	27,644	27,644	27,644	27,644	27,644	27,644
8A	174,417	660,984	60,470	60,470	100,977	100,977	100,977	100,977	100,977	100,977	100,977	100,977
9 Medicare/Medi-Cal Crossover Units												
10 Enhanced SD/MC (Children) Units												
10A Enhanced SD/MC (Refugees) Units												
11 Healthy Families (SED) Units												
11A	12,125	83,268	63,243	13,241	13,676	13,676	13,676	13,676	13,676	13,676	13,676	13,676
12 Non-Medi-Cal Units												
13 Medi-Cal Costs	122,110	380,958	27,096	27,096	57,484	57,484	57,484	57,484	57,484	57,484	57,484	57,484
13A	361,940	1,341,063	122,678	122,678	209,977	209,977	209,977	209,977	209,977	209,977	209,977	209,977
14 Medi-Cal SMA Upper Limits	138,672	454,748	31,520	31,520	65,240	65,240	65,240	65,240	65,240	65,240	65,240	65,240
14A	411,624	1,559,875	142,709	142,709	236,306	236,306	236,306	236,306	236,306	236,306	236,306	236,306
15 Medi-Cal Published Charges	113,569	371,892	25,777	25,777	53,353	53,353	53,353	53,353	53,353	53,353	53,353	53,353
15A	113,569	371,892	25,777	25,777	53,353	53,353	53,353	53,353	53,353	53,353	53,353	53,353
16 Medi-Cal Negotiated Rates	336,625	1,275,661	116,707	116,707	194,866	194,866	194,866	194,866	194,866	194,866	194,866	194,866
16A	336,625	1,275,661	116,707	116,707	194,866	194,866	194,866	194,866	194,866	194,866	194,866	194,866
17 Medicare/Medi-Cal Crossover Costs												
17A												
18 Medicare/Medi-Cal Crossover SMA Upper Limits												
18A												
19 Medicare/Medi-Cal Crossover Published Charges												
19A												
20 Medicare/Medi-Cal Crossover Negotiated Rates												
20A												
21 Enhanced SD/MC Costs												
21A												
22 Enhanced SD/MC SMA Upper Limits												
22A												
23 Enhanced SD/MC Published Charges												
23A												
24 Enhanced SD/MC Negotiated Rates												
24A												
25 Enhanced SD/MC (Refugees) Costs												
25A												
26 Enhanced SD/MC (Refugees) SMA Upper Limits												
26A												
27 Enhanced SD/MC (Refugees) Published Charges												
27A												
28 Enhanced SD/MC (Refugees) Negotiated Rates												
28A												
29 Healthy Families Costs												
29A												
30 Healthy Families SMA Upper Limits												
30A												
31 Healthy Families Published Charges												
31A												
32 Healthy Families Negotiated Rates												
32A												
33 Non-Medi-Cal Costs	25,576	172,834	129,317	28,863	28,863	28,863	28,863	28,863	28,863	28,863	28,863	28,863
33A	25,576	172,834	129,317	28,863	28,863	28,863	28,863	28,863	28,863	28,863	28,863	28,863

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988 (09/04)

DEPARTMENT OF MENTAL HEALTH
 PAGE 1 OF 6
 FISCAL YEAR 2003 - 2004

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

Line	Legal Entity: Child & Family Guidance Center Legal Entity Number: 00207 Mode: IS - Outpatient (Program 1)	A Mode Total	B Service Function		C Service Function		D Service Function		E Service Function		F Service Function		G Service Function	
			03	04	04	04	04	04	06	06	06	06		
1	Allocation Percentage	100.00%	0.92%	3.05%	0.22%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%
2	Total Units	92,963	369,383	22,064	19,854	6,541	145,140	19,854	6,541	145,140	19,854	6,541	145,140	19,854
3	Gross Cost	17,079,722	157,096	521,460	37,186	33,464	10,706	239,543	33,464	10,706	239,543	33,464	10,706	239,543
4	Cost per Unit	183	1.69	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83
5	SMA per Unit	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83
6	Published Charge per Unit	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57
7	Negotiated Rate / Cost per Unit	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57
8	Medi-Cal Units	10,482	55,657	4,843	1,214	31,075	4,298	96,742	4,843	1,214	31,075	4,298	96,742	4,843
8A	Medicare/Medi-Cal Crossover Units	92,232	2,457	16,941	1,019	65,667	19,854	96,742	1,019	65,667	19,854	6,541	145,140	19,854
9	Medicare/Medi-Cal Crossover Units	17,714	93,809	7,826	2,004	54,425	7,094	164,824	7,826	2,004	54,425	7,094	164,824	7,826
13	Medi-Cal Costs	2,861,006	105,166	361,663	28,553	8,497	60,344	28,553	8,497	60,344	28,553	8,497	60,344	28,553
13A	Medi-Cal SMA Upper Limits	3,209,318	113,885	392,672	31,002	82,528	31,002	82,528	31,002	82,528	31,002	82,528	31,002	82,528
14	Medi-Cal SMA Upper Limits	12,218,832	16,457	87,361	1,806	51,771	1,806	51,771	1,806	51,771	1,806	51,771	1,806	51,771
14A	Medi-Cal Published Charges	2,676,672	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
15	Medi-Cal Published Charges	10,162,894	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
15A	Medi-Cal Negotiated Rates	2,676,672	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
16	Medi-Cal Negotiated Rates	10,162,894	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
16A	Medi-Cal Negotiated Rates	2,676,672	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
17	Medicare/Medi-Cal Crossover Costs	17,714	93,809	7,826	2,004	54,425	7,094	164,824	7,826	2,004	54,425	7,094	164,824	7,826
17A	Medicare/Medi-Cal Crossover Costs	17,714	93,809	7,826	2,004	54,425	7,094	164,824	7,826	2,004	54,425	7,094	164,824	7,826
18	Medicare/Medi-Cal Crossover SMA Upper Limits	3,209,318	113,885	392,672	31,002	82,528	31,002	82,528	31,002	82,528	31,002	82,528	31,002	82,528
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	12,218,832	16,457	87,361	1,806	51,771	1,806	51,771	1,806	51,771	1,806	51,771	1,806	51,771
19	Medicare/Medi-Cal Crossover Published Charges	2,676,672	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
19A	Medicare/Medi-Cal Crossover Published Charges	10,162,894	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
20	Medicare/Medi-Cal Crossover Negotiated Rates	2,676,672	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10,162,894	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
21	Enhanced SD/MC Costs	17,714	93,809	7,826	2,004	54,425	7,094	164,824	7,826	2,004	54,425	7,094	164,824	7,826
21A	Enhanced SD/MC Costs	17,714	93,809	7,826	2,004	54,425	7,094	164,824	7,826	2,004	54,425	7,094	164,824	7,826
22	Enhanced SD/MC SMA Upper Limits	3,209,318	113,885	392,672	31,002	82,528	31,002	82,528	31,002	82,528	31,002	82,528	31,002	82,528
22A	Enhanced SD/MC SMA Upper Limits	12,218,832	16,457	87,361	1,806	51,771	1,806	51,771	1,806	51,771	1,806	51,771	1,806	51,771
23	Enhanced SD/MC Published Charges	2,676,672	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
23A	Enhanced SD/MC Published Charges	10,162,894	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
24	Enhanced SD/MC Negotiated Rates	2,676,672	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
24A	Enhanced SD/MC Negotiated Rates	10,162,894	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
25	Enhanced SD/MC (Refugees) Costs	17,714	93,809	7,826	2,004	54,425	7,094	164,824	7,826	2,004	54,425	7,094	164,824	7,826
26	Enhanced SD/MC (Refugees) SMA Upper Limits	3,209,318	113,885	392,672	31,002	82,528	31,002	82,528	31,002	82,528	31,002	82,528	31,002	82,528
27	Enhanced SD/MC (Refugees) Published Charges	2,676,672	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
28	Enhanced SD/MC (Refugees) Negotiated Rates	2,676,672	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
29	Enhanced SD/MC (Refugees) Negotiated Rates	10,162,894	97,704	336,883	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595	26,587	156,595
29A	Health Families Costs	148,787	237	6,080	17	4,519	6,080	148,787	6,080	148,787	6,080	148,787	6,080	148,787
29A	Health Families Costs	148,787	237	6,080	17	4,519	6,080	148,787	6,080	148,787	6,080	148,787	6,080	148,787
30	Health Families SMA Upper Limits	165,756	256	6,801	18	5,011	6,801	165,756	6,801	165,756	6,801	165,756	6,801	165,756
30A	Health Families SMA Upper Limits	165,756	256	6,801	18	5,011	6,801	165,756	6,801	165,756	6,801	165,756	6,801	165,756
31	Health Families Published Charges	638,305	3,465	19,503	4,289	4,289	638,305	638,305	3,465	19,503	4,289	4,289	4,289	4,289
31A	Health Families Published Charges	638,305	3,465	19,503	4,289	4,289	638,305	638,305	3,465	19,503	4,289	4,289	4,289	4,289
32	Health Families Negotiated Rates	638,305	3,465	19,503	4,289	4,289	638,305	638,305	3,465	19,503	4,289	4,289	4,289	4,289
32A	Health Families Negotiated Rates	638,305	3,465	19,503	4,289	4,289	638,305	638,305	3,465	19,503	4,289	4,289	4,289	4,289
33	Non-Medi-Cal Costs	2,513,104	30,253	38,972	1,862	15,885	38,972	2,513,104	38,972	38,972	1,862	15,885	15,885	15,885
33	Non-Medi-Cal Costs	2,513,104	30,253	38,972	1,862	15,885	38,972	2,513,104	38,972	38,972	1,862	15,885	15,885	15,885

