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 claimaint 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

FOTAL: \$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
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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

(Revised June 2007)

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

Auditor-Controller

Print or Type Name of Authorized Local Agency or School District Official

Print or Type Title

6/11/13

Signature of Authorized Local Agency or

Date

School District Official

^{*} 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 <u>Sprint Communications v. State Board of Equalization</u>⁵ is illustrative. In that case, a taxpayer sought a refund from the State. The State redetermined 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

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.

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: \$143,443Fiscal 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: \$14,008Fiscal 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 offsetting reimbursements:

Fiscal Year 2002-03: \$59,342Fiscal 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.

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COMMAND ===>

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Supplement RECEIVED JUNE 21, 2013 COMMISSION ON STATE MANDATES

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9919 00263 2010/06/12

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

Date: 5/3/2013 Time: 2:25:45 PM

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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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2010/06/12

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

Date: 5/3/2013 Time: 2:25:53 PM

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AMOUNT DUE CLAIMANT

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\$ 1,170,012.00

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.

Date: 5/3/2013 Time: 2:25:57 PM

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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

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.

Date: 5/3/2013 Time: 2:26:03 PM

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 1 4 2013

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5874 CHIEF DEPUTY DIRECTOR 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

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

00173	Associated League of Mexican-Americans, Inc.	₫.
00174	Hamburger Home, Inc.	4
00185	El Centro De Amistad, Inc.	₫.
00190	Gateways Hospital	₫.
00204	Pasadena Childrens Training	7
00208	San Femando Valley CMHC Inc.	፩
00217	Saint John's Health Center	4
00315	LAUSD 97th St. Mental Health	ď.
00320	San Gabriel Children's Center	ፈ
00321	Hillsides (Church Home for Children)	ď.
00409	Devereux Foundation	₫.
00519	Aspen Health Services	₫.
00543	Starview Adolescent Center	ď
00591	Children's Institute International	ፈ
00647	Five Acres Boys' & Girls' Aid Society of Los Angeles County	<u>~</u>
00724	Foothill Family Service	₫
00783	ChildNet Youth & Family Services	4
00784	St. Francis Medical Center	4
00019	LAC DMH	4

Total

		ত	Gross Costs		댎		SGF	U	Other Rev	Se	Net SB 90 Claim
n-Americans, Inc.	Provider Not Identified	69		()	•	69	•	69		63	٠
	Provider Not Identified	63	į	69	•	G	ı	69	•	w	
	Provider Not Identified	s	1,161.00	G	•	69	•	69	•	63	1,161.00
	Provider Not Identified	69	2,190.00	G	(558.89)	69	(458.21)	69	*	Ø	1,172.90
	Provider Not Identified	69	120,663.49	G	(32,817.53)	69	(26,408.49)	G	•	69	61,437.47
J.	Provider Not Identified				,					w	5
	Provider Not Identified	s	33,522.75	w	(2,990.25)	S	(2,451.59)	S	ĩ	Ø	28,080.92
	Provider Not Identified	69	•	s	٠	c)		w	•	w	٠
	Provider Not Identified	69	į	S	ŧ	W	٠	w	٠	s	
ildren)	Provider Not Identified	G	35,708.00	S	(6,821.66)	S	(5,592.82)	w	•	s	23,293.52
	Provider Not Identified	G	9	w	0	w	9	s		မှ	
	Provider Not Identified	s	23,339.60	(s)	(11,116.00)	w	(8,951.04)	Ø	ā	69	3,272.56
	Provider Not Identified	G	€)	s		S	ŧ	w		63	•
al	Provider Not Identified	ક્ર	1,755.18	S	(210.41)	S	(172.51)	w		69	1,372.26
Society of Los Angeles County	Provider Not Identified	s	٠	S		S	•	w	÷	63	٠
	Provider Not Identified	s	6,325.89	S	(3,185.09)	w	(2,611.33)			S	529.47
ices	Provider Not Identified	s	11,518.08	S	(4,914.95)	63	(3,930.32)	69	19.0	69	2,672.81
	Provider Not Identified	6A	2,057.20	S	(1,025.24)	B	(815.25)			s	216.71
	Providers Not Identified	69	9	69	18	w	•	€	2.	s	
		er.	\$ 238.241.19 \$ (63.640.02) \$ (51.391.56)	4	'63 640 02)	U	51 391 56)	•	,	ø	123,209,62

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

									ı
		Reason	ပြ	Gross Costs		딢	SGF	믰	
00173	Associated League of Mexican-Americans, Inc.	Provider Not Identified	€>	15	₩			,	6
00174	Hamburger Home, Inc.	Provider Not Identified	↔	÷x	↔	9			60
00185	El Centro De Amistad, Inc.	Provider Not Identified	↔	2,600.15	↔	(826.87)	٦	(622.40) \$	6
00190	Gateways Hospital	Provider Not Identified	↔	2,820.00	49	(1,359.15)	Ę	1,023.06) \$	6
00204	Pasadena Childrens Training	Provider Not Identified	\$ 15	154,673.69	\$	(57,766.91) \$	(42,	(42,599.66) \$	69
00208	San Fernando Valley CMHC Inc.	Provider Not Identified	w	5,154.60	↔	(145.11) \$		(21.85) \$	6
00217	Saint Johns Health center	Provider Not Identified	69	28,418.11	↔	(3,188.69) \$	<u>(</u>	(2,400.19) \$	60
00315	LAUSD 97th St. Mental Health	Provider Not Identified	69	() (()	↔	9			€₽
00320	San Gabriel Children's Center	Provider Not Identified	59	13,020.70	49	(5,999.84)	4,	(4,516.20) \$	6
00321	Hillsides (Church Home for Children)	Provider Not Identified	5	27,515.60	\$	13,761.88) \$	10,	10,358.83)	60
00409	Devereux Foundation	Provider Not Identified	S	3.6	G	ं		1	69
00519	Aspen Health Services	Provider Not Identified	G	5,089.56	s	(2,420.76) \$	Ē	1,822.15) \$	60
00543	Starview Adolescent Center	Provider Not Identified	s	e x	w	ુ		1	69
00591	Children's Institute International	Provider Not Identified	69	1,959.90	69	(322.28)	٣	(242.59)	60
00647	Five Acres Boys' & Girls' Aid Society of Los Angeles County	Provider Not Identified	G	æ	S	9		•	6
00724	Foothill Family Service	Provider Not Identified	B	7,576.89	es.	(3,931.80)	6,	2,959.54) \$	6
00783	ChildNet Youth & Family Services	Provider Not Identified	S	3,656.60	49	(1,478.31) \$	Ξ	1,112.76) \$	₩
00784	St. Francis Medical Center	Provider Not Identified	s	769.60	s	(376.94) \$	٣	(283.73) \$	60
00019	LAC DMH	Providers Not Identified	S	833.70	69	9		٠	

1,150.88 437.79 54,307.12 4,987.64 22,829.23

Net SB 90 Claim

Other Rev

Incorrect Reduction Claim Amounts

2,504.66 3,394.89 846.65 -1,395.03 685.55 1,065.53 108.93 833.70

94,547.60

\$ 254,089.10 \$ (91,578.54) \$ (67,962.96) \$

Total

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

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

	Vet SB 90 Claim	3 280.50	679.43
Amounts	Other Rev		69
t Reduction Claim Amount	SGF	⇔	\$ (68.865)
ncorrect Redu	집	(331.50) \$	(730.48) \$
=	라 되	€>	€9
	Gross Cos	\$ 612.00	\$ 2,008.
		Clients Not Identified	Clients Not Identified

959.93

\$ (68.865)

\$ 2,620.80 \$ (1,061.98) \$

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

Enki Health & Research	Hathaway Children & Family Services	Vista Del Mar Child and Family Services	Pacific Clinics
00188	00192	00196	00203

Total

				Incorrect	~	Incorrect Reduction Claim Amounts	Ē.	Amounts		
Reason	O	Gross Costs		FFP		SGF	ľ	Other Rev	S	t SB 90 Claim
Clients Not Identified	↔	370.80	B	(197.64) \$	49	(148.77) \$	49	•	↔	24.40
Clients Not Identified	୫	680.00	↔		49		B	1	ઝ	680.00
Clients Not Identified	ક્ક	12,246.24	↔	(5,724.22) \$ (69	(4,308.75)	G	1	↔	2,213.27
Clients Not Identified	↔	21,339.36	())	\$ (11,373.88) \$ (8,561.35)	63	(8,561.35)	₩		49	1,404.13
	41	34.636.40	v	\$ 34.636.40 \$ (17.295.74) \$ (13.018.87) \$	41	(13.018.87)	41	į.	41	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

								-		
			Gross Co	sts	FFP	SGF	O	ther Rev	Net SB	90 Claim
00188	Enki Health & Research	Claims Not Identified	\$ 56,316	34 \$	(26,288.31) \$	(19,940	.78) \$	(1,442.40)	s	8,644.85
00198	Help Group Child & Family Center (LA Center for Therapy HELP)	Claims Not Identified	386'6 \$.75 \$	(2,173.11) \$	(1,678	\$ (98.		(A)	6,128.78
00207	Child & Family Guidance Center	Claims Not Identified	\$ 15,887	\$ 94.	(6,138.27) \$	(5,032	.53) \$	(585.75)	sə.	4,131.21
00213	South Bay Children's Health Center	Claims Not Identified	\$ 585	\$ 00.	\$ 582.00 \$ (117.21) \$ (96.10) \$ - \$ 368.69	96)	.10) \$	•	s	368.69
Total			\$ 82,766	85.	82,766,85 \$ (34,716.90) \$ (26,748.27) \$ (2,028.15) \$ 19,273.53	(26,748	.27) \$	(2,028.15)	•	19,273.53

Incorrect Reduction Claim Amounts

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

				100110011			
		Reason	Gross Costs	덾	SGF	Other Rev	Net SB 90 Claim
00183	Didi Hirsch Psychiatric Service	Claims Not Identified	\$ 13,935.60	\$ (4,833.46) \$ (\$ (3,594.91)	\$ (27.95)	\$ 5,479.28
00188	Enki Health & Research	Claims Not Identified	\$ 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)	Claims Not Identified	\$ 14,596.98	\$ (2,669.87) \$ (2,009.67)	\$ (2,009.67)		\$ 9,917.44
00199	Los Angeles Child Guidance Clinic	Claims Not Identified	\$ 38,006.10	\$ (17,480.85) \$	\$ (13,158.18)	(103.90)	\$ 7,263.17
00207	Child & Family Guidance Center	Claims Not Identified	\$ 19,462.80	\$ (8,823.37)	\$ (6,641.53)	\$ (318.04)	\$ 3,679.86
00213	South Bay Children's Health Center	Claims Not Identified	\$ 702.28		1	-	\$ 702.28
Total			\$ 122,350.00	\$ 122,350.00 \$ (50,774.40) \$ (37,722.03) \$ (1,152.75) \$	\$ (37,722.03)	(1,152.75)	\$ 32,700.82

Incorrect Reduction Claim Amounts

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

United States Government Accountability Office

GAO

By the Comptroller General of the United States

July 2007

Government Auditing Standards

July 2007 Revision



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.

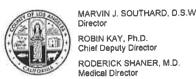
Objectives, Scope, and Methodology

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



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



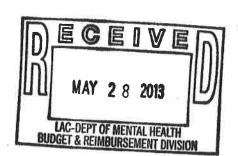
DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM FISCAL YEARS 2002-03 AND 2003-04

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 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.

Director of Quality Assur



Headquarters

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

www.didihirsch.org



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.
- number included in the file [legal entity 2. The claim lines identified 2002tables 001851 HDS Reconsideration.mdb In the 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.
- Provider's personnel submitted each of these claim lines in the tables referenced above into the County Department of Mental Health information management system.

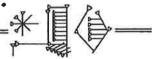
I declare under penalty of perjury under the laws of the State of California that the facts stated above are, to the best of my knowledge, true and correct and that this declaration was signed this 5th day of June, 2013, at Canoga Park, California

Tania Fallert

EAST VALLEY - 566 S. Brand Blvd., San Fernando, CA 91340 (818) 898-0223, Fax (818) 361-5384 EAST VALLEY - 601 S. Brand Blvd., Suite 104 San Fernando, CA 91340 (818) 898-0223, Fax (818) 361-2420 WEST VALLEY - 6800 Owensmouth Avc. Suite 310, Canoga Park, CA 91303 (818) 347-8565, Fax (818) 347-0506

(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



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.
- The claim lines included in the file [legal entity identified 2002number] HDS Reconsideration.mdb the tables in as 2003 HDSII Excluded Claims Final p 2003and 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, 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

Shauhn Shanklin- Jehun 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



Administrative Offices 13130 Burbank Blvd. Sherman Oaks, CA 91401 Tel: 818.781.0360 Fax: 818.988.4089 www.thehelpgroup.org

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



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Los Angeles Child Guidance Clinic

A nonprofit community-based agency which has served the needs of children and families in Central and South Los Angeles since 1924. For more information, visit our website at www.lacgc.org

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:

- 1. 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.
- 2. 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.
- 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 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 Chabràn, 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.

Rhonda Chabràn

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



Ian Hunter, Ph.D., President/CEO

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Moving Lives Forward

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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, 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.
- The claim lines included in the file 00208 HDS Reconsideration.mdb in the tables identified as 2002-2003-2003 HDSII Excluded Claims Final p and medication 004 HDSII Excluded Claims Final p for are 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.

Jan Hunter Ph.D.

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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:

- 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_Redonsideration.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



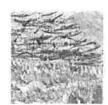
Child and Family

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

Development Center I, Rebecca Refuerzo, declare as follows:

- 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.
- 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.
- 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



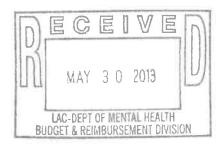
San Gabriel Children's Center, Inc.

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.
- The claim lines included the entity in. file legal number] HDS Reconsideration.mdb identified 2002in the tables as 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





815 Colorado Blvd., Suite 300 Los Angeles, CA 90041 T 323.543.2800 F 323.978.1636 hillsides.org

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

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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, 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.

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 Charles P. Diamond **PROGRAM**

FISCAL YEARS 2002-03 AND 2003-04

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Mary M. Emmons President and Chief Executive Officer I, Mark Engel, declare as follows:

- 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.
- claim lines included in the 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.
- 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 OA 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 THE HONOBABLE Michael D. Antonovichtables 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 Fendered, 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





2500 E. Foothill Boulevard, Suite 300 • Pasadena, CA 91107

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Attachment A

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

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 included lines in the file 00783 HDS Reconsideration.mdb in the tables identified as 2002-2003 HDSII Excluded Claims Final p 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



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 file [legal entity 2002number] HDS Reconsideration.mdb in the tables identified 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

00011 15 61	LE No.	CRDC	SFC	EPSDT	뙤	Medi-Cal	Gross Non	Over 600	Net Non	Total Net UOS	Rate	Gross cost	FFP	SGF	Claim Amount
1.	00019	15	19	18,180	280	06	24,760		24,760			154,616.70	(33,489.97)	(26,791.79)	\$ 94,334.93
1.	00171	15	61	3,125	300	0	1,590		1,590	ш	51	17,753.10	(6,260.27)	(4,566.60)	\$ 6,926.23
1.	00178	15	61	09	0	0	735		735		9 - 1	3,251,55	(123.56)	(101.30)	\$ 3,026.69
1. 1. 1. 1. 1. 1. 1. 1.	00179	15	61	5,114	0	30	3,695		3,695	9 1	n - t	37,388.97	(10,955.72)	(8,929.78)	\$ 17,503.47
1. 1. 1. 1. 1. 1. 1. 1.	00180	15	61	515	0	0	240		240			1,698.75	(583.43)	(478.33)	\$ 636.99
15 61 8,961 948 0 11,161 1,106 3.47 7,3078.0 8,1776.91 8 (17,76.91) 8 (17,776.91) 8 (17,776.91) 8 (17,776.91) 8 (17,776.91) 8 (17,103.48) 9 (17,103.48) 9 (17,103.48) 9	00181	15	61	5,255	445	0	6,005		6,005		42 - 5	20,834.90	(5,224.55)	(3,861.29)	\$ 11,749.06
15 61 9,796 1,870 0 7,680 19,346 423 8 1,829,35 \$ (26,003.00) \$ (17,103.48)	00183	15	61	8,951	948	0	11,161	5000	11,161		2	73,078.20	(17,776.91)	(12,821.56)	\$ 42,479.74
15 61 42,148 2,265 0 19,275 19,275 63,688 3.31 \$ 210,807.28 \$ (75,116.37) \$ (57,589.68) \$ (57,589.68) \$ 15 61 19,860 0 9,175 9,175 29,025 2.76 \$ 80,109.00 \$ (27,584.75) \$ (22,615.86) \$ 15 61 19,860 435 180 14,399 14,399 33,983 3.4 \$ 115,642.20 \$ (37,584.75) \$ (22,615.86) \$ 36,263.37) \$ (26,623.37) \$ 15 61 16,481 0 465 49,577 49,577 66,390 3.7 \$ 246,970.80 \$ (31,491.09) \$ (26,142.25) \$ (26,623.37) \$ 15 61 16,481 0 29,175 49,577 49,577 49,577 49,577 49,577 49,577 49,577 49,577 40,577 <td>00184</td> <td>15</td> <td>61</td> <td>9,795</td> <td>1,870</td> <td>0</td> <td>7,680</td> <td></td> <td>7,680</td> <td></td> <td>9</td> <td>81,829.35</td> <td>(26,003.00)</td> <td>(17,103.48)</td> <td>\$ 38,722.86</td>	00184	15	61	9,795	1,870	0	7,680		7,680		9	81,829.35	(26,003.00)	(17,103.48)	\$ 38,722.86
15 61 19,850 0 9,175 29,025 2.76 8 0,109,00 8 (27,584.75) 2 (2,615.66) 8 (2,614.61) 8 (2,614.61)	00188	15	61	42,148	2,265	0	19,275		19,275	9		8 1	(75,116.37)	(57,589.68)	\$ 78,101.23
15 61 18,969 435 14,399 33,983 3.4 \$ 115,42.20 \$ (33,742,52) \$ (26,623.37) \$ (26,21.42) \$ (26,21.42)	00191	15	19	19,850	0	0	9,175		9,175		18 1	1	(27,584.75)	(22,615.66)	\$ 29,908.59
15 61 9437 145 0 5,549 15,131 3.38 51,142.78 \$ (16,378.73) \$ (13,167.11)	00192	15	19	18,969	435	180	14,399		14,399		0 1	115,542.20	(33,742.52)	(26,623.37)	\$ 55,176.31
15 61 16,348 0 465 49,577 66,390 3.72 \$ 246,970.80 \$ (31,491.09) \$ (25,104.25)	00195	15	61	9,437	145	0	5,549		5,549			Н	(16,378.73)	(13,167.11)	\$ 21,596.94
15 61 16,481 0 0 29,175 45,656 4.15 189,472.40 \$ (34,437.46) \$ (28,233.93) \$ (28,233.93) \$ (28,233.93) \$ (28,233.93) \$ (38,022.03)	00196	15	61	16,348	0	465	49,577		49,577	5 1	04 6	1 1	(31,491.09)	(25,104.25)	\$ 190,375.46
15 61 25,374 354 90 4,744 30,562 3.63 110,940.06 \$ (47,375.94) \$ (38,022.03) \$ (810.84)	00198	15	61	16,481	0	0	29,175		29,175				(34,437.46)	(28,233.93)	\$ 126,801.01
15 61 485 0 0 337 822 4.05 8,329.10 \$ (989.00) \$ (81140.65) \$ (810.84) </td <td>00199</td> <td>15</td> <td>61</td> <td>25,374</td> <td>354</td> <td>06</td> <td>4,744</td> <td></td> <td>4,744</td> <td></td> <td></td> <td></td> <td>(47,375.94)</td> <td>(38,022.03)</td> <td>\$ 25,542.09</td>	00199	15	61	25,374	354	06	4,744		4,744				(47,375.94)	(38,022.03)	\$ 25,542.09
15 61 43,178 886 50 29,704 73,818 3.05 \$ 225,144.90 \$ (68,140.65) \$ (54,362.83) \$ (34,362.83) \$ (34,362.83) \$ (34,362.83) \$ (34,362.83) \$ (34,362.83) \$ (34,362.83) \$ (34,362.83) \$ (34,362.83) \$ (34,362.83) \$ (34,422.71) \$ (34,322.86) \$ (145,420.62) \$ (110,422.71) \$ (34,322.81) \$ (34,322.81) \$ (34,322.81) \$ (34,324.49)	00201	15	61	485	0	0	337	Section .	337				(989.00)	(810.84)	\$ 1,529.26
15 61 68,239 4,167 60 71,777 71,777 144,243 3.92 5 656,432.56 \$ (145,420.62) \$ (110,422.71) \$ 15 61 3,810 1,065 0 14,215 19,090 3.35 \$ 63,951.50 \$ (8,745,46) \$ (4,524.49) \$ 15 61 2,700 0 12,190 14,890 3.88 \$ 57,773.20 \$ (4,524.49) \$ (4,324.49) \$ 15 61 177 195 0 12,190 14,890 3.88 \$ 57,773.20 \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,324.49) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31) \$ (4,33.31)	00200	15	61	43,178	886	90	29,704		29,704	1 1		1	(68,140.65)	(54,362.83)	\$ 102,641.42
15 61 3,810 1,065 0 14,215 19,090 3.35 63,951.50 \$ (6,74.67) \$ (5,274.67) \$ (5,268.77) \$ 4,324.49) \$ 4 15 61 2,700 0 12,190 12,190 14,890 3.88 \$ 57,773.20 \$ (5,274.67) \$ (4,324.49) \$ 4 15 61 17 195 0 1,996 2,368 3.33 \$ 7,885.44 \$ (718.85) \$ (243.31) <td>00200</td> <td>15</td> <td>61</td> <td>68,239</td> <td>4,167</td> <td>09</td> <td>71,777</td> <td></td> <td>717,177</td> <td></td> <td></td> <td>8</td> <td></td> <td>(110,422.71)</td> <td>\$ 309,589.23</td>	00200	15	61	68,239	4,167	09	71,777		717,177			8		(110,422.71)	\$ 309,589.23
15 61 2,700 0 12,190 12,190 14,890 3.88 \$ 57,773.20 \$ (5,274.67) \$ (4,324.49) \$ 4 15 61 177 195 0 1,996 2,368 3.33 \$ 7,885.44 \$ (718.85) \$ (243.31) \$ (243.31) \$ \$ 15 61 0 0 120 120 120 2.69 \$ 322.80 \$ - \$ - \$ - \$ - \$ - \$ 15 61 8,697 0 18,075 (915) 17,160 25,857 3.43 \$ 88,689.51 \$ (15,019.76) \$ (12,314.12) \$ 6 D TOTAL 326,888 13,355 965 336,174 (915) 335,259 676,467 \$ 2,407,965.05 \$ (610,853.29) \$ (473,757.23) \$ 1,32	00210	15	61	3,810	1,065	0	14,215		14,215				(8,745.46)	(5,268.77)	\$ 49,937.27
15 61 177 195 0 1,996 2,368 2,368 3.33 \$ 7,885.44 \$ (718.85) \$ (243.31)<	00213	15	19	2,700	0	0	12,190		12,190	Ш		1	(5,274.67)	(4,324.49)	\$ 48,174.04
15 61 0 0 120 120 120 2.69 \$ 322.80 8 - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 5 - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ \$ - \$ - \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$	00214	15	-	177	195	0	1,996		1,996	H			(718.85)	(243.31)	\$ 6,923.29
15 61 8,697 0 0 18,075 (915) 17,160 25,857 3.43 \$ 88,689.51 \$ (15,019.76) \$ (12,314.12) \$ DTOTAL 326,888 13,355 965 336,174 (915) 335,259 676,467 \$ 2,407,965.05 \$ (610,853.29) \$ (473,757.23) \$ 1,3	00216	15	61	0	0	0	120		120						\$ 322.80
326,888 13,355 965 336,174 (915) 335,259 676,467 \$ 2,407,965.05 \$ (610,853.29) \$ (473,757.23)	00221	15	19	8,697	0	0	18,075	(915)			USS MI		(15,019.76)	(12,314.12)	\$ 61,355.63
	GRAND	TOTAL		326,888	13,355	965	336,174	(915)			•	2,407,965.05		(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

<u>LE No.</u> 00019	CRDC 15 15	SFC 61 62	EPSDT 13,065 2,563		Medi-Cal Gro	Gross Non MC 17,259 1,980	Over 600 (1,200)	Net Non MC 16,059 1,980	Total Net UOS 29,124 4,633	Rate \$3.97 \$ \$3.97 \$	Gross cost 115,622.28 \$ 18,393.01 \$	EFP SGF (27,645.67) \$ (5,655.58) \$		Claim Amount \$ 67,167.15 \$ 8,655.18
Subtotal			15,628	06	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		9	3,065		3,065	9'360	\$3.52 \$	22,387.20 \$	(6,181.95) \$	(4,568.54) \$	11,636.71
00178	15	61	0	0	20	2,672		2,672	2,722	\$4.07 \$	11,078.54 \$	(108.47) \$	ω	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
Subtotal	15	62	4,022 8,637	158 1 58	o o	2,961 5,464	0	2,961 5,464	7,141	\$4.23 \$	30,206.43 \$ 60,315.57 \$	(9,502.38) \$ (19,907.31) \$	(6,825.64) \$ (14,657.65) \$	13,878.41 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 \$	\$ (36.860,11)	(7,549.46) \$	19,511.59
Subtotal	15	62	968 6,195	391 848	36 36	4,511 9,427	0	4,511 9,427	5,906 16,506	\$3.60 \$	21,261.60 \$ 59,421.60 \$	(2,841.42) \$ (13,940.36) \$	(1,398.10) \$ (8,947.56) \$	17,022.08 36,533.67
00184	15	61	4,935	4,380	150	2,590	A STATE OF	2,590	12,055	\$4.23 \$	\$ 20,992.65 \$	(23,507.40) \$	\$ (70.275.8)	19,110.18
00188	15	19	17,406	720	45	5,895		5,895		\$3.09 \$	74,363.94 \$	(30,187.39) \$	(21,578.36) \$	22,598.19
Subtotal	15	62	11,855 29,261	35 755	647 692	7,608 13,503	0	7,608 13,503	20,145 44,211	\$ 60.55	\$ 66,248.U5 \$	(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	06	45	2,554		2,554	6,261	\$3.38 \$	21,162.18 \$	\$ (06,713.90) \$	(4,843.83) \$	9,604.45
96100	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 \$	\$ (68.005,15)	(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	972,27	\$2.92 \$	211,054.68 \$	(82,033.00) \$	(56,007.26) \$	73,014.41
00200	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
Subtotal	£	79	84,767	6,474	145	75,385	0	75,385	166,771	\$ 76.55	653,742.32 \$	\$ (65.706,861)	(133,313.40) \$	326,521.43
00210	15	61	10,706	570	0	19,165		19,165	30,441	\$3.60 \$	\$ 09.587.60	(21,876.47) \$	(15,462.89) \$	72,248.24
00213	3	19	2,488	0	0	7,314		7,314	9,802	\$3.88 \$	38,031.76 \$	(5,145.28) \$	(3,872.96) \$	29,013.52

1,117,691.82	(471,355.71) \$	(674,928.96) \$	2,263,976.49 \$ (674,928.96) \$ (471,355.71) \$	45	624,165	273,620	(1,200)	274,820	1,993	18,872	329,680		TAL	GRAND TOTAL
48,861.47	(11,758.57) \$	\$ (96'398'91)	\$ 00:986'92	\$3.90 \$	19,740	11,880		11,880	285	9	7,515	19	15	00221
5,030.14	(64.27) \$	\$ (82.39) \$	5,179.80 \$	\$3.56 \$	1,455	1,410		1,410	0	0	45	61	15	00216
4,479.21	(220.44) \$	(1,580.73) \$	6,280.38 \$	\$3.33 \$	1,886	1,126		1,126	0	295	165	61	15	00214
EXHIDIT NO. A														

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

FY 2002-03

(1) DMH directly operated(2) Private contract providersTotal

Weigthed Average

W/P Section Page

Prepared by:

Date:

Reviewed by:

Date:

Indirect
Direct Costs

Rate Indirect Costs

154,617

2,253,349

0.060349

159,911

2,407,966

Indirect Costs 2,407,966 * 6.64% = \$ 159,911

6.64%

(Rate)

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

FY 2002-03				
	EPSDT	덾	OTHER*	Indirect Rate
DMH directly operated	\$ 27,816	\$ 33,928	' \$	0.15473
Private contract providers	472,201	575,952	30 ()	0.060349
TOTAL	\$ 500,017	\$ 609,880	- ج	

EPDST share of admir	admin costs FFP share of admin costs	OTHER*
ጉ ጉ	t,504 \$ 5,250 5,550	' ሱ
7	49/	
\$	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

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

FY 2003-04

DMH directly operated
 Private contract provide

Private contract providers Total Weigthed Average

Page W/P Section Prepared by: __

Reviewed by:

Date:

Indirect

Direct Costs

Indirect Costs Rate

0.079623 0.135837

18,204

2,132,140

134,015

169,767

187,972

Indirect Costs

8.29%

(Rate)

8.29% = \$ 187,972

2,266,155

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

FY 2003-04	T0301	9	*03010	oted transfer
DMH directly operated	\$ 25,636	\$ 34,055	\$ CIMEN	0.135837
Private contract providers	483,854	642,758	ŧ	0.079623
TOTAL	\$ 509,490	\$ 676,813	\$	
	EPDST share of admin costs	FFP share of admin costs	OTHER*	
DMH directly operated	\$ 3,482	\$ 4,626	٠ \$	
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

Calculation of Revised Indirect	. Au	illillistrative C	USIS					
					Direct Costs	Indirect Rate		Indirect Costs
Indirect Costs (1) DMH directly operated (2) Private contract providers Total					154,617 2,253,348 2,407,965	0.15473 0.06305	\$ \$	23,924 142,071 165,995
Treatment Revenues (1) DMH directly operated (2) Private contract providers	\$	EPSDT 26,792 446,965	\$	FFP 33,490 577,363		0.15473 0.06305		
TOTAL	\$	473,757	\$	610,853				
DMH directly operated Private contract providers Totals	of	PSDT share admin costs		FP share of dmin costs 5,182 36,402 41,584				
Total administrative cost offse	t						\$	41,584
Revised Administrative Cost	t						\$	124,411

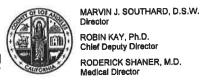
Los Angeles County
Department of Mental Health
Handicapped and Disabled Students Program II
Fiscal Year 2003-2004
Incorrect Reduction Claim
Calculation of Revised Indirect Administrative Costs

Calculation of Revised Indirect	Aan	ninistrative C	osts					
					Direct Costs	Indirect Rate		Indirect Costs
Indirect Costs (1) DMH directly operated (2) Private contract providers Total					134,015 2,129,961 2,263,976	0.13584 0.07962	\$ \$	18,204 169,594 187,798
Treatment Revenues (1) DMH directly operated (2) Private contract providers	\$	<u>EPSDT</u> 24,892 446,464	\$	FFP 33,301 641,628		0.13584 0.07962		
TOTAL	\$	471,356	\$	674,929				
(1) DMH directly operated (2) Private contract providers Totals		SDT share dmin costs		FP share of dmin costs 4,524 51,088 55,612				
Total administrative cost offset							_\$_	55,612
Revised Administrative Cost							\$	132,186

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





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.
- 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

Declaration of Dr. Marvin J. Southard Incorrect Claim Reduction Handicapped and Disabled Students II Program Page 2 of 3

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.

Declaration of Dr. Marvin J. Southard Incorrect Claim Reduction Handicapped and Disabled Students II Program Page 3 of 3

- 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, signin 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

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 statemandated 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)(l)(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). 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)
 - 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)
 - 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)(l), 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.