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (06/04)

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

	Legal Entity: Child & Family Guidance Center Legal Entity Number: 00207 Mode: 15 - Outpatient (Program 1)	NR	H	CR	NR	J	K	NR	L	NR	M	NR	N
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.51%	1.45%	2.80%	0.21%	17	31	0.00%	0.00%	50	104	2.06	2.36
2	Total Units	411,416	41,854	243,749	17,575	281	584	104	2.06	2.36	1.93	1.93	
3	Gross Cost	855,224	86,568	494,553	35,656	584	104	2.06	2.36	1.93	1.93	1.93	
4	Cost per Unit	2.08	2.08	2.03	2.03	2.08	2.08	2.03	2.03	2.08	2.08	2.06	
5	SMA per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	
6	Published Charge per Unit	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	
7	Negotiated Rate / Cost per Unit	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	
8	Medi-Cal Units	70,134	8,705	13,608	40,495	146	50						
8A		290,881	32,196	52,434	161,218	111	50						
9	Medicare/Medi-Cal Crossover Units												
10	Enhanced SD/MC (Children) Units												
10A													
10B	Enhanced SD/MC (Refugees) Units												
11	Healthy Families (SED) Units	5,145	86	86	22	24							
11A		26,114	1,436	3,447	83	24							
12	Non-Medi-Cal Units	19,042	753	51,791	17,989	1,825							
13	Medi-Cal Costs	145,790	18,095	28,251	82,162	3,599	303						
13A		604,872	66,927	108,855	368,970	28,172	231						
14	Medi-Cal SMA Upper Limits	165,516	20,544	32,115	95,558	4,151	345						
14A		688,715	75,963	123,744	429,090	32,771	262						
15	Medi-Cal Published Charges	135,359	16,801	26,263	78,155	3,365	282						
15A		561,593	62,138	101,198	350,908	28,900	214						
16	Medi-Cal Negotiated Rates	135,359	16,801	26,263	78,155	3,365	282						
16A		561,593	62,138	101,198	350,908	28,900	214						
17	Medicare/Medi-Cal Crossover Costs												
17A													
18	Medicare/Medi-Cal Crossover SMA Upper Limits												
18A													
19	Medicare/Medi-Cal Crossover Published Charges												
19A													
20	Medicare/Medi-Cal Crossover Negotiated Rates												
20A													
21	Enhanced SD/MC Costs												
21A													
22	Enhanced SD/MC SMA Upper Limits												
22A													
23	Enhanced SD/MC Published Charges												
23A													
24	Enhanced SD/MC Negotiated Rates												
24A													
25	Enhanced SD/MC (Refugees) Costs												
25A													
26	Enhanced SD/MC (Refugees) SMA Upper Limits												
26A													
27	Enhanced SD/MC (Refugees) Published Charges												
27A													
28	Enhanced SD/MC (Refugees) Negotiated Rates												
28A													
29	Healthy Families Costs	10,595	2,881	6,984	45	168							
29A		54,284	203	8,135	186	52							
30	Healthy Families SMA Upper Limits	12,142	3,399	8,135	42	160							
30A		9,930	2,771	6,653	160	42							
31	Healthy Families Published Charges	50,400	168	6,353	160	42							
31A		50,400	2,771	6,353	160	42							
32	Healthy Families Negotiated Rates	39,563	1,565	3,703	50	60							
32A		36,499	107,520	3,703	50	60							
33	Non-Medi-Cal Costs												

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - WIDE TOTAL

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Los Angeles

Legal Entity: Child & Family Guidance Center	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Legal Entity Number: 00207	O	P	O	R	S	T	U						
Mode: 15 - Outpatient (Program 1)	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	33	34	34	37	39	41	42						
1 Allocation Percentage	0.18%	0.40%	0.00%	0.07%	0.69%	12.87%	30.25%						
2 Total Units	14,914	32,586	6	6,171	57,044	1,057,456	2,547,040						
3 Gross Cost	30,876	67,627	17	12,521	115,730	2,197,803	5,285,465						
4 Cost per Unit	2.07	2.08	2.12	2.03	2.03	2.08	2.08						
5 SMA per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36						
6 Published Charge per Unit	1.93	1.93	1.93	1.93	1.93	1.93	1.93						
7 Negotiated Rate / Cost per Unit	1.93	1.93	1.93	1.93	1.93	1.93	1.93						
8 Medi-Cal Units	1,410	3,434	8	362	11,577	78,899	486,531						
9 Medicare/Medi-Cal Crossover Units	5,141	24,586	17	5,269	39,200	551,312	1,715,074						
10 Enhanced SD/MC (Children) Units													
10A Enhanced SD/MC (Refugees) Units													
11 Healthy Families (SED) Units	216	1,916				1,336	42,058						
12 Non-Medi-Cal Units	8,147	2,652		510	5,412	398,895	145,242						
13 Medi-Cal Costs	2,819	7,143	17	795	23,489	163,983	1,007,545						
14 Medi-Cal SMA Upper Limits	10,544	51,141	19	10,591	79,535	1,145,840	3,569,019						
15 Medi-Cal Published Charges	3,326	6,104	15	925	27,322	186,202	1,145,853						
16 Medi-Cal Negotiated Rates	12,183	58,023	15	12,435	92,512	1,301,066	4,047,575						
17 Medicare/Medi-Cal Crossover Costs	2,721	6,628	15	10,166	75,656	1,064,032	897,075						
18 Medicare/Medi-Cal Crossover SMA Upper Limits	2,721	6,628	15	10,166	75,656	1,064,032	897,075						
19 Medicare/Medi-Cal Crossover Published Charges	2,721	6,628	15	10,166	75,656	1,064,032	897,075						
20 Medicare/Medi-Cal Crossover Negotiated Rates	2,721	6,628	15	10,166	75,656	1,064,032	897,075						
21 Enhanced SD/MC Costs	9,922	47,451		10,166	75,656	1,064,032	3,310,083						
22 Enhanced SD/MC SMA Upper Limits	9,922	47,451		10,166	75,656	1,064,032	3,310,083						
23 Enhanced SD/MC Published Charges	9,922	47,451		10,166	75,656	1,064,032	3,310,083						
24 Enhanced SD/MC Negotiated Rates	9,922	47,451		10,166	75,656	1,064,032	3,310,083						
25 Enhanced SD/MC (Refugees) Costs													
26 Enhanced SD/MC (Refugees) SMA Upper Limits													
27 Enhanced SD/MC (Refugees) Published Charges													
28 Enhanced SD/MC (Refugees) Negotiated Rates													
29 Healthy Families Costs	447	3,965			1,735	56,146	330,227						
30 Healthy Families SMA Upper Limits	447	3,965			1,735	56,146	330,227						
31 Healthy Families Published Charges	510	4,522			2,018	63,753	375,659						
32 Healthy Families Negotiated Rates	417	3,688			1,650	52,137	307,131						
32A Healthy Families Negotiated Rates	417	3,688			1,650	52,137	307,131						
32B Healthy Families Negotiated Rates	16,268	5,537		1,035	10,981	8,790,658	30,139,731						

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (08/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00207 Mode: 15 - Outpatient (Program 1)	Legal Entity: Child & Family Guidance Center	NR AC Service Function	NR AD Service Function	NR AE Service Function	NR AF Service Function	NR AG Service Function	NR AH Service Function	CR AI Service Function
1	Allocation Percentage	53	54	57	60	61	62	62
2	Total Units	2,45%	1,54%	0,17%	1,45%	4,28%	8,26%	0,15%
3	Gross Cost	206,598	126,416	14,665	60,291	173,168	334,188	6,210
4	Cost per Unit	419,157	262,446	29,815	249,459	731,310	1,410,066	26,203
5	SMA per Unit	2,03	2,06	2,03	4,12	4,22	4,22	4,22
6	Published Charge per Unit	2,36	2,36	2,36	4,37	4,37	4,37	4,37
7	Negotiated Rate / Cost per Unit	1,93	1,83	1,93	3,92	3,92	3,92	3,92
8	Medi-Cal Units	38,747	3,847	201	13,862	15,076	66,511	1,857
9	Medicare/Medi-Cal Crossover Units	149,990	60,990	12,710	38,036	79,152	218,079	4,270
10	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	4,227	5,502	1,764	8,078	75,134	22,469	83
12	Non-Medi-Cal Units	13,824	56,098	1,764	8,078	75,134	22,469	83
13	Medi-Cal Costs	78,616	7,966	408	57,248	66,210	266,681	7,836
13A	Medi-Cal SMA Upper Limits	304,322	126,596	25,788	156,746	334,268	924,373	18,017
14	Medi-Cal Published Charges	91,443	9,079	474	60,706	68,513	290,697	8,115
15	Medi-Cal Negotiated Rates	353,976	143,913	29,966	166,217	345,854	957,358	18,660
16	Enhanced SD/MC Costs	74,782	7,425	388	54,457	61,458	260,762	7,279
17	Enhanced SD/MC SMA Upper Limits	269,481	117,691	24,530	149,101	310,276	858,774	16,738
18	Enhanced SD/MC Published Charges	74,782	7,425	388	54,457	61,458	260,762	7,279
19	Enhanced SD/MC Negotiated Rates	269,481	117,691	24,530	149,101	310,276	858,774	16,738
20	Healthy Families Costs	8,576	11,422	1,381	1,381	10,321	24,747	350
20A	Healthy Families SMA Upper Limits	9,976	12,985	1,454	1,454	10,650	85,527	2,579
20B	Healthy Families Published Charges	8,158	10,619	1,313	1,313	9,569	79,411	2,979
20C	Healthy Families Negotiated Rates	8,158	10,619	1,313	1,313	9,569	79,411	2,979
21	Non-Medi-Cal Costs	27,842	116,443	3,820	33,083	317,500	84,807	350

FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (09/04)

County: Los Angeles
County Code: 19

		AJ	AK	AL	AM	AN	AO	AP
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.16%	0.09%	0.74%	0.06%	1.29%	0.06%	0.07%
2	Total Units	6,525	3,531	37,434	3,157	83,304	3,118	83
3	Gross Cost	27,532	14,547	127,111	10,720	220,283	10,850	289
4	Cost per Unit	4.22	4.12	3.40	3.40	3.48	3.48	3.48
5	SMA per Unit	4.37	4.37	3.52	3.52	3.52	3.52	3.52
6	Published Charge per Unit	3.92	3.92	3.23	3.23	3.23	3.23	3.23
7	Negotiated Rate / Cost per Unit	3.92	3.92	3.23	3.23	3.23	3.23	3.23
8	Medi-Cal Units		225	13,371	50	14,747	1,444	
8A			2,811	22,082	1,316	38,466	1,544	
9	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units		480	193	1,791	6,300	130	83
12	Non-Medi-Cal Units	6,525	15	1,788	1,791	6,300	130	83
13	Medi-Cal Costs		927	45,403	170	51,316	5,025	
13A			11,581	74,982	4,489	133,957	5,373	
14	Medi-Cal SMA Upper Limits		883	47,066	176	51,909	5,063	
14A			12,284	77,729	4,632	135,506	5,435	
15	Medi-Cal Published Charges		882	43,188	162	47,833	4,664	
15A			11,019	71,325	4,251	124,342	4,987	
16	Medi-Cal Negotiated Rates		882	43,188	162	47,833	4,664	
16A			11,019	71,325	4,251	124,342	4,987	
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
25A								
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A								
27	Enhanced SD/MC (Refugees) Published Charges							
27A								
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A								
29	Healthy Families Costs		1,978	655		2,081		
29A						10,798		
30	Healthy Families SMA Upper Limits		2,088	679		2,105		
30A						10,923		
31	Healthy Families Published Charges		1,882	623		1,932		
31A						10,023		
32	Healthy Families Negotiated Rates		1,882	623		1,932		
32A						10,023		
33	Non-Medical Costs	27,532	67	8,071	9,082	22,131	452	289