Mandated Cost Manual State Controller's Office For State Controller Use Only CLAIM FOR PAYMENT Program (19) Program Number 00263 Pursuant to Government Code Section 17561 (20) Date Filed _ HANDICAPPED AND DISABLED STUDENTS II (21) LRS Input _ (01) Claimant Identification Number Reimbursement Claim Data (02) Claimant Name 8 (22) HDS -1, (04)(A)(1)(f) E County of Location L (23) HDS -1, (04)(B)(1)(f) Н Street Address or P.O. Box Suite (24) HDS 7/1, (04)(C)(1)(f) Ε R City Zip Code (25) HDS -1, (04)(D)(1)(f) E Reimbursement Claim **Estimated Claim** (26) HDS -1, (04)(E)(1)(f) Type of Claim (03) Estimated (09) Reimbursement (27) HDS -1, (04)(F)(1)(f) (04) Combined (10) Combined (28) HDS -1, (04)(G)(1)(f) (11) Amended (29) HDS -1, (06) (05) Amended **Fiscal Year of Cost** (30) HDS -1, (07) (12)(31) HDS -1, (09) Total Claimed Amount (13)(32) HDS -1, (10) Less: 10% Late Penalty (14)Less: Prior Claim Payment Received (15)(34)**Net Claimed Amount** (35)Due from State (17)Due to State - - - -(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. Date Signature of Authorized Officer

Title

Telephone Number
E-Mall Address

Ext.

(38) Name of Contact Person for Claim

Type or Print Name

HANDICAPPED AND DISABLED STUDENTS II Certification Claim Form Instructions

FORM FAM-27

- (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 filling 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.
- 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 pald 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

Mandated Cost Manual

Program MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS II CLAIM SUMMARY						FORM HDS-1
(01) Claimant	A.	98	(02) Reimburse Estimated		Type of Claim	Fiscal Year
Claim Statistics				,	4	**
(03) Number of student referrals during the fisc	cal year of	claim	0			5
Direct Costs			Object A	Accou nts		3/
(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	8			4:		1
C. Transfers and Interim Placements	4	a)				2
D. Membership Participation of Expanded IEP Team			2			9
E. Case Management Duties for Pupils						
F. Payment Authorization to Care Providers.				-		
G. Psychotherapy or Other Treatment Services		- X				
(05) Total Direct Costs						
Indirect Costs				W		
(06) Indirect Cost Rate	[10% c	or ICRP from :	2 CFR, Chaple	r II, formerly Of	иВ А-8 7]	9/
(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		(LI	ine (05)(f) + line	e (07)]		
Cost Reduction						
(09) Less: Offsetting Savings						-
(10) Less: Other Reimbursements						
(11) Total Claimed Amount		(Line (08) - (line (09) ·	+ line (10)}]		

HANDICAPPED AND DISABLED STUDENTS II CLAIM SUMMARY Instructions

FORM HDS-1

- (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.

MANDATED COSTS

263 HANDICAPPED AND DISABLED STUDENTS II ACTIVITY COST DETAIL						HDS-2	
(01) Claimant			(02) Fis	cal Year			i e
(03) Reimbursable Activities: C Interagency Agreements Referral and Mental Health	9)] Case Ma	ify the activing the activing the activity of	outies for Pu	ipils	
Transfers and Interim Place Member Participation of Ex		Team	Psychoth	erapy or Ot	ner Treatme	ent Services	3 2
(04) Description of Expenses		#.		Obj	ect Accou	nts	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries:	Benefits**	Materials* and Supplies	Contracted Services	Fixed Assets
51 411							
05) Total Subtotal	² age:o	f					

HANDICAPPED AND DISABLED STUDENTS II COMPONENT/ACTIVITY COST DETAIL Instructions

FORM HDS-2

- (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.
- 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	Columns					Submit supporting documents			
Accounts	(a)	(b)	(c)	(d)	(e)	(1)	(9)	(h)	with the claim
Salaries	Employee Name/Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked		24.0 (486)			
Benefi ts	Activities Performed	Benefit Rate			Benefits ≈ Benefit Rate x Salaries				
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity. Used	- decision		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

	Actual Costs	Allowable	Audit	
Cost Elements	Claimed	per Audit	Adjustme	ent Reference 1
July 1, 2002, through June 30, 2003				
Direct costs: Psychotherapy of other treatment services	\$ 2,981,091	\$ 2,407,966	\$ (573,1	125) Finding 1
Total direct costs Indirect costs	2,981,091 203,322	2,407,966 165,995	(573,1 (37,3	,
Total direct and indirect costs Less offsetting reimbursements	3,184,413 (1,480,524)	2,573,961 (1,185,536)	(610,4 294,9	,
Total program costs Less amount paid by the State	\$ 1,703,889	1,388,425	\$ (315,4	164)
Allowable costs claimed in excess of (less than) an	nount paid	\$ 1,388,425		
July 1, 2003, through June 30, 2004				
Direct costs: Psychotherapy of other treatment services	\$ 2,839,465	\$ 2,266,155	\$ (573,3	310) Finding 1
Total direct costs Indirect costs	2,839,465 235,416	2,266,155 187,972	(573,3 (47,4	•
Total direct and indirect costs Less offsetting reimbursements	3,074,881 (1,502,454)	2,454,127 (1,284,115)	(620,7 218,3	,
Total program costs Less amount paid by the State	\$ 1,572,427	1,170,012	\$ (402,4	1 15)
Allowable costs claimed in excess of (less than) an	nount paid	\$ 1,170,012		
Summary: July 1, 2002, through June 30, 2004				
Direct costs: Psychotherapy of other treatment services	\$ 5,820,556	\$ 4,674,121	\$ (1,146,4	1 35)
Total direct costs Indirect costs	5,820,556 438,738	4,674,121 353,967	(1,146,4	•
Total direct and indirect costs Less offsetting reimbursements	6,259,294 (2,982,978)	5,028,088 (2,469,651)	(1,231,2 513,3	
Total program costs Less amount paid by the State	\$ 3,276,316	2,558,437	\$ (717,8	379)
Allowable costs claimed in excess of (less than) an	\$ 2,558,437			

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		
	2002-03	2003-04	Total
Unsupported costs Overbilled costs	\$ (569,987)	\$ (568,546)	\$ (1,138,533)
(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:

	Fisca		
	2002-03	2003-04	Total
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:

	Fisca		
	2002-03	2003-04	Total
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



WENDY L. WATANABE AUDITOR-CONTROLLER

MARIA M. OMS CHIEF DEPUTY

April 30, 2010

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) 626-5427

ASST. AUDITOR-CONTROLLERS

JOHN NAIMO
JUDI E. THOMAS

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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"To Enrich Lives Through Effective and Caring Service"

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.

H:\SB90\QSTClaim Submission\Ch 1747\Audit Response Narrative 4-23-10.doc

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
hief Deputy Director

RODERICK SHANER, M.D. Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020



BOARD OF SUPERVISORS
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MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.info

Reply To: (213) 738-4625 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

Susan Kerr Kimberly Nall

Mike Motodani Paul Mciver (memo and summary only)

(memo and summary only) (memo and summary only)

(memo and summary only)

(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

Audonnent	FAW-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

MH 1966 Cost Report Forms

FY 2002-2003 Cost Report Actual Indirect Cost Rates

Attachment 8

Attachment 9

F) rogram		MANDA	TED COS	STS			
	062	HANDICA	PPED AND	DISABLE	ED STUDEN	ITS II		FORM
	263		CLAIM	SUMMA	RY			HDS-1
(01)	Claimant: COUNTY OF LOS ANGEL				(02) Reimburseme	ent X	Type of Claim	Fiscal Year
	DEPARTMENT OF MENT	AL HEALTH			Estimated			2002/2003
Clair	n Statistics							
(03)	Number of student referrals durin	g the fiscal yea	r of claim.		(Please see	Attachment 6).	****	2,461
Dire	ct Costs				Object /	Accounts		
(04)	Reimbursable Activities	welling the second	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contracted Services	(e) Fixed Assets	(f) Total
Α.,	Interagency Agreements							
В	Referral and Mental Health Asse	essments						
С	Transfers and Interim Placemen	its						
D.	Membership Participation of Exp Team	panded IEP		(
E.	Case Management Duties for Pr	upils						
F.	Payment Authorization to Care I	Providers						
G.	Psychotherapy or Other Treatme	ent Services	2,981,091					2,981,091
(05)	Total Direct Costs		2,981,091					2,981,091
Indir	rect Costs							
(06)	Indirect Cost Rate		[10% or	ICRP from 2	CFR, Chapter	II, formerly OM	B A-87]	6.8204%
(07)	Total Indirect Costs		(Line	(06) x line (05)(a)] or [Line (06) x (ī	ne (05)(a) + line (05)(b)}]	203,322
(08)	Total Direct and Indirect Costs			[Lii	ne (05)(f) + line (07)	1		3,184,413
Cos	t Reduction							
(09)	Less: Offsetting Savings		2					0
(10)	Less: Other Reimbursements	THE DATE OF THE PARTY OF THE PA	(Please see A	ttachment &	5).			1,480,524

[Line (08) - {line (09) + line (10)}]

1,703,889

(11) Total Claimed Amount

State Controller's Office Mandated Cost Manual Program MANDATED COSTS FORM HANDICAPPED AND DISABLED STUDENTS II 263 HDS-2 **ACTIVITY COST DETAIL** (01) Claimant **COUNTY OF LOS ANGELES** (02) Fiscal Year DEPARTMENT OF MENTAL HEALTH 2002/2003 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. Interagency Agreements Case Management Duties for Pupils Referral and Mental Health Assessments Payment Authorization to Care Providers Transfers and Interim Placements Psychotherapy or Other Treatment Services Member Participation of Extended IEP Team (04) Description of Expenses **Object Accounts** (b) (c) (d) (e) (h) (g) Hours Materials Employee Names, Job Salaries Worked Benefits Hourly and Contracted Fixed Classifications, Functions Performed, Rate or Supplies Services Assets and Description of Expenses **Unit Cost** Quantity Please see Attachment 4 for FY 2002-2003 2,981,091 Medication Monitoring Services Expanditures 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.

Subtotal

Page: 1 of 1

2,981,091

	ALAINA FAM MANAGERIE			
	CLAIM FOR PAYMENT	2 2 20 0	For State Controller Use only	Program
Transmit	nt to Government Code Sec	tion 17561	(19) Program Number 00263	
HANDIC	CAPPED AND DISABLED ST	UDENTS II	(20) Date Filed /	_ 263
4 2 2 4 2	10		(21) LRS Input/	
(01) Claimant Identification	Number		Reimbursement Cla	aim Data
(02) Claimant Name Department of Mental	Health	7	(22) HDS -1, (04)(A)(1)(f)	
County of Location			(23) HDS -1, (04)(B)(1)(f)	
County of Los Angels Street Address or P.O. Box	Marie de la composition della	Suite	(24) HDS -1, (04)(C)(1)(f)	
550 South Vermont A	ve., 11th Floor	State Zip Code		- 31
Los Angeles		CA 90020	(25) HDS -1, (04)(D)(1)(f)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26) HDS -1, (04)(E)(1)(f)	
·	(03) Estimated	(09) Reimbursement X	(27) HDS -1, (04)(F)(1)(f)	1
	(04) Combined	(10) Combined	(28) HDS -1, (04)(G)(1)(f)	2,981,0
THE SHE ST. T. T.	(05) Amended	(11) Amended	(29) HDS -1, (06)	
Fiscal Year of Cost	(08) /	(12) 2002/ 2003	(30) HDS -1, (07)	203,3
Total Claimed Amount	(07)	(13) 1,703,889	(31) HDS -1, (09)	
Less: 10% Late Penalty	*	(14) 0	(32) HDS -1, (10)	1,480,5
Less: Prior Claim Payment R	ecelved	(15) ' 0	(33)	
Net Claimed Amount	2	(16) 1,703,889	(34)	
Due from State	(O8) ³	(17) 1,703,889	(35)	
	· Partie Company	(18)	(38)	
Due to State (37) CERTIFICATION OF C	Into the Control of t	2 2	(60)	
(37) CERTIFICATION OF Control of the province	isions of Government Code S f California for this program, a 1090 to 1098, inclusive. as no application other than fro for a new program or increase Guidelines are identified, and ated Claim and/or Reimburser atements. I certify under pena	section 17561, I certify that I an and certify under penalty of perjument the claimant, nor any grant devel of services of an existical all costs claimed are supported the costs costs are supported to the cost	in the officer authorized by the local agury that I have not violated any of the or payment received, for reimburseming program. All offsetting savings and by source documentation currently of from the State for payment of estimation that the foregod Date	provisions of nent of costs claimed dreimbursements se maintained by the ated and/or actual costs
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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	\$ 167,61
NR	Aspen Health Services	00519	15	61	5,785	3.32	19,20
NR	Associated League of Mexican-American	00173	15	61	888	3.51	3.11
NR	Cedars-Sinal Medical Center	00178	15	61	705	4.09	2.88
NR	Child & Family Center	00210	15	61	19.755	3.35	66.17
NR	Child and Family Guidance Center	00207	15	61	155,575	3.92	609.85
CR	Child and Family Guidance Center	00207	15	61	430	3.92	1.68
NR.	Indirect Cost Rate is based on the Cost Report Actual I	00783	15	61	2.102	3.74	7.86
NR	Children's Bureau	00668	15	61	120	2.98	35
NR	Childrens Hospital Los Angeles	00179	15	61	8.225	4,23	34.79
CR	Children's Institute International	00591	15	61	751	3.98	2,99
NR	Community Counseling Service	00180	15	61	905	2.25	2.03
NR	Community Family Guidance Center	00181	15	61	12,315	1.78	21,92
CR	Devereux Foundation	00472	15	61	3,455	3.49	12,00
CR	Didi Hirsch Psychiatric Service	00183	15	61	22,160	3.47	78,90
NR	Dubnoff Center For Child Development	00184	15	61	21,940	4.23	92,8
NR	El Centro de Amistad. Inc.	00185	15	61	150	3.87	52,0
NR	Enki Health & Research	00188	15	61	68,123	3.31	225.4
NR	Five Acres Boys' & Girls' Aid Society of Los Angeles	00647	15	61	661	3.84	2.5
NR	Foothill Family Service	00724	15	61	841	4.17	3,50
NR	Gateways Hosp & MHC	00190	15	61	3,340	3.00	10,0
NR	Hamburger Home, Inc	00174	15	61	1,392	3.45	4,8
NR	Halhaway Children and Family Services	00192	15	61	37,166	3.40	126.3
NR	Help Group Child & Family Center	00198	15	61	61,455	4.15	255,0
NR	Hillsides .	00321	15	61	9,585	3.95	37,8
NR	Intercommunity Child Guidance Center	00195	15	61	15,634	3.38	52,84
NR	LAUSD 97th St.Mental Health	00195	15	61	435	4.09	1,7.
NR	Los Angeles Child Guidance Clinic	001199	15	61	37,092	3.63	134.6
NR	Pacific Clinics	00203	15	61	79,775	3.05	243.3
NR	Pasadena Childrens Training Society dba The Sycamo	00203	15	61	36,665	3.59	131,6
NR	Penny Lane Centers	00204	15	61	667	4.05	2.70
CR	Saint Johns Health Center	00201	15	61	14,486	4.05	61,2
NR	San Fernando Valley CMHC, Inc	00217	15	61	750	3.65	2.73
NR	South Bay Children's Health Center	00200	15	61	15,190	3.88	58.9
NR	Special Service for Groups	00213	15	61	2.378	3.33	7.9
NR	St. Francis Medical Center - Children's Center	00784	15	61	370	3.48	1,3
NR	Star View	00543	15	61	900	3.48	3.13
CR	Stirling Behavioral Health Institute	00343	15	61	120	2.69	3,1,
NR	The Almansor Center	00210	15	61	5,550	3.54	19.64
NR	The Guidance Center	00171	15	61	31,586	2.76	87,1
CR	The Guidance Center	00191	15	61	7,796	2.76	22,7
CR	Verdugo Mental Health Center	00191	15	61	29.642	3.43	101,63
NR	Vista Del Mar	00196	15	61	69,600	3.43	
1417	Lange Dol Mills	00130	13	υı	09,000	3.12	258,9

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 99 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.

From Attachment 5, Column (8); To HDS-2, Line (04), column (9). From Attachment 5, Column (8); To HDS-1, Line (07 From Attachment 5, Column (8); To HDS-1, Line (08)	From Attachment 5, Column (9) From Attachment 5, Column (9) From Attachment 5, Column (10) From Attachment 5, Column (10) From Attachment 5, Column (11) From Attachment 5, Sum of Columns (12) through (15) From Attachment 5, sum of Columns (16) and (17) From Attachment 5, sum of Columns (16) and (17) From Attachment 5, Column (18); To HDS-1, Line (10)	From Attachment 5, Column (19); To HDS-1, Line (11)
\$ 2,981,091 203,322 \$ 3,184,413	\$ (607,496) (40,860) (764,552) (5,1803) (6,400) (4,955) (4,458) \$ (1,480,524)	\$ 1,703,889
1 AB3632 Program - Medication Monitoring Gross Cost 2 Administration Cost 3 Gross AB 3632 Cost	Cost Reduction - Other Reimbursements Final Early and Periodic Screening, Diagnosis, and Treatment State General Fund (EPSDT-SGF) EPSDT-SGF share of Administration Costs ERST Face Federal Financial Participation (FFP) 7 FFP share of Administration Costs 8 Federal SAMHSA Grant and share of Administration Costs Third Party Revenues & share of Administration Costs Other State and Local Funds and share of Administration Tosts Total Cost Reduction - Other Reimbursements Total Cost Reduction - Other Reimbursements	11 SB 90 Claimed Amount
Line 1 Line 2 Line 3	Line 4 Line 5 Line 6 Line 7 Line 9 Line 10	Line 11

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
SB30 - CHAPTER 1128/94 HANDICAPPED AND DISABLED STUDENTS II
MEDICATION MONITORING SERVICES EXPENDITURES AND REVENUES WORKSHEET
FISCAL YEAR 2002-2003

Entity Name						-			Rev	ENLE OF	FSETS (C	HER REIM	MBURSEMEN	T6)	1 orai		88
	Entity	Mode	SFC	AB 3632 UNITS	Applicable Rate	Gross AB 3632 Cost	Final EPSDT-SGF	Final	-	Patient Fees Ir	Patient Insurance	Medicare	3rd Party/ Other	State	- 10 10	Total Offsets sum 9 thru 17)	Claimed Amount (8 - 18)
	9000	15	19	46,896	\$ 3.57	\$ 167,613	\$ 27,809	\$ 39,250	11		¥.	10	\$ 235	•	69	67,394	100,219
Aspen Health Services	00519	15	61	5,785	3,32	19,206	8.707	8,958	•	90		100	•	(•)	•	17,665	15.
Associated League of Mexican-Ameri	00173	15	61	888	3.51	3,117	1,499	1,575	ě,		•	2 (•	٠	3,074	9 54
Cedars-Sinal Medical Center	00178	15	2	705	4 09	2,883	181	184	•		1	9 1		C 0		25.250	51 870
Child & Family Center	00210	15	6	19,755	3.35	66,179	2,583	8,733	¥	4		*	0.450	6		000 300	344 34
Child and Family Guidance Center	00207	15	6	155,575	3.92	609,854	132,166	159,414	ï	1,161	20		2,139	**	i.	במת'ספס	1,686
Child and Family Guidence Certler	00207	15	9	430	3 92	1.586	*	*	#	*		*	*	*	6	0 620	20, 4
Indirect Cost Rate is based on the Cc	00783	5	61	2,102	3.74	7,861	3,308	3,371	¥			e.	•	•01		6/9'0	791,1
Children's Bureau	00668	15	61	120	2.98	358	28	22	¥	9		52		(*))	٠	279	
Childrens Hospital Los Angeles	00179	5	61	8,225	4.23	34,792	10,116	10,508	¥ii	í.	ij	(#)		٠		20,624	14,168
Children's Institute International	00591	15	61	751	3.98	2,992	327	338	•	•	•		•	39	4	965	2,327
Community Counsellor Sarvice	00180	15	93	908	2.25	2.036	563	571	4	i.		đ	i i	Я	×	481	905
Committee Comite Children Conter	00181	i f	6	12.315	1.78	21 921	1.441	5,601	×	Î	Tr.	æ	•	(*)	*	7,042	14,879
all my Guadance Cerna	2000	3 4	5 6	3 466	3.40	42.063	5	33	9	•	¥		*	*	•	88	11,997
Devereux Foundation	200472	<u>.</u>	5 6	0.400	8 t c	12,000	204 44	20000	K 3		1					37.178	39.72
Did Hirsch Psychiatric Service	00183	13	50	200	14.6	CD8,87	10,100	20,395	¥.		8	1.0		V/108		44 110	48 696
Dubnoff Center For Child Developmer	00184	15	61	21,940	4.23	92,806	18,642	72,406	£	9)	•	! ()			C	7	
El Centro de Amistad, Inc.	00185	15	6	150	387	581	8	87	¥())	·		•	-	1		4/1	000
Enki Health & Research	00189	15	19	68,123	3.31	225,487	66,352	75,987	•	٠		•	i	762	4	143,101	62,386
Five Acres Boar, & Gide, Aid Spright.	00647	15	61	661	3.84	2.538	986	981	1		/14	e.	•	•	•	1.967	28
Southill Femily Service	00774	u:	6	841	4 17	3.507	100	201	9	9	•	t	T	9	*	202	3,305
my cer mas	00100	, t	, ₄	JAK F	96	10.000	2 882	2 925		,	14		4	*	ï	5,807	4,213
Caleways Hosp & Mri	200	2 4	, t	2000	3.45	4 800	1 355	1 413	•	٠		•	•		•	2,768	2,034
Hamburger Home, Inc	2 2 2 2 2	2 4	5 6	74.00	40	126 364	33.013	36.451		•		٠		1	94	69,464	26,900
Hathaway Children and Family Servic	28100	2 5	5 6	27, 100	100	100,000	64.740	3000		0 1	0.		7.14		54	106 754	148 284
Heip Group Child & Family Center	00198	5	- Q	61,455	C. 4	960,062	4.10	92,000	6 000	H	670		ed la	9	i.	7 172	30 689
	00321	15	•	9,585	3.95	37,861	3,545	3,627	6 00	•	. /			700		and ac	26,483
Intercommunity Child Guidance Cente	00195	15	61	15,634	3.38	52,843	9,193	16,883	•	À	•	ě	•	1	ž.	005'07	25.02
LAUSD S7th St Mental Health	00315	15	61	435	4.09	1,779	756	774		•	*	Ý		2	×	Dec.	748
ns Anceles Child Guidan e Clinic	00199	15	91	37,092	3.63	134,644	51,498	59,187	×	٠	(4)	*	ř	Ť	e.	1.3,685	808.CZ
Pacific Cinics	00203	15	61	79.775	3.05	243,314	59,528	71,954	•	06	n	348	•	•	Đ.	131,924	111,390
Maderna Tenining Conjety	0000	ñ	ī	35 655	9.50	134 627	33.689	44.261	0	9	R	•		•		77.950	53,671
Pasadena Chedrens Treming Society	90200	<u>.</u>	D W	50,000	100	20,00	2000	2				ij.			176	833	1,768
Penny Lane Centers	מממח	0 1	õ	200	3.4	4,70	4 007	3 2	0000	Ŋ.) 1954 	Ď	190	•	٠	9.913	51,363
Saint Johns Health Center	00217	e e	6	14,486	5.53	91,270	100'6	מאסים	(()	•))	C)	- 1	- 3	1	9	733	2005
San Fernando Valley CMHC, Inc.	00208	15	61	750	3.65	2,738	186	Ž,	,	•	2	,		•	k :	2 5	190
South Bay Children's Health Center	00213	5	51	15,190	3.88	28,937		5,576	×	٠	X.	Ť		•	•	0,000	9 9
Special Service for Groups	00214	15	61	2,378	3 33	7,919	217	645)¥	٠	*	•	*		•	700	3
St. Francis Medical Center - Children'	00784	1 5	61	370	3.48	1,288	634	647	*	٠	96	ř	٠	•	¥()	1,287	1
	00543	15	61	006	3.48	3,132	257	261	*		30	300	£?	ì	2,234	2,752	280
Stirling Behavioral Health Institute	00216	5	61	120	2.69	322		*/	*5	-	*()		62	•	(*)	-	321
The Afmansor Center	00171	5	6	5.550	3.54	19,647	5,725	7,911	6) (c)	•	*	9	i e	13,636	6,011
The Cuidance Contor	00101	7.5	5	31 586	2.76	87.177	26.236	29.608			:4	•		•	×	55,844	31,333
	1000	ų	: Œ	7 706	200	707 00	111	(0)	6 020	Giù.	*	Ö	EX.	ř	740	020'9	16,707
THE GUIDENCE CENTRAL	1000	2 4	5 6	0000	4 6	000 000	4 243	15.412			9	٠	٠	*	٠	16.624	85.014
Verdugo Mental Health Certer	17700	2 ;	ō (28,042	2 6	250.030	22 745	26.001		1		.•	٠	893		70,706	188,206
Vista Del Mar	8	2	0	00000	31.5	A P. CO. POR 4	e con 100	E 764 EED	A E 020	236 + 3	642	348	305.6	\$ 1 959	\$ 2234	1,386,903	\$ 1.594.188
						7,301,031	,	*	*	3				- The second of			
Administration Cost - LACDMH			15 4730%			25,935	4.318	6,073			, 5	. 8	8 4	424	141	10,427	15,508 163
Contractor (NGA)			6.3049%			177,387		45,730	380	8	9	3 8	8 5	***	177	02 671	100 20
						203,322		50,803			3	1	115	*7		7	
				930 000		C 9 454 442	E 678 955	£ 848 255	S 8 400	\$ 1 335 6	682	\$ 370	\$ 2.568	\$ 2.083	\$ 2,375	1,480,524	\$ 1,703 889

mt/Gencianal/MSB90/FY2003/pickl FY03 cleim

5/8/2006 4:15 PM

Genciana Macalalad

om:

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





J. TYLER McCAULEY AUDITOR-CONTROLLER

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

October 28, 2002

TO:

Gurubunda Singh Khaisa

Department of Mental Health

FROM:

John Naimo, Chie

Accounting Division

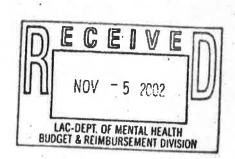
SUBJECT:

Fiscal Year 2002-2003 Indirect Cost Proposal

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 dmhicp



Markery Carle Role Carlo Carlo

NOV 04 2002

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH WORFECT COST RATE PROPAGSAL - PLAN YEAR 2002/2003 BIN WORKHER COST RATE BY PROCRAM SIN WORKHER 4 FOR INSTRUCTORING COST GARBIS	10
SALARIES AND EMPLOYEE BENEFITS COAP	11
EXECUTIVE OFFICE GENERAL ADMINISTRATIVE OPERATIONS GENERAL ADMINISTRATIVE OPERATIONS MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT GONTRACTS ADMINISTRATION MANGEMENT INFORMATION SYSTEM DMIN DIRECTLY OPERATIOS PROGRAMS (DMH) UNE SUPPORTISUPP RATESSEPEC SHELTERS PROVING OPMINACT PROVIDERS (NGA)	च ंस्
ONS TARLO GLARDIANIPO) TARLO CONFIDE MANAGED CARE TER FOR SERVICE - INFATIENT (FPS) UNALLOWABLE COSTS STATE POSPTALS & EB SERVICES & SUPPLES / OTHER CHARGES/FIXED ASSETS	100
OCAP BECOLITY OFFICE GENERAL ADMINISTRATIVE OPERATIONS REVAL BENYICES COUTRACTS ADMINISTRATION / PROGRAM SUPPORT COUTRACTS ADMINISTRATION SYSTEM MANAGEMENT INFORMATION SYSTEM DAN DRECTLY OFFIXED PROGRAMS (DAN) FINITE SUPPORTISUPP RATESSPEC SHELTERS PRIVATE COUTRACT PROVIDERS INGAL	. 6
ONS THELC GLARDIANIFG) TAR I, OFFICE OF MAINIGED CARE FEE FOR SERVICE - INFATIENT (FFS) STATE HOSPITALS CARRY FORWARD - CCAP - Worlsheat 3-A CARRY FORWARD - DIAM - Worlsheat 3-B SUBTOTAL SERVICES & SUPPLIES	
TOTAL EXPENDITURES CAMP EXECUTIVE OFFICE EXECUTIVE OFFICE EXECUTIVE OFFICE FISCAL SERVICES MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT CONTRACTIS ADMINISTRATION MANAGEMENT NATOM OWN DIRECTLY OPERATED PROGRAMS (DMH) ILE SUPPORTISULP RATESSPEC SHELTERS PROVIDERS (NGA)	F #25 H
URBLIC GLARDIANIPG) TAR / OPIEC GE MANAGED CARE TRE POPEC GE MANAGED CARE TRE POS SERVICE - NRATIENT (FFS) UNALLOWABLE COSTS STATE TOSSPINALS CARRY FORWARD - CCAP - Worksheet 3-A CARRY FORWARD - DMH - Worksheet 3-B TOTAL EXPENDITURES	П

Total	501,304	2.971.228	8,218,170	1,587,900	V.	•	90	•	0 180		18,571,424	2,504,970	189,839	384.476	2,242,184	6,183,556	() (c)	344,181,589	(#250)	1 0.280	**	• • • • • • • • • • • • • • • • • • • •	4,051,472	340,940,340	2,604,970	100,000	10,460,354	3,432,545	,	344 181 589	*	• •	•	•	4,051,472	306,519,764	5.7824% 8.485%
Description			e get	2 2	(/ %			• 44		100		134	#115		•1)			344,181,589	•	•	•();()			344.181.589	.,					344 181 500	•		•	•(0)	•	344,181,580	DANH OH
Indres	501,304	2.871.228	8,216,170	1.587.800	•		·	• •		•	16,571,424	2,504,970	189,638	364.476	2,242,184	6.183.558	1	1 (1) 1 (1)	•	• ()	¥019	• *	4,061,472	5,796,751	2,504,970		3,350,704	3,432,545	954'11'1		c:			•	4,051,472	22,336,175	241 ES 102
Total	11,032	41.750	22,823	244.647	(*		•			٠	354 030	48,736	3,519	5.423	15,662	3,028	1	6,421,506	٠	V.2.14	•:5	•	102,770	1025.343	46,736	×	30.286	30,012	1,186,324	6,421,509	sc#:	•		2910	102,770	(SSB 781)	14,1880% 9.72,70
AND DAMPS TO STATE OF THE PARTY	• •	• •	٠	٠.	٠).					٠	•				٠	6,421,509		•	**			6,421,508	96.54	0.(4)		***		6,421,509		X(*)	614	/3 9	••	6,421,509	DMHOH
Entrect	11,032	41 750	22,623	244,847	3	0.14	•	((a)			354,036	46,736	3,519	5.423	15,662	3,026		. 1	81				102,770	603,634	46,736	!	47,173	38,812	1,188,324	<u> </u>		٠			102,770	(525,781)	
Total	250,442	4,064,812 1 218 173	3,480,740	518,409	114,050,970		•			• 1	123,584,547	1.080,960	79,886	162 208	948,659	2 022 670	31,724,394			• •		f: •	1,875,055	47,016.257	1,060,960	12,565,570	1,380,379		145 776 364						1,875,055	171,500,804	16.9195%
SKI DARGAY UDERSHIP MOGRATIS	(a) 41		65 4 73		114,050,970	* *	63 4	* (7)	• •		114,050,970	•	E *	¥6¶\$	■ 5 • 2	(*).3	31,724,384		0(*0	1966	in.		9	31,724,394	3	í.	• 0		145 775 384	80						145,775,364	DANH OH
Indept	250,442	4,064,812	3,400,740	519,409		(a)((a	(∴#	4 (20)		S0 • 0+3	9,533,576	1.060.960	79,896	8,500,758 162,206	949,669	2 023 670	4,000	9.3	105 0 1.		S1 *	*67	1,875,055	16.191.864	1,080,980	12,565,570	1,380,378		2,542,079	•	• •	ŧ	•	•	1.875,055	25 725 440	

ADMINISTRATION OVERHEAD RATE

AL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL NEALTH INDIRECT COST RATE PROPOSAL - PLAN YEAR 2002/2003 SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS CONTRACTS AMMINISTRATION
MANAGEMENT WEDRAATION SYSTEM
DIAH DRECETLY OPERATED PROGRAMS (DAH)
LIFE SUPPORTSUIPP RATES/SPEC SYEL TERS
PRIVATE CONTRACT PROVIDERS (NGA) MANAGEMENT INFORMATION SYSTEM DAY DIRECTLY OPERATED PROGRAMS (DAH) LIFE SUPPORT/SUPP RATES/SPEC SHELTERS PROVIED ON IT SACT PROVIDERS (NGA) NDRECT COST RATE BY PROGRAM See Worksheel 4 for Indirect/Direct Cost details EXECUTIVE OFFICE GENERAL ADMINISTRATIVE OPERATIONS EXECUTIVE OFFICE SENERAL ADMINISTRATIVE OPERATIONS FISCAL SERVICES CARRY FORWARD - CCAP - Worksheet 3-A CARRY FORWARD - DMH - Worksheet 3-B SUBTOTAL SERVICES & SUPPLIES PUBLIC GLIARDAMPG).
TAY 1 OFFICE OF MANAGED CARE.
FEE FOR SERVICE. INPATIENT (FFS).
WALLOWABLE COSTS.
STATE HOSPITALS.
SUBTOTAL SALARIES & EB. PUBLIC GLIARDIANIPG)
TAR I OFFICE OF MANAGED CARE
FEE FOR SERVICE - INPATIENT (FFS)
UNALLOWABLE COSTS
STATE HOSPITALS SALARIES AND EMPLOYEE BENEFITS CCAP