DETAIL COST REPORT

County: Los Angeles

County Code: 19

	Legal Entity: Children Youth & Family Services	Legal Entity Number: 00783	Mode: 15 - Outpatient (Program 1)	A	B	C	D	E	F	G
				Mode Total	Service Function 03	Service Function 04	Service Function 10	Service Function 12	Service Function 17	Service Function 41
1	Allocation Percentage			100.00%	0.26%	10.47%	8.40%	0.15%	0.01%	0.92%
2	Total Units				9,323	395,715	245,140	4,345	306	28,965
3	Gross Cost			6,179,773	15,244	647,035	519,025	6,102	645	58,660
4	Cost per Unit				1.64	1.64	2.11	2.11	2.11	2.11
5	SMA per Unit				1.83	1.83	2.36	2.36	2.36	2.36
6	Published Charge per Unit				1.83	1.83	2.36	2.36	2.36	2.36
7	Negotiated Rate / Cost per Unit				1.63	1.63	2.09	2.09	2.09	2.09
8	Med-Cal Units			4,007	101,828	52,122	1,135	1,135	5,207	16,033
9A	Medicare/Medi-Cal Crossover Units			4,969	280,817	192,829	3,029	3,029	16,033	
10	Enhanced SD/MC (Children) Units									
10A	Enhanced SD/MC (Refugees) Units									
11	Healthy Families (SED) Units									
11A	Non-Medi-Cal Units			347	3,275	1,369	181	181	308	3,725
13	Med-Cal Costs			1,310,205	6,552	166,491	109,907	2,363	10,880	10,880
13A	Medicare/Medi-Cal Crossover Costs			4,828,311	8,125	475,189	408,189	6,387	38,025	38,025
14	Med-Cal SMA Upper Limits			1,466,378	7,333	186,338	123,006	2,878	12,289	12,289
14A	Med-Cal Published Charges			5,403,823	9,083	631,829	454,504	7,148	42,558	42,558
15	Med-Cal Negotiated Rates			1,468,378	7,333	186,338	123,006	2,879	12,289	12,289
15A	Med-Cal Crossover Negotiated Rates			5,403,823	9,083	631,829	454,504	7,148	42,558	42,558
16	Med-Cal Upper Limits			1,300,400	6,531	165,971	108,935	2,372	10,883	10,883
16A	Med-Cal Crossover Upper Limits			4,780,736	8,099	473,706	402,595	6,331	37,889	37,889
17	Medicare/Medi-Cal Crossover Costs									
17A	Medicare/Medi-Cal Crossover SMA Upper Limits									
18	Medicare/Medi-Cal Crossover Published Charges									
18A	Medicare/Medi-Cal Crossover Negotiated Rates									
19	Enhanced SD/MC Costs									
19A	Enhanced SD/MC SMA Upper Limits									
20	Enhanced SD/MC Published Charges									
20A	Enhanced SD/MC Negotiated Rates									
21	Healthy Families Costs									
21A	Healthy Families SMA Upper Limits									
22	Healthy Families Published Charges									
22A	Healthy Families Negotiated Rates									
23	Healthy Families Crossover Costs									
23A	Healthy Families Crossover SMA Upper Limits									
24	Healthy Families Crossover Published Charges									
24A	Healthy Families Crossover Negotiated Rates									
25	Healthy Families Crossover Upper Limits									
26	Healthy Families Crossover Published Charges									
26A	Healthy Families Crossover Negotiated Rates									
27	Healthy Families Crossover Costs									
27A	Healthy Families Crossover SMA Upper Limits									
28	Healthy Families Crossover Published Charges									
28A	Healthy Families Crossover Negotiated Rates									
29	Healthy Families Crossover Upper Limits									
29A	Healthy Families Crossover Published Charges									
29A	Healthy Families Crossover Negotiated Rates									
30	Healthy Families Crossover Costs									
30A	Healthy Families Crossover SMA Upper Limits									
31	Healthy Families Crossover Published Charges									
31A	Healthy Families Crossover Negotiated Rates									
32	Healthy Families Crossover Upper Limits									
32A	Healthy Families Crossover Published Charges									
32A	Healthy Families Crossover Negotiated Rates									
33	Non-Medi-Cal Costs			41,257	567	5,365	2,929	382	846	7,855

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

FISCAL YEAR 2003 - 2004

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1998 (06/04)

County: Los Angeles

County Code: 19

Legal Entry Number (Program 1)	Legal Entry Name	NR H		NR I		NR J		NR K		NR L		NR M		NR N	
		Service Function	Cost %	Service Function	Cost %	Service Function	Cost %	Service Function	Cost %	Service Function	Cost %	Service Function	Cost %	Service Function	Cost %
1	Allocation Percentage	42	66.19%	47	0.09%	52	1.42%	54	0.07%	61	0.06%	62	10.02%		
2	Total Units	1,998,418		2,737		41,745		560		907		158,809			
3	Gross Cost	4,213,979		5,771		85,028		1,181		3,541		619,203			
4	Cost per Unit	2.11		2.11		2.11		2.11		3.80		3.90			
5	SMA per Unit	2.36		2.36		2.36		2.36		4.37		4.37			
6	Published Rate per Unit	2.36		2.36		2.36		2.36		4.37		4.37			
7	Negotiated Rate / Cost per Unit	2.09		2.09		2.09		2.09		3.89		3.89			
8	Medi-Cal Units	381,047		2,737		15,852		580		717		39,741			
8A	Medi-Cal Units	1,599,800				25,893						118,421			
9	Medicare/Medi-Cal Crossover Units														
10	Enhanced SD/MC (Children) Units														
10A	Enhanced SD/MC (Refugees) Units														
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A	Healthy Families (SED) Units														
12	Non-Medi-Cal Units	7,571												11	447
13	Medi-Cal Costs	824,584				33,428				689		155,172			
13A	Medi-Cal Costs	3,373,490				54,589				2,800		462,368			
14	Medi-Cal SMA Upper Limits	522,871				37,411				782		173,668			
14A	Medi-Cal SMA Upper Limits	3,775,528				81,107				3,133		517,500			
15	Medi-Cal Published Charges	922,871				37,411				782		173,668			
15A	Medi-Cal Published Charges	3,775,528				81,107				3,133		517,500			
16	Medi-Cal Negotiated Rates	817,708				33,131				686		154,592			
16A	Medi-Cal Negotiated Rates	3,343,582				54,116				2,789		460,658			
17	Medicare/Medi-Cal Crossover Costs														
17A	Medicare/Medi-Cal Crossover Costs														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	Medicare/Medi-Cal Crossover SMA Upper Limits														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Medicare/Medi-Cal Crossover Published Charges														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	Medicare/Medi-Cal Crossover Negotiated Rates														
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC Costs														
22	Enhanced SD/MC SMA Upper Limits														
22A	Enhanced SD/MC SMA Upper Limits														
23	Enhanced SD/MC Published Charges														
23A	Enhanced SD/MC Published Charges														
24	Enhanced SD/MC Negotiated Rates														
24A	Enhanced SD/MC Negotiated Rates														
25	Enhanced SD/MC (Refugees) Costs														
25A	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
27A	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs														
29A	Healthy Families Costs														
30	Healthy Families SMA Upper Limits														
30A	Healthy Families SMA Upper Limits														
31	Healthy Families Published Charges														
31A	Healthy Families Published Charges														
32	Healthy Families Negotiated Rates														
32A	Healthy Families Negotiated Rates														
33	Non-Medi-Cal Costs	15,865		5,771		(0)				43		1,745			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1998 (08/04)