3,752,166

3,762,186

4,577,535

4,577,535

5,155,780

TAR LOffice of Menaged Care

7,177 112,886 27,160 18,286

12,873 194,223 47,980 314,688

35,485

35,466

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178.207 411,957 38,951 64,859

178,207 411,857 38,951 64,859

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TOTAL EXPENDITURES CCAP	EXECUTIVE OFFICE	GENERAL ADMINISTRATIVE OPERATIONS RSCAL SERVICES	MENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	CONTRACTS ADMINISTRATION	MANAGEMENT INFORMATION SYSTEM	DAMH DIRECTLY OPERATED PROGRAMS (DAMH)	LIFE SUPPORTISUPP RATES/SPEC SHELTERS	PRIVATE CONTRACT PROVIDERS (NGA)	543	PUBLIC GUARDIAN(PG)	TAR / OFFICE OF MANAGED CARE	FEE FOR SERVICE - IMPATIENT (FFS)	UNALLOWABLE COSTS	STATEHOSPITALS	CARRY FORWARD - CCAP - Worksheet 3-A	CARRY FORWARD - DMH - Worksheet 3-8	TOTAL EXPENDITURES	

19,242									
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E2.572,843 E2.574 34,15	11 314	0.74	11314	4 043	830	4 043	2200	900	
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### 150.242 \$3.667 \$7.60.010 \$3.555.334 \$11.00.403 \$4.000	(409,287)		(400.287)	121,051		121.651	41,345	0	413
## 190.242 \$3,667 \$3,667 \$0,403 \$4,400 \$4,400 \$4,400 \$4,400 \$4,400 \$4,400 \$4,400 \$4,000,403 \$4,400 \$4,000,403 \$4,400 \$4,000,403 \$4,400 \$4,000,403 \$4,400 \$4,000 \$4,	413.481	62,572,843	82 999, 304	20290	2,790,078	356324	378,447	426,160	603.6
E2,572,843 E2,572,843 E2,572,843 E4,773,00 E4,773 E4,000 E4,773 E4,773,40 E2,572,843 E2,572,843 E4,773,40 E2,572,843 E2,572,843 E2,572,843 E2,572,843 E4,773,40 E4,773,40 E2,572,843 E4,773,40 E4,77	150.242	*	150,242	53,667		53,667	30,403	*	30,403
82,572,843 82,572,843	46.779	(*)	48,779	16,718		16,716	9.406		9,4
20,272,843 82,572,843 54,189 30,697 24,189 30,697 24,189 30,697 24,189 30,697 30,697 30,772 315,329 42,924 42,924 42,924 42,924 42,924 41,17,349 41,17349 41	•		90	600,403	•	600,403	349,214	•	348.2
82,572,843 82,572,843 7,578,614 7,578,614 42,924 54,177,346 4,177,	201267	•	201,267	54,189		54,189	30,687	•	900
82,572,843 82,672,843 7,578,614 7,578,614 4,177,240 (4,177,240 1,190,131 1,1	640,244	7.0	540,244	335,779		336,779	28,919		28,9
82,572,843 82,672,843 7,578,614 7,576,614 4,177,340 4,17	40,772	*:	40,772	•	•		•	•	
82,572,843 82,572,843 7,578,614 7,578,614 4,177,240 4,177,240 1,2572,843 15,359 108,131 108,131 64,002 12,177,240 1,2572,843 12,176,614 1,2572,843 12,177,240 1,2572,843 1,2572,843 12,177,240 12,177,240 12,177,240 12,177,240 12,177,240 12,177,24,177,240 12,177,240 12,177,240 12,177,240 12,177,240 12,177,240	317,433		317,433	42,824	•	42,024		•	
82,572,843 82,572,843 7,578,614 7,578,614 4,177,240 4,177,240 12,572,843 15,546 109,131 109,131 109,131 109,131 11,134,135 11,134,13	•		•	*	Æ:	•	•	•	
82,572,943 82,672,943 7,578,614 7,576,614 4,177,346 4,17	•		•		•			•	
82,572,843 82,672,843 7,578,614 7,576,614 4,177,340 4,177,340 8,157,340 106,131 106,131 64,002 117,340	. •	9.		•		•	•	•	
315,350 100,131 100,131 54,002 4,177,340 (400,237) 121,651 120,131 54,002 (400,237) 121,651 12	•	62.572.843	82.572.843			•	•		
315,350 100,131 100,131 64,002 4,177,340 (4,072) 121,061 100,131 64,002 121,061 121,06	1.9	(0.9)	•	٠	7,378,614	7,376,614			
315,350 100,131 100,131 64,002 (400,25) 121,061 131,062 (41,006 41) 131,061 (21,061 41,306 41) 131,061 (21,061 41,306 41) 131,061 (21,061 41,306 41) 131,061 (21,061 41,306 41) 131,061 (21,061 41,306 41) 131,061 (21,061 41,306 41) 131,061 (21,061 41,306 41) 131,061 (21,061 41,306 41) 131,061 (21,061 41,306 41,				•	•	•	•	4,177,348	4,177,3
315,350 100,131 100,131 64,002 41,345 121,651 64,002 41,745 41,345 121,651 64,002 64,002 64,003 121,651 64,003 64,	*	•		(*)	s đ		•	•	
315.350 109:131 106.131 64,002 109:131 64,002 1177.350 109:131 106.131 64,002 1177.350 1177.3	•	*	•	.19		٠	•	•.	
28,52.6 (400,25) (100,13) (400			•	2	•	•		•	
12,572,843 83,715,643 133,4489 7,376,614 8,711,644 544,000 4,777,546 13,376,74 9,187,94 9,187	315,350	•	315,350	109,131	•	108,131	54,002		
DAHIOH 1,2020% DAHOH 17,3029% СОДР ОСДР ОСДР ОСДР ОСДР ОСДР ОСДР ОСДР	1.147,800	T	62,715,643	1 34 480	7,376,614	E711.001	544,036	4377.546	47.75
CCVV 0 (200)			1.2020%		ONNON	17,3629%	×	HOHMO	12,28
		300	0.150%	100	8	0.727.00	The state of the s	000	24.0

ADMINISTRATION OVERHEAD RATE

FOGENMI SUPPORT TOTAL TO	MORECT COST RATE PROPOGAL - PLAN YEAR 2002/2003					
FOOGRAM SUPPORT TESTS 273.665 11388 61388 64,888 61388 773.863 273.686 11388 773.863 273.686 11388 1189.063 1189.063 115.510 1189.063 117.510 1189.063 117.510 1189.063 117.510 1189.063 117.510 1189.063 117.510 1189.063	INDIRECT COST RATE BY PROGRAM See Worksheat 4 for Indirect/Direct Cost details		6			
FROGRAMI SUPPORT 273,663 54,888 64,888 54,888 54,888 54,888 57,416 637	SALAPJES AND EMPLOYEE BENEFTS	Profesco	Feet for Service Deect	Total	Indeed	Charlo
273,863 273,663 WHITE THE STATE TO THE CORD TO THE CO	CCAP EXECUTIVE OFFICE THERE A MARKETPATHE OFFICE	54,888	* *	54,888	91,388	
ED ASSETS 1256.011 1256.	STATION OF THE PERSON OF THE PROPERTY OF THE PROPERTY OF THE PERSON OF T	273,663	* (2)*	273,663	345,889	
### SECOND 1,500,000 1,500	WIRACTS ADMINISTRATION SYSTEM	168,083	• •	168,063	167,425	
## SECONT 1,396,011 1,396,011 1,396,011 1,396,011 1,396,011 1,510	AM DIRECTLY OPERATED PROGRAMS (DAM) FE SUPPORTS UP BATES/SPEC SAST TEDS	70X177	• (*)	286,722	(•)/:: •	
1,356,011 1,366,011 222,524 7,510 1,506,609 1,506,909 199,087 1,506,909 199,087 1,506,109 356,976 366,976 1,507,360,109 77,360,109 1,508,115 193,147 1,096,319 7,360,109 77,360,109 153,167 1,096,319 153,167 1,096,319 153,167 1,096,319 153,167 1,096,319 153,167 1,096,319 153,167 1,096,319 153,167 1,096,319 153,167 1,096,319 153,167 1,096,319 153,167 1,096,319 153,167 1,096,319 153,160 1,357,00 113,170 1,380,109 1,397,00 113,170 1,380,109 1,396,979	INATE CONTRACT PROVIDERS (NGA)	• •	*::*	• •	• 118 ▼	
1,356,011 1,366,011 1,366,011 1,506,011 1,506,011 1,506,011 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,000 1,506,011 1,506,	PELIC GUARDIAN(PG)	e****	659 E	101	***	
1,355,011 1,356,011 1,356,011 1,550,001 1,550,000 1,550,000 1,500,	E POR SERVICE - INPATIENT (FFS)	€ 5Ⅱ †	****	••	* *	
1,506,006 1,507,006,006 1,507,006 1,507,	ALLOWABLE COSTS ATE HOSPITALS	#5.0 *	n sa		SISE •	
222,524 17,510 1,500,606 16,085 16,085 16,085 16,085 16,085 16,085 16,085 16,085 16,085 16,085 17,380,108 17,380,108 17,380,108 17,280,108 17,280,108 17,280,108 17,280,108 17,280,108 17,280,108 17,280,108 17,280,108 183,147 1,086,319 1,782,780 183,147 1,086,319 1,380,970 1,38	BTOTAL SALARIES & EB	1,356,011	,	1,356,011	624,718	11
17.510 17.510 17.510 17.510 17.510 17.510 17.510 17.510 15.005 000 1.5.00.500 1.5.00.500 1.5.00.500 1.5.00.500 1.5.00.500 1.5.00.500 1.5.00.500 1.5.00.500 1.5.00.500 1.5.00.500 1.00 1.	KYNCES & SUFFLES / OTHER CHARGES/FIXED ASSETS	232,524	3.8	232,624	367,195	
1500 609 1,500,809 1,500,809 1,500,809 1,500,809 1,500,809 1,500,809 1,500,809 1,500,809 1,500,809 1,500,809 1,500,809 1,500,1	ENERAL ADMINISTRATIVE OPERATIONS	17,510	*::*	17,510	29,158	
16.065 16	SCAL SERVICES ENTAL HEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT	1,506,909	*//*/	1,506,909	44,925	
356.076 77.380,106 77.280,106 75.280,106 155.720 356.976 356.976 356.976 356.976 356.976 356.976 356.976 356.976 356.976 356.976 356.976 356.976 155.720 1089.316 15.86.976 356.976 356.976 356.976 155.720 1089.316 155.720 356.976 3	ANAGEMENT INFORMATION SYSTEM	15,085 884,357	* *	15,065 864,357	* *	
355.00 108 77.380.108 77.380.108 355.00 108	AH DHECTLY OPERATED PROGRAMS (DMH) E SUPPORTISUPP RATES/SPEC SHELTERS			• •	18 B	
336,976 77,380,106 77,380,108 77,380,108 155,780 108 1	IVATE CONTRACT PROVIDERS (NGA) S	• •	* 2		•	
336,976 336,976 152,730 232,534 77,380,108 77,380,108 77,380,108 77,380,108 183,147 1,086,319 77,380,108 77,380,108 77,380,108 77,380,108 77,380,108 77,380,108 77,380,108 77,380,108 77,380,108 77,380,108	IBLIC GUARDAMPG) R / OFFICE OF MANAGED CARE		0.00		164	
354,076 356,07	E FOR SERVICE - IMPATIENT (FFS) VALLOWABLE COSTS	5 .2	77,360,106	77,380,108	• N	
159,780 3,349,822 72,386 1,782,572 1,782,572 1,83,147 1,986,319 1,986,319 1,986,316 1,986,	ATE HOSPITALS ARRY FORWARD - CCAP - Wortehans 3-A	328 676	•	- 200 076	. 643 690	
222,524 72,306 1,782,572 384,115 183,117 1086,319 11,086,319 11,086,319 17,380,108 11,080,319 11,080,319 11,080,310 11,080 11,080 11,080 11,080 11	NRRY FORWARD - DIGH - Workshoot 3-B JBTOTAL SERVICES & SUPPLIES	3,340,622	77,360,108	156.700	776.941)	
232.524 225.54 72,396 72,396 72,396 72,396 72,396 72,396 72,396 72,396 1,086,319 1,086,319 1,086,319 1,086,319 77,380,108 135,70 135,70 145,70 17,380,108)TAL EXPENDITURES					
356,976 17,280,108 178,2572 1,782,572 1,782,572 1,782,572 1,380,108 177,380,108 153,77 356,976 155,790,108 155,790 155	AP (ECUTIVE OFFICE	232,524 72,398	*:15	222,022 28,027 398	387,195	
386,115 884,115 886,115 886,115 886,115 886,115 886,115 886,115 883,11	ENERAL ADMINISTRATIVE OPERATIONS SCAL SERVICES	1,782,572		1,782,572	390,614	
1,086,319 1,086,319 1,086,319 ERS 77,380,108 77,380,108 153,780 153,78	ENTAL MEALTH BUREAU ADMINISTRATION / PROGRAM SUPPORT DNTRACTS ADMINISTRATION	836,115		183,147	317,184	
77,380,108 386,976 183,780 17,380,108 134,780 17,380,108 17,380,108	NAGENERT PROBACTION SYSTEM AH DRECTTY OPERATED PROGRAMS ONLY	1,086,319	• •	1,086,319		
356,976 366,977 380,108 77,380,108 366,978 366	TE SUPPORTISUPP RATESSPEC SHELTERS THE CONTRACT RECOMPLESS PROPERTY AND A TOTAL TOT	(a 1 0)	0 •µ	•		
356,976 360,108 77,380,108 366,976 366,976 366,976 366,976 366,976 366,976 366,976 366,941	STATE CONTINUES TO STATE OF ST	100	•(1)		* *	
356,976 366,976 366,976 155,780,108 155,780 156,780 156,780 155,780 156,780 15	JOSEPH MANAGED CARE ES COS GERALCE INDIVIDUAL INFEST		- 12 380 408	77 340 f08	•	
356,976 366,976 155,760 155,700 4,785,533 77,380,106 82,065,941	ALOWABLE COSTS		pol'mor' i	2000,1000		
4,765,053 77,360,106 52,065,041	THE TOTAL CCAP - Worksheet 3-A MONTHINGS - DIMH - Worksheet 3-B	356,976		356,976	543,669	
	otal expenditures	4,705,833	77,380,108	62,086,541	107,707	11

(DL)	Gand			788 5.204.817						4,577,538	3.762	1,205,023	154,044,911		9,143,185	94,760 3,790,			344,181,	2,798.	425		- 1	129) (10,223,673) 866 (58,602,495	112,822 4,579,539 35,128 1,425,878				. 8.421.	344,181,	7,376,	. 77,380			11	1.8236%
	100		28,632	100.7	296,033	400 004	Ž						546,281	112,622	13.	2	478,326	9					62,006.1	62,703,866	35,	113,676	300	601,157			ā		62 006	281,914	42,280,157	1.82
Ial	State Hosoitals Derect		• 22		•			N. T.	• •	₹ 0	, ,	•					•	• •				• •	62,006,587	62,000,587						•			62 ONA 587	מליחתם מסי	42,006,587	DAMON
	Indirect	٠	26,622	100,786	206,033	122 824	i d	•00	0.00	9 10		123****	546.281	112,822	13.090	94,760	478,326		1050			. II	281,914	097.279	112,822 35,128	113,878	360,783	601,157				• •	• •	281,914	1243,900	
	Total		91,398	345,889	167,428	* *	006₹	#10	e397	(•).2		1,205,023	1829.739	387,196	44 925	129,756		•		* 1	0. 4	51,995,342	543,980	W 285 CM	387,195	300,614	317,184		•	•	13	•60	53,200,365	543,660	54,183,163	1.1185%
	Unaforeble Dods Droot	(10)		010*0	•	YCC#	10	X (1)	* (*)	(*))		1,206,023	1,205,023	• •	0.00		• •	, ,	on•n	. I.	•	51,995,342		\$1,996,342	*10*	• •	•		• •	•	• /•	• •	53,200,365	ē.	50,200,305	DIMHOH
	Indeed		D45.TA	345,889	167,428	•%(•	22.	•1.0		3.00	•	(a)	624.718	367,195	44.925	129,758	• •	9.8	50.00	* *	8. 1	£*	543,689	779 PK1)	387,195	390,814	317,184	rije.	9-1	•	6.	•	* •	543,669	(176,041)	
	Total	. 000	209'40	273,663	637,416	221.982	998	• • •	•	s• :	• X (•)	116	1,356,011	232,624	1.506.909	190,600	15,055		٠		,	77,300,108	356,976	80,709,830	72,398	1,782,572	1836,115	1,086,319	, ,			77,360,108		366,976	130 780	6.7824%
	Fee for Service Deect			:99 •	*	633•	*0	****	•00 •00	•	• •	18.4		* *	• •	70.00	•		OI * A	.#n:•≀	•	77,360,106	*1	77,360,106	•11	t d		0.0	• •	(i)	•	77,360,108	i e		24-SOAIG	DAMOH
	Refrect	900 73	94,000	273,663	168 083	221,962	*0		(e 7		SII•	•:(•	1,356,011	232,524	1,508,909	196,699	964,357		•		•	92.0	350,976	3.340 622	232,524	1,782,572	183 147	1,086,319			•177	• •		356,976	4 705,255	

Worksheer 2

(01)

ADMINISTRATION OVERHEAD RATE

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	Indire	ct Cost Rate (a)	Total	Indirect Cost	
DMH directly operated	\$	167,613		15.4730%	\$	25,935	
Private contract provider		2,813,478		6.3049%	Hulandia	177,387	
Total	\$	2,981,091			\$	203,322	- To HDS-1, Line (07).
Average Indirect Cost R	ate =					6.8204%	- To HDS-1, Line (06).

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

FY 2002-2003 YEAR-END COST REPORT		30					
INDIRECT COST RATE BY PROGRAM	38		(1)-		17	(2)	
See Worksheet 4 for Indirect/Direct Cost details	W			13	Ca7440 C 040 C 137		
W		Contract Contract	rectly Operated Pri	Total	Life Supp Indirect	Direct	Total
THE PART OF THE PA	18	Indirect	Direct	1008	RIORGIA	- Contract	1550
SALARIES AND EMPLOYEE SENEFITS CCAP	K			- 10			
EXECUTIVE OFFICE	7	334,533		334,533	5,250		5,250
GENERAL ADMINISTRATION OPERATIONS	1	5,571,883		5,571,883			
FISCAL SERVICES	12	1,477,281	1	1,477,261	18,503		18,503
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	100	3,249,953	-	3,249,953	8,416		8,416
CONTRACTS ADMINISTRATION	12			- 65-	11,744		11,744
MANAGEMENT INFORMATION SYSTEMS	居	602,735		602,735	71,658		71,658
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	10		146,511,650	146,511,650	•		*
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	1		8,909,410	8,909,410			
LIFE SUPPORT/SUPPLEMENTARY RATES	13	·		- 4			
DHS	100						
PUBLIC GUARDIAN	120					<u>_</u>	
TARIOFFICE OF MANAGED CARE	10						
FEE FOR SERVICE	120						
STATE HOSPITAL	100		- 7/-				
SD/MC UNREIMBURSABLE COSTS	10			- 1			
CONTRACT PROVIDERS	100	**********	155,421,060	166,657,425	115,571	-	115,571
SUB-TOTAL S&EB	-	11,238,365	165,421,060	100,007,425	110,011		7,10,017
THE RESERVE OF THE PROPERTY AND ASSETS	- (%)	N.					
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS	34	1,050,049	790	1,050,049	16,478		16,478
CCAP	7.4	46,860		46,850	735		735
EXECUTIVE OFFICE	155	14,086,521		14,086,521	-		
GENERAL ADMINISTRATION OPERATIONS	-	123,954		123,954	1,429		1,429
FISCAL SERVICES MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	++	748,792		748,792	3,401		3,401
CONTRACTS ADMINISTRATION	10	740,132		- 19	1,270		1,270
MANAGEMENT INFORMATION SYSTEMS	19	2,038,584	•	2,038,584	242,364		242,364
DMH DRECTLY OPERATED MH.PROGRAMS-GENERAL	150		28,032,201	28,032,201			
DMH DIRECTLY OPERATED MH. PROG-SPECIAL			6,109,639	6,109,639			
LIFE SUPPORT/SUPPLEMENTARY RATES	153					2,974,725	2,974,725
OHS			K.*2	• •			
PUBLIC GUARDIAN	1			. 3			
TARJOFFICE OF MANAGED CARE	13		-	• 3			
FEE FOR SERVICE	6	7.5		• *	•)		
STATE HOSPITAL	15.			•			
SDIMC UNREIMBURSABLE COSTS	100	•	-	- 1			
CONTRACT PROVIDERS	17.			• •		0.037.755	2 240 402
SUB-TOTAL SS & OTHERS		18,094,751	34,141,840	52,236,591	265,677	2,974,725	3,240,402
	555			. 3			
TOTAL EXPENDITURES		0.0000000000000000000000000000000000000		3	e E variant		10.479
CCAP	- 13			1,050,049			16,478
EXECUTIVE OFFICE	1/5	381,383	<u> </u>	381,383	5,985	······	0,000
GENERAL ADMINISTRATION OPERATIONS	13	19,658,405		19,658,405	40.000		19,932
FISCAL SERVICES	15	1,601,215		1,601,215		:	11,816
MENTAL REALTH BUREAU ADMINISTRATION/PROGRAM	P)	3,998,746		3,998,746	11,816		13,014
CONTRACTS ADMINISTRATION	-			2044 240 5		<u></u>	314,02
MANAGEMENT INFORMATION SYSTEMS	-	2,641,319	474 540 054	2,641,319	014,022		
IDMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	10		174,543,851	174,543,851			
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	13		15,019,049	15,019,049		2,974,725	2,974,72
LIFE SUPPORT/SUPPLEMENTARY RATES	-12	:	:	-		-	
PUBLIC GUARDIAN	1		-				
TAR/OFFICE OF MANAGED CARE	13.3				W .		
FEE FOR SERVICE	- 89					17.1	
STATE HOSPITAL	-			•			
SD/MC UNREIMBURSABLE COSTS					•		
CONTRACT PROVIDERS	13			-1		240	
TOTAL EXPENDITURES	80	29,331,116	189,562,900	218,894,016	381,248	2,974,725	3,355,97
	3						3, 21
	1		DMH OH	14.9191%	4	DMH OH	12.2623
			CCAR	0.6539%	1	CCAP	0.5539

CCAP

2,974,725 =

6,727,987 =

381,248 /

1,380,004 /

0.5539%

12.8162%

20.5114%

29,331,116 /

189,582,900 -=

25,267,863 / 175,904,855 =

0.5539%

14.3645%

15,4730%

ADMINISTRATION OVERHEAD RATE FOR 2002/2003

ADMINISTRATION OVERHEAD RATE FOR 2001/2002

INDIRECT COST RATE BY PROGRAM See Worksheet 4 for Indirect/Direct Cost details	A.:	ata Contract Provid	lars	1	DHS	
	2	AND DESCRIPTION OF THE PERSON	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS	Indirect	Direct	Ida	- Constant		
CCAP	<u> </u>			25.044		35,941
EXECUTIVE OFFICE	907,978		907,978	35,941		20,941
GENERAL ADMINISTRATION OPERATIONS		*				150.710
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	35,609		35,609
MANAGEMENT INFORMATION SYSTEMS	2,130,702	·	2,130,702	73,217		. 73,217
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	륹 -		- (B)			
DMH DIRECTLY OPERATED MH, PROG-SPECIAL	Stiff Stiff		- 12	(*)		
LIFE SUPPORT/SUPPLEMENTARY RATES	- E		- 35	-		
DHS	Gł .		• 1/4		0	0
PUBLIC GUARDIAN	8		• la			
TAR/OFFICE OF MANAGED CARE			- Hi			
FEE FOR SERVICE	10 ·		- 34	•		
STATE HOSPITAL	K	•	• 10	•	•	- 14
SDIMC UNREIMBURSABLE COSTS	W .		· 36		•	
CONTRACT PROVIDERS		•	- 統		(*)	
SUB-TOTAL S&EB	19,592,448		19,592,448	632,495	0	632,495
OUD-INTAL OULD	18.		- E21			
The second secon	-16		. 19			
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS	2,850,005		2,850,005	112,814		112,814
CCAP				5,033		5,033
EXECUTIVE OFFICE	127,160		127,160	0,033		-
GENERAL ADMINISTRATION OPERATIONS	Elec-		200 400	49.947		13,317
FISCAL SERVICES	336,432		335,432	13,317		78,661
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	2,032,346		2,032,346	78,661		763
CONTRACTS ADMINISTRATION	293,936		293,936	763		247,637
MANAGEMENT INFORMATION SYSTEMS	7,206,513		7,206,513	247,637		241,031
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	· ·		- 13	•		
DMH DIRECTLY OPERATED MH, PROG-SPECIAL		•	· 為			*
LIFE SUPPORT/SUPPLEMENTARY RATES		(*)	- 3			
DH8	6.		- 50		81,464,004	81,464,004
PUBLIC GUARDIAN	· ·		- 5%	•		
TAR/OFFICE OF MANAGED CARE	Ř .		- 52	•		
FEE FOR SERVICE			• (\$\langle \)		<u> </u>	
STATE HOSPITAL	- E	•	- 10			
SD/MC UNREIMBURSABLE COSTS	*		. Bg.			
CONTRACT PROVIDERS	£50	514,504,976	514,504,976			
SUB-TOTAL SS & OTHERS	12,646,392	514,504,976	527,351,368	458,225	81,464,004	81,922,229
TOTAL EXPENDITURES	- A-					10
CCAP	2,850,005	041	2,850,005	112,814		112,814
EXECUTIVE OFFICE	1,035,138	(*)	1,035,138	40,975		40,975
GENERAL ADMINISTRATION OPERATIONS	81 .		- 8			
FISCAL SERVICES	4,345,962		4,345,962	172,029		172,025
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		36,37
MANAGEMENT INFORMATION SYSTEMS	9,337,216		9,337,216	320,854		320,85
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	117		- 4		•	Action results and
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	75		• 37	-		1
	Ba .		- 32			
			- 1		81,464,004	81,464,00
LIFE SUPPORT/SUPPLEMENTARY RATES	100					
LIFE SUPPORT/SUPPLEMENTARY RATES OHS						
LIFE SUPPORT/SUPPLEMENTARY RATES DHS PUBLIC GUARDIAN	.				-	
LIFE SUPPORT/SUPPLEMENTARY RATES OHS PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE			• 5			
LIFE SUPPORT/SUPPLEMENTARY RATES DHS PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE FEE FOR SERVICE						
LIFE SUPPORT/SUPPLEMENTARY RATES DHS PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL			• 5	:		
LIFE SUPPORT/SUPPLEMENTARY RATES DHS PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL. SD/MC UNREIMBURSABLE COSTS				-		
LIFE SUPPORT/SUPPLEMENTARY RATES DHS PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL. SD/MC UNREIMBURSABLE COSTS CONTRACT PROVIDERS		514,504,976	514,504,976	:		
LIFE SUPPORT/SUPPLEMENTARY RATES DHS PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL. SD/MC UNREIMBURSABLE COSTS				:		
LIFE SUPPORT/SUPPLEMENTARY RATES DHS PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL. SD/MC UNREIMBURSABLE COSTS CONTRACT PROVIDERS		514,504,976 514,504,976	514,504,976 548,943.816	:	81,464,004	82,554,724
LIFE SUPPORT/SUPPLEMENTARY RATES DHS PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL SD/MC UNREIMBURSABLE COSTS CONTRACT PROVIDERS		514,504,976	514,504,976 546,943,816 5.7509%	:	B1,464,004	82,554,724 1,2004
LIFE SUPPORT/SUPPLEMENTARY RATES DHS PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL. SD/MC UNREIMBURSABLE COSTS CONTRACT PROVIDERS		514,504,976 514,504,976	514,504,976 548,943.816	1,090,720	81,464,004	82,554,724

NDIRECT COST RATE BY PROGRAM Bee Worksheet 4 for indirect/Direct Cost details			(5)			(6)	
	127	ρ	ublic Guardian	3/H	TAR / OF	fice of Managed (Care
	10	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS		24					
CCAP EXECUTIVE OFFICE	57.4	15,158		15,158	9,537		9,537
GENERAL ADMINISTRATION OPERATIONS	100	251,011		251,011	190,327		190,327
FISCAL SERVICES	Kill	53,427		53,427	33,814		33,614
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	100	321,990		321,990	20,544		20,544
CONTRACTS ADMINISTRATION	群			- 6			
MANAGEMENT INFORMATION SYSTEMS	181	10,008	•	10,008		10 11	
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	į.		•	• 2	· · · · · · · · · · · · · · · · · · ·	•	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	10.7		(*)	- (4)			
LIFE SUPPORT/SUPPLEMENTARY RATES	907			- 50	-	•	
DHS	106			► .65.			
PUBLIC GUARDIAN			5,158,093	5,158,093			C 000 000
TAR/OFFICE OF MANAGED CARE	10.4		•	- 3		6,083,585	5,083,586
FEE FOR BERVICE				- 101			
STATE HOSPITAL	<u> </u>) • l:			:	
SDMC UNREMBURSABLE COSTS	-			- :8	:	:	
CONTRACT PROVIDERS	-	651,594	5,168,093	5,809,887	254,022	5,083,585	5,337,608
SUB-TOTAL S&EB	1	651,584	3,100,943	5,000,007	224,022	0,000,000	5,361,756
SERVICES & SUPPLIES / OTHER CHARGES/FOXED ASSETS	13						
CCAP	741	47,579		47,579	29,935		29,935
EXECUTIVE OFFICE	100	2,123		2,123	1,336		1,336
GENERAL ADMINISTRATION OPERATIONS	ŊĬ.	834,591	-	634,591	481,173		481,173
FISCAL SERVICES	E 90	4,127		13,921	2,596 6,021		2,596 6,021
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	-	13,921		13,921	0,021		0,041
CONTRACTS ADMINISTRATION	¥13	33,849		33,849			
MANAGEMENT INFORMATION SYSTEMS DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	100	33,049		33,040			
DINH DIRECTLY OPERATED MH. PROG-SPECIAL	100			- 77			
LIFE SUPPORT/SUPPLEMENTARY RATES	102			. 3	-		
DHS	100			- 8			
PUBLIC GUARDIAN	命		3,431,284	3,431,284	•		
TAR/OFFICE OF MANAGED CARE	佐	4		- 37		320,492	320,492
FEE FOR SERVICE	18			- 60			
STATE HOSPITAL	13.1	· · · ·		• 43	•		
SD/MC UNREIMBURSABLE COSTS				.05		· · · · ·	
CONTRACT PROVIDERS	-	736,189	3,431,284	4,167,473	521,061	320,492	841,553
SUB-TOTAL SS & OTHERS	23	730,109	3,431,284	4,107,470	021,001	020,492	041,000
TOTAL EXPENDITURES	4						20.675
CCAP	(80	47,579		47,579 17,281	29,935		10,873
EXECUTIVE OFFICE	15	17,281		885,601	52 C 11 C 10 C 10 C		671,500
GENERAL ADMINISTRATION OPERATIONS	3	885,601 57,554		57,554	36,210		36,210
FISCAL SERVICES MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	15	335,911		335,911	26,565		26,565
CONTRACTS ADMINISTRATION		330,511	•	- 8			
MANAGEMENT INFORMATION SYSTEMS	175	43,857		43,857		-	
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	Eq.			- 18		•	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	(4)	•		- 45			
LIFE SUPPORT/SUPPLEMENTARY RATES	1.	-		•1950		¥	
DHS	-100		393	• 8	S=3.		
PUBLIC GUARDIAN			8,589,377	8,589,377		•	
	7.77			- 3		5,404,076	5,404,076
TAR/OFFICE OF MANAGED CARE	c2-			- 53			
FEE FOR SERVICE			(i#.).	- 36			
FEE FOR SERVICE	134				4	11.3	
FEE FOR SERVICE				- 77		· · · · · ·	
FEE FOR SERVICE STATE HOSPITAL SD/MC UNREIMBURSABLE COSTS CONTRACT PROVIDERS		<u>:</u>		- 10			
FEE FOR SERVICE STATE HOSPITAL SDAWC UNREIMBURSABLE COSTS			8,589,377	771		5,404,076	6,179,159
FEE FOR SERVICE STATE HOSPITAL SD/MC UNREIMBURSABLE COSTS CONTRACT PROVIDERS		<u>:</u>	8,589,377 DMH OH	9,977,160	775,083	5,404,076 DMH OH	6,179,159 13,78667
FEE FOR SERVICE STATE HOSPITAL SD/MC UNREIMBURSABLE COSTS CONTRACT PROVIDERS		<u>:</u>	8,589,377	9,977,160	775,083	5,404,076	