County: Los Angeles
County Code: 19

	Legal Entity Number: 00176 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G	
		Mode Total	Service Function 03	Service Function 04	Service Function 03	Service Function 04	Service Function 04	Service Function 10	Service Function 10	Service Function 12	Service Function 12	Service Function 31	Service Function 31	Service Function 33	Service Function 33
1	Allocation Percentage	100.00%	0.11%	8.00%	5.45%	0.35%	0.00%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	Total Units	10,736,119	4,463	315,727	187,707	10,714	40	2,830	40	2,830	40	2,830	40	2,830	40
3	Gross Cost	10,736,119	12,202	859,953	558,021	37,668	140	10,273	140	10,273	140	10,273	140	10,273	140
4	Cost per Unit		2.72	2.72	2.98	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51
5	SMA per Unit		1.83	1.83	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36
6	Published Charge per Unit		1.77	1.77	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit		1.77	1.77	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
8	Medi-Cal Units		1,062	59,478	33,948	2,522	10	602	10	602	10	602	10	602	10
8A	Medi-Cal Costs		3,103	168,226	96,789	7,372	27	2,022	27	2,022	27	2,022	27	2,022	27
9	Medicare/Medi-Cal Crossover Units														
9A	Medicare/Medi-Cal Crossover Costs														
10	Enhanced SD/MC (Children) Units														
10A	Enhanced SD/MC (Children) Costs														
10B	Enhanced SD/MC (Refugees) Units														
10BA	Enhanced SD/MC (Refugees) Costs														
11	Healthy Families (SED) Units		34	2,388	1,258	80	22	22	80	22	22	80	22	22	80
11A	Healthy Families (SED) Costs		100	7,104	3,773	241	66	66	241	66	66	241	66	66	241
12	Non-Medi-Cal Units		184	78,553	29,939	489	2	128	2	128	2	128	2	128	2
13	Medi-Cal Costs		2,891	161,891	119,030	8,843	35	2,428	35	2,428	35	2,428	35	2,428	35
13A	Medi-Cal Costs		5,978,814	457,802	346,378	25,848	96	7,090	96	7,090	96	7,090	96	7,090	96
14	Medi-Cal SMA Upper Limits		1,409,732	1,943	106,841	90,117	24	1,833	24	1,833	24	1,833	24	1,833	24
14A	Medi-Cal SMA Upper Limits		4,023,039	5,078	307,854	233,142	64	4,772	64	4,772	64	4,772	64	4,772	64
15	Medi-Cal Published Charges		1,362,342	1,980	105,273	77,401	23	1,578	23	1,578	23	1,578	23	1,578	23
15A	Medi-Cal Published Charges		3,667,840	5,492	287,780	225,239	62	4,610	62	4,610	62	4,610	62	4,610	62
16	Medi-Cal Negotiated Rates		1,362,342	1,860	105,273	77,401	23	1,578	23	1,578	23	1,578	23	1,578	23
16A	Medi-Cal Negotiated Rates		3,887,840	5,492	287,780	225,239	62	4,610	62	4,610	62	4,610	62	4,610	62
17	Medicare/Medi-Cal Crossover Costs														
17A	Medicare/Medi-Cal Crossover Costs														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	Medicare/Medi-Cal Crossover SMA Upper Limits														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Medicare/Medi-Cal Crossover Published Charges														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	Medicare/Medi-Cal Crossover Negotiated Rates														
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC Costs														
22	Enhanced SD/MC SMA Upper Limits														
22A	Enhanced SD/MC SMA Upper Limits														
23	Enhanced SD/MC Published Charges														
23A	Enhanced SD/MC Published Charges														
24	Enhanced SD/MC Negotiated Rates														
24A	Enhanced SD/MC Negotiated Rates														
25	Enhanced SD/MC (Refugees) Costs														
25A	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
27A	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs		93	6,448	4,411	280	4	77	4	77	4	77	4	77	4
29A	Healthy Families Costs		272	19,337	13,229	845	231	231	845	231	231	845	231	231	845
30	Healthy Families SMA Upper Limits		62	4,333	2,869	189	2	52	2	52	2	52	2	52	2
30A	Healthy Families SMA Upper Limits		183	13,000	8,904	589	158	158	589	158	158	589	158	158	589
31	Healthy Families Published Charges		60	4,191	2,868	182	2	150	2	150	2	150	2	150	2
31A	Healthy Families Published Charges		177	12,574	8,502	549	2	50	2	50	2	50	2	50	2
32	Healthy Families Negotiated Rates		60	4,191	2,868	182	2	150	2	150	2	150	2	150	2
32A	Healthy Families Negotiated Rates		177	12,574	8,502	549	2	50	2	50	2	50	2	50	2
33	Non-Medi-Cal Costs		501	213,817	104,973	1,760	7	448	7	448	7	448	7	448	7

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

	Legal Entity Number (00178)	Mode (15 - Outpatient (Program 1))	NR		NR		NR		NR		NR		NR		NR	
			H Service Function	H Service Function	J Service Function	K Service Function	L Service Function	M Service Function	N Service Function	H Service Function	H Service Function	J Service Function	K Service Function	L Service Function	M Service Function	N Service Function
1	Allocation Percentage		34	41	42	52	54	61	62							
2	Total Units		4,744	7,704	1,860,415	235,753	3,798	7,161	161,390							
3	Gross Cost		509,962	259,996	6,523,059	828,808	13,317	46,712	1,049,841							
4	Cost per Unit		3.51	3.51	3.51	3.51	3.51	6.50	6.50							
5	SMA per Unit		2.36	2.36	2.36	2.36	2.36	4.37	4.37							
6	Published Charge per Unit		2.28	2.28	2.28	2.28	2.28	4.23	4.23							
7	Negotiated Rate / Cost per Unit		2.28	2.28	2.28	2.28	2.28	4.23	4.23							
8	Medi-Cal Units		28,285	17,529	365,415	45,443	888	1,702	33,212							
8A			85,210	51,237	1,005,924	130,369	2,823	4,874	66,898							
9	Medicare/Medi-Cal Crossover Units															
9A																
10	Enhanced SD/MC (Children) Units															
10A																
10B	Enhanced SD/MC (Refugees) Units															
11	Healthy Families (SED) Units		1,068	558	13,853	1,788	29	54	1,211							
11A			3,267	1,668	41,859	5,305	85	161	3,831							
12	Non-Medi-Cal Units		26,345	3,134	443,284	52,873	163	280	26,640							
13	Medi-Cal Costs		102,880	81,481	1,248,170	159,352	3,149	11,072	218,044							
13A			268,787	179,849	3,527,010	457,070	9,197	32,356	629,007							
14	Medi-Cal SMA Upper Limits		69,113	41,368	636,778	107,257	2,119	7,438	145,138							
14A			201,096	120,919	2,373,981	307,647	6,190	21,736	422,582							
15	Medi-Cal Published Charges		66,770	39,968	810,346	103,621	2,047	7,199	140,487							
15A			194,279	116,820	2,293,507	297,219	5,980	21,040	409,024							
16	Medi-Cal Negotiated Rates		66,770	39,968	810,346	103,621	2,047	7,199	140,487							
16A			194,279	116,820	2,293,507	297,219	5,980	21,040	409,024							
17	Medicare/Medi-Cal Crossover Costs															
17A																
18	Medicare/Medi-Cal Crossover SMA Upper Limits															
18A																
19	Medicare/Medi-Cal Crossover Published Charges															
19A																
20	Medicare/Medi-Cal Crossover Negotiated Rates															
20A																
21	Enhanced SD/MC Costs															
21A																
22	Enhanced SD/MC SMA Upper Limits															
22A																
23	Enhanced SD/MC Published Charges															
23A																
24	Enhanced SD/MC Negotiated Rates															
24A																
25	Enhanced SD/MC (Refugees) Costs															
26	Enhanced SD/MC (Refugees) SMA Upper Limits															
27	Enhanced SD/MC (Refugees) Published Charges															
28	Enhanced SD/MC (Refugees) Negotiated Rates															
28A	Healthy Families Costs		3,816	1,949	49,923	6,189	102	361	7,878							
29			11,455	5,848	146,768	18,601	298	1,047	23,620							
29A			2,570	1,312	32,929	4,172	68	238	5,292							
30	Healthy Families SMA Upper Limits		7,710	3,938	98,787	12,520	201	704	15,867							
30A			2,443	1,268	31,813	4,031	66	228	5,123							
31	Healthy Families Published Charges		7,449	3,803	96,439	12,095	194	681	15,359							
31A			2,483	1,268	31,813	4,031	66	228	5,123							
32	Healthy Families Negotiated Rates		7,449	3,803	96,439	12,095	194	681	15,359							
32A			2,483	1,268	31,813	4,031	66	228	5,123							
33	Non-Medi-Cal Costs		92,372	10,989	1,654,189	185,385	872	1,896	173,293							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1996 (06/04)