5,114,880 =

1,136,574 /

8,551,099 =

13.2916%

ADMINISTRATION OVERHEAD RATE FOR 2001/2002

INDIRECT COST RATE BY PROGRAM			(7)			(8)	
See Worksheet 4 for indirect/Direct Cost details	N.		Fee for Service	製機	SD/MC U	NREIMBURSABL	E COSTS
	14	Indirect	Direct	Total 3	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS CCAP	被			- 8			
EXECUTIVE OFFICE	15%	67,680		67,680	63,627		63,627
GENERAL ADMINISTRATION OPERATIONS	10			- 磐	-		
FISCAL SERVICES	180	242,584		242,584	224,264		224,264
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	130	619,561	•	619,561	102,001		102,001
CONTRACTS ADMINISTRATION	131	151,410		151,410 🎉	-		-
MANAGEMENT INFORMATION SYSTEMS		288,073		288,073			
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	1			- 3			
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	100			· 15			
LIFE SUPPORT/SUPPLEMENTARY RATES	图			• \$		•	
DHS	R	·		- 33			
PUBLIC GUARDIAN	18			* 75		•	
TAR/OFFICE OF MANAGED CARE	150			- 8			
FEE FOR SERVICE	-		•				
STATE HOSPITAL	1214					# F00	694 600
SD/MC UNREIMBURSABLE COSTS	-					631,590	631,590
CONTRACT PROVIDERS	173	4 940 507	<u>`</u>			631,590	1 021 454
SUB-TOTAL SAEB	23	1,369,307		1,369,307	389,892	931,090	1,021,481
ACTUACION DE CONTRACTOR DE CON	-46			100			
SERVICES & SUPPLIES / OTHER CHARGES FIXED ASSETS	1	010 100		212.120	100 747		199,717
CCAP	(3)	212,436		9,478	199,717 8,911		8,911
EXECUTIVE OFFICE	1	9,478		9,410	6,911		0,511
GENERAL ADMINISTRATION OPERATIONS	30	1,572,171		1,572,171	17,322		17,322
FISCAL SERVICES	- 100	148,124		148.124	41,215		41,215
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1860	16,371		16,371	41,210		4,00,00
CONTRACTS ADMINISTRATION IMANAGEMENT INFORMATION SYSTEMS	TV-	974,327		974,327	-		
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	136,021		OT THE P			
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	62	· · · · · ·		• 16			
LIFE SUPPORT/SUPPLEMENTARY RATES	181			- 12			
DHS	7	-		- 20			
PUBLIC GUARDIAN	TA		•	- %			
TAR/OFFICE OF MANAGED CARE	11/2			- 35			
FEE FOR SERVICE			90,716,389	90,716,389	•	-	
STATE HOSPITAL			-	- 34	•		
SOMC UNREIMBURSABLE COSTS	9	-		- 禁		35,422,836	35,422,836
CONTRACT PROVIDERS	1732			· 25		•	
SUB-TOTAL SS & OTHERS	100	2,932,908	90,716,389	93,649,297	267,165	35,422,836	35,690,001
TOTAL EXPENDITURES	ÿ					6	
CCAP	Day.	212,436		212,436	199,717		199,717
EXECUTIVE OFFICE	12	77,158		77,158	72,538		72,538
GENERAL ADMINISTRATION OPERATIONS	100	-	-	- 53			
FISCAL SERVICES	\$67	1,814,755		1,814,755	241,585	5 H	241,585
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	16	767,685	1.5	767,685	143,216		143,216
CONTRACTS ADMINISTRATION	193	167,781	-	167,781			
MANAGEMENT INFORMATION SYSTEMS	8	1,262,400		1,262,400			-
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	12	-		- 1/2			
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	BY			- 33			
LIFE SUPPORT/SUPPLEMENTARY RATES	13		(*	- 8	-		
DHS	230			•			
PUBLIC GUARDIAN	E _e r.	•		- 5,	•		
TATUOFFICE OF MANAGED CARE	fer-			- 19		-	
FEE FOR SERVICE	100		90,716,389	90,716,389		*	
STATE HOSPITAL	18.			- 2			-
SD/MC UNREIMBURSABLE COSTS	1			- 3		36,054,425	36,054,425
CONTRACT PROVIDERS	\$ H	4 800 046	20 746 250	- 72	667.066	26.061.425	36.711.403
TOTAL EXPENDITURES	189	4,302,215	90,716,389	95,018,604	657,056	36,054,425	36,711,482
	35			10			,
	37.0					DEBLI OU	1,2685%
	100		DMH OH	4.5083%	v.	DMH OH	
	Service.	4,302,215	CCAP	4.5083% 0.2342% 4,7425%	657,056	CCAP	0.65399

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

INDIRECT COST RATE BY PROGRAM See Worksheet 4 for indirect/Direct Cost details	100 m		TATE HOSPITAL		Grand
1	1-	15 17 17 17	Direct	Total	Total
na anim anin pari over devertire	5-	Indirect	Direct		
BALARIES AND EMPLOYEE BENEFITS CCAP	674	12	- 140	- 10	
EXECUTIVE OFFICE	TIS.	19,283	-	19,283	1,458,987
SENERAL ADMINISTRATION OPERATIONS	N a		-	- 1	6,013,221
FISCAL SERVICES	40	67,965		67,965	6,285,860
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	Sec.	165,896		166,896	13,638,286
CONTRACTS ADMINISTRATION	162			- 1	3,922,091
MANAGEMENT INFORMATION SYSTEMS	17.	73,242	(•)	73,242	3,249,636
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	34:		•	• 6	146,511,650
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	71	-	•	- 1	8,909,410
JFE SUPPORT/SUPPLEMENTARY RATES	(c.1)			· 则	
DHS	10		•	- 16	0
PUBLIC GUARDIAN	9		•	•	5,158,093
TARVOFFICE OF MANAGED CARE	46	•		- 12	5,083,585
FEE FOR SERVICE	1	•		• 93.	
STATE HOSPITAL	37		-	- 34	
SO/MC UNREMBURSABLE COSTS	Sir-	•		. 8	631,590
CONTRACT PROVIDERS	04	•			
SUB-TOTAL SAEB	38	326,387		326,387	200,862,406
	TU.		4 -	100	
SERVICES & SUPPLES / OTHER CHARGES/FIXED ASSETS	- 60			- 15	
CCAP		60,526	7.6	60,526	4,579,539
	1.5	2,701		2,701	204,327
EXECUTIVE OFFICE GENERAL ADMINISTRATION OPERATIONS	-		•		15,202,285
		5,250		5,250	2,076,597
FISCAL SERVICES MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM		42,519		42,519	3,115,000
	39				312,340
CONTRACTS ADMINISTRATION	1	247,722		247,722	10,990,996
MANAGEMENT INFORMATION SYSTEMS DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	137	-		. 23	28,032,201
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	N.	•		- 56	6,109,639
FE SUPPORT/SUPPLEMENTARY RATES	-				2,974,725
	-		V	- 10	81,464,004
DHS	12			- 00	3,431,284
PUBLIC GUARDIAN TAR/OFFICE OF MANAGED CARE		*		- 10	320,492
FEE FOR SERVICE	751				90,716,389
STATE HOSPITAL	100		43,706,600	43,706,600	43,706,600
SD/MC UNREIMBURSABLE COSTS	di				35,422,836
CONTRACTPROVIDERS	39				514,504,976
SUB-TOTAL SS & OTHERS	370	358,718	43,706,600	44,065,318	843,164,230
TOTAL EXPENDITURES		60,526	×	60,526	4,579,538
EXECUTIVE OFFICE	15%	21,983		21,983	1,663,314
GENERAL ADMINISTRATION OPERATIONS	概			• 16	21,215,500
FISCAL SERVICES	45	73,215		73,215	8,382,458
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	101	208,415		208,415	16,753,286
CONTRACTS ADMINISTRATION	1974	•	•	- 76	4,234,432
MANAGEMENT INFORMATION SYSTEMS	1%	320,964	•	320,964	14,240,631
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	197			- /	174,543,851
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	132			- 0	15,019,049
LIFE SUPPORT/SUPPLEMENTARY RATES	153			. 17	2,974,725
DHS	*	340		- 6	81,464,004
PUBLIC GUARDIAN	18	•		- 3	8,589,377
TAR/OFFICE OF MANAGED CARE	35			- 10	5,404,076
FEE FOR SERVICE	1		•	• 25	90,716,388
STATE HOSPITAL	575		43,706,600	43,706,600	43,706,600
SD/MC UNREIMBURSABLE COSTS	57			- 17	36,054,425
CONTRACT PROVIDERS	190		if.	• 39	514,504,976
CONTRACTPROVIDERS	193	685,104	43,706,600	44,391,704	1,044,026,636
				e)	
TOTAL EXPENDITURES			DMH OH	1.4290%	
	F 450		DMH OH CCAP	1.4290% 0.1385%	C 167

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 4
FISCAL YEAR 2002-2003

County, Los Angeles			g	ຮ	F	ž	f	5
Legal Entity County of Los Angeles		A	ca	O	9	3		O
Legal Entity Number: 00019			Service	Service	Service	Sarvice	Service	Service
Mode: 15 - Outpatient (Program 1)		MACON LOCAL	Punction (Function	05	06	10	1
Althoughon Decondance		100.00%	3.47%	12.73%	0.04%	1	2.46%	
Total Units			3,393,411	12,463,992	36,492		1,869,166	
Gross Cost		141,041,839	4,855,261	17,954,573	52,567	2,139	3,473,246	207,416
Cost per Linit	200000000000000000000000000000000000000		141	1,44	1.44	144	1.65	1.86
S SMA per Unit			1.77	1.17	1.77	1.77	2.28	2.28
T			1.69	1.69	1.69	1.69	2.18	2.18
				The second second			100000000000000000000000000000000000000	STATE STATES
-	07/01/02 - 09/30/02		371,926	1,674,052			258,905	10,219
Medi-Cal Units			1,257,561	4,920,408		875	768,323	28,462
-				245,946			17,346	
Medicare/Medi-Cal Crossover Utilias	10/01/02 - 06/30/03			768,683			69,223	
O Granden COALC (Children) Halls	07/01/02 - 09/30/02		8,983	6,961			3414	115
10A	10/01/02 - 06/30/03		32,081	11,078			12,1940	0.60
IOB Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		. 440	2,300			4 737	100
11 Healthy Families (SED) Units	07/01/02 - 09/30/02		1,430	24 270		185	23,185	1,851
8	100102 - 000000		1711 223	4.793.474	36,492	425	711,017	69,951
-14				400		STATE	484 062	18 980
13 Medi-Cal Costs	107/01/02 - 09/30/02 11/07/07 - 04/30/03	41 867 502	1811565	7,087,924		1,280	1,427,682	52,888
34	OTIONARY - DAMBOOL	18 875 712	658,309	2,963,072			590,303	23,299
A Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	50,567,712	2,225,918	5,709,122		1,549	1,751,776	64,893
	07/01/02 - 09/30/02	16,269,933	625,555	2,829,148		2007	564,413	22,277
15A Medi-Cal Published Cranges	10/01/02 - 06/30/03	48,756,694	2,125,312	8,315,490		1,478	1,5/4,844	200,000
16 Med-Cal Negotiated Rates	07/01/02 - 08/30/02							
16A	10/01/02 - 04/30/03		THE PERSON NAMED IN		MILES PROPERTY.	000000000000000000000000000000000000000	55 555	Separate states
17 Moderna Modi Cal Cosporar Costs	07/01/02 - 09/30/02	1,529,052		354 289			428 629	
	10/01/02 - 06/30/03	5,967,212		1,107,314			39 549	
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07705/02 - 08/30/02	7,654,577		1 360 567			157,828	
	NATIONAL POPULAR	4 780 070		415 649			37.814	
19 Medicare/Medi-Cal Crossover Published Charges	110/01/02 - 06/30/03	7,004,325		1,299,091			150,906	
	07/01/02 - 08/30/02							
20A Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03				The state of the s	and the second	200000000000000000000000000000000000000	
	107/01/02 - 09/10/02	76.845	12.940	10,027			8,344	
Enhanced SD/MC Costs	10/01/02 - 06/30/03	225,780		15,958			24,050	
22	07/01/02 - 08/30/02	93,618		12,321			7,784	202
22A Enhanced SUMIC SIMA Upper LITIKS	10/01/02 - 06/30/03	274,876		19,608			7 443	
23 Enhanced SDAAC Published Charges	07 40 1/02 - 09/30/12	88,885	15,181	11,784			28.218	Ev.
Z3A Zimerco Comp. 23A	10/01/02 - 06/30/03	704 Sea	S S	10,100				
24 Enhanced SD/MC Negodiated Rates	10/01/02 - 06/30/03							SCHOOL STREET
	THE PROPERTY	812.6	-	3,313			138	
SAM I Inner I imite	07/01/02 - 06/30/03	11,226		4,071			166	
Enhanced SD/MC (Retugees) Published Charges	07/01/02 - 06/30/03	10,887		3,887			159	
Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						200000000000000000000000000000000000000	0000000
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Healthy Families Costs	10/01/02 - 06/30/03	421,755				286	43,082	6
	107/01/02 - 09/30/02	113,700					10,500	
30A Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	513,272				327	10 327	218
31 Healthy Families Published Chances	07/01/02 - 09/30/02	109,354	2,113	11,509		313	60,543	4
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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
PAGE 2 OF 4
FISCAI Year 2002-2003

1,876,022 522,312 2,301,863 499,403 42,015 169,886 61,563 208,451 46,292 5,404,097 16,185,401 5,167,076 15,475,515 28,775 64,399 32,653 79,018 31,412 75,552 27,143,145 47,344,096 34,857 14,607,384 425,679 2 200 932 13,190,958 4,404,29 Service Function 뚱 2,468 14,157 3,028 17,371 2,895 16,609 476,413 1,328 7,619 256,367 79,721 93,529 1,319 8,962 10,996 1,548 42,903 4,823 1.86 710 234,300 439,881 ర 1,747 5,882 251,212 470,516 266,003 549,770 323,606 669,239 309,606 3,272 10,979 3,983 13,365 3,608 12,779 24 0 94% 4,645 15,948 5,654 19,414 5,406 16,563 2,360 871 2,873 1,060 1,014 142,021 293,526 2,480 8,516 1,260 465 1,324,365 Function g 25,173 1,742 958 2,120 916 2,027 13,440 5,535 6,737 6,442 33,236 2,955 200 Function 3 9,603 5,127 1,761 1,761 12,966 2,143 12,396 2,049 1,122 1,264 100 68 99 38 34 33 940 1,086 30 Function క 545 465 465 570 8 8 923 883 1,682 \$38 753 Function F 2,692 1,449 1.88 2.28 2.18 1,448 Service Function წ 10/17/02 - 06/30/02 10/17/02 - 06/30/02 10/17/02 - 06/30/02 10/17/02 - 06/30/03 10/17/02 - 06/30/03 10/17/02 - 06/30/03 10/17/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/0/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/20/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 97/01/02 - 09/30/02 10/01/02 - 09/30/03 97/01/02 - 09/30/02 10/01/02 - 08/30/03 97/01/02 - 08/30/02 Enhanced SO/MC (Rehapers) Costs (1701/02-06/30/03 Enhanced SO/MC (Rehapers) SMA Upper Limits (1701/02-06/30/03 Enhanced SO/MC (Rehapers) Published Charges (1701/02-06/30/03 Enhanced SO/MC (Rehapers) Negotiuted Rates (1701/02-06/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Published Charges Medicara/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cai Crossover Negotiated Rates County Code: 19
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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 18664 (05/03)

DETAIL COST REPORT

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FISCEI Year 2002-2003

96,969 20,213,320 5,665,442 3,004,423 9,385,492 3,585,742 11,107,756 484,538 2,625,947 2,028,83 109'099 2,063,07, E 19,050 48,555 22,546 67,465 22,173 56,514 25824 25824 2560 2560 1,184 100 1,165 5.330 26,851 8 13,585 క 25,064 1.86 2.28 13,483 59,640 3272 0.07% 54.800 101.828 1.88 2.28 2.18 3,910 3,097 7,285 26,501 8,915 32,517 8,524 31,091 F 6,831 1,042 8,381 996 8,014 1,730 10,634 2,123 13,048 2,030 12,476 15 931 5,723 2,851,857 2,203,819 107,214 738,099 244,448 906,652 233,727 866,931 4,042 5,298,891 397,216 3,676 888 1,331,404 \mathfrak{F} 2,175 5.415 6.644 682 18 30 837 1.00 2.20 2.16 \mathfrak{F} 54,941 Function 44 0.04% 54,941 29,567 070102 - 06/3002 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 1(6/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 1(01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 19/1/02 - 08/30/02 19/01/02 - 08/30/02 19/01/02 - 08/30/02 19/01/02 - 08/30/02 07/01/02 - 08/30/02 19/01/02 - 08/30/02 19/01/02 - 08/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 08/20/02 10/01/02 - 08/20/03 07/01/02 - 08/20/03 10/01/02 - 08/20/02 10/01/02 - 08/20/02 10/01/02 - 08/20/03 10/01/02 - 06/30/03 Enhanced SDANC (Retugees) Costs
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Enhanced SDANC (Retugees) Published Charges Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cai Crossover Negotiated Rates Legal Enthy County of Los Angeles
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28 Entureed SOLMC (Pertupees) Nepoten
29 Healthy Families Costs
30 Healthy Families SMA Upper Limits
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32 Healthy Families Negotiated Rates
32 Non-Medy-Cal Costs
33 Non-Medy-Cal Costs Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Published Charge per Unit Enhanced SD/MC Costs Nan-Medi-Cal Units Medi-Cal Costs Med-Cal Units 18A

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

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PAGE 4 OF 4
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Function 121,423 447,846 119,287 439,986 1,299,874 35,608 131,333 1,325 7,801 3,741,589 1,549,499 5,500 30,909 6,520 36,620 35,976 4,290,670 378,004 4,518 4,518 26,601 4,430 28,133 3.26 12,350,028 462 537 4,432,911 Sarvice క 280 280 280 280 2.88 3.41 908 280 Function g 2,423 3.41 842 842 б 9,599 245 290 285 3,335 2,461 2,916 5,064 2,864 4,985 255 2.88 3.41 1.482 3.35 ర 83 E 3,57 4,23 4,16 2.505 Service Function 85 货 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 97701/02 - 04-30403 10/01/02 - 04-30403 10/01/02 - 04-30403 07/01/02 - 05-30403 07/01/02 - 06-30403 07/01/02 - 06-30403 10/01/02 - 06-30403 07/01/02 - 08/10/02 10/01/02 - 08/10/02 10/01/02 - 08/10/02 10/01/02 - 08/10/02 10/01/02 - 08/10/02 10/01/02 - 08/10/02 Enhanced SDMC (Refugees) Costs
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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£ 9,956 101,229 18,529 51,286 72,155 72,155 59,496 59,496 59,496 233,862 11,434 1,62 Function 2.28 2.28 1.58 1.58 Service Overgion 17.39% 138.875 171,185 2 t t 3 1 18 863 37,198 23,005 102,328 166,835 26,888 118,710 26,886 118,710 5,086 17,023 7,315 25,306 5,810 5,810 5,810 5,810 133 1,77 1,43 1,43 4,133 14,297 2.32% 18.563 ¥ 8 206,062 226,131 750,079 241,372 809,203 984 639 **Mode Total** 670102 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/02 - 06/3/00/02 | 10/01/ 07/01/02 - 08/30/02 10/01/02 - 08/30/03 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates County: Los Angeles
County Code: 19
Logal Entity: Abom Neam Services
Logal Entity Number: 00519
Mode: 15 - Outputient (Program 1) 28 Healthy Families Costs
28A Healthy Families SMA Upper Limits
30 Healthy Families Published Charges
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32 Healthy Families Negotiated Rates
33 Non-Medi-Cal Costs 23 Enhanced SD/MC Published Charges 224 Enhanced SD/MC SMA Upper Limits 24A Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units SMA per Unit Published Change per Unit Negotiated Rate / Cost per Unit Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Allocation Percentag 12 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Total Units Gross Cost Cost per Unit

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986A (9503)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County Code: 19		A.	¥	N.	ZK.			
Legal Entity, Aspen Health Services		r			×	7	×	Z
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a -	107/01/02 - 08/30/02	327	1,062	67,616			,	
- Medi-Cal Units	10/01/02 - 06/30/03	1221	8,318	-				
	07/01/02 - 06/30/02							
- Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
	67/01/02 - 09/30/02							
Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) Units	07/01/02 - 08/30/03							
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	07/01/02 - 09/30/02							
28A resetuty Farmines Costs	10/01/02 - 06/30/03							
30 Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
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31 Healthy Families Published Charges	10/01/02 - 06/30/03							
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966A (05/03)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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Service Function 쭏 f 28 772 53 695 42 187 70 086 35,156 93,405 35,156 12,498 63,405 1.80 18,503 Function £ 22 7 23 123 200 See D Service Function წ 73,224 280,982 105,543 361,746 88,462 296,345 88,482 296,345 17 03% 399 889 491 040 1.45 135,584 5B,629 Function 뚲 1.45 3 17 g 1,618 1,324 638 1,324 303 440 913 뚲 349,129 1,728,530 498,807 2,452,863 412,285 412,285 412,285 2,038,754 100.00% 2,683,699 Mode Total 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/10/1/02 - 08/20/02 10/10/1/02 - 08/20/03 10/10/1/02 - 08/20/03 10/10/1/02 - 08/20/03 10/10/1/02 - 08/20/03 10/10/1/02 - 08/20/03 10/10/1/02 - 08/20/03 0770 182 - 04:30/02 10/0 182 - 04:30/03 07/01/02 - 04:30/03 10/01/02 - 04:30/03 10/01/02 - 04:30/03 10/01/02 - 04:30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 9776172 - 04-3012 100102 - 04-3012 9770102 - 04-3012 9770102 - 04-3012 100102 - 04-3012 100102 - 04-3012 100102 - 04-3012 10/11/02 - 04/20/02 10/11/02 - 04/20/03 10/11/02 - 04/20/03 10/11/02 - 04/20/03 10/11/02 - 04/20/03 10/11/02 - 04/20/03 10/11/02 - 04/20/03 10/11/02 - 04/20/03 Enhanced SDMC (Refugees) Costs 07771/02 - 0920/03 Enhanced SDMC (Refugees) Published Charges 07771/02 - 00020/03 Enhanced SDMC (Refugees) Published Charges 07771/02 06/30/03 Enhanced SDMC (Refugees) Nepotialised Rules 07771/02 06/30/03 LAGAI ENRY, ASSOICATE LEAGUE FOR MEXICAN AMERICA Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity Number, 00173 Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Healthy Families Published Charges Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotiated Rates Healthy Families SMA Upper Limits Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs 294 Healthy Families Costs 30 Lealth, Eamline SMA Allocation Percentage Total Units Non-Medi-Cal Units Published Charge Negotiated Rate / Medi-Cal Costs 8A Medi-Cal Units Cost per Unit SMA per Unit Gross Cost

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1988A (05/03)

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FISCAI Year 2002-2003 DETAIL COST REPORT

Legal Entiry, ASSORCATE LEAGUE FOR MEXICAN-AMERICA	XICAN-AMERICA	Ξ	-		×	-	W	Z
Legal Entity Number, 06173		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outparient (Program 1)		Function	Function	Function	Function	Function	Function	LANCOON
		41	42	42	52	75	8	6
Allocation Percentage		1.10%	47.50%	0.09%	3.40%	0.0478	A.00.70	COL
Total Units		21.407	853,051	1,582	61,010	8	201,007	000
Gross Cost		34.44	1,372,581	2,513		8	292,093	7,040
0.000.000.000.000.000.000.000.000.000.	90000000000000000000000000000000000000	4.81	1.81	1.61	1.81	161	19	2.97
Cold per Ora	-	7.28	3.28	2.28		2.28	2.28	4.23
Sales per City		4 80	1 90	1.00		1.90	1.90	3.5
Published County One Section		5	8	1.81	08	1.00	1.80	3.51
Negotiang Kare/ Cost per Unit	-14			Company of the last				
	07/01/02 - 09/30/02	4,243	120,015		9.438	202	200	200
Medical Olms	10/01/02 - 06/30/03	12,169	410,406	0	32,111	388	365,540	9/9
allel research of the formation	107/d1/02 - 09/30/02							
MEDICAL ELIMANTE CALCOSOVER CITALS	10/01/02 - 08/30/03			Į.				
	07/01/02 - 09/30/02			V				
10A Enhanced SD/MC (Chadren) Units	10/01/02 - 06/30/03							
And Enhanced SDIMC (Behinges) Units	07/01/02 - 06/30/03							
	C0/08/00 - C010/1/01					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Healthy Families (SED) Units								
TIAN TO THE TOTAL THE TOTAL TO THE TOTAL TOT	TOTAL PROPERTY.	A BOK	122 630	1 582	19 481		2,442	26
Non-medi-Cai Units	The state of the s	200		000000000	00000			
	07/01/02 - 09/30/02	6.827	193,107		15,186			450
Medi-Cal Costs	10/04/02 - 56/30/03	19.580	880,354		51,067		588,163	1,718
	CHUNDO CONTRO	9.674	273 834		21,519	843		33.1
- Medi-Cal SMA Upper Limits	AND THE DESIGNATION	97 746	B35,726		73,213	149	833,431	2,445
14A	Daniel - John Die	CHO 8	29R 026		17,932			11.
MadisCal Published Charges	0//01/02 - 01/20/10	0,000	TTO TT'		A1 D11		694,528	2,029
	10/01/02 - 06/35/03	43.121	110,11		47 033	828		77
About Col Menosityted Dutes	07/01/02 - UB-30/02	200.0	870'077		00000		804 K26	2 028
Contraction of the Contraction o	10/01/02 - 06/30/03	23,121	11/8//	open and the second	10.0			
	COURSE COURSE							
Medicare/Medi-Cal Crossover Costs	10/01/02 - 08/30/03							
	CONTRACTOR CONTRACTOR							
Medicare/Medi-Cal Crossover SMA Upper Limits	ACIONAL CANDON							
- 1	10/01/02 - 00/00/02							
Medicare/Medi-Cal Crossover Published Charges	ACIDATION CONTROLL							
18A	TOTOTOS - DOLLAR							
Modicare/Medical Crossover Mecoliated Rates	DANCHER - PALOVA							
20A	10/01/02 - 00/30/03	200000000000000000000000000000000000000	and the latest states	STATE OF STREET	Company of the last	000000000000000000000000000000000000000	CONTRACTOR SOURCE	designation of the second
	07/01/02 - 09/30/02							
- Enhanced SD/MC Costs	10/01/02 - 06/30/03							
Z1A	CONTRACTOR CONTRACTOR							
Enhanced SD/IAC SMA Upper Limits	CONCIDE CONTOUR							
	10/01/02 - 00/20/03							
Patronage CO. B. Dahlehod Chombe	07/01/02 - 09/30/02							100
23A Emainced SO/MC Published Charges	10/01/02 - 06/30/03							
	07,01/02 - 09/30/02							
Enhanced SD/MC Negottated Rates	10/01/02 - 06/30/03		Company of the Company					0000000000
STOCKED TO THE PROPERTY OF THE		*	201000000000000000000000000000000000000					
Enhanced SD/MC (Refugees) Costs								
Enhanced SC/MC (Refugees) SMA Upper Limits			,					
Fohanced SDAtC (Retudees) Published Charges								
Cohanged SDAIC (Retugees) Negotiated Rates			Con Contraction Co.		-	The second second	The second second	Contraction of the last of the
		THE PERSON NAMED IN	121221112111				The state of the s	
Hashhy Families Costs	107/01/02 - UR-30/02							
A	10/01/02 - 06/30/03	-						
30 Leasthy Familiae SMA Unner Limits	07/01/62 - 08/36/02							
30A Hoanny Lannaco Como Cypes	10/01/02 - 06/30/03			1				
Loams Esmilise Dublished Chames	07/01/02 - 09/30/02	-	-					
31A reservit diministration of the second	10/01/02 - 06/30/03					-		
32 Healthy Families Neordiated Rates	07/01/02 - 09/30/02	-						
32A menuly minero regional and	10/01/02 - 06/30/03	-	-	The state of the s	The second second	O NICHOLD BUILDING		
The Part of the Pa			A CONTRACTOR OF THE PARTY OF TH				444	-

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1988A (05/03)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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Service Function Function Service Function R Service Function Service Function 0.28% 3,011 7,589 2.52 3.41 2.88 2.98 2.98 2.98 2.98 2.98 309 1,209 1,427 1,427 1,427 3.51 3.51 3.51 3.000 Service Function 62 5.84% 5.84% 0701/02 - 05-30/02 1001/02 - 05-30/02 1001/02 - 05-30/03 1001/02 - 05-30/03 1001/02 - 05-30/03 1001/02 - 05-30/03 07/01/02 - 05-30/03 1001/02 - 05-30/03 07/01/02 - 04:30/02 100-1/02 - 04:30/02 100-1/02 - 04:30/03 100-1/02 - 04:30/03 100-1/02 - 04:30/03 100-1/02 - 06:30/03 100-1/03 - 06:30/03 100-1/03 10/01/02 - 06/30/03 Legal Entity. ASSOICATE (EAGUE FOR MEXICAN-AMERICA Legal Entity Number: 00173 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotlated Rates Enhanced SD/MC Published Charges

24
Enhanced SD/MC Refugees) Costs

25
Enhanced SD/MC (Refugees) Costs

26
Enhanced SD/MC (Refugees) SO/MC (Refugees) SO/MC (Refugees) SO/MC (Refugees) SO/MC (Refugees) SO/MC (Refugees) North (R Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper LImits Medi-Cal Negottated Rates Enhanced SD/MC Costs 32A Healthy Families Nec County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Gross Cost

49,607

5,164

3,753

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

DETAIL COST REPORT

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PAGE 1 OF 2
Fiscal Year 2002-2003

4,628 G Service Function 2 388 349 Function ¥ 7,191 6.350 5,654 6.127 Functions ¥ 15.26% 81.655 210.844 64,690 140,890 57,121 124,490 50,856 110,842 150,124 28,063 2,000 2222 Function 뚲 38,382 94,019 34,731 62,916 53,568 33,554 19.622 1,870 2.01 뚲 3,382 201 1.77 1.71 4,573 2,864 1.675 Service Function 8 £ 1,381,623 318,904 872,141 298,116 911,034 307,816 361,283 100 00% Mode Total 07/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 - 06/30/03 07701/02 - 09/30/02 07701/02 - 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 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 1001/02 - 09/20/03 1001/02 - 09/20/03 1001/02 - 09/20/03 1001/02 - 09/20/03 1001/02 - 09/20/03 107/01/02 - 09/20/03 107/01/02 - 09/20/03 10/01/02 - 06/30/03 10/01/02 - 08/30/03 07/01/02 - 09/30/02 Legal Entity: CEDARS-SINAI MEDICAL CENTER agai Entity Number: 00178 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Healthy Families Negotiated Rates Enhanced SD/MC (Refugees) Unit Enhanced SD/MC (Children) Units Negotlated Rate / Cost per Unit County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Published Charge per Unit Enhanced SD/MC Costs 32 Healthy Families Nego 32A Non-Medi Cal Costs Allocation Percentage County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Total Units Gross Cost Cost per Unit

1,728

804

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

WH 1966A (05/03)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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Function 6.20% 23.875 114.810 79,999 28,976 70,493 17,331 42,182 28,017 68,160 4.25 6,850 705 3,364 2,982 2,883 4.80 Function ž 32222 387 342 305 150 Function Service Function 52 4.78% 25.593 66,085 2.28 2.03 2.20 2.20 6,154 19,205 15 850 14 031 14 031 12 493 38 886 13 539 42 251 234 2.58 2.03 2.03 2.20 78.278 56.75% 202,124 560,811 178,474 485,191 158,904 784,022 8,166 217,189 Function 220 220 230 30 77 19,285 68 17,011 61 15,146 66 16,14 1,40% 19,343 7.461 Service Function 07/01/02 - C#.30/03 10/01/02 - G#.30/03 07/01/02 - G#.30/03 10/01/02 - G#.30/03 10/01/02 - G#.30/03 10/01/02 - G#.30/03 07/01/02 - G#.30/03 10/01/02 - G#.30/03 07/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 07/01/02 - 09/30/03 10/01/02 - 09/30/03 07/01/02 - 09/30/03 10/01/02 - 09/30/03 Legal Entity, Number: 00178
Legal Entity, Number: 00178
Mode: 15 - Outpetrent (Program 1) Medicare/Medi-Cal Crossover SMA Upper Limits 23A Enhanced SD/MC Published Charges Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Allocation Percentage
Total Units
Gross Cost
Cost per Unit
SMA per Unit
Published Charge per Unit
Published Charge per Unit Enhanced SD/MC (Children) Units County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

Non-Medi Cal Costs

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (19503)

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FISCAI Year 2002-2003 DETAIL COST REPORT

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(海)		٧	10	O	0	3		,
al Entity Number, 00210			Service	Service	Service	Service	Service	Service
Mode; 15 - Outputient (Program 1)		Mode Lotte	Function	Function	10000	TUTO OF	12	Total Park
William Description		AND MAKE	20,744	4 75%	0 15%	3446	1.81%	0.28%
Total late		2000	AD RIG	138 861	4 625	78.458	42 934	6.650
Gross Over		4 871 362	100.719	228.972	7,494	161,386	88.314	13,679
	e e especiales especiales especiales		Total Control				90.0	900
Cost per Unit			90.7	8	9 5	2000	2 20	200
SMA per Unit			1.66	1.16	100	0 40	0.00	07.0
Nuclei of Charge per Unit			100	201	187	1 96	1 86	1.85
Negovered Rate / Was per Unin	-67							
	07/01/02 - 09/30/02		6,286	39,234	670	18,455	1,780	380
mourton creek	10/01/02 - 06/30/03		7,880	51,322		52,789	8,780	
Madhana Madi Cal Concourse Inka	20/05/90 - 20/10/20			-				
Medical dimedifical orosoval orms	10/01/02 - 06/30/03							
10	07/01/02 - 09/30/02							
Emanced SU(MC (Criticalis) Units	10/01/02 - 06/30/03							
1/1/R Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
	97/01/02 - 09/30/02			4,053	40			
Healthy Families (SED) Units	10/01/02 - 06/30/03		280	9,200		4,630	1,990	
Non-Medi-Cal Units			46,360	35,062	3,815	2,604	30,366	8,300
and someone services and services are services and servic	200	601 000	0.70	24 077	4 1 45	177 041	3 700	720
13 Medi-Cal Costs	2000 SO - 2010/10	000, 132	40 750	84 606	2017	THE SAL	18.019	
	10/01/02 - 06/30/03	7700000	10,400	80 444	1 1881	42077	4 102	798
inite	07/01/02 - DBC00/02		11,140	200 000	20011	420 444	10.072	
	10/01/02 - 06/30/03		3,948	069'06	1	100,013		74.5
harada	07/01/02 - 09/30/02		10,560	50,000	6,18	08,140	6.014	146
Medical Published Charges	10/01/02 - 06/30/03		13,238	86,221		0/9/11	10.07	
	07/01/02 - 09/30/02	854.242	699'6	61,597	1,052	35,867	3,508	663
Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	2,148,156	12,372	80,576		102,900	17,062	
					0.000 0.000		-	
Medicare/Medi-Cal Crossover Costs	07/01/02 - 08/30/02							
	10/01/02 - 06/30/03							
18 Medicare Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/39/02							
	10/01/02 - 04/30/03							
19 Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 08/30/02							
	10/01/02 - 06/30/03							
20 Madingraf Martin Cal Crossover Neontisted Rates	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03		The second second	The state of the s	100000000000000000000000000000000000000	CONTRACTOR OF THE PARTY OF	September 1	0.000
**************************************	107/04/02 - 09/30/02							
Enhanced SD/MC Costs	10/01/02 - OR/20/TO							
	CONTRACTOR CONTRACTOR							
22 Enhanced SD/MC SMA Upper Limits	DIVING - Dargard							
Towns the second	10v01/05 - 08/30/03							
Catanana CD. M.D. D. Michool Channel	67/01/02 - 08/30/02							
23A Entranção SOUMO PLOMENTO CHIENBOS	10/01/02 - 06/30/03				-			
	67/01/02 - 09/30/02							
- Enhanced SDAMC Negottated Kates	10/01/02 - 06/30/03				-		The second second	Section of the Party of the Par
	A 10 10 10 10 10 10 10 10 10 10 10 10 10			-	The last of the la			
Enhanced SD/MC (Retugees)	DANGE - OR SOLD							
Enhanced SU/MC (H								
Enhanced SD/MC (Refugees)	07/01/02							
Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03		The state of the s	STATE OF STREET	TOTAL COLUMN	CONTRACTOR OF THE PERSON NAMED IN		
9564 19900000000000000000000000000000000000	07/01/02 - 09/30/02			6,712	99			
Healthy Families Costs	10/01/02 - 06/30/03		480	15,236		9,524	4,063	
	COUNTRY CONTROLL			7,174	71			
Healthy Families SMA Upper Limits	TOWNSTAND - ONLYNONS	262 654	513	16,284		10,558	4,537	
	CONTRACTOR OFFICERATION			6.809	67		- 0	
Healthy Families Published Charges	ACTION OF SERVICE		487	15.456		9,816	4,219	
	TOOTING - DOGGOOD				83			
32 Healthy Families Negotiated Rates	07/01/02 - UM30402		455			9,029	3,861	
	1901/02 - 06/30/03				The second second			
	derige implementation in the desire in the fact of							44 44 44 44

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

145,422 501,004 2 7,844 7,215 7,611 737,432 54,983 181,185 50,956 200,841 56,678 26,735 3,700 186.747 Function 284 72 8 247 ¥ 11,165 3,258 3,042 3,368 8,628 8,628 8,279 0.43% 10.232 21,047 2.28 1,564 5,428 Function 뚲 7 446 2.06 2.28 2.28 2.12 2.12 2.12 3,620 Function £ 0 228 46 42 36 2 Function ¥ 502 220 2.28 428 466 238 Service Function £ 97/01/02 - 04/20/02 10/01/02 - 04/20/02 97/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 04/20/02 07/01/02 - 04-30/02 10/01/02 - 04-30/03 07/01/02 - 04-30/03 10/01/02 - 04-30/03 10/01/02 - 04-30/03 07/01/02 - 04-30/03 07/01/02 - 04-30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rafes Legal Enthy Child & Family Center-agal Enthy Number: 00210 Mode; 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotiated Rates Medicare/Medi-Cai Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Total Units Gross Cost Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Healthy Families (SED) Units County: Los Angeles Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Non-Madi-Cal Costs County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

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

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Legal Enthy, Child & Family Certer Legal Enthy Number: 00210 Allocation Percentage Tidal Units		-	-	-			-	11
a Enery names - 00210 Mode: 15 - Outpatient (Program 1) Modeston Percentage Cidal Lipits		7		0	×	0		
Mocation Percentage Total Units		Function	Function	Function	Function	Function	Function	Function
Alfocation Percentage		46	47	52	53	25	3	09
Total Units		1,96%	7690 0	2,23%	0.15%	2.44%	15.02%	0.07%
		46,480	1,010	52,818	3,669	57,882	377,007	920
Gross Cost	CHARLEST CONTRACTOR CO	909'96	3,829	108,645	7,547	119,082	775,494	3,251
Control and The Control of the Contr		90 0	200	976	200	2000	200	0.3.0
Market lies		300	90.0	0.00	0.00	800	2 20	5 4
Shipped Observe their		2 6 6	500	0.40	2.50	0 4 5	4.44	000
Mondated Date (Oct per link		9 7 7	101	100	100	20.7	100	3 45
The state of the s	The second second	1						
	07/01/02 - 08/30/02	1,280		2,966		1,745	070,08	185
	10/01/02 - 06/30/03		1,910	35,487		8,502	296,642	
I fording the Common party balls	7701/02 - 09/30/02							
	0/01/02 - 06/30/03							
Enhanced CDRFC (Children) I Inke	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03					7.0		
10B Enhanced SD/MC (Refugees) Units	7/01/02 - 06/30/03							
	07/01/02 - 09/30/02			785				
Healthy Families (SED) Units	DAMADO - DACIDADO			6.750		300		
Non Mod Col Links		AK 900		A RED	3,600	47 226	98	735
British and the second supplies the second s	CONTRACTOR CONTRACTOR							The second
	07/01/02 - 09/30/02	2,633		6,101		3,589	164,702	654
Medical Costs	0401/02 - 06/30/03		3.929	72,896		17,488	810,588	
	ATM SET DESCRIPTION	2048		6 785		3 979	182 580	783
Med-Cal SMA Upper Limits	ACTION OF THE PROPERTY OF	-	4 266	80.040		10 386	878 800	
	CANADA COMPANIE	0.76.6		886.9		2 400	Sells 7.4.R.	473
Medi-Cal Published Charges	WOWE - VANCOUNG	21/14	0000	2000		100.00	306.000	
	DUDING ORSONS			10,636		10,040	400 000	100
Month Cal Manuflated Dates	17/01/02 - 09/30/02	2,496		5,754		3,403	100,137	00
	10/01/02 - 06/30/03		3,725	69,200		18,579	578,842	
0.0000000000000000000000000000000000000	Chinatan channing			-	-			
Medicare/Medi-Cal Crossover Costs	AND SAD - DEVENTS							
7	לחוויהיסי כתוניות בעי							
Medicare/Medi-Cal Crossover SMA Upper Limits	0/11/02 - 06/30/03							
т	CONTRACTOR CONTRACTOR							
Medicare/Medi-Cal Crossover Published Charges	CONTRACTO DECEMBRE							
	THE PERSON OF TH							
Medicare/Medi-Cal Crossover Negotiated Rates	CAUTAL CONSTITUTE							
16	CIND INVE - DESCRIPTION	Company of the last	The second second	opening and a second	Contract Contract of			
	07/01/02 - 09/30/02							
Enhanced SD/MC Costs	0/01/02 - 06/30/03							
	27/01/02 - 09/30/02							
Enhanced SD/MC SMA Upper Limits	10/01/02 - DB/30/03							
	COUNTY OCCUPA							
Enhanced SDMC Published Charges	ACADAMO ACADAMA		1					
	CONTROL - CONTROL		1					
Enhanced SD/MC Negotlated Rates	WOUNT - UN SOUNT							
	TOWN THE - DOUBLES	-	-	Contraction of the last	-	The second second		The second second
Entranced SDIMC (Refunders) Costs	07/01/02 - 06/30/03							
•	STANTAN - CANADA							
Change of Change (Dathering) Deficited Changes	CALLANA CALLANA							
Control County (Catalogues) March 190 Com 190	THE PERSON OF TH							
(Activities) (Acquiring Pages	2018/200 - 201/0/1/	-	CONTRACTOR OF THE PARTY OF THE	The second second	The state of the s	otoposocoposo	the section is a section of	STATE OF THE PARTY.
	07/01/02 - 09/30/02			1,615				
County Telliness Costs	10/01/92 - 06/30/03			13,782		617		
	67/01/02 - 09/30/02			1,790				
riesuny ramines own upper Limits	10/03/02 - 06/30/03			16.278		684		
	07/01/02 - 09/30/02			1,664				0.000
Healthy Families Published Charges	50/01/02 - 06/30/03			14,204		9639		
	07/01/02 - 09/30/02			1,531				
Healthy Families Negotiated Rates	IDIO1002 - DAPROIDS			12 005		KAK		
				20000		2000		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 19664 (05/03)

DEPARTMENT OF MENTAL HEALTH
PAGE 4 OF 4
Flecel Year 2002-2003 DETAIL COST REPORT

Function Service AA Service Function 1,175 4,864 35,027 5,422 38,045 4,963 36,963 1,239 1,381 36,936 1.64% 28,173 80,086 3.06 1,500 405 33,205 Function 1,142 1,082 2,264 1,155 273 232 1,025 3.14 3.14 2.90 245 251 8 Function Service 뜻 2232 164 151 45 8 159 8 3.553 7,716 2,005 27 263 32 634 36 313 28 063 74 274 68 357 3,828 8,481 7,298 3,032 6,717 51,604 £ 1,42% 19,756 19,810 3,53 3,54 3,36 3,36 1,070 3.761 4,526 11,992 3,896 10,318 3,585 9,497 14,845 3,551 3,655 4,251 2,635 Service 뚲 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/02 97/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 11/01/02 - 04/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07701/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 19 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cai Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates County, Los Angeles
County Code: 19
Legal Entity. Child & Family Center
Legal Entity Number: 00210
Mode: 15 - Outpatient (Program 1). Enhanced SDIAKC (Refugees) Negotlate

29
Healthy Families Costs
30
Healthy Families SMA Upper Limits
31A
Healthy Families Published Charges
32
Healthy Families Negotlated Rates
32
Non-Medi-Cal Costs Enhanced SD/MC Published Charges 23A Enhanced SD/MC Negotisted Rates 24A Enhanced SD/MC (Refupers) Costs Enhanced SD/MC (Refupers) SMA UR 27 Enhanced SD/MC (Refupers) SMA UR 27 Enhanced SD/MC (Refupers) Publisher Enhanced SD/MC Published Charges 17A Medicare/Medi-Cal Crossover Costs Enhanced SD/IMC SMA Upper Limits Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Children) Units Enhanced SD/MC (Refugees) Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Healthy Families (SED) Units 15 Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Enhanced SD/MC Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Gross Cost Cost per Unit

1,064

35,495

2,620

24,200

5,584,129

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 7
Fiscal Year 2002-2003

G Sarvice Function 뜻 1.56 22,408 35,495 22,408 뚲 15,842 17,514 17,514 18,819 15,535 16,602 15,535 227 181 227 181 1.58 1.58 1.77 1.57 1.67 1.67 1,654 18,692 \mathfrak{E} 7,032 6,969 0.304 81,572 272,959 81,148 305,003 80,849 403 940 15.1 15.1 15.1 51,486 4,439 6,583 20,190 89,8,08 ¥ 2 796 2,209 372 2,467 418 418 2,189 2,189 23.54 136 쯗 1.57 18,190 77,350 20,321 86,413 18,025 76,648 18,025 478 1,135 15,274 11,481 ž 163,214 163,214 550,298 2,537,404 8,545,548 2,898,979 9,775,440 2,504,973 8,432,389 2,504,973 8,432,389 14,390,483 185,727 100.00% Mode Total 07/01/02 - 04/30/02 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 Enhanced SD/MC (Rolugees) Costs
Enhanced SD/MC (Refugees) SMA Upper Limits (17701/02 - 06/30/03)
Enhanced SD/MC (Refugees) Published Charges (17701/02 - 06/30/03)
Enhanced SD/MC (Refugees) Published Charges (17/01/02 - 06/30/03) Medicare/Medi-Cal Crossover Published Charges Legal Entity. Child & Family Gustarce Center Legal Entity Number: 00207 Mode: 15 - Ostpatient (Program 1) Medicare/Medi-Cal Crossover SMA Upper Limits - Medicare/Medi-Cal Crossover Negottated Rates 27 Enfanced SDAMC (Refusee) Problem 22 Enhanced SDAMC (Refusee) Program 22 Healthy Families Costs 30 Healthy Families SMA Upper Limits 30 Healthy Families Published Charges 31A Healthy Families Published Charges 23 23A 24 Enhanced SD/MC Published Charges 24 Enhanced SD/MC Negotiated Rates Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Cost per Unit SMA per Unit SMA per Unit Published Charge per Unit Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates 21 Enhanced SD/MC Costs Allocation Percentage County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Total Units Gross Cost

Non-Medi-Cal Costs

25,994

490

97,682

10,156

57,998

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

County: Los Angeles

DETAIL COST REPORT

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181,919 414,775 414,775 101,626 351,104 31,272 14,608 31,272 103,796 发 3,051 ម 3,181 50,136 32,021 37,472 37,472 31,720 80,792 22.8 16,435 976 6,198 1,142 7,253 6,130 967 6,139 80,792 £ 1.95 1.93 1.93 1.9504 25,904 38,018 50,501 44,469 59,070 37,643 5,210 37,843 50,002 G 4 816 11 621 28 754 28 952 335,520 118,612 305,961 96,865 86,865 86,865 3,67% 270,938 528,125 1.83 172,087 9004 22 652 10 531 26 486 22 436 6 915 6 915 ¥ 3,240 7,086 56,186 5,201 1,476 5,735 1,306 1,306 1,306 1,306 5,087 36,236 Service Function E 8 0770102 - 043003 6 0770102 - 043003 6 0770102 - 043003 0770102 - 043003 0770102 - 043003 0770102 - 043003 0770102 - 043003 0770102 - 043003 07/01/02 - 08-30/02 10/01/02 - 08-30/03 07/01/02 - 08-30/03 10/01/02 - 08-30/03 07/01/02 - 08-30/03 10/01/02 - 08-30/03 97/0 1/02 - 04/3/02 | 10/0 1/02 - 04/3/02 | 10/0 1/02 - 04/3/02 | 10/0 1/02 - 04/3/02 | 10/0 1/02 - 04/3/02 | 10/0 1/02 - 04/3/02 | 10/0 1/02 - 04/3/02 | 10/0 1/02 - 04/3/02 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 04/3/03 | 10/0 1/02 - 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Outsatient (Program 1) 19 Medicare/Medi-Cal Crossover Published Charges 18 Medicare/Medi-Cal Crossover SMA Upper Umits Medicare/Medi-Cai Crossover Negotiated Rates 22A Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Enhanced SD/MC (Children) Units Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Umits Medi-Cal Negotiated Rates 204 Medicare/Medi-Cal Crossov 204 Enhanced SD/MC Costs 21A County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units eross Cost

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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The state of the s				0	*			
Edity Norther, 20207		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
		17	31	31	SS	34	ਨ	37
Allocation Percentage		0.14%	0,02%	0.00%	0.15%		0.01%	0.02%
Total Units		10,210	1,651	86			250	1,380
Gross Cost		20,051	3,021	183	1	2	97	2,680
Cost per Link		1.86	1.85	1.85		1.95	1.85	1.97
SMA per Unit		2.28	2.28	2.28		2.28	2.28	2.28
Published Charge per Unit		1.93	1,83	1.83		1.83	1,83	1.93
Negotiated Rate / Cost per Unit		1,93	1.93	1.93	1.93	1.93	1.93	1.83
77. F.	כמוטב/סט כטוויטובטו	1 43/1	2940		2 254	5.075	906	38
Medi-Cal Units	10/01/02 - 06/30/03	3,618	846	8	5,385	9,539	361	613
Called Towns of the Called	07/01/02 - 09/30/02			1000				
Medical chinadra cinas	10/01/02 - 06/30/03			1				
Enhanced SDAMC (Children) [Inite	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
IOBI Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03				1			
Healthy Families (SED) Units	07/01/02 - 09/30/02		121		24	40,		
	10/01/02 - 06/30/03	8	40		8	0.000	24	70.8
Non-Medi-Cai Units		6,143	877		100	7077	1	
\$15565781821821838483848484848484848484848484848484848	107/01/02 - 09/30/02	2.810	909		4,403	9,879	288	2
Medi-Cal Costs	10/01/02 - 06/30/03	7.101	1,648	183	10,481		703	1,208
	07/01/02 - 09/30/02	3,263	583		5,139			88
Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	8.244	1,929	214	12,234		823	1,398
	07/01/02 - 09/30/02	2,762	205		4,350			7
Medi-Cal Published Charges	10/01/02 - 06/30/03	6.979	1,633	181	10,358			1,183
	07/01/02 - 09/30/02	2.782	502		4,350			75
Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	6,979	1,633	181	10,358		687	1,183
000000000000000000000000000000000000000		30000000000	100000000000					
Medicare/Medi-Cal Crossover Costs	07/01/02 - 08/30/02							
	CONTRACTOR CONTRACTOR							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
	_							
Medicare/Medi-Cal Crossover Published Charges	-							
50	107/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	The second second						
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Enhanced SD/MC Costs	מווסרוסר - המוסרוסר							
21A	10/01/02 - 06/30/03							
Enhanced SDAMC SMA Univer Umits	07/01/02 - 09/30/02							
22A	10/01/02 - 06/30/03							
Enhanced COMIC Bahlishod Charges	07/01/02 - 08/30/02							
	10/01/02 - 06/30/03							
Enhanced CD/UC Nanotisted Rates	07/01/02 - 08/30/02							
24A CHEST COUNTY TOURS COUNTY	10/01/02 - 08/30/03			The state of the s	Contract Con	or or other control	and a second second	************
Enhanced SCHALL (Saturate) Cotts	07/01/02 - 06/30/03							
Enhanced SDAM (Behanes) SAA Linner Limits								
Enhanced COALC (Bellinger) Dublished Charges								
Enhanced COMP. (Bellicent) Macchigad Rates					_			
				occoping and	44		-	
	07/01/02 - 09/30/02	1	000		100	283		
29A	10/01/02 - 06/30/03	3	00		979			
30 Leasthy Eamilies Chill Union I lmike	07/01/02 - 09/30/02		2/2		8 8	30%		
	10/01/02 - 06/30/03	40	103		971			
Liesting Complete Dublished Chames	07/01/02 - 08/30/02		762	-	8 55	100	-	
	10/01/02 - 06/30/03	39	87		100			
32 Health Families Negotiated Rates	07/01/02 - 09/30/02		234		4/4	1961		
	10/01/02 - 06/30/03	25	10	-	100	-		The second second
					The second second	The second second	- Contract of the last of the	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (6503)

1986A (05/03) County: Los Angeles

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DETAIL COST REPORT

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Legal Entiry Number 15 - Origination (Program 1) Allocation Percentage Total Units Gross Cost		Service	Sandra					
Alocation Percentage Total Units Gross Cost		T. imagina		SOLVICE	Service	Service	Service	Service
Allocation Percentage Total Units Gross Cost		30	- Lancador	41	CP	runcaon 42	FUNCTION (C)	PUNCTION AND
Total Units Gross Cost		0.74%	9 49%	0.08%	28.85%	3.85%	107	14.00%
Gross Cost		54310	701 273	8 084	2 115 857	284 529	78 885	1023 237
	The second second second second	107 162	1,365,586	11,867	4,122,547	554,430	163,344	2,019,000
Cost per Unit		1 97	787	8	1.85	100	1.05	1 07
SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2
Published Charge per Unit		1,93	1.83	1.93	1.93	1,903	183	1.83
Negotiated Rate / Cost per Unit		183	1.93	1.83	1,83	1.93	1.83	1,93
Mari Cal India	07/01/02 - 09/30/02	8,050	95,406	3,827	358.406	67 131		202
MEDI-CAI CIRIS	10/01/02 - 06/30/03	35,856	282,418	1,189	1,350,913	189,021		711,043
Medicara/Medical Crossover Units	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
Enhanced SDAAC (Children) Units	07/0 t/02 - 09/30/02							
	10/01/02 - 06:30/03							
108) Emanced SD/MC (Retugees) Units	07/01/02 - 08/30/03							
Healthy Families (SED) Units	07/01/02 - 08/30/02	228	5,004		32,387			18,615
Non Mad Col Inde	10/01/02 - 08:30/03	3.873	22,730	1 0 20	96 Z36	1	200 07	46,006
	Secretary of	0,300	01/017	0/0	201,012	40,377	200'0/	
Madi-Cal Coete	07/01/02 - 09/30/02	15,884	185,783	7,452	688,386	130,811		400,486
Moor car costs	10/01/02 - 06/30/03	70,749	549,958	2,315	2,632,375	329,353	1	1,402,994
Madi Cal Chia House I bride	07/01/02 - 08/30/02	18,354	217,523	8.726	817,166	153,059		482,787
mountain opportunits	10/01/02 - 06/30/03	81,752	643,913	2,711	3,080,082	365,368	100000000000000000000000000000000000000	1,621,178
Mod On Dublished Change	07/01/02 - D9/30/02	15,537	184, 132	7,386	891,724	129,563		391,728
Medical rubinshed Challyes	10/01/02 - 06/30/03	69,202	545,087	2,295	2,807,262	328,211	100	1,372,313
Medi Cal Monodisted Dates	07/01/02 - 09/30/02	15,537	164,132	7,386	691,724	129,583		391.7
meuroei regulateu rates	10/01/02 - 06/30/03	69,202	545,087	2,296	2,807,362	326,211	The second second	1,372,313
24/28/2008/2008/2008/2008/2008/2008/2008	C07/01/02 - C01/0/10	Selection of the selection			-		- Contraction	
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
Control of the Contro	07/01/02 - 09/30/02							
Medicare/Medical Crossover SMA Upper Limits	10/01/02 - 08/30/03							
Marginated Consessed Charles	07/01/02 - UB/30/02			100000000000000000000000000000000000000				
medical armedical crossover rubilished criatiges	10/01/02 - 06/30/03							
Color Charles and Consequent Manual Color	07/01/02 - 09/30/02			8				
Meucard Medellar Clossover regolated nates	10/01/02 - 06/30/03							1
	07/01/02 - 08/30/02							
Enhanced SD/MC Costs	10/01/02 - 06/30/03							
Enhanced SDAMC SAAA Hooer I inite	07/01/02 - 08/30/02							
	10/01/02 - 06/30/03							
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							-
	10/01/02 - 06/30/03							
Enhanced SD/MC Negotiated Rates	07/01/02 - OB/20/02		1					
		200000000000000000000000000000000000000	CONTRACTOR OF THE PARTY OF	CHECKES COUNTY		Section Section	0.0000000000000000000000000000000000000	
Enhanced SD/MC (Retugees) Costs	07/01/02 - 08/30/03							
Entranced Science (Neuropees) Same Opport Linux	DANGE OF SOUR		1		1			
Entercad SD/MC (Refugeds) Neoretated Bales	CANADA CANADA		1					
	2010/10		00000000000	00000000000	Section of the second	000000000000000000000000000000000000000	20000000000	
Health Families Costs	07/01/02 - 09/30/02	446	9,744		62,485			38.730
	10/01/02 - 06/30/03	7,842	44,252		181.422			10.777
Healthy Families SMA Upper Limits	07/01/02 - 08/30/02	515	11,409		73,113			700 000
	TUNCTION - DEPONDE	0.000	51,644		100 B 100			15 Q77
Healthy Families Published Charges	UNDERSONAL PROPERTY	7.475	00000		THO POR			587 787
	בטיטביסט בטיוסיטי	Mr. V	D MAN		AT SATE			35.827
	UNIVERSE - CHARGOLD	900	0000		000.10		-	1
Healthy Families Negotiated Rates	10401402 - CALIDIOL	7.475	43,580		189,585			58,7

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (95/03)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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Committee of the Commit		40	40	AE	-	25	č	
Legal Entity: Child & Famer Gudance Center Entity Number 00207		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function 63	Function	Function
		O RESIL	4 88%	0.00%	0.00%	3.59%	0.51%	%500
Allocation refeemage		47.418	1	6.778	98	261,748	37,850	3,889
Otal Units		83.103	270,512	13,200	167	518,468	73,860	7,674
	100000000000000000000000000000000000000	9	H	100	1 96	1.97	1.95	1.97
ost per Unit		90.0	2 28	2.28	2.28	2.28	2.28	2.28
wa per Unit		4 03		1 93	183	1.93	1.83	1.83
Numericated Cost per Unit		1.93		1.93	1.83	1.93	1.83	1.93
	Carried and Company	But and	20 600	ROT		31.728	4.284	
Medi-Cal Units	10/01/02 - 06/30/03	21,536	90,293	3,219		200,549	16,510	830
and I worked on the state of th	07/01/02 - 09/30/02							
edicare medi-tel crossover como	10/01/02 - 06/30/03							
Entranced SD/MC (Children) Units	07/01/02 - 09/30/02							
	TOTAL - CALADITO							
	07/01/02 - 09/30/02		1,887			3,179	75	
Healthy Families (SED) Units	10/01/02 - 06/30/03	869	7,561			14,867	1,833	
Non-Medi-Cal Units		19,312	17,653	2,669	98	11,625	10,000	7,000
	COUNTRY DOGUMENT	11 326	41,928	1,736		62,604		
Medi-Cal Costs	10/01/02 - 06/30/03	42,487	175,814	6.268		395,713	32.217	1,835
	07/01/02 - 09/30/02	13,151	49,095	2,031		72,340	1	9 130
Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	49,335	205,868	7,339		40/,404	1	
Control of	07/01/02 - 09/30/02	11,132	41,559	1/20		287 060	31 864	1.795
Medical Published Charges	10/01/02 - 06/30/03	41,781	174,265	6,213		84 235	8 230	
and and production of the state	07/01/02 - 09/30/02		41,558	1,100		387,080	31,864	1,795
	10/01/02 - 06/30/03	41,/81	1/4,600	Contractor of the Contractor o	30000000000	100000000000000000000000000000000000000	300000000000	0000000000
Madiographical Colored Costs	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 08/30/03							
	07/01/02 - 09/30/02							
Madicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
Rates Negotiated Rates	07/01/02 - 09/30/02							
115	10/01/02 - 06/30/03	Section of the sectio	o contractor of	9000000000	000000000000	-	200000000000000000000000000000000000000	50000000000
Catanasa CDAIC Costs	07/01/02 - 08/30/02							
I House of the control of the contro	10/01/02 - 06/30/03							
Enhanced SD/MC SMA Upper Limits	4 ANIM 179 - ORUGINGS							
	07/01/02 - 09/30/02							
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
Sold Northbroad Other	07/01/02 - 09/30/02			-				
CIRCLE SOUND INSPIRED LAND	10/01/02 - 06/30/03	Control of the last	STATE OF STATE OF	300000000000000000000000000000000000000	STATE STATE STATE OF	The same of the sa		
	07/01/02 - 06/30/03				-			
Enhanced SDIMC (Religges) SMA Upper Limits								
Enhanced SD/MC (Refugies) Published Charges	07/01/02 - DEGOULD							
Enhanced SDMC (Retupees) regotation nates	Of religion and analysis	100000000000000000000000000000000000000			THE COURSE SERVICES	6273	146	
Line Hamilton Costs	07/01/02 - 08/30/02	140.0				28,940	3	
Menut ammo occasi	AT INTERIOR CONTROLLS	100				7,248		
Healthy Families SMA Upper Limits	ANIMATO - DECEMBE	1.591				33,44	4,407	
	DATE OF THE PARTY					6,136		-
31 Healthy Families Published Charges	TOTAL	1,347	14,593			28,307		
	07/01/02 - 09/30/02					6,135		-
Healthy Families Negotlated Rates	10/01/02 - 06/30/03	1,347	14,583			28,307	3,731	
	The state of the s				The latest and in case of the latest and in	1000		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (45/03)