County: Los Angeles
County Code: 19

Legal Entity Number, 00591 Model: 15 - Outpatient (Program 1)	Legal Entity: Children's Institute International	A	CR B Service Function 03	CR C Service Function 04	CR D Service Function 05	CR E Service Function 10	CR F Service Function 12	CR G Service Function 17
1	Allocation Percentage	100.00%	0.03%	4.26%	0.18%	12.97%	0.21%	0.51%
2	Total Units	1,270	161,545	7,591	428,503	6,858	16,735	37,849
3	Gross Cost	7,430,919	319,703	13,242	964,012	15,429	37,849	2,225
4	Cost per Unit	5,850.54	1,985.14	1,741.83	2,250.25	2,250.25	2,250.25	2,250.25
5	SMA per Unit	1.83	1.83	1.83	2.36	2.36	2.36	2.36
6	Published Charge per Unit	1.83	1.83	1.83	2.36	2.36	2.36	2.36
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	307	45,801	450	96,925	1,193	1,971	790
8A	Medi-Cal Units	478	130,161	2,561	287,156	1,971	10,799	10,799
9	Medicare/Medi-Cal Crossover Units							
9A	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
10C	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units	487	1,067	211	22,309	3,654	4,906	240
13	Medi-Cal Costs	1,729,074	538	79,899	765	218,054	2,884	1,777
13A	Medi-Cal Costs	5,145,278	830	227,064	4,458	668,519	4,434	24,295
14	Medi-Cal SMA Upper Limits	1,813,832	562	83,816	824	228,743	2,815	1,864
14A	Medi-Cal SMA Upper Limits	6,397,498	871	238,195	4,887	701,255	4,652	25,495
15	Medi-Cal Published Charges	1,813,832	562	83,816	824	228,743	2,815	1,864
15A	Medi-Cal Published Charges	5,367,498	871	238,195	4,887	701,255	4,652	25,495
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	68,385	1,861	42	15,078	42	50,189	540
29A	Healthy Families Costs	204,182	4,164	368	50,189	44	15,817	566
30	Healthy Families SMA Upper Limits	71,737	1,953	44	15,817	44	16,817	566
30A	Healthy Families SMA Upper Limits	214,201	4,368	44	16,817	44	16,817	566
31	Healthy Families Published Charges	71,737	1,953	44	16,817	44	16,817	566
31A	Healthy Families Published Charges	214,201	4,368	44	16,817	44	16,817	566
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	283,991	850	3,714	7,590	12,173	8,310	11,037

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (06/04)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	CR O	CR P	CR O	CR R	CR S	CR T	CR U
Model		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	54	57	61	62	67		
2	Total Units	0.02%	0.33%	0.10%	0.03%	0.17%		
3	Gross Cost	609	11,048	1,750	107,610	2,870		
4	Cost per Unit	1,370	24,855	7,250	448,281	12,372		
5	SMA per Unit	2.25	2.25	4.17	4.17	4.17		
6	Published Rate / Cost per Unit	2.36	2.36	4.37	4.37	4.37		
7	Negotiated Rate / Cost per Unit	2.36	2.36	4.37	4.37	4.37		
8	Medi-Cal Units	380	380	880	29,237	285		
8A	Medi-Cal Units	68	2,148		72,778	1,910		
9	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	176	3,788	1,900	895	795		
11A	Healthy Families (SED) Units	543	4,536	1,070	3,300			
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	813	4,832	2,833	121,795	1,104		
13A	Medi-Cal Costs	148	916	2,972	303,178	7,957		
14	Medi-Cal SMA Upper Limits	156	5,069	2,872	318,040	8,347		
15	Medi-Cal Published Charges	156	5,069	2,872	127,768	1,156		
15A	Medi-Cal Published Charges				318,040	8,347		
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	400	8,544	2,805	6,665			
29A	Healthy Families Costs	420	8,903	3,037	6,992			
30	Healthy Families SMA Upper Limits	420	8,903	3,037	6,992			
30A	Healthy Families SMA Upper Limits	420	8,903	3,037	6,992			
31	Healthy Families Published Charges	400	8,544	2,805	6,665			
31A	Healthy Families Published Charges	420	8,903	3,037	6,992			
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	1,222	10,205	4,457	13,747	9,312		

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1998 (02/04)