County: Los Angeles

DETAIL C

DETAIL COST REPORT

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FISCAI Year 2002-2003

Legal Entity: Child & Family Guidance Center	io.	TY	AK	8.7	3 244	144	1	
gal Entity Number: 00207		Service	Service	Service	Carrier of the Carrie	To the same	Constant	W
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Bunction
Allocation Demonstrate		09	61	61	62	62	82	1
Total links		1 80	4.27%	0.01%	9.32%	0.293	0,24%	
Gross Cost		04 47	155,575	430	339,097	10,641	8,772	
odienasaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	Constitution of the Consti	200 40E	615,138	1,700	1,340,557	42,067	34,678	3,391
COST DEL UTIL		401	3.95	3.96	3.95	3.95	8	107
Diffiched Change age 164		4.23	4.23	4.23	4.23	423	4.23	4 23
Negotiated Rate / Cost ner Unit		28.0	3.87	3.92	3.92	3.92	3.82	3.62
	200	78.7	3.85	3.92	3.82	3.92	3.82	3.92
Medi-Cal Units	07/01/02 - 08/30/02	11,976	20,415	320	67.481	2,689		380
	10/01/02 - 06/30/03	43,683	56,257	101	194 304	6227		265
Medicare/Medi-Cal Crossover Units	07/01/02 - 08/30/02							
	10/01/02 - 06/30/03							
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						1000	
Enhanced SD/MC (Refunees) Unite	MODING - ORGANIS							
Constant of the second of the	07/01/02 - US/3U/U3							
Healthy Families (SED) Units	20/06/30 - 08/30/02	775	888		909'9			
Non-Madi. Cal Tribe	10/01/02 - 08/30/03	2,085	2.843		16,385			
		5,960	75,071	6	56,321	1,525	8,772	200
Madi-Cal Costs	07/01/02 - 08/30/02	47,998	80 726	1.265	268 774	10711		4 647
Signal Cools	10/01/02 - 08/30/03	175 086	727 437	501	708 448	24 847		1,00
ModLCal CAIA Hanne (lamba	07/01/02 - 09/30/02	50 658	RR 255	136.1	205 445	1000 00		100
medical swa opper cimits	10/01/02 - 06:30/03	184 770	237 967	427	800 008	00000		1,850
Modi Col Bublished Organia	07/01/02 - 09:30/02	AR SAR	An 027	4 26.4	ON LEGG	300.00		1717
Medical rudished Charges	10/01/02 - 06/30/03	171.237	220 527	Sec	781 877	24 440		4 0.90
Madi.Cal Mandiated Dates	07/01/02 - 09/30/02	48.946	80.027	1227	284 526	308 11		4 A.70
constant control control	10/01/02 - 06/30/03	171,237	220,527	386	781.672	24,410		1 0.00
	chickness contractor						1	0.0000000
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	1				1		
Marting Constant Colonial Colonial	07/01/02 - 09/30/02						1	
moundation in the control of the con	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover Published Changes	07/01/02 - 09/30/02							
					The second second			
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03		Ì					
	OTAM PO COMPOS	000000000000000000000000000000000000000	or analogopa n	0000000000		000000000000000000000000000000000000000	0000000000	September 1
Enhanced SD/MC Costs	10/01/02 - 06/30/03	Ī				Ī	Ì	
Enhanced SO. A.C. SAMA Lines	07/01/02 - 09/30/02							
Simulation of the Copies Lights	10/01/02 - 06/30/03							
Enhanced SD/MC Published Charnes	07/01/02 - 08/30/02						572	
200	10/01/02 - 06/30/03		Charles Comment					
Enhanced SD/MC Negotiated Rates	07/01/02 - 08/30/02							
	10/01/02 - 06/30/03				-	_		
Enhanced SCAMC (Refugees) Costs	07/01/02 - 08/30/03				di obilitati di distributati	1501-1201-1201-1201-1201-1201-1201-1201-	F 100 5 15 15 15 15 15 15 15 15 15 15 15 15 1	165012646515555
Enhanced SDMC (Refugees) SMA Upper Limits								
Enhanced SD/MC (Refugees) Published Charges								
Enhanced SD/MC (Refugees) Negotlated Rates								
	07/01/02 - 09/30/02	3 (08	2 545	000000000	C34 CC	o majorica de la	OBCCCCCCC	opposition and a
realtry rammes costs	10/01/02 - 08/30/03	8.356	11.636		80 822			
Months Combine Chit Hanne Hanks	07/01/02 - 09/30/02	3.278	3.760		22,713			
reduily ramines awa upper Limits	10/01/02 - 08/30/03	8.820	12.449	1	65.079		t	
Healthy Families Distilated Chames	07/01/02 - 09/30/02	3,038	3,485		21.976			
college of the second s	10/01/02 - 06/30/03	6.173	11.537		600,309			
Healthy Families Negotiated Rates	07/01/02 - 06/30/02	3,036	3,485		21,976			
NO.	10/01/02 - 06/30/03	6,173	11,537		BCE'09	The second second	A CHARLES OF THE PARTY OF THE P	
	The second secon					-		

27,833

6,139

16,683

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 7 OF 7 Fiscal Year 2002-2003 Function Service AW £ 3.23 3.23 3.23 2.176 5,633 7,026 5,633 Function ដ 2 3.26 258,566 5773 428 2,944 8,543 51,388 108.366 62.786 176.222 50.947 166.920 96,920 1,388 1,463 1,376 1,376 9,509 1,376 Function Service 뚲 3,913 1,185 3 23 23 33 3,913 4,041 3,828 3,828 뚲 Function 75 0 83% 1,007 18,892 90,718 19,509 83,680 18,479 88,735 18,479 86,735 3,434 3,434 459 1,253 459 119,543 8 3,253 5,721 뿚 3.41 1,306 1.305 400 1,384 1,292 Function Service క 3.26 3.41 3.23 3.23 7.000 7.000 14,686 1.283 57,805 387 712 5,116 22,840 15,348 23,870 14,538 14,538 14,538 14,538 2,323 2,428 1,250 2,300 1,250 2,300 2,300 0.40% Service Function 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 97/01/02 - 04/30/02 10/01/02 - 04/30/02 07/01/02 - 04/30/03 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/10/10/2 - 06/30/03 10/10/2 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 17/01/02 - 06/30/03 Enhanced SDMC (Refugees) Costs
Enhanced SDMC (Refugees) SMA Upper Limits (97/91/02 - 06/30/03 Enhanced SDMC (Refugees) Published Charges (97/91/02 - 06/30/03 Enhanced SDMC (Refugees) Negotiated Rates (97/91/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03) Legal Entity, Child & Family Guidance Centry agal Entity Number, 00207 Moder 15 - Outsaffort (Prnoram 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper LImits Medicare/Medi-Cal Crossover Negotlated Rates 15 - Outputtient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Costs Healthy Families Published Charges Medicare/Medi-Cal Crossover Units Healthy Families SMA Upper Limits Enhanced SD/MC (Refugees) Units Healthy Families Negotiated Rates Enhanced SD/MC (Children) Units Cost per Unit County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Published Charge per Unit Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit

16A

Non-Medi-Cal Costs

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966A (05/03)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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Fiscal Year 2002-2003

28,583 28,583 25,880 19 26, 136 31 0.53% 13.231 26.651 1,060 1,285 1,345 1,285 1,110 2,834 526 3.585 243,373 243,373 122,730 275,474 122,730 275,474 107,658 241,844 53 829 120 822 23,089 217,412 246,088 689,567 216,891 139 033 589,567 1,704 1,090 8,730 8,868 7,818 10,038 1.56 1,377,626 3,506,822 1,558,337 1,558,337 1,558,337 100.00% 4,989,536 Mode Total 07/01/02 - 04/00/02 10/01/02 - 04/00/03 07/01/02 - 04/00/03 10/01/02 - 04/00/03 07/01/02 - 04/00/03 07/01/02 - 04/00/03 10/01/02 - 04/00/03 10/01/02 - 04/00/03 Legal Entity. ChildNet Youth and Family Services Inc. Legal Entity Number: 00783 Mode: 15 - Outpalient (Program 1) Healthy Families Negotiated Rales Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Negotiated Rate / Cost per Unit County: Los Angeles Healthy Families (SED) Units Allocation Percentage County Code: 19 Non-Medi-Cal Units Medi-Cal Units Cost per Unit SMA per Unit Gross Cost

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1965A (95/03)

DEPARTMENT OF MENTAL HEALTH
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Fiscal Year 2002-2003 DETAIL COST REPORT

	Legal Entry. Chicklet Youth and Farrity Services Inc.	#	_	•	¥		M	Z
Legal Entry Marriber: 00783 Mode: 15 - Outpatient (Program: 1)		Function	Service	Service	Service	Service	Service	Service
		4.2	25	×	6.1	239		
Allocation Percentage		62.36%	2,86%	0.02%	0.16%	8,79%		
Gross Cost		1,044,795	70 652	616	2,102	117.378		
000000000000000000000000000000000000000	000000000000000000000000000000000000000	8	194,10			DE ON	CONTRACTOR SOLD	000000000
Cost per unit		201	201	2.01		3.74		
Published Character Italy		2.28	2.78	2.28		423		
Negotiated Rate / Cost per Unit		200	200	200	9.43	9 74		
изопольновичения в польновичений в польновите			The same					organism of
Medi-Cal Units	10/01/02 - 08/30/02 10/01/02 - 06/10/03	432,090	18,197	961	7 648	27,853		
	07/01/02 - 05/30/02	Population I	35,333	100	1,040	00,101		
Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03		T					
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
, , , , , , , , , , , , , , , , , , , ,	10/01/02 - 06/30/03							
Entranced SD/MC (Retugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	107/01/02 - 09/30/02 10/01/02 - 09/30/03							
Non-Medi-Cal Units	200000-700000	94 749	1005	83	204	4 200 ¢		
		2		3	27		Contractor and	200000000000000000000000000000000000000
Medi-Cal Costs	07/01/02 - 09/30/02	870,363	36,654	314	945	104,089		
	10/01/02 - 06/30/03	2,177,394	105,419	759	6,159	329,538		
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	985,165	41,489	39	1.070	117.818		
	10/01/02 - 06/30/03	2,464 596	119,324	090	6,971	373,006		
Medi-Cal Published Charges	07/01/02 - 09/30/02	965, 165	41,489	326	1,070	117,618		
	10/01/02 - 06/30/03	2,484,596	119,324	099	8.971	373,006		
Medi-Cai Negotiated Rates	07/01/02 - 09/30/02	964 190	36 384	312	945	104,170		
3566906666666666666666666666666666666666	TUNUTALZ - UNISURUS	201 000	10.00	100	6.104	107 RV	000000000000000000000000000000000000000	2000000000
Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02				0701-071-071-071			
	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - ON 30/02							
	ATMAN COLUMN						-	
Medicare/Medi-Cal Crossover Published Charges	40M4402 DESIGNA							
	CONDUM - CONTOUR							
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
odoboskingososobos	CTATA CATAMO	300000000000	300000000000000000000000000000000000000	NAME OF TAXABLE PARTY O	1000000	200000000000000000000000000000000000000	***************************************	appropriate and a
Enhanced SD/MC Costs	10/04/02 - 06/30/03							
	20/01/02 - 09/10/20							
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
	07/01/02 - 09/30/02							
Entranced SUMMC PUDESTING CARAGES	10/01/02 - 06/30/03							
Cathanana CDM10 Manakahad Dalon	07/01/02 - 09/30/02		(Comp.)					
	10/01/02 - 06/30/03							
Enhanced SD/MC (Rafriciaes) Costs	EDADES - DESTORES							
Enhanced SD/MC (Refusees) SMA Upper Limits								
Enhanced SD/MC (Refugees) Published Clarges	07/01/02 - 06/30/03							
Enhanced SD/MC (Rehoses) Negotated Kates	07/01/02 - 06/30/03							
	CTMANA - CONTOURS			000000000000000000000000000000000000000				
Healthy Fernilles Costs	10/01/02 - 06/30/03							
Management of a new contract of the land o	07/01/02 - 09/30/02							
nearing ramines SMA Opper LAIMS	10/01/02 - 06/30/03							
Healthy Families Published Charges	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03				-			
Manthu Comillor Manufolind Outer	G7/01/02 - 08/30/02					-	-	
Code in the state of the state	WORLD - CALTANA							

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

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Fiscal Year 2002-2003

DETAL COST REPORT

County: Los Angeles County Code: 19

County Code: 19			¥	NR.	N. N.	200	NA.	ON
Legal Entity, Children's Bureau		Y	8	C	0	1		
Legal Entity Number: 00668			Service	Carvina	Canada	Canada		9
Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
Allocation Domestons			83	8	90	10	12	14
Total Unite		100 001	200	1.85%	0.32.6	11 49%	0.07%	4.16%
Gross Cost			344	67.397	11,654	321,479		115.458
0.0000000000000000000000000000000000000	osciologica de la companione	9118109	268	111,203	19,729	691,453	-	250,483
Cost per Unit	Sold Sun Wall		1,65	1.65	1.65	2.15		2.15
Districted of			1.77	171	171	2.28	2.78	2.28
			1.68	1.68	1.68	2.19		240
Negotiated Rate / Cost per Unit			1.68	1,68	1.68	2.19		2.18
	CONTRACT CITY MYOL							
- Med-Cal Optis	10/01/02 - OR/10/01		000	11,728	2,584	25,52		80,642
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ליתיחריםה - ליתיות להי		2077	30,734	4,161	276.358	1,479	49,711
- Medicara/Medi-Cal Crossover Units	100102 067000							di.
	Concess Sources							
Enhanced SD/MC (Children) Units	20/05/05 - 09/30/05							1000
	10/01/02 - 06/30/03							
UB Enhanced SturmC (Relugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	07/01/02 - 09/30/02				132			210
	10/01/02 - 06/30/03	3430544324						
Non-Medi-Cal Units			96	4 839	1777	0 000	420	5,805
	CTANGE OF THE PARTY							
Medi-Cal Costs	OTTO TOTAL - CONSUMOS	1,210,434	115	19 344	9.213	75,542	258	130,432
V6-	1001/02 - 06/30/03	4,517,530	383	82,709	6.866	594.404	3,181	106,921
Medi-Cal SMA Upper Limits	20/05/02 - 09/30/02	1,293,659	124	20,751	9.884	80,078	27.4	138,264
	10/01/02 - 06/30/03	4.828.445	421	89,799	7,365	960'009	3,372	113,341
Madi-Cal Published Charges	07/01/02 - 09/30/02	1,232,467	118	19,696	8,381	78.917	263	132,808
	10/01/02 - 06/30/03	4.599.762	400	85,233	6,990	605,224	3,239	108,867
- Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	1 222 487	118	19,698	19,381	78.917	282	132,806
5A	10/01/02 - 06/30/03	4,599,743	400	85,233	6,990	605,224	3,230	108,867
	DIMINO DECOMO		1 000000000000000000000000000000000000		TOTAL DESIGNATION OF THE PERSON OF THE PERSO	September 1		Sociations
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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (65/03)

DEPARTMENT OF INENTAL HEALTH
PAGE 2 OF 3
FISCAI Year 2002-2003 DETAIL COST REPORT

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (65/03)

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DETAIL COST REPORT

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Fiscal Year 2002-2003

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Total Units
Gross Cost
Cost per Unit Non-Medi-Cal Units Medi-Cal Units

Non-Medi-Cal Costs

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

County: Los Angeles

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28,157 1,145 1,145 3,438 3,438 3,438 2.28 502 3,438 3.30 1.508 1,651 꽃 7.786 23.306 5.358 16.079 5.368 2,350 16,079 5,358 16,079 2233 7.052 23,580 2.28 2.28 2.28 134,099 22,575 147,723 443,176 101,914 305,746 101,914 305,746 119 8 2 8 120 132 74,667 305,746 뚶 1,587 4,761 11,610 70,790 16,279 48,634 48,636 48,636 48,638 40,459 9,197 8,427 787,62 2,508 Function に 1,519 1,048 1,048 1,048 3,147 1,048 2,145 Finction ĸ 2,883,377 964,449 2,883,377 964,449 2,883,377 964,449 242,666 80,865 242,668 242,666 100.00% 7,855,002 274 274 274 274 274 780,558 Mode Total 07701/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 05/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 28 Enhanced SCAMC (Rehigness) SMA Upper Limits 0770/102 - 06720/03 27 Enhanced SCAMC (Rehigness) Published Charges (07701/02 - 06720/03 28 Enhanced SCAMC (Rehigness) Negotiated Rates (07701/02 - 06720/03 07/01/02 - 09/30/02 - Medicare/Medi-Cal Crossover Published Charges Legal Entity Number: Onity Ontpeter too Angeles Mode: 15 - Outpeter (Program 1) Medicare/Medi-Cai Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Enhanced SD/MC Published Charges Enhanced SD/MC (Refugees) Costs Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotiated Rates 31A Healthy Families Published Charges 31A Healthy Families Negotiated Rates 32 Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units 30A Healthy Families SMA Upper Limits Enhanced SD/MC (Refugees) Units Non-Medi-Cal Costs Enhanced SD/MC (Children) Units Cost per Unit Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Published Charge per Unit Medi-Cal Negotiated Rates 21A Enhanced SD/MC Costs 29 Healthy Families Costs Allocation Percentage County Code: 19 Non-Medi-Cal Units Negotiated Rate Medi-Cal Costs Medi-Cal Units Cost per Unit SMA per Unit

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17,959

5,651

145,938

1,241,099

124,568

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

DETAIL COST REPORT

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

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Enternood SUNIC (Refugees) Published Charges 07/10/10/2 - 06/30/03 10/01/02 - 08/30/03 Legal Entity Number 10: 70 Mode: 15 - Outpallent (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Umits Medicare/Medi-Cal Crossover Negotiated Rates Healthy Families Costs

29A
Healthy Families SMA Upper Limits
30
Healthy Families Published Charges
31A
Healthy Families Negotiated Rates
32A
Non-Wealthy Costs Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC (Refugees) Units Enhanced SD/MC Negotlated Rates Medicare/Medi-Cal Crossover Units SMA per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Enhanced SD/MC (Children) Units County: Los Angeles County Code: 18 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MM 1966,A (65/03)

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Fiscal Year 2002-2003

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

DETAL COST REPORT

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

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23.7 Healthy Families Negotiated Pales Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Perugass) Units Entranced SDAMC (Children) Units 8 Medi-Cal Units
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11 Healthy Families (SED) Units
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112 Non-Medi-Cal Units
113 Medi-Cal Costs
114 Medi-Cal Costs
114 Medi-Cal SMA Look I miles County: Los Angeles County Code: 19

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

DETAIL COST REPORT

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

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (15503)

County: Los Angeles County Code: 19

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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FISCAI Year 2002-2003 뚶 8 £ Z.

Legal Entity, Community Courseling Service		Y	80	0	0	3	1	C
agai Entity Number, 00180			Service	Service	Service	Sarvice	Sandre	Sandra
Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	-	Function
Allocation Percentage		2000000	03	8	8	90		10
Total Units		100 000	47.00	14 00%	0.1636	0.65%	- 1	0.00
Gross Cost		4,250,448	21,460	547.814	7.624	27 649	738 873	101
Cost per Unit	on or a series of the series o		1				ы	
SMA per Unit			140	129	18	91	1.07	1.67
Published Charge per Unit			72.	100	1 24	1.77	27.79	277
Negotiated Rate / Cost per Unit			13.	125	38	2	1,550	
							00	101
- Medi-Cal Units	07/01/02 - 09/30/02		2,024	06,214		2,426	22,598	
	10/01/02 - 06/30/03		5,447	197,843		9,831	88,703	0 1
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			1,201				
	10/01/02 - 06/30/03			8,989			999	
Enhanced SD/MC (Children) Linits	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
IOB Enhanced SD/MC (Refugees) Units	07/01/02 - 08/30/03							
	07/01/02 - 09/30/02			1,799			1.842	
	10/01/02 - 06/30/03			3 602			1 699	
Non-Medi-Cal Units			6.880	158.279	6.003	9.361	27 545	18
	CONTRACT CONTRACT	CHE GIR	0.630					
Medi-Cal Coets	4 Denocato Caronina	2000 340	2002	08,040		3,556	20,440	
	ATTENTION OF THE PERSONS	4,000,740	10,008	247,043	1	12301	104,834	
AA Medi-Cal SMA Upper Limits	ACADAMO CARAMON	0 000 000 0	3,004	11/100		2005	57,023	
	TOTAL STREET	3,037,738	14,901	350,182	1	17,401	225,043	
Medi-Cal Published Charges	0/101/02 - 03/30/02	963,474	2,712	58,727		3,787	37,965	
	1001/02 - 09/3003	2,206,904	11,319	285,110		13,174	165,621	
Medi-Cal Negotiated Rates	OZOTAZ - OBZBAGZ	063,474	2,712	88,727		3,787	37,965	
	10/01/02 - 06/30/03	2.206.904	11,319	285,110		13,174	185,821	
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Medicare/Medi-Cal Crossover Published Charges	DESCRIPTION - CONCESSOR	10,316		1,503				
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Medicare/Medi-Cal Crossover Negotiated Rates	AND THE DESCRIPTION	16.316	1	1,000		1	1	
Adaheran da	2000000	000 000	-	5,043	The second second		78	
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Charles of the Control of the Contro	07/01/02 - 09/30/02							
CITIENT COULD INTRODUCE INC. PLANTS	10/01/02 - 06/30/03							
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CHINACAL SUMO (RENGERS) SAN UDDA LITTES	07/04/02 - 08/30/03							
Entranced Science (Resugnes) Published Charges	07/01/02 - 06/30/03			1				
Entranced Science (Retugnes) Megotamed Nates	07/01/02 - 06/30/03	- Contraction of the Contraction	-	-	-	-	-	-
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	10/01/02 - 06/30/03	47,679		4,382			2,405	
Healthy Fornilles CMA I lover 1 imile	07/01/02 - 08/30/02	30,005		3,164			4,200	
	10/01/02 - 06/30/03	171,07		6,199			3,495	9)
Heatthy Families Published Chames	07/01/02 - 09/30/02	22,070		2,411			3,095	
	10/01/02 - 06/30/03	51,063		4,683			2,575	
Healthy Families Negotiated Rates	07/01/02 - 09/30/02	22,070		2,411			3,095	
	1001/02 - 00/30/03	51,063	-	4,693	-	-	2,575	-
Non-Medi-Cal Costs		1,364,189	8,358	198,040	7,624	11,713	43,209	282
							100000000000000000000000000000000000000	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (65/03)

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PAGE 2 OF 4
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52,908 25,911 19,629 19,629 19,629 77,862 Function 47 2 Function 42 137% 37,231 68.404 37,231 Service \mathfrak{F} 781,107 405,361 507,202 1,735,304 373,728 1,276,660 100,000 21,621 21,621 128,160 15,931 15,931 94 428 13,338 13 X20 88,208 1,278,660 ¥ 15,906 ¥ 2.28 1.68 300 1,386 2,17 471 10,374 10,374 10,344 10,344 10,444 20 12 22 27 SZ 2.173 178 ¥ 2 28 1 88 1 88 5 329 0.35% 9.570 15,012 32 4,151 10,633 8 C Z 2 뚲 3,732 9,236 5,424 3,997 3,997 9,894 9,894 1.68 2,379 1,088 1,707 5 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 Legal Enthy, Community Comeeing Service Legal Enthy Number, 20180 Mode; 15 - Outpatent (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cai Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates 29 Healthy Families Costs
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Published Charge per Unit.
Inegotiated Rate / Cost per Unit. County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs (Allocation Percentage County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit Gross Cost

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504

2,031

130,740

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (6503)

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 \mathfrak{F} 18,043 30,215 349 16,072 16,072 15,007 1,859 825 439 1,991 439 ¥ 1,496 2,813 Function ¥ 1.57 573 1,295 5.504 Function 123 1.68 11,707 280 17,016 207 12,538 12,538 £ \mathfrak{F} 1.57 2.28 1.68 121,611 255 4,530 4,006 204,306 44,099 400 7,106 581 10,328 428 7,610 428 6,730 6,730 6,730 6,730 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 97/01/02 - 06/30/02 19/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 97/01/02 - 06/30/02 10/01/02 - 06/30/03 97/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/02 07/01/02 - 08/30/02 10/01/02 - 08/30/03 Enhanced SOMC (Relugues) Costs (7701/02 - 06/30/03 Enhanced SOMC (Relugues) SMA Upper Limits (7701/02 - 06/30/03 Enhanced SDMC (Relugues) Published Charges (7701/02 - 06/30/03 Enhanced SDMC (Relugues) Published Charges 20 Medicare/Medi-Cal Crossover Negotiated Rates 21 Enhanced SD/MC Costs 22A Enhanced SD/MC SMA Upper Limits 22A Enhanced SD/MC Negotiated Rates 24 Enhanced SD/MC Negotiated Rates 25 Enhanced SD/MC Refugees Charges 25 Enhanced SD/MC Refugees Charges 26 Enhanced SD/MC Refugees Charges 26 Enhanced SD/MC Refugees Charges 26 Enhanced SD/MC Refugees Charges 26 Enhanced SD/MC Refugees Charges 26 Enhanced SD/MC Refugees Charges 26 Enhanced SD/MC Refugees Charges 26 Enhanced SD/MC Refugees Charges 26 Enhanced SD/MC Refugees Charges 26 Enhanced SD/MC Refugees Charges 27 Enhanced Charges 27 Enhanced SD/MC Refugees Charges 27 Enhanced Legal Entity. Community Courseling Service. Legal Entity Number: 00180 Mode: 15 - Ostputient (Program 1) Medicare/Medi-Cai Crossover Published Charges Medicare/Medi-Cai Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Units Medicare/Medi-Cal Crossover Costs 28A Healthy Families Costs
30 Healthy Families SMA Upper Limits Enhanced SD/MC (Refugees) Units Healthy Families Published Charges Enhanced SDAMC (Children) Units 32 Healthy Families Negotiated Rates SAA Non-Medi-Cal Costs County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

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

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PAGE 4 OF 4
Fiscal Year 2002-2003 Service Function AA Service Function Service DETAIL COST REPORT Service Function Function 2.10 2.25 2.25 2.25 2.10 210 1,100 686 1,290 473 473 2,311 Service Function 뚲 07/01/02 - 06/20/02 10/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 07/01/02 - 06/20/03 07/01/02 - 06/20/03 10/01/02 - 06/20/03 07/01/02 - 08/20/03 10/01/02 - 06/30/03 10/01/02 - 08/20/03 10/01/02 - 08/20/03 10/01/02 - 08/20/03 10/01/02 - 08/20/03 070102 - 04-3002 10/01/02 - 06-20/02 10/01/02 - 08-20/02 10/01/02 - 08-20/02 10/01/02 - 06-20/02 07/01/02 - 06-20/02 10/01/02 - 06-20/03 07/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/03 10/01/02 - 09/30/03 9701/02 - 08/30/02 10/01/02 - 08/30/02 97/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - D9/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 rhanced SDMC (Religees) Costs
rhanced SDMC (Religees) SAA Upper Umts
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rhanced SDMC (Religees) Published Charges
07/01/02 - 06/30/03 Legal Eritiy Number, 00:160 Mode: 15 - Outpolient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Units Medicare/Medi-Cal Crossover Costs Enhanced SD/MC (Relugees) Costs Healthy Families Published Charges Enhanced SD/MC Negotiated Rates Enhanced SD/MC (Refugees) Units Healthy Families SMA Upper Limits 32 Healthy Families Negotiated Rates 32 Non-Med-Car Costs Enhanced SD/MC (Children) Units County: Los Angeles County Code: 19 Healthy Families (SED) Units Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per U Medi-Cal SMA Upper Limits Medi-Cal Published Charges Medi-Cal Negotiated Rates 21 Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Med-Cal Units Total Units Gross Cost

1,229

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966A (05/03)

County: Las Angeles

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Pacal Vert 2002-2003 DETAIL COST REPORT

2125 22,606 3.772 5,623 17.597 ž 10,237 94,742 60,963 332, 994 138, 996 427, 774 3,530 8,505 108,199 8,854 2,122 20,701 8,372 30,370 6,407 20,761 20,761 950 뚲 5,485 2,083 2,083 847 3,071 2,088 2,088 3,655 뜻 100 00% 1,902,357 848,696 2,538,803 640,588 1,907,898 640,688 3,175,137 20.213 20.060 20.060 20.280 20.280 20.280 20.280 20.275 508,746 636,627 Mode Total 2000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 1000000 - 2010010 97/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/20/02 10/01/02 - 06/20/03 07/01/02 - 06/20/02 10/01/02 - 06/20/03 07/01/02 - 06/20/03 10/01/02 - 06/20/02 10/01/02 - 06/20/02 07/01/02 - 06/20/02 07/01/02 - 06/20/02 07/01/02 - 06/20/03 07/01/02 - 06/20/02 10/01/02 - 06/20/03 13/01/02 - 05/30/02 Enhanced SCMC (Religiess Costs Office SCMC) Enhanced SCMC (Religiess) SMA Upper Limits 07/01/02 - 06/20/03 Enhanced SCMC (Religiess) Published Charges 07/01/02 - 06/20/03 Enhanced SCMC (Religiess) Negotisted Rates 07/01/02 - 06/20/03 07/01/02 - 09/30/02 Legal Entity, Community Family Guidance Center Legal Entity Number: 00181 Mode: 15 - Ostpalent (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Enhanced SDAAC Negotiated Rates

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

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Gross Cost
Cost per Unit
SMA per Unit
Published Charge per Unit
Negotiated Rate / Cost per Unit Healthy Families Negotiated Rates County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Allocation Percentage Healthy Families Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

Non-Medi-Cai Costs

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

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2,711 15,045 5,831 2 420 920 922 9229 935 뚲 383 F 22 5 5 10.660 33,906 3 485 18,902 45,050 143,431 18,957 60,358 18,857 18,857 2,065 1,523 8,736 845 3,678 3,065 뚲 0.69% 12.315 21.857 4,585 30 058,5 3,008 3,008 8 2 2 2 2 3 3 3 1.78 255 453 Function Service | 17A | Medicare/Medi Cal Crossover Costs | 1001/02 - 06/30/02 | 18A | Medicare/Medi Cal Crossover SMA Upper Lants | 1001/02 - 06/30/02 | 18A | Medicare/Medi Cal Crossover Published Charges | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/02 - 06/30/02 | 1001/0 | 25 | Enhanced SD/MC (Refugees) Costs | 07/11/02 - 06/20/03 |
28	Enhanced SD/MC (Refugees) SMA Upper Limits	07/11/02 - 06/30/03
29	Enhanced SD/MC (Refugees) Published Charges	07/11/02 - 06/30/03
29	Enhanced SD/MC (Refugees) Megobiated Rates	07/11/02 - 06/30/03
29	Healthy Families Costs	10/10/02 - 06/30/03
30	Healthy Families SMA Upper Limits	07/11/02 - 06/30/03
31	Healthy Families Published Charges	16/01/02 - 06/30/02
31	Healthy Families Published Charges	16/01/02 - 06/30/02
31	Healthy Families Negotiated Rates	16/01/02 - 06/30/02
31	Healthy Families Negotiated Rates	16/01/02 - 06/30/02
32	Healthy Families Negotiated Rates	16/01/02 - 06/30/03
31	Healthy Families Negotiated Rates	16/01/02 - 06/30/03
32	Healthy Families Negotiated Rates	16/01/02 - 06/30/03
32	Healthy Families Negotiated Rates	16/01/02 - 06/30/03
33	Healthy Families Negotiated Rates	16/01/02 - 06/30/03
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35	Healthy Families Negotiated Rates	16/01/03
35	Healthy Families Negotiated Rates	16/01/03
35	Healthy Families Negotiated Ra 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 07/01/02 - 09/ Legal Entity, Community Family Guidance Canter Legal Entity Number: 00181 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Medicare/Medi-Cal Crossover Costs SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Enhanced SD/MC (Children) Units County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Allocation Percentage	
Total Units
Gross Cost
Cost per Unit County Code: 19 Non-Medi-Cal Costs Non-Med-Cal Units Medi-Cal Costs Medi-Cal Units

12,063

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DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

County: Los Angeles County Code: 19

Sevice Function Function Service Function 15.92% 3,455 12.063 3.49 3,455 წ 62 84 06% 18 253 63 732 13.394 50.338 16.226 60.984 12.651 48.297 3.49 3,836 14,417 Function б 13.394 50.338 16.228 60.984 12.851 100 00% 75 795 Mode Total | The Medicare/Medi-Cal Crossover Costs | 10/01/02 - 08-00/02 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 18 | Medicare/Medi-Cal Crossover SMA Upper Lhrits | 10/01/02 - 08-00/03 | 19 | Medicare/Medi-Cal Crossover Published Charges | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/02 - 08-00/03 | 10/01/0 07/01/02 - 04/30/02 10/01/02 - 04/30/03 07/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 07/01/02 - 04/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 97/01/02 - 06/20/02 10/01/02 - 06/20/02 07/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 07/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 09/00/02 10/01/02 - 09/00/03 07/01/02 - 09/00/03 10/01/02 - 09/00/03 07/01/02 - 09/00/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 Enhanced SDMC (Retugnes) Codes
Enhanced SDMC (Retugnes) SMA Upper Units 07/05/02 - 06/30/03
Enhanced SDMC (Retugnes) Published Charges 07/01/02 - 06/30/03
Enhanced SDMC (Retugnes) Negotiated Raise 07/01/02 - 06/30/03 10/01/02 - 06/30/02 10/01/02 - 06/30/03 07:01/02 - 09/30/02 Legal Enthy Number: 06472 Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SDAMC SMA Upper Limits Enhanced SD/MC Negotiated Rates Haattry Families SMA Upper Limits Healthy Families Published Charges Medicare/Medi-Cal Crossover Units Healthy Families Negotiated Rates Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Enhanced SD/MC Costs Allocation Percentage Total Units Gross Cost Healthy Families Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit

Non-Medi-Cal Costs

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

DETAIL COST REPORT

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173,140 50,885 4,431 3,057 1.84 £ 986 620 1,204 1,337 1,113 197 928 4,341 21,840 6,074 28,674 7,418 8,242 24,715 1 87 S 532,547 3,036 9,746 331,004 1,185,104 448,178 1,621,178 1,621,178 5,707 6,970 17,289 7,745 19,211 5,707 14,157 228,392 1.45 F 181 34,934 34,934 11,73 11,73 13,04 13,04 32,048 32,048 32,048 1868585 50,630 03 0.66% 58,368 64,592 16,298 Function F 5,041,705 2,347,124 7,281,807 2,644,296 8,217,057 1,966,529 6,081,787 86,486 296,652 97,716 338,355 72,728 250,071 58,973 71,796 138,922 168,680 60,159 54,972 138,922 1,944,255 12,618,674 Mode Total 07/01/02 - 04/20/03 6 07/01/02 - 04/20/03 6 07/01/02 - 04/20/03 07/01/02 - 04/20/03 07/01/02 - 04/20/03 07/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 07/01/02 - 04/20/03 07/01/02 - 06/20/02 14/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 07/01/02 - 04:30/02 10/01/02 - 04:30/02 10/01/02 - 04:30/02 10/01/02 - 04:30/03 10/01/02 - 04:30/03 10/01/02 - 04:30/03 10/01/02 - 04:30/03 10/01/02 - 04:30/03 07701102 - 0412002 10/01/02 - 04120/03 10/01/02 - 04120/02 10/01/02 - 04120/02 10/01/02 - 04120/03 10/01/02 - 04120/03 10/01/02 - 04120/03 10/01/02 - 04120/03 Enhanced SO/MC (Refligees) Costs: Enhanced SD/MC (Refligees) SMA Upper Limits Enhanced SD/MC (Refligees) Published Charges Enhanced SD/MC (Refligees) Inopolitated Charges Medicare/Medi-Cal Crossover Published Charges 18 Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cai Crossover Negotiated Rates Legal Entity. Didi Hirsch Psychiatric Service Legal Entity Number: 00183 Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotlated Rates Healthy Families Published Charges Healthy Families SMA Upper Limits Healthy Families Negottated Rates - Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Gross Cost Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit County Code: 19 Non-Medi-Cal Costs Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Umits 16A Medi-Cal Negotiated Rates 21 Enhanced SD/MC Costs Healthy Families Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

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DETAIL COST REPORT

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

Service Function Function 34 0.60% 23,809 42,478 28,600 51,028 57,814 57,814 23,809 క 10,927 6,863 Function 33 წ 2.178 뚶 1,234 1,462 1,679 9,865 1,391 8,164 11,432 30,648 13,732 36,816 15,559 41,713 12,589 34,565 650 £ 18,776 3,018 16,669 3,625 20,059 2.55 2.55 1.59 8,798 12 0.43% 29,329 55,668 Function អ 28 Function | 7 | Medicare/Medi-Cal Crossover Costs | 10701/02 - 08/30/02 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10701/02 - 08/30/03 | 10 10/101/02 - 06/30/02 10/101/02 - 06/30/03 10/101/02 - 06/30/03 10/101/02 - 06/30/03 10/101/02 - 06/30/03 10/101/02 - 06/30/03 10/101/02 - 06/30/03 07/01/02 - 06/30/02 10/05/02 - 06/30/02 10/05/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 Legal Entity. Des Hynch Psychiatric Service Legal Entity Number: 00183 Mode: 15 - Outpatent (Program 1) 22 Enhanced SD/MC SMA Upper Limits
224 Enhanced SD/MC Published Charges
234 Enhanced SD/MC Negotiated Rates
24A Healthy Families Published Charges Healthy Families SMA Upper Limits Healthy Families Negotiated Rates - Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Gross Cost
Cost per Unit
SMA per Unit
Published Charge per Unit
Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 15 Medi-Cal Published Charges Healthy Families (SED) Units Medi-Cal SMA Upper Limits Medit Cal Negotiated Rates Healthy Families Costs Allocation Percentage Total Units 12 Non-Medi-Cal Units 13 Medi-Cal Costs Medi-Cal Units

Non-Medi-Cal Costs

239,390

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DEPARTMENT OF MENTAL HEALTH PAGE 3 OF 5 Fiscal Year 2002-2009

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (65/03)

6,362 20,637 7,643 2,063 7,405 2,338 1,718 6,165 1,718 2.28 2.58 1.90 58.523 126,125 წ 54,487 174,550 65,452 209,676 74,158 1.90 2.28 2.58 2.14 ₹ 1.90 2.28 2.58 1.90 489.281 1,805,172 1,564 10,092 3,634 3,634 4,118 28,071 3,025 8 8 8 8 8 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 Legal Entity. Didi Hisch Psychiatric Service Legal Entity Number: 00183 Mode: 15 - Outpatient (Program 1) 25 Enhanced SOMC (Rehigees) Costs
26 Enhanced SDMC (Rehigees) SMA Upp
27 Enhanced SDMC (Rehigees) Published
28 Enhanced SDMC (Rehigees) Negotiate
29 Healthy Families Costs
29A Healthy Families SMA Upper Limits
30A Healthy Families Published Charges
31A Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County: Los Angeles County Code: 19 Healthy Families (SED) Units Altocation Percentage
Total Units
Gross Cost
Cost per Unit Non-Medi-Cai Units Medi-Cal Units

Non-Medi-Cal Costs

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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ξŞ 5,552 4,085 12.28% 454,015 1.575,847 3.47 54.230 113,602 86,088 138,465 73,703 54.230 57,020 125,072 15,626 3,856 113,802 32,734 434,050 154,396 \mathcal{E} 385 1 830 470 2 352 2 622 385 1 800 247 472 347 7,461 27,555 39,586 33,588 10,141 7,461 7,481 2,150 111 556 \mathfrak{S} 3,054 10,255 1722 12,500 4,151 13,838 3,467 11,643 1,437 1,751 1,853 296 1,631 5,511 394 2,965 1,187 3.47 뚲 1,347 1,719 1,848 1,285 1,614 0.02% 2.18 2.18 2.14 581 754 ¥ 8 22 28 66 83 10,732 126 8,683 150 10,310 170 11,682 125 8,583 158 189 158 0.23% 29,236 Function 807/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 08/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity: Didl Hirsch Psychiatric Service Legal Entity Number: 00183 Mode: 15 - Outpatient (Program 1) 31 Healthy Families Published Charges 32 Healthy Families Negotiated Rates 32 Non-Medi-Cal Costs Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotiated Rates Medicare/Medl-Cal Crossover Costs 30 Healthy Families SMA Upper Limits Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Cost per Unit SMA per Unit Published Charge per Unit Negoliated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cat Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs 29 Healthy Families Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units 18A

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

DETAIL COST REPORT

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Function Function AF Service Function 1,451 1,009 3.41 1,362 75 1,671 1,864 490 19 24 R 40,387 17.372 44.339 21.302 54.369 23.634 6,247 15,944 14,523 1.045 2.834 2.834 3.78 3.78 2.78 1,741 1,741 55 2,135 61 2,368 929 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 05/30/02 10/01/02 - 05/30/03 10/01/02 - 05/30/03 10/01/02 - 05/30/03 10/01/02 - 05/30/03 10/01/02 - 05/30/03 10/01/02 - 05/30/03 97/01/02 - 06/30/03 10/01/02 - 06/30/03 97/01/02 - 06/30/02 10/01/02 - 06/30/03 Enhanced SCHMC (Rehippers) Costs
Enhanced SCHMC (Rehippers) SMA Upper Limits 07/01/02 - 06/30/03
Enhanced SCHMC (Rehippers) Published Charges 07/01/02 - 06/30/03
Enhanced SCHMC (Rehippers) Negotiated Rates 07/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates County: Los Angeles County Code: 19 Legal Entity: Didi Hirsch Psychiatric Service Entity Number, 051 83 Mode, 15 - Outpatienti (Program 1) 29 Healthy Families Costs
30 Healthy Families SMA Upper Limits
31 Healthy Families Published Charges
32 Healthy Families Negotiated Rates Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Costs Enhanced SD/MC (Refugees) Units Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/IMC (Children) Units SMA per Unit Published Charge per Unit Negotlated Rate / Cost per Unit Healthy Families (SED) Units Medi-Cai Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Enhanced SD/MC Costs Non-Medi-Cal Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit

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

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1.599 26,535 爰 36,270 5,648 35,061 7,910 7,910 7,910 7,910 9,865 뚶 7,481 11,850 10,670 20,404 8,762 16,914 16,914 3.56% 2 28 1 28 1 28 1 28 1 28 1 8,949 Service 뚲 73,165 73,165 358,450 80,650 80,650 60,650 5297,136 139,186 464 695 (576) 32,090 ¥ 12,472 3,95% 27,800 37,800 2,038 3,236 4,647 31,731 3,862 26,303 3,862 3,862 3,862 3,862 3,862 3,862 3,862 7,854 2 2 2 2 뚲 30 555 141 564 56 013 205,869 45 897 168,486 75,828 26 86% 210 904 256,946 1.22 1.77 1.45 1.45 190,03 31,646 Function 682,611 143,812 682,611 897 1,187 1,187 1,187 1,187 1,187 1,187 120,832 566,902 189,056 770,225 143,812 278,245 200.003 956,615 Mode Total 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 08/30/03 50/01/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 09/00/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 07/01/02 - 08/30/02 10/01/02 - 08/30/03 7770102 - CASTOON 1001/02 - CASTOON 1001/02 - OASTOON Enhanced SDMC (Rehignes) Costs
Enhanced SDMC (Rehignes) SMA Upper Limits 07701/02 - 06/30/03
Enhanced SDMC (Rehignes) Published Charges 07/01/02 - 06/30/03
Enhanced SDMC (Rehignes) Published Charges 07/01/02 - 06/30/03 10/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Published Charges 18A Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity Number: 00184 Mode: 15 - Companient (Program 1) 288 Healthy Families Costs
30 Healthy Families SMA Upper Limits
30A Healthy Families Published Charges
31A Healthy Families Published Charges
32 Healthy Families Negociated Rates 23 23A Enhanced SD/MC Published Charges 24 Enhanced SD/MC Negotiated Rates Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County: Los Angeles ty Code: 19 Healthy Families (SED) Units 15 Medi-Cal Published Charges Medi-Cal SMA Upper Limits 16 Medi-Cal Negotiated Rates Enhanced SD/MC Costs Non-Medi-Cal Costs Non-Medi-Cai Units County Code: Medi-Cal Costs Medi-Cal Units Cost per Unit

206

1,361

208,623

1,381

323.808

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DETAIL COST REPORT

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

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Healthy Families SMA Upper Limits
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Healthy Families Published Charges
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Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SOVMC (Refugees) Units Enhanced SD/MC (Children) Units Cost per Unit SMA per Unit Published Charge per Unit Negotished Rate / Cost per Unit | 14 | Medi-Cal SMA Upper Limits | 14A | Medi-Cal Published Charges | 15A | Medi-Cal Published Charges | 16 | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A | Medi-Cal Negotiated Rates | 16A County Code: 19 11 Healthy Families (SED) Units 21 Enhanced SD/MC Costs Allocation Percentage Non-Medi-Cal Units 8A Medi-Cal Units Medi-Cal Costs

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89,262

2,902

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

DETAIL COST REPORT

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FISCE! Year 2002-2003

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Enhanced SDMC (Refugues) SM4 Upper Limits 07/01/02 - 06/30/03
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Enhanced SDMC (Refugues) Negotisted Rates 07/01/02 - 06/30/03 DAM EMAY EL CENTRO DE AMISTAD, INC. Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity Number: 00185 Mode: 15 - Outpalient (Program 1) | Medicare/Medical Crossover Units | Medicare/Medical Crossover Units | Medicare/Medical Crossover Units | 10 | Enhanced SDANC (Children) Units | 104 | Enhanced SDANC (Children) Units | 104 | Enhanced SDANC (Children) Units | 104 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC (Children) Units | 105 | Enhanced SDANC Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotlated Rates Healthy Families Published Charges Medicare/Medi-Cal Crossover Costs Healthy Families SMA Upper Limits Healthy Families Negotiated Rates 10B Enhanced SD/MC (Refugees) Units Negotisted Rate / Cost per Unit County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges 14A Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Published Charge per Unit Enhanced SD/MC Costs Healthy Families Costs Non-Medi-Cat Units Medi-Cal Costs Cost per Unit Groes Cost 15A

Non-Medi-Cal Costs

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

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County Code: 19
Legal Entity: Enti 28A Healthy Families Costs
28A Healthy Families SMA Upper Limits
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33 Non-Medi-Cal Costs Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Allocation Percentage Total Units Gross Cost Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

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Non-Medi-Cal Costs

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

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Label Entity. Number: 00188 Mode; 15 - Outpatient (Program 1) Mode; 15 - Outpatient (Program 1) Mode; 15 - Outpatient (Program 1) Mode; 15 - Outpatient (Program 1) Mode; 15 - Outpatient (Program 1) Mode; 15 - Outpatient (Program 1) Mode; 15 - Outpatient (Program 1) Mode; 15 - Outpatient (Program 1) Modicarch/Mode; 15 - Outpatien	Servit Funds 0	Service Function 61 61 76, 1.28% 0 68,123	Service Function 62	Sarvica Function	S Service Function	Sarvice	Service Function
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Autocation Percentage Gross Cost Gross Cost Gross Cost State Unit State Unit State Unit Medicare/Medi-Cal Units Enhanced SD/MC (Children) Units Enhanced SD/MC (Children) Units Medi-Cal State Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal State Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units			62				The state of the latest and the late
Abocation Percentage Total Units Gross Cost Cost per Unit SMA per Unit MedicareMedi-Cal Crossover Units MedicareMedi-Cal Crossover Units Enhanced SD/MC (Children) Units Enhanced SD/MC (Children) Units MedicareMedi-Cal Units Medical Costs			-	67	71	120	11
Gross Const Gross Count Gross Count Cout per Unit SMA per Unit MedicareMedi-Cal Crossover Units MedicareMedi-Cal Crossover Units Enhanced SD/MC (Children) Units Enhanced SD/MC (Children) Units MedicareMedi-Cal Units Medi-Cal SMA Upper Limits Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Medi-Cal Negotiated Rates			22.39%		0.04%	0.00%	1.15%
Cout per Unit SMA per Unit Medicare Unit Medicare Medicare Medicare Units Medicare Medicare Medicare Units Medicare Medi			3,798,388	3,988	6.257	171	194,957
SMA per Unit Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Enhanced SD/MC (Children) Units Enhanced SD/MC (Refugees) Units Healthy Families (SED) Units Medi-Cal Costs Medi-Cal SMA Upper Limits Medi-Cal Nuisished Charges Medi-Cal Negotisted Rates		L	0				9.86
Notisined Charge per Unit Negociated Rate / Cost per Unit Medi-Cal Units Medi-Cal Units Medi-Cal Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Refugees) Units Mon-Medi-Cal Units Medi-Cal Costs Medi-Cal SWA Upper Limits Medi-Cal Published Charges Medi-Cal Published Charges Medi-Cal Negociated Rates			6.73		341	341	3.41
Medi-Cal Units Medi-Cal Units Medi-Cal Units Medi-Cal Units Enhanced SD/MC (Children) Units Enhanced SD/MC (Refugees) Units Healthy Families (SED) Units Medi-Cal Units Medi-Cal SWA Upper Limits Medi-Cal Published Charges Medi-Cal Published Charges			3.35		3.00	3,00	3.00
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Medi-Cal Chairs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Children) Units Enhanced SD/MC (Refugees) Units Healthy Families (SED) Units Medi-Cal Costs Medi-Cal Costs Medi-Cal Published Charges Medi-Cal Published Charges	04/36/03 04/36/02 06/36/03 06/36/03	30 8.926	195,342		089		13,009
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Enhanced SD/MC (Children) Units Enhanced SD/MC (Refugees) Units Healthy Families (SED) Units Mod-Cal Costs Med-Cal Costs Med-Cal SMA Upper Limits Med-Cal SWA Upper Limits Med-Cal SWA Upper Refus Med-Cal Nubished Charges	06/30/03		116,564				2,000
Enhanced SD/MC (Refugees) Units Heatthy Families (SED) Units Non-Medi-Cal Units Medi-Cal Costs Medi-Cal SMA Upper Limits Medi-Cal Published Charges Medi-Cal Negotisted Rates	and the same of						
Heathy Families (SED) Units Non-Medi-Cal Units Medi-Cal Costs Medi-Cal SMA Upper Limits Medi-Cal Published Charges Medi-Cal Negotished Rates	06/30/03						
Mon-Med-Cal Units Medi-Cal Costs Medi-Cal Published Charges Medi-Cal Published Charges Medi-Cal Published Charges	09/30/02	2,995	3,185	8			
Medi-Cal Costs Medi-Cal Published Charges Medi-Cal Published Charges Medi-Cal Negotiated Rates	06/30/03	0.996	13,963	8 2			5.858
Medi-Cal Costs Medi-Cal SMA Upper Limits Medi-Cal Published Charges Medi-Cal Negotished Rates		L		000			27 118
Medi-Cal SMA Upper Limits Medi-Cal Published Charges Medi-Cal Negotished Rates		7/9°47/	744 577	1 197	7/57	171	115.607
Medi-Cal SWA Upper Limits Medi-Cal Published Charges Medi-Cal Negotished Rates		37 753	825 297	2.496	2012		44,361
Medi-Cal Published Charges Medi-Cal Negotished Rates		125,028	2,311,128	1,586	5,466	208	138,163
Medi-Cal Negotisted Rates		54 29,599	654,396	1,977	1,770		39,027
Medi-Cal Negotisted Rates			830,326	1,256	4.809	180	121,551
3		53 29,542	646,552	38	1,780	1	30,007
	06/30/03	97,834	808,471	1,241	0.743	0/1	1880
Madings Madi Cal Concessor Orele	07/01/02 - 09/30/02		127,646				7,085
INCORRECTION COSSONAL COSTS	06/30/03		371,916				16,629
Medicare/Medi-Cal Crossover SMA Upper Limits 17701/02 - 09/30/02	09/30/02		403 646				20,112
	CONTRACTO	-	134 000				7,449
Medicare/Medi-Cal Crossover Published Charges	DACHOR		390,489				17,694
	09/30/02		132,420				7,350
Medicare Med	06/30/03		385,827				17,458
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Enhanced SD/MC Costs 10/01/02 - 06/30/03	06/30/03						
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Healthy Families Costs	09/30/02	8 200	10,194	787			1.604
	OS/SUNS	43 680	13.615	361			
Healthy Families SMA Upper Limits (10/101/02 - 06/20/03	06/30/03	29 583	59,148	254			1,916
Control of the Contro	09/30/02	10,033	10,703	302			
Heatiny Families Puthished Charges	06/30/03	23,637	46,843	201			1,656
32 Healthy Families Negodisted Rates	09/30/02	5 6	10,575	98			1,664
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

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DEPARTMENT OF MENTAL, MEALTH
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Flecal Year 2002-2003 6,830 发 2.28 2.28 2.06 2.489 8,086 3,633 뚲 215 215 215 228 206 206 206 120 뚲 5 84% 203 587 1 79 2 28 2 06 2 06 2 08 16 568 96 377 33,154 170,202 217,220 38,229 38,229 198,280 135 46,684 (1) 504 (1) 847 153,857 56,075 56,075 56,075 34,829 1.40 똣 0.03% 705 967 1.77 902 Service Function ž 806,838 2,059,850 1,280,183 4,072,271 1,145,834 3,584,496 1,146,791 100.00% 3,684,312 3,483,628 Mode Total | Enhanced SDMC (Retugues) Costs | 07701/02 - 06/300/3 | 27 Enhanced SDMC (Retugues) SMA Upper Limits | 07/01/02 - 06/300/3 | 27 Enhanced SDMC (Retugues) Published Charges | 07/01/02 - 06/30/03 | 28 Enhanced SDMC (Retugues) Negotiated Rates | 07/01/02 - 06/30/03 | 29 Healthy Families Costs | 07/01/02 - 06/30/02 | 29 Healthy Families Costs | 07/01/02 - 06/30/03 | 20 Healthy Families SMA Upper Limits | 07/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/30/02 | 27/01/02 - 06/ 07/01/02 - 56/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 04/30/02 10/01/02 - 04/30/02 07/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Legal Entity. Fire Acres Boys' & Grist Aid Society of Los Angeles Legal Entity Number: 00647 Mode: 15 - Outpetient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Healthy Families Costs

Healthy Families SMA Upper Limits

Healthy Families Published Charges

12
Healthy Families Negotiated Rates

12
Non-Medical Costs 23 Enhanced SD/AC Published Charges
23A Enhanced SD/AC Negotlated Rates
24A 21 Enhanced SD/MC Costs
22 Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Cost per Unit
SMA per Unit
Published Charge per Unit
Negotiated Rate / Cost per Unit County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Allocation Percentage County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Gross Cosk

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL ... IMH 1964A (05/03)

DETAIL COST REPORT

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

Lagal Entity, Five Acres Boys' & Girls' Aid Society of Los Angeles	lety of Los Angeles	I	-	7	×	-	M	11
Legal Entity Number: 00647 Mode: 15 - Outsitient (Program 1)		Function	Function	Function	Function	Function	Function	Function
		41	42	5.2	24	25		62
Allocation Percentage		0.35%	26.62%	144%		20,70%	1	18
Sross Cost		12,316	1,276,196	60,229	607	1,059,479	ig:	632,854
Cost ner Linii		1.79	1.78	1.78	1.79	1.46		
MA per Unit		2.28	2.28	2.28		2.28		
Ublished Charge per Unit		2.06	2.08	2.08	2.08	2.06		
Negotiated Rate / Cost per Unit		2.06	2.06	2.08	2.06	2.06	3.84	
	07/01/02 - 09/30/02	of the latest and the	128,800	19.097		198,306		84,059
Medi-Cal Units	10/01/02 - 06/30/03		556,499	9,158		524,687	511	250,559
Madinare/Medi-Cat Crossover Linits	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
Enhanced SD/MC (Children) Units	10/01/02 - 08/30/03							
Enhanced SDAIC (Refugees) Units	07/01/02 - 06/30/03							
Healthy Families (SEO) Units	07/01/02 - 08/30/02							
Anna Martin Cast India	10/01/02 - 06/30/03	6.875	270		900		130	
			7.00	44 040				87.8 078
Medi-Cal Costs	4740 402 - OSCIONAL		1 DAM DOOR	16.280		712 236	1987	47.
TO ACCUSE OF THE PERSON OF THE	07/01/02 - 09/30/02		253,664	43,541		447,875		35
Medical SMA Upper Limits	10/01/02 - 06/30/03		1,337,218	20,880		1,218,856	2,162	1,06
MediCal Divisional Chames	07/01/02 - 09/30/02		265,328	30,340		404 388		22
	10/01/02 - 06/30/03		1,206,188	16,886		1,101,200	1,00%	300
Medi-Cal Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/02		206,328	16,865		1,101,249	1,962	962,147
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Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
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Medicare/Medical Crossover SMA Upper Linus	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02			-				
	CONTRACT CONTRACT							
Medicare/Medi-Cal Crossover Negotisted Rates	10/01/02 - 06/30/03			Control of the control			000000000000000000000000000000000000000	TOTAL STREET
Enhanced SD/MC Costs	67/01/02 - 09/30/02 10/01/02 - 06/30/03							
Cohomond COALC Child longs bridge	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
Enhanced SD/MC Published Charges	07/01/02 - 08/30/02							
	07/01/02 - 09/30/02							
Enhanced SU/MC Negotrated Kales	10/01/02 - 06/30/03			Contract of the last of the la	The second second			1
Entranced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
Enhanced SDIMC (Refugees) SMA Upper Umits	07/01/02 - 06/30/03							
Enhanced SD/MC (Rehypers) Published Charges Enhanced SD/MC (Rehypers) Negotiated Rates	07/01/02 - 06/30/03							
	CONTRACTOR CONTRACTOR			200000000000000000000000000000000000000			Section (Section)	00000000
Healthy Families Costs	10/01/02 - 06/30/03							
Healthy Families SMA Upper Limits	07/01/02 - 06/30/02							
	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
	Activities and a second second	Section of the last of the las	The second second					The second second

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

County: Los Angeles County Code: 19

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Function Service Function Function Function 2 17 2 56 2 50 2 17 700 1,230 1,230 1,236 1,239 1,239 283 Service Function 1070102 - 06/3002 10/01/02 - 06/3003 10/01/02 - 06/3003 07/01/02 - 06/3003 10/01/02 - 06/3003 07/01/02 - 06/3003 10/01/02 - 06/3003 07/01/02 - 06/30/02 100/102 - 06/30/03 07/01/02 - 06/30/03 100/102 - 06/30/03 100/102 - 06/30/03 100/102 - 06/30/03 100/102 - 06/30/03 97/01/02 - 04/30/02 10/01/02 - 04/30/03 97/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 Enhanced SDMC (Rehypees) Costs
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Enhanced SDMC (Rehypees) Published Charges 07/01/02 - 06/30/03
Enhanced SDMC (Rehypees) Negotiated Rafes 07/01/02 - 06/30/03 Legal Entity. Five Acres Boys & Gets Akl Society of Los Angeles Legal Entity Number. 00647 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Published Charges Healthy Families Published Charges Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Costs Healthy Families SMA Upper Limits Healthy Families Negotlated Rates Medicare/Med-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SDAMC (Children) Units SMA per Unit Published Charge per Unit Negotisted Rate / Cost per Unit Healthy Families (SED) Units Enhanced SDMC (Rehopes 26 Enhanced SDMC (Rehopes 27 Enhanced SDMC (Rehopes 28 Healthy Familes Costs 30 Healthy Familes SNA Upper 30 Healthy Familes Published C 31A Healthy Familes Nagulated 22 Healthy Familes Nagulated 32 Non-Medical Costs 30 Non-Medical Costs Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Gross Cost Cost per Unit

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1968A (05/03)

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1,290 2.159 11.147 2.377 12.271 2.083 10.756 뚶 6,242 Function 똣 22,338 209,224 913,936 183,383 801,060 113,559 190,052 354,118 16,397 Function 뚲 180 13,699 33,068 36,279 63,433 25,240 60,925 72,122 100 2 C R 47,571 14,847 35,638 1.49 Function 뚲 537 .49 125 Function 뚲 8 2,409,974 854,217 4,045,465 195,654 1,048,086 123 136 100 001 3 173 479 Mode Total 8 12/01/02 - 04/30/02 107/01/02 - 04/30/03 107/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 07/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/03 10/01/02 - 09/30/03 67/81/02 - 08/36/02 10/01/02 - 08/36/03 07/01/02 - 09/36/03 10/01/02 - 06/36/03 07/31/02 - 06/36/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 05/30/03 Enhanced SDMC (Religees) Costs

Opposite Control Costs

Opposite Costs

Enhanced SDMC (Religees) Published Charges

Opposite Costs

Enhanced SDMC (Religees) Negorialed Charges

Opposite Costs

Enhanced SDMC (Religees) Negorialed Rates 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity Number: 00724 Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotlated Rates Healthy Families Published Charges Healthy Families SMA Upper Limits Medicare/Medi-Cal Crossover Units Enhanced SDAMC (Refugees) Units Healthy Families Negotiated Rates Enhanced SD/MC (Children) Units Allocation Percentage
Total Units
Gross Cost
Cost per Unit
SIMA per Unit
Published Charge per Unit
Negotisted Rate / Cost per Unit Healthy Families (SED) Units Medi-Cat Published Charges Medi-Cat SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Healthy Families Costs 32 Healthy Families Nego 32A Non-Medi-Cal Costs County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

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

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DEPARTMENT OF MENTAL HEALTH
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coulty code. 15								
Legal Entity: Foothill Family Service		I	- 0	Control	¥ 3	Condon	M	Servine
Legal Entity Number: 00724		Euchon E	Function	Function	Francisco	Function	Function	Function
MODE: (5 - Of the Mark (1 - Of the I)		4.6	60	62	61	672	77	14
Aliceston Parrantage		3.45%	68.87%	3.21%	20.00 C	1,73%	0.03%	0.54%
Total Lights		80 450	1 604 275	74.849	BAT	22 681 1	524	8,700
Gross Cost		109,614	2,185,561	101 969	2,038	54,904	1,038	17,235
	reservations and a second			1 344	242	2.42	1 09	1 94
Cost per critic		200	0.00	2.78	10.7	177	3.44	7.47
O. Kiehed Office		2 61	2 8 1	261	AAR	4.46	3 65	3 85
Published Charge per Chin		1000	2 20	220	607	20.7	3.41	3.41
Negousied Kate / Cost per Unit		7.50	7.70	4.20				
	07/01/02 - 09/30/02	12,135	283,910	17.974		2,240	•	1,548
Medical Online	10/01/02 - 06/30/03	34,562	1,241,574	53,272	64	19,604		5,601
1 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	07/01/02 - 09/30/02					7		
Medicare/Medi-Cal Crossover Units	10/04/02 - 08/30/03							
	ATION ADDONO							
Enhanced SD/MC (Children) Units	0//01/02 - 05/30/02							
	10/01/02 - 06/30/03			T				
Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Lingisting Comition (CED) Italy	07/01/02 - 09/30/02		3					
	10/01/02 - 06/30/03							
Non-Medi-Cal Units		33,763	78,437	3,603	262	637	524	1,551
30000000000000000000000000000000000000	OTION DOPONIO	669 84	206 784	24 487		5.422		3,067
Medi-Cal Costs	CONCINC - CAROLOG	10,000	0000000	1	110	A7 458		11.096
	ומחומה - חמומיום	200.14	2000000	400 004	-	0.475		5 279
Marti-Cat SMA Honer Limits	07/01/02 - 09/30/02	27,868	04/,313		200	2000		40.000
	10/01/02 - 06/30/03	78.601	2,831,473		à	0,000		0.000
5 Deplehod Obsessor	07/01/02 - 09/30/02		712,614			A. WIND		200
Medical Published Charges	10/01/02 - 06/30/03		3,117,104		249	87,434		20,444
Control of the Contro	07/01/02 - 09/30/02		824,602			9,341		5,2/8
Medi-Cai Negotiated Rates	10/01/02 - 06/30/03	76,038	2,732,123	117,198	204	81,748		18,089
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Medicare/Medi-Cal Crossover Costs	OVOTAZ - UNICOUS							
	10/01/02 - 05/09/03							
Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
	10/01/02 - 00/07/00							
Medicare/Medi-Cal Crossover Published Charges	07/01/02 - USIGNUZ							
	10/01/02 - 20/10/01							
Medicare/Medi-Cal Crossover Necotlated Rates	200000 - 00000							
- 10	10/01/02 - 06/30/03	The second second	of other properties.	Secretarion of	************	Section of the section of	SOCIOCOSOCIO	and the section of
	07/01/02 - 09/30/02							
Enhanced SD/MC Costs	10/01/02 - 06/30/03				1775	Control of the Control		
	STRUMENT COLLEGE						3.0	
Enhanced SD/MC SMA Upper Limits	CONTRINS CACADITY							
	ATTACK OF THE PARTY							
Enhanced SD/MC Published Charges	UNDING CONDUCT							
A STANSACTION OF THE STANSACTION	JUNEAU COLONIA						6	
Enhanced SD/MC Negotiated Rates	DANTAZ - UNICOUS							
	TUNDING - VOISONO	0.0000000000000000000000000000000000000			deligio-co-colores	and a constant	00000000000	000000000000
Enhanced SD/MC (Refugees) Conts	07/01/02 - 06/30/03							
Enhanced SD/MC (Rehopes) SMA Upper Limits	07/01/02 - 06/30/03							
Estrançari SDAAP (Rehisses) Published Charges	107/01/02 - 06/30/03							
Enhanced SOMIC (Refuges) Necotaled Rates								
CHANGE CONTRACTOR CONT					-	-		
Healthy Families Costs	07/01/02 - 09/30/02		14					
29A Hearing Parlance Cools	10/01/02 - 06/30/03							
30 Handley Condies Chich Hoper I broke	07/01/02 - 09/30/02		R					
	10/01/02 - 06/30/03							
34 State Parished Property	07/01/02 - 08/30/02		8					
regardy Parmpes Puberied Charges	10/01/02 - 06/30/03							
Liberthy Families Manufaled Rates	07/01/02 - 08/30/02		119	-				
models in salience integrated rooms	10/01/02 - 06/30/03				-	-	Contraction of the last	Contract of the last
				THE RESERVE OF THE PERSON NAMED IN	The second secon	de la citación destacionismos	The second secon	-

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1960A (05/03)