County: Los Angeles
County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17
1 Allocation Percentage	100.00%	0.62%	13.26%	0.36%	7.91%	0.31%	0.62%
2 Total Units	25,607	543,869	14,950	267,448	10,090	30,090	30,090
3 Gross Cost	4,974,883	31,074	659,743	18,033	393,498	15,431	45,991
4 Cost per Unit	1.21	1.21	1.21	1.21	1.53	1.53	1.53
5 SMA per Unit	1.83	1.83	1.83	1.83	2.36	2.36	2.36
6 Published Charge per Unit	1.31	1.31	1.31	1.31	1.65	1.65	1.65
7 Negotiated Rate / Cost per Unit	1.31	1.31	1.31	1.31	1.65	1.65	1.65
8 Medi-Cal Units	6,286	104,475	3,785	49,773	2,883	3,939	3,939
8A	19,080	344,973	8,286	186,651	6,551	23,013	23,013
9 Medicare/Medi-Cal Crossover Units	1,804	10,327	1,403	1,403	30	30	30
10 Enhanced SD/AMC (Children) Units	1,181	128	1,141	1,141	1,141	1,141	1,141
10A	5,274	36	5,238	5,238	5,238	5,238	5,238
10B Enhanced SD/AMC (Refugees) Units	34	75,745	2,513	13,054	632	1,914	1,914
11 Healthy Families (SIED) Units	7,628	126,781	4,593	76,076	4,407	7,549	7,549
11A	3,240,983	23,154	418,825	10,070	285,288	10,013	35,174
12 Non-Medi-Cal Units	1,527,717	11,503	191,189	6,827	117,484	6,804	11,858
13 Medi-Cal Costs	5,111,128	34,916	631,301	15,165	440,496	15,460	54,311
13A	1,043,507	8,235	130,902	4,968	82,125	4,767	8,149
14 Medi-Cal SMA Upper Limits	3,488,707	24,685	451,915	10,870	307,974	10,809	37,971
14A	1,043,507	8,235	136,862	4,858	82,125	4,757	8,149
15 Medi-Cal Published Charges	3,487,469	24,685	451,915	10,870	307,974	10,809	37,971
15A	1,043,507	8,235	136,862	4,858	82,125	4,757	8,149
16 Medi-Cal Negotiated Rates	11,958	2,044	2,044	46	46	46	46
16A	81,389	12,532	12,532	2,262	2,262	2,262	2,262
17 Medicare/Medi-Cal Crossover Costs	18,381	3,082	3,082	71	71	71	71
17A	147,582	18,698	18,698	3,523	3,523	3,523	3,523
18 Medicare/Medi-Cal Crossover SMA Upper Limits	12,531	2,206	2,206	50	50	50	50
18A	95,856	13,528	13,528	2,483	2,483	2,483	2,483
19 Medicare/Medi-Cal Crossover Published Charges	12,531	2,206	2,206	50	50	50	50
19A	95,856	13,528	13,528	2,483	2,483	2,483	2,483
20 Medicare/Medi-Cal Crossover Negotiated Rates	98,618	13,528	13,528	2,483	2,483	2,483	2,483
20A	98,618	13,528	13,528	2,483	2,483	2,483	2,483
21 Enhanced SD/AMC Costs	22,960	1,433	1,433	155	1,744	1,744	1,744
21A	65,346	251	6,400	44	8,110	46	342
22 Enhanced SD/AMC SMA Upper Limits	35,805	234	2,161	234	2,693	2,693	2,693
22A	102,780	379	9,851	68	12,522	71	629
23 Enhanced SD/AMC Published Charges	24,786	1,547	1,547	168	1,883	1,883	1,883
23A	70,543	271	6,909	47	8,755	50	370
24 Enhanced SD/AMC Negotiated Rates	24,786	1,547	1,547	168	1,883	1,883	1,883
24A	70,543	271	6,909	47	8,755	50	370
25 Enhanced SD/AMC (Refugees) Costs	576,757	41	91,929	3,171	19,952	965	2,925
25A	576,757	41	91,929	3,171	19,952	965	2,925
26 Enhanced SD/AMC (Refugees) SMA Upper Limits	576,757	41	91,929	3,171	19,952	965	2,925
26A	576,757	41	91,929	3,171	19,952	965	2,925
27 Enhanced SD/AMC (Refugees) Published Charges	576,757	41	91,929	3,171	19,952	965	2,925
27A	576,757	41	91,929	3,171	19,952	965	2,925
28 Enhanced SD/AMC (Refugees) Negotiated Rates	576,757	41	91,929	3,171	19,952	965	2,925
28A	576,757	41	91,929	3,171	19,952	965	2,925
29 Healthy Families Costs	65,346	251	6,400	44	8,110	46	342
29A	102,780	379	9,851	68	12,522	71	629
30 Healthy Families SMA Upper Limits	24,786	1,547	1,547	168	1,883	1,883	1,883
30A	70,543	271	6,909	47	8,755	50	370
31 Healthy Families Published Charges	24,786	1,547	1,547	168	1,883	1,883	1,883
31A	70,543	271	6,909	47	8,755	50	370
32 Healthy Families Negotiated Rates	24,786	1,547	1,547	168	1,883	1,883	1,883
32A	70,543	271	6,909	47	8,755	50	370
33 Non-Medi-Cal Costs	576,757	41	91,929	3,171	19,952	965	2,925

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (06/04)

County: Los Angeles
County Code: 19

		NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
		H	J	K	L	M	N							
		Service	Service	Service	Service	Service	Service							
		Function	Function	Function	Function	Function	Function							
1	Allocation Percentage	34	41	47	52	54	57							
2	Total Units	0.08%	1.71%	2.76%	9.97%	0.49%	0.34%							
3	Gross Cost	2,458	5,756	8,935	32,890	15,990	11,202							
4	Cost per Unit	3,757	2,688	137,462	493,523	24,440	17,122							
5	SMA per Unit	1.53	1.53	1.53	1.53	1.53	1.53							
6	Published Charge per Unit	2.36	2.36	2.36	2.36	2.36	2.36							
7	Negotiated Rate / Cost per Unit	1.65	1.65	1.65	1.65	1.65	1.65							
8	Medi-Cal Units	679	13,672	347,258	66,438	2,063	1,264							
9	Medicare/Medi-Cal Crossover Units	1,006	40,111	1,131,418	210,781	11,513	8,562							
9A		28	4,898	38,450	940	3,618								
10	Enhanced SD/MC (Children) Units													
10A														
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units													
11A														
12	Non-Medi-Cal Units	120	1,624	203,224	11,879	44,738	1,338							
13	Medi-Cal Costs	1,029	20,897	530,766	86,283	3,184	1,963							
13A		2,501	61,308	1,729,325	88,369	322,139	17,597							
14	Medi-Cal SMA Upper Limits	1,588	32,266	819,574	42,388	133,194	3,030							
14A		3,861	94,862	2,670,149	136,446	497,396	27,171							
15	Medi-Cal Published Charges	1,110	22,659	572,972	93,123	3,437	2,119							
15A		2,899	66,183	1,869,841	95,396	347,756	18,998							
16	Medi-Cal Negotiated Rates	1,110	22,659	572,972	93,123	3,437	2,119							
16A		2,899	66,183	1,869,841	95,396	347,756	18,998							
17	Medicare/Medi-Cal Crossover Coats	44	7,181	1,437	5,530	2,218								
17A														
18	Medicare/Medi-Cal Crossover SMA Upper Limits	68	11,087	80,742	6,538	1,851								
18A														
19	Medicare/Medi-Cal Crossover Published Charges	48	7,752	7,752	5,976	1,851								
19A														
20	Medicare/Medi-Cal Crossover Negotiated Rates	48	7,752	7,752	5,976	1,851								
20A														
21	Enhanced SD/MC Coats													
21A														
22	Enhanced SD/MC SMA Upper Limits													
22A														
23	Enhanced SD/MC Published Charges													
23A														
24	Enhanced SD/MC Negotiated Rates													
24A														
25	Enhanced SD/MC (Refugees) Coats													
25A														
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
26A														
27	Enhanced SD/MC (Refugees) Published Charges													
27A														
28	Enhanced SD/MC (Refugees) Negotiated Rates													
28A														
29	Healthy Families Coats													
29A														
30	Healthy Families SMA Upper Limits													
30A														
31	Healthy Families Published Charges													
31A														
32	Healthy Families Negotiated Rates													
32A														
33	Non-Medi-Cal Costs	153	2,462	310,619	19,157	68,360	2,042							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1886 (08/04)

County: Los Angeles
County Code: 19

	NR		NR		NR		CR		U	
	O	P	Q	R	S	T	U			
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	61	62	67	71						
2	0.12%	6.71%	0.08%	0.35%						
3	2,950	162,935	2,010	7,595						
4	6,039	333,581	4,115	17,378						
5	2.05	2.05	2.05	2.29						
6	4.37	4.37	4.37	3.52						
7	2.21	2.21	2.21	2.47						
8	375	32,737	130							
8A	2,575	97,867	1,520	8,803						
9		440		219						
10		5,730								
10A										
10B		340								
11		1,570	195							
11A		24,251	185	573						
12										
13		768	67,019	266						
13A		5,272	200,354	3,112	15,566					
14		1,539	143,081	568						
14A		11,253	427,879	6,842	23,947					
15		829	72,349	287						
15A		5,681	216,286	3,356	18,803					
16		829	72,349	287						
16A		5,681	216,286	3,356	15,566					
17			901							
17A		11,730		501						
18		1,923		771						
18A		26,040								
19		972		541						
19A		12,663								
20		972		501						
20A		12,663								
21										
21A										
22										
22A										
23										
23A										
24										
24A										
25										
26										
27										
28										
29		698		398						
29A		3,214								
30		1,486		852						
30A		6,861								
31		751		431						
31A		3,470								
32		751		431						
32A		3,470		338						
33		49,847		1,311						