County: Los Angeles

DETAIL COST REPORT

DEPARTMENT OF MENTAL, HEALTH
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Mountain Prevention Mountain Prevention	1	C. 140 C.		1		· ·	-	-	4	
March Toda Function Functio	13	Legal Engly, Calenday Figgs & Mrt.			Condes	Service Control	Carolina	Carolina	Sandon	Sarvice
Modeling Percentings	54	al Entiry Number, Wilso Mode: 75 - Ovoabert (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
Total United State Control Promitings Control	1 1				83	20	90	10	10	12
Control Cont	_	Allocation Percentage		100 001	0.04%	4.76%	5.40%	5.51%	0.00%	0.17%
11 11 12 13 14 15 15 15 15 15 15 15		Gross Cost		2.081.969	909	99,517	113,059	115,252	6.207	2332
17.00 17.0	414	Social designation of the second of the seco								
Middlesin Midd	-1-	CUSK JOH UITH			14.1	44.	1	2.78	F. C	976
Model Call Units	-	Published Ourse per Unit			466.00	466 00	466.00	466.00	468.00	456.00
Modicare Mode, Calibrate Control	7	Negotiated Rate / Cost per Unit			1.12	1.12	1.11	1.63	1.62	1.63
Medical Multis Union Composition 319 44 500 17 87 2 34 69 219 Medical Multis Fig. 10 composition 10 composition 10 composition 22 mm 2 mm Enhanced SDAMC (Cabbren) Units Fig. 10 composition 10 composition 10 composition 2 mm 2 mm Medical Multis Fig. 10 composition 10 composition 10 composition 2 mm 2 mm Medical SDAMC (Cabbren) Units Fig. 10 composition 10 composition 10 composition 10 composition 2 mm 2 mm Medical SDAMC (Cabbren) Units Fig. 10 composition 10 composition			ATANAMO - COUNTY		106	14 673	5.891	12.898	12	147
Entenced SDMC (Calchen) Units 1007102 - Calchold Calchen) Units 1007102 -	-		10/01/02 - 06/30/03		316	44,920	17,872	38,692	218	440
Enhanced SDAMC (Children) Units	_		07/01/02 - 09/30/02							
Franced SDMC (Fallepaer) Units (VICTOR - 1997) Franced SDMC (Fallepaer) Units (VICTOR - 1997) Franced SDMC (Fallepaer) Units (VICTOR - 1997) Franced SDMC (Fallepaer) Units (VICTOR - 1997) Franced SDMC (Fallepaer) Units (VICTOR - 1997) Franced SDMC (Fallepaer) Units (VICTOR - 1997) Franced SDMC (Fallepaer) Units (VICTOR - 1997) Franced SDMC (Fallepaer) Units (VICTOR - 1997) Franced SDMC (Fallepaer) Charles Franced SDMC (Fallepaer) France Charles Franc			10/01/02 - 06/30/03							
Healthy Families (SED) Units			ANTOTAL - DESCRIPT							
Medical Cab Control Cab		Enhanced SD/MC (Refusees) Units	07/01/02 - 06/30/03							
Modicare Made Cal Units 1,000,102		and lands out of the same	07/01/02 - 09/30/02		10	122		986		70
Mode Cast Coats Control Cast Cast Coats Control Cast Coats Control Cast Cast Cast Cast Cast Cast Cast Cast			10/01/02 - 06/30/03		16	198		2,988		508
Medicarch Med					263	28,577	78,431	15,750	3,549	21.1
Medicare Medicar			07/01/02 - 09/30/02	328 796	118	16,587	6.530	20,842	118	238
Med-Cal SMA Upper Limits 107/16/02 - 00/2002 468,800 198 265,00 10,407 10,808 20,801 10,808 10,808 10,808 10,808 10,808 10			10/01/02 - 06/30/03	966,379	351	19,793	19,589		364	711
Medicar Novel Option Charges 1,000,000 2,000,000 31,200 31,			07/01/02 - 09/30/02	468,001	186	26,502	10,427		166	335
Medicare Medicar			10/01/02 - 06/30/03	1,408,391	659	79,508	31,279	1	486	1,003
Medi-Cal Nagolaied Raise 1007/10122 - 06/20002 31 (62) 11 (62)			07/01/02 - 09/30/02	66,909,931	90000	6,977,418	_		400 064	505,502
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Enhanced SD/MC (Refugees) Publicatived Changes (7701/02 - 09/2003) Enhanced SD/MC (Refugees) Publicatived Changes (7701/02 - 09/2003) Healthy Families Costs (9701/02 - 09/2003) Healthy Families SMA Upper Limits (10/01/02 - 09/2003) Healthy Families Published Charges (10/01/02 - 09/2003)		Enhanced SD/MC (Refugees) SMA Upper Limits								
Healthy Families SMA Upper Limits Or/Orioz - 09/30/02 19 868 11 392 1,609 Healthy Families SMA Upper Limits 100/10/2 - 09/30/02 22 226 18 579 2,271 Healthy Families Published Charges 07/01/02 - 08/30/02 3,699,054 4,660 152,302 464,136 Healthy Families Namilies Published Charges 100/10/2 - 08/30/02 11877,672 14,446 457146 1392,406 Healthy Families Namilies Published Charges 100/10/2 - 08/30/02 11877,672 14,446 457146 1,532,406 Healthy Families Namilies Namili		Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Manoflater Rates								
Healthy Families SMA Upper Limits 100/1022 - 09/3/002 47 06/3 54 1,087 4,628 Healthy Families SMA Upper Limits 07/0/102 - 08/3/002 22 2/26 15 579 2.771 Healthy Families SMA Upper Limits 07/0/102 - 08/3/002 3,669 64 1,538 6,813 Healthy Families Published Charges 07/0/102 - 08/3/002 3,669 64 1,522 464,138 Healthy Families Nagokiated Charges 100/102 - 08/3/002 11877,672 14,446 457,146 1,532,408 Healthy Families Nagokiated Rates 07/0/102 - 08/3/002 11877,672 14,446 457,146 1,522,408			CONTRACTOR CONTRACTOR	10.000	11	200		1.609		113
Healthy Families SMA Upper Limits (07/01/02 - 08/30/02 22/226 18 579 2.271 6.813 6.813 7.0701/02 - 08/30/02 3.666.05 4.660 152.302 464,136 7.032,406 7.00/30/02 - 08/30/02 7.1877.672 74.446 457,146 7.1322,406 7.00/30/02 7.00/30/02 7.1877.672 74.446 457,146 7.1322,406 7.1627.072 7.1877.6		Healthy Families Costs	10/01/02 - 08/30/03 (10/01/02 - 08/30/03	47 061	A	1,087		4,828		338
Healthy Families Published Charges (1970-1022 - 08/20002 3 8980 084 4,860 152,382 464,138 444,138 152,082 408 152,382 408 150,002 - 08/20002 11877.672 14.444 457,146 1392,408 150,002 - 08/20002 11877.672 15,444 457,146 15,392,408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 408 15,002 4,870			07/01/02 - 09/30/02	22.228	18	579		2,271		160
Healthy Families Published Charges 07/01/02 - 08/30/02 3,989,084 4,860 152,302 448 44,130 4,870 4,870 4,870 4,870 4,870 4,870 4,870 4,870 4,870 4,870			10/01/02 - 06/30/03	96,694	98	1,738		6,813		477
Healthy Fartilies Negotiated Rates (07/01/02 - 09/3)003 118/7,072 15.625 11 2563 15.032 15.03			07/01/02 - 09/30/02	3,959,054	4,660	152,382		464,138		32,620
Healthy Families Negotiated Rates 1470/1022 - 1420/1002 150,0425 1000	-01		10/01/02 - 06/30/03	11.877.672	14,445	107,146		107.400		112
The state of the s	100	Healthy Families Negotiated Rates	OZNOTOZ - OSKANIKA	10,047 47 AR1	3.6	1,099		4,870		34

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1956A (05/03)

DETAIL COST REPORT

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

County Code: 19		N.N.	N.	NR	NR.	NN	5	MIL
9		I	-	-	¥		2	z
Legal Entity Number, 00190 Mode: 15 - Outnatient (Procram 1)		Service	Function	Function	Function	Function	Function	Function
		31	S	34	41	42	42	52
Alocation Percentage		0.11%	0.07%	0.19%		57.17%	4.40%	5.85%
Total Units		1,385	98	2,490	18 452	740 193	56 992	75,782
Gross Cost		2,240	1 352	4,025	2	1,195,992	900 7	122.478
Cost per Unit		1.82	1.62	1.62		1,62	1.82	1,62
SMA per Unit		2.28	2.28	228		2.28	2.28	2.28
Published Charge per Unit		460 00	466,00	466.00	456 00	4.65.00	908 00	466.00
regulation rate (Cost per Citi		2000	3					
Medi-Cal Units	07/01/02 - 09/30/02	282	502	619	2,064	131,705		13,706
Y .	10/01/02 - 06/30/03	844	315	1,856	28.	395,113	4 514	41,116
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
3	ומתוואת - המימיונים							
Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
08 Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Liberthy Combine (CED) 11sts	07/01/02 - 09/30/02		135		873	650.9		15
1A reducing regimens (SED) office	10/01/02 - 06/30/03		405		2,621	18.176		45
2 Non-Medi-Cal Units		280		15	8,7C1	189,140	50,440	20,900
	07/01/02 - 09/30/02	456	170	1,00,1	3,336	212,807	2,647	22,151
3A Medical Costs	10/01/02 - 06/30/03	1,384	809	3,000	10.009			88,451
Mod Cal Chife Honor Limbe	07/01/02 - 09/30/02	643	239	1,411	4,706	300,287	3,735	31,250
Mindraces Gives Opposit Latinus	10/01/02 - 06/30/03	1,924	718	4,232	14,120	ŀ		23,744
Med-Cal Published Chames	07/01/02 - 09/30/02	131,412	48,930	288,434	961824	61,374,530	785,308	0.300,000
	10/01/02 - 06/30/03	393,304	146,790	884 5895	2,885,938		2.200, 9.20	19,160,000
Medi-Cal Negotiated Rates	07/01/02 - 08/30/02	1 378	1/1	3005	10 065	R44 034	7.940	67.019
A) postare contrate se potrace po perce acomo parte popul	TOTAL PROPERTY	200000000000000000000000000000000000000	0000000000	0000000000		-	Ц	
7 Medicare/Medi-Cel Crossover Costs	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 08/30/03							
Medicare/Medi-Cal Crossover Published Charges				Section Section				
	07/01/02 - 09/30/02							
MEDICAL CIOSCOVEI INGUMERO NAIDS	10/01/02 - 06/30/03						The second second	Control of the Contro
	07/01/02 - 09/30/02							
Enhanced SD/MC Costs	10/01/02 - 06/30/03							
	07/01/02 - 09/30/02							
22A Entenced Sturme, SMA Upper Limits	10/01/02 - 06/30/03							
53 Enhanced SDMC Published Chames	07/01/02 - 09/30/02							
SA Lieumon Comic Common Common SA	10/01/02 - 06/30/03							
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
(AA)	The most of the second	The second second	100000000	1		The state of the s		STATE STATE
25 Enhanced SO/MC (Retupeds) Costs								
Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
Enhanced SD/MC	07/01/02 - 08/30/03							
Entranção SUMA (Redupers) Negorales rums	07/01/02 - 00/30m3			The second	00000000000		100000000000000000000000000000000000000	
29 Lincollin Condition Contra	07/01/02 - 08/30/02		218		1,411	9,790		
	10/01/02 - 06/30/03		655		4.238			200
30 Healthy Families SMA Upper Limits	07/01/02 - 09/30/02		306		T. BSO	41 441		101
	TOUTOS - DEGUOS		62 040		ACRE BIR	6		6.990
Healthy Families Published Charges	10/01/02 - US 30/02 10/01/02 - 06/30/03		188,730		1,221,306	8,470,016		20,970
2	107/01/02 - 09/30/02		220		1,423	9,876		24
32A Healthy Families Negotiated Kates	10/01/02 - 06/30/03		099		4.272	29,627		7
				200	00000	200 000	007 700	844 948

88

103,858

25.322

909

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 5 OF 3
Fiscal Year 2002-2003

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

County: Los Angeles

Function Function 52 0.00% 1.62 Service 8 2.97 4.23 7.00 2.97 1,650 4,951 34,965 14, 90 14, 705 20, 943 14,706 క 11,828 2.97 35,479 뚲 315 2 748 318 318 1,756 5,277 2,500 7,504 4,137 2657 0.47% 9.935 3.00 318 591 Function 07/01/02 - 04/20/02 10/01/02 - 04/20/02 10/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 04/20/02 10/01/02 - 04/20/02 1001/02 - 08/30/02 10/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 06/30/02 1601/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 17/01/03 - 06/30/03 17/01/03 - 06/30/03 17/01/03 - 06/30/03 Medicare/Medi-Cal Crossover Costs 1000102 - 09/50/03
Medicare/Medi-Cal Crossover SMA Upper Limits 100102 - 09/50/03
Medicare/Medi-Cal Crossover Published Charges 10/10/102 - 09/30/03 97/01/02 - 09/30/02 19/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity: Gateways Hosp & MHC Legal Entity Number, 00 190 Mode: 15 - Outpatient (Program 1) Enhanced SD/MC SMA Upper Umits

22A
Enhanced SD/MC Published Charges

24
Enhanced SD/MC Negotiated Rates

34A
Enhanced SD/MC (Rehigner) Costs

5
Enhanced SD/MC (Rehigner) Costs

25
Enhanced SD/MC (Rehigner) SMA Upp Enhanced SD/MC Published Charges Medicare/Medi-Cal Crossover Units Healthy Families Negotiated Rates Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cai SMA Upper Limits Medi-Cal Negotlated Rates Enhanced SD/MC Costs Allocation Percentage County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Total Units Gross Cost Cost per Unit Medi-Cal Units

Non-Medi-Cal Costs

7.194

193, 704

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2

Fiscal Year 2002-2003

1,717,989 430,551 1,401,501 1,401,501 42 59 56% 1,115,141 1,889,784 1,278,817 527,777 ¥ 1.471 17.020 1.200 13.685 20,938 £ 623 623 335 Function 뚲 4,407 16,268 2,586 1,5277 10.28% 192.616 326.418 7.135 71.481 226.433 98.170 307.336 78.436 250,721 78,455 250,721 42,180 134,796 Function ¥ 1,340 1,471 53,003 193,918 73,027 267,180 58,174 5,207 212,838 8.13% 200,874 258,055 212,838 150,949 Function 7.450 0.17% 4.209 4.007 128 5,935 5,407 4,209 Service Function £ 712,863 2,170,548 800,697 2,977,200 7,722,193 762,193 19,740 100,169 18,058 08,581 16,048 2,380,767 3,172,733 100 001 Mode Total 67/61/02 - 06/30/02 (46/102 - 06/30/02 (46/102 - 06/30/02 (46/102 - 06/30/02 10/11/02 - 06/30/02 10/11/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 97/8/02 - 04/2003 100/102 - 04/2003 100/102 - 04/2003 100/102 - 04/2003 100/102 - 04/2003 100/102 - 04/2003 17/01/02 - 04/2003 17/01/02 - 04/2003 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 Augees) Codits
(17/01/02 - 06/30/03)
(199es) SMA Upper Limite (17/01/02 - 06/30/03)
(199es) Published Charges (17/01/02 - 06/30/03)
(199es) Negotiasted Rates (17/01/02 - 06/30/03) 07/01/02 - 09/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/02 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotlated Rates stient (Program 1) Legal Entity, Hamburger Home, Inc. Legal Entity Number: 00174 Mode: 15 - Outpatient (Progra Enhanced SD/MC Published Charges Enhanced SD/MC SWA Upper Limits **Enhanced SD/MC Negotiated Rates** Heatthy Families Published Charges Enhanced SDARC (Rehigees) Costs Healthy Families SMA Upper Limits Medicare/Medi-Cal Crossover Costs Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cat Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SDIMC (Refug Enhanced SDIMC (Refug Enhanced SDIMC (Refug Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Gross Cost Cost per Unit 18 18 18

Non-Medi Cal Costs

County: Los Angeles

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

DEPARTMENT OF MENTAL HEALTH
PAGE 2 OF 2
Fiscal Year 2002-2003 DETAIL COST REPORT

County Code. 19	The second secon	XX.	ž	YEA.	YE.	5	,	
Legal Entity: Mamburger Home, Inc.		I			×	1	2	Z
Legal Entity Number: 00:174 Mode: 15 - Ordnellant (Program 1)		Service	Service	Service	Function	Function	Finefor	Function
A THE STATE OF THE		52	28	61	62	77		
Allocation Percentage		K57.0	7.96%	0.14%	11,71%	0.60%		
Total Units		14,078	149,12D	1,392	118,227	7,638		
Gross Cost		23,657	252,706	4,376	371,625	18,896		
Cost per Unit		1.68	1 69	3.14	3.14	2.49		
SMA per Unit		2.28	2.28	4.23	4.23	3.41		
Published Charge per Unit		1.86	1.86	3.45	3.45	273		
Negotiated Rate / Cost per Unit		1.86	1.86	3.45	3.45	2.49		
	07/01/02 - 09/30/02	3 885	43.076	794	35 206	913		
Medi-Cal Units	10/01/02 - 06/30/03	9.006	106.044	0	76,913	5,397		
	07/01/02 - 09/30/02							
9A Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
Ol Contract SDAIG CONTRACT Hole	07/01/02 - 09/30/02							
Ellinging Collection of the	10/01/02 - 08/30/03							
OB Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	07/01/02 - 09/30/02	100			1000			
TA Not World Could Be	10/01/02 - 06/3010	402		404	1,130	OCA		
Maringar Call Cities	The state of the s						ALTER AND AND ADDRESS OF THE PARTY OF THE PA	4
3 Medi-Cal Costs	07/01/02 - 09/30/02	6,584	72,999	2,496	110.884	2.268		
134	10/01/02 - 06/20/03	15.282	179,708	2 240	44R G24	TIEGE		
Medi-Cal SMA Upper Limits	AGENTARY - CHURCHY	NS 06	241 780	13	325,342	21.814		
	07/04/02 - 09/30/02	7.25	60,121	2738	121,461	2,487		
Med-Cal Published Charges	10/01/02 - 06/30/03	18,751	197,242	10		17,484		
	07/01/02 - 09/30/02	7.226	80,121	2,739		2,266		
6A Medi-Cai Negottaled Kates	10/01/02 - 06/30/03	16,731	197,242	10	265,350	15,911	1	000000000
	07/01/02 - 09/30/02							
17A Medicare/Medi-Cai Crossover Cosis	10/01/02 - 06/30/03							
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
	TOURS - VOIDER							
18 Medicare/Medi-Cal Crossover Published Charges								
	07/01/02 - 09/30/02							
20A Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03				Carrie Carrier Control	200000000000000000000000000000000000000	appropriate a	enteresteres
	07/01/02 - 09/30/02							
21A Enhanced SD/MC Costs	10/61/02 - 06/30/03							
2 Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A	10/01/02 - 06/30/03							
Enhanced SD/MC Published Charges	4004/02 - 09/30/02 40/4/02 - 09/30/02							
234	07/01/02 - 09/30/02					1000		
24A Enhanced SO/MC Negotiated Rates	10/01/02 - 06/30/03							
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Fohanced SD/MC (Refuteres) SMA Upper Limits	7-							
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SD/MC (Refugees) Negotialed Rates	07/01/02 - 06/30/03		alaman and a second		-	Opposite Contraction	0000000000	100000000
Statement and sector statement	07/01/02 - 09/30/02	169						
29A Healthy Families Costs	10/01/02 - 06/30/03				6,082			
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02				100.0			
30A	10/01/02 - 06/30/03	1 000			0,100			
Healthy Families Published Charges	10/01/02 - 06/30/03	1887			6,678			
2	20/00/102 - 06/30/02	186						
32A Healthy Families Negotiated Rates	10/01/02 - 08/30/03	169			6,676	CONCENSION	The second second	-
	Total State of the last of the	1,004	The state of the s	1,870	13,117	100		

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

DETAIL COST REPORT

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

57,286 Service Function 뜻 7,138 1,015 324 2,403 1,335 500 th T 8 꽃 28,006 28,006 129,068 135,359 1,516,877 4,982,749 1,587,149 5,217,654 1,212,421 3,982,061 5,802,006 Mode Total 107/01/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 107/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 08/30/03 6770102 - 06/30/02 1001/02 - 06/30/03 1001/02 - 06/30/03 1001/02 - 06/30/03 1001/02 - 06/30/03 1101/02 - 06/30/03 1001/03 - 06/30/03 1001/03 - 06/30/03 97701102 053002 100 102 053002 100 102 053002 100 102 053002 100 102 053002 100 102 053002 100 102 053002 100 102 053002 07/01/02 - 04/30/02 10/01/02 - 04/30/03 07/01/02 - 04/30/02 10/01/02 - 06/30/03 Enhanced SDMC (Relugiess) Costs (27/01/02 - 06/2000)
Enhanced SDMC (Relugiess) SMA Upper Limits (37/01/02 - 06/2000)
Enhanced SDMC (Relugiess) Negotiated Charges (37/01/02 - 06/30/00)
Enhanced SDMC (Relugiess) Negotiated Charges (37/01/02 - 06/30/00) Legal Entity: Hathaway Children and Family Sarvicas Legal Entity Number: 00192. Mode: 15 - Outpatient (Program 1) 18A Medicare/Medi-Cal Crossover SMA Upper Limits 18A Medicare/Medi-Cal Crossover Published Charges 19A Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover Negottated Rates Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotlated Rates Healthy Families Published Charges Medicare/Medi-Cal Crossover Costs Healthy Families SMA Upper Limits Enhanced SD/MC (Refugees) Units Healthy Families Negotisted Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Children) Units 7 Gross Cost
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2 Negotished Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cai SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Healthy Families Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

Non-Medi-Cel Costs

1,034,597

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6,920 13,822 10,717 16,285 13,008 75,408

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Enhanced SD/MC Costs

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18

1.573

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

Allocation Percentage Total Units Gross Cost

Cost per Unit

Medi-Cal Units

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 3
Flacal Year 2002-2003 **DETAIL COST REPORT**

23,438 21,894 16,714 10.279 25,698 228 228 228 228 1,551 891 2,175 976 2,385 833 2,032 391 Function 3,736 11,007 5,237 16,433 6,743 16,823 4,693 11,743 2,297 Function £ 10 3 06% 72,040 117,142 3,849 1,067 22,791 65,066 31,896 119,317 28,854 111,467 ¥ 5,919 5,862 5,862 5,417 34,180 4,136 Function 03 0.005% 1.893 2.341 12 E 20 E 20 121 뜻 2,972,608 826,316 4,168,071 4,467,431 6,467,431 064,236 3,863,856 100.00% 3,644,354 Mode Total 10/10/102 - D6/30/02 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/10/102 - D6/30/03 | 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Enhanced SDAMC (Rehtgees) Costs
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Enhanced SDAMC (Rehtgees) Negotiated Charges 07/01/02 - 06/20/03 10/01/02 - 08/30/02 10/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotlated Rates Legal Entity. Hillsides Legal Entity Number: 00321 Mode: 15 - Outpatient (Program 1) Enhanced SDAMC SMA Upper Limits

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Non-Medi-Cal Units Medi-Cal Costs

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

DEPARTMENT OF MENTAL HEALTH
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FISCAI Year 2002-2003 DETAIL COST PROPORT

304,832 1,901,094 541,853 2,001,151 42 42 37.89% 1,424,167 2,198,498 41,343 61,063 61,063 198,775 48,743 196,738 225,772 219,222 42,922 18,172 63,395 66,732 14,505 50,605 26,782 ¥ 3,841 117,942 30,988 128,393 3,945 12,315 Ĕ 324 20 £ 0.45% 16,940 28,150 6,622 23,074 7,164 5,433 2.28 2.40 10,120 4,835 4,835 2,316 3,420 3,751 3,800 1,500 1,645 뚶 1.54 2.40 1.62 1,230 6,770 3.755 930 Function 쭞 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 10714/02 - 06/39/02 1001402 - 06/39/03 1001402 - 06/39/03 1001402 - 06/39/03 1001402 - 06/39/03 1001402 - 06/39/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 17/01/02 - 06/30/03 17/01/02 - 06/30/03 17/01/02 - 06/30/03 97/01/02 - 04/30/02 10/01/02 - 04/30/03 97/01/02 - 05/30/03 10/01/02 - 05/30/03 10/01/02 - 05/30/03 10/01/02 - 05/30/03 Legal Entity. Hattuway Children and Partilly Services agai Entity Number: 00197.
Mode: 15 - Outparient (Program 1) Healthy Families Published Charges Healthy Families SMA Upper Limits Medicare/Medi-Cai Crossover Units Healthy Families Negotiated Rates Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Healthy Families Costs Non-Medi-Cal Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

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

County: Los Angeles County Code: 19

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Function Service Function Function 1,214 7,790 1,095 10,874 1,740 3.20 100 3,186 ž 8 4 28 27 28 28 3.50 187 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 1001/02 - 06/30/02 1001/02 - 06/30/03 1001/02 - 06/30/03 1001/02 - 06/30/03 1001/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 08/20/03 10/01/02 - 08/20/03 10/01/02 - 08/20/03 10/01/02 - 08/20/03 10/01/02 - 08/20/03 10/01/02 - 08/20/03 10/01/02 - 08/20/03 10/01/02 - 08/20/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Enthy Number: 00321 Mode: 15 - Outpatient (Program 1) Healthy Families Costs

20 Healthy Families SMA Upper Limits
30 Healthy Families Published Charges
31 Healthy Families Negotialed Rates
32 Healthy Families Negotialed Rates
33 Non-Medi-Cal Costs 23 Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SO/MC Negodated Rates Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Umits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Total Units Gross Cost Cost per Unit SMA per Unit

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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FISCAl Year 2002-2003

County Code: 19		E.	¥	¥	¥	Ě	Ě	¥
Legal Entity. Hathaway Chidren and Family Services	an ices	. 0	d	o	æ	S	-	n
Legal Entity Number, 00192		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
		3	8	8	19	20	10	9
Table Link		2.01%	D.77.20	ANT 500	47 42 A	245 475	J. KAR	145
Gross Coef		164 905	40073	4 378 RRG	102 793	5A7 281	9 805	320
	ACCORDING TO SECURITY OF THE PROPERTY OF THE P							The second
Cost per Unit		154	7	7	277	277	2.77	2.21
SMA per Unit		2.28	2.28	2.28	423	4.23	123	3.41
ai l-		240	2 40	2 40	4.30	4 30	4.30	2
Mare / Cost per	CHARLES CONTRACTOR	701	1 82	1.02	3.40	2.00	3.00	2.62
MediCal Inits	07/10/102 - 09/30/02	12,533	432	224.919	8,194	47,858	275	
4	10/01/02 - 06/30/03	56,1611	2 980	644,943	13,327	141,851	1,255	
Medicara/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03					-		
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02	275		44.000	95.7	0490		
10A 10B Enhanced COALC (Definess) High	1001/02 - 06:30000	Z.010		676,11	100	4,430		
OD CHRANCEL SCAMO (Neisgaes) Office	CONDITION - CHECKED	130		1 892	285	2 120		
Healthy Families (SED) Units	E000590 - 20/10/01	378		8.245	808	5,190	120	
12 Non-Medi-Cal Units		20.812	113	1,920	14,680	12,236	1,895	145
	07/04/NO - 09/30/00	40 747	798	347.204	22 683	32.364	781	
Medi-Cai Costs	10/01/02 - 06/30/03	860 695	9.231	995,590	36,659	392,327	3,471	
	07/01/02 - 09/30/02	28,575	988	512,815	34,681	202,439	1,163	
14A Medi-Cai Swa Upper Limits	10/01/02 - 06/30/03	128,047	13,834	1.470.470	56,373	600,030	8,009	
15 Street Contract Changes	07/01/02 - 09/30/02	30,079	1.037	539,806	35,234	206,789	1,183	
d	10/01/02 - 06/30/03	134,786	14,352	1,547,863	57,306	606,959	5,397	
16 Medi-Cal Necotlated Rates	07/01/02 - 09/30/02	22,810	786	409,353	27,660	162,717	835	
IBA III	10/01/02 - 06/30/03	102,213	10,654	1,173,796	45,312	462,293		00000000
	07/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							1000
18 Medicare/Medi-Cal Crossover SMA Hoper I Imits	07/01/02 - 08/30/02							
18A mountainment on Control of the Line	10/01/02 - 06/30/03							
19 Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
6	TURING - UBISING							
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
	CINCINO CONTOUT	NO CONTROL			0.0000000000000000000000000000000000000	1.906		
Enhanced SD/MC Costs	10/01/02 - 06/30/03	4.041		17.482	787	8,721		
	07/01/02 - 09/30/02	2.116				2,919		
22A Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	5,969		25.821	740	10,279		
	07/01/02 - 09/30/02	2227				2,967		
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	6,283		27,180	753	10,449		
24 Catagord Cont. Manufaled Colors	07/01/02 - 09/30/02	1,660				2,346	-	
24A Enrightond SU/MC Negodatied Nations	10/01/02 - 06/30/03	4,765		20,612	985	8 787	Section Section	Contraction of
25 Enhanced SDMIC (Refugees) Costs	07/01/02 - 06/30/03							
1	07/01/02 - 06/30/03							
27 Enhanced SDIMC (Relupers) Published Charges	07/01/02 - 06/30/03							
28 (Enhanced SO/MC (Rehigeors) Negotiated Rates	07/01/02 - 06/30/03	THE CONTRACTOR OF THE PARTY OF	CONTRACTOR OF THE PERSON	or attentions	The second		NO CONTRACTOR OF THE PARTY OF T	
29 Line English Conft	07/01/02 - 09/J0/02	2,096		2,921		5,063		
29A reguly refilleds Costs	10/01/02 - 06/30/03	5,864		12.728		14,304	375	
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	3,096		4,214	2 136	21 054	508	
ď	TOYOTAGE - USA SONO	9,004		1 541				
31 Healthy Families Published Charges	10/01/02 - 04/30/03	9,118		18.788	2,172	22,317	516	
	07/01/02 - 09/30/02	2.472		3.443		7,208		-
Healthy Families Negodated Rates	10/01/02 - 06/30/03	5,914		15,008	1,717	17,646	406	-
The second secon					00007	440.04	-	

AALOCATION OF COSTS TO SERVICE FUNCTIONS - INODE TOTAL MH 1969A (05/03)

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 2
FISCAl Year 2002-2003 DETAIL COST REPORT

12,464 3,645 22,623 1,156 5,763 1,174 5,844 1,154 1,154 1,154 5,741 14,038 30,476 104,021 30,801 105,473 30,366 30,366 103,622 226 224 224 224 224 13,563 414 414 6.77% 219,265 493,043 422 358,131 ¥ 166,962 556,953 169,313 566,810 166,342 22,277 1,646 22,277 735 9,945 46,480 104,516 248,578 2.45% 2.45% 101,541 R L L L 34,825 110,780 110,780 110,780 10,880 10,880 109,800 33,425 19,824 8 200 19,027 B 200 Function 03 0.01% 17 15 EF 1.75 196 1,210,786 5,594,396 1,227,896 3,844,120 1,208,146 1,209,146 3,880,889 21,373 21,273 21,284 21 91,025 100.00% 7,282,536 Mode Total 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 107/01/02 - 06/30/02 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06/30/03 | 106/1/02 - 06 07/01/02 - 06/20/02 10/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 08/30/02 14/01/02 - 08/30/03 07/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 Enhanced SDMC (Refugees) Costs (1701/02 - 06/30/03 Enhanced SDMC (Refugees) SMA Upper Limits (17/01/02 - 06/30/03 Enhanced SDMC (Refugees) Published Charges (17/01/02 - 06/30/03 Enhanced SDMC (Refugees) Negotiated Rates (17/01/02 - 06/20/03 egal Entity. Help Group Child & Family Center Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity Number: 05198 Mode: 15 - Outpatient (Program 1) 8 Medi-Cal Units
BA Medi-Cal Units
9A MedicareMedi-Cal Crossover Units
10 Enhanced SDMC (Children) Units Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotlated Rates Healthy Families Published Charges Medicare/Medi-Cal Crossover Costs Healthy Families SMA Upper Limits Healthy Families Negotiated Rates Enhanced SDIMC (Refugees) Units Enhanced SD/MC (Children) Units Cost per Unit County Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Cost per Unit SMA per Unit Published Charge per Unit Negotuned Rate / Cost per I Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Enhanced SD/IMC Costs Healthy Families Costs Allocation Percentage Total Units Non-Medi