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (06/04)

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	Mode	A	B	C	D	E	F	G
00181	Community Family Guidance Center	15 - Outpatient (Program 1)	Mode Total	Service Function 03	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage		100.00%	0.33%	2.06%	0.0%	13.76%	3.05%	0.86%
2	Total Units		7,459	7,459	47,337	1,015	252,236	55,835	17,554
3	Gross Cost		3,310,415	10,965	89,427	1,489	458,230	101,446	31,912
4	Cost per Unit		1.47	1.47	1.87	1.47	1.82	1.82	1.82
5	SMA per Unit		1.83	1.83	1.83	2.36	2.36	2.36	2.36
6	Published Charge per Unit		1.34	1.34	1.34	1.66	1.66	1.66	1.66
7	Negotiated Rate / Cost per Unit		1.34	1.34	1.34	1.66	1.66	1.66	1.66
8	Medi-Cal Units		1,280	1,280	14,152	45	56,214	5,275	3,290
8A	Medi-Cal Costs		2,505	2,505	28,480	280	178,288	17,820	13,059
9	Medicare/Medi-Cal Crossover Units								
9A	Medicare/Medi-Cal Crossover Costs								
10	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Children) Costs								
10B	Enhanced SD/MC (Refugees) Units								
10BA	Enhanced SD/MC (Refugees) Costs								
11	Healthy Families (SED) Units								
11A	Healthy Families (SED) Costs								
12	Non-Medi-Cal Units								
12A	Non-Medi-Cal Costs								
13	Medi-Cal Costs		648,462	1,877	20,756	66	105,766	9,584	5,978
13A	Medi-Cal Costs		2,103,393	3,674	41,785	351	323,949	32,014	23,745
14	Medi-Cal SMA Upper Limits		866,475	2,342	25,898	82	137,385	12,449	7,764
14A	Medi-Cal SMA Upper Limits		2,798,049	4,554	52,137	476	420,786	41,583	30,843
15	Medi-Cal Published Charges		592,498	1,715	18,964	60	65,635	8,757	5,461
15A	Medi-Cal Published Charges		1,921,787	3,357	38,177	348	295,976	29,249	21,895
16	Medi-Cal Negotiated Rates		562,466	1,715	18,964	60	65,635	8,757	5,461
16A	Medi-Cal Negotiated Rates		1,921,871	3,357	38,177	348	295,976	29,249	21,895
17	Medicare/Medi-Cal Crossover Costs								
17A	Medicare/Medi-Cal Crossover Costs								
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A	Medicare/Medi-Cal Crossover SMA Upper Limits								
19	Medicare/Medi-Cal Crossover Published Charges								
19A	Medicare/Medi-Cal Crossover Published Charges								
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A	Medicare/Medi-Cal Crossover Negotiated Rates								
21	Enhanced SD/MC Costs								
21A	Enhanced SD/MC Costs								
22	Enhanced SD/MC SMA Upper Limits								
22A	Enhanced SD/MC SMA Upper Limits								
23	Enhanced SD/MC Published Charges								
23A	Enhanced SD/MC Published Charges								
24	Enhanced SD/MC Negotiated Rates								
24A	Enhanced SD/MC Negotiated Rates								
25	Enhanced SD/MC (Refugees) Costs								
25A	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
26A	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
27A	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
28A	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs		36,143	2,354	26,143	5,703	5,703	5,703	5,703
29A	Healthy Families Costs		110,083	1,738	1,738	21,020	21,020	21,020	21,020
30	Healthy Families SMA Upper Limits		48,445	2,937	2,937	7,408	7,408	7,408	7,408
30A	Healthy Families SMA Upper Limits		147,813	2,169	2,169	27,323	27,323	27,323	27,323
31	Healthy Families Published Charges		33,022	2,151	2,151	5,211	5,211	5,211	5,211
31A	Healthy Families Published Charges		100,578	1,588	1,588	19,205	19,205	19,205	19,205
32	Healthy Families Negotiated Rates		33,022	2,151	2,151	5,211	5,211	5,211	5,211
32A	Healthy Families Negotiated Rates		100,578	1,588	1,588	19,205	19,205	19,205	19,205
33	Non-Medi-Cal Costs		432,314	5,454	2,794	1,041	1,790	59,840	2,189

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

County: Los Angeles

County Code: 19

Legal Entity: Community Family Guidance Center

Legal Entity Number: 00161

Model: 15 - Outpatient (Program 1)

	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
	H	I	J	K	L	M	N							
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function							
1	Allocation Percentage	17	34	41	42	45	47							
2	Total Units	0.48%	0.02%	10.14%	57.15%	4.17%	2.28%							0.67%
3	Gross Cost	8,515	330	185,870	1,047,556	41,840	76,385							12,347
4	Cost per Unit	15,471	600	337,705	1,903,291	138,783	76,019							22,433
5	SMA per Unit	1.82	1.82	1.82	1.82	1.82	1.82							1.82
6	Published Charge per Unit	2.36	2.36	2.36	2.36	2.36	2.36							2.36
7	Negotiated Rate / Cost per Unit	1.66	1.66	1.66	1.66	1.66	1.66							1.66
8	Medi-Cal Units	620	330	16,410	220,980	14,700	3,505							2,687
9	Medicare/Medi-Cal Crossover Units	4,340	600	85,598	719,765	55,020	18,315							8,932
10A	Enhanced SD/MC (Children) Units													
10B	Enhanced SD/MC (Religees) Units													
11A	Healthy Families (SED) Units													204
12	Non-Medi-Cal Units	3,545		103,664	48,564	8,955	20,020							524
13	Medi-Cal Costs	1,128	7,885	29,815	401,459	26,708	6,366							4,882
13A	Medi-Cal SMA Upper Limits	1,463	779	36,728	521,513	34,682	8,272							6,341
14	Medi-Cal Published Charges	1,020	548	106,289	1,194,843	91,333	30,403							4,480
15A	Medi-Cal Negotiated Rates	1,029	548	106,289	1,194,843	24,402	5,818							4,480
16A	Medicare/Medi-Cal Crossover Costs													
17A	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A	Medicare/Medi-Cal Crossover Published Charges													
19A	Medicare/Medi-Cal Crossover Negotiated Rates													
20A	Enhanced SD/MC Costs													
21A	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Negotiated Rates													
24A	Healthy Families Costs													
25A	Healthy Families SMA Upper Limits													
26A	Healthy Families Published Charges													
27A	Healthy Families Negotiated Rates													
28A	Non-Medi-Cal Costs	6,456		188,709	86,219	12,110	36,374							0
29A	Non-Medi-Cal SMA Upper Limits													
30A	Non-Medi-Cal Published Charges													
31A	Non-Medi-Cal Negotiated Rates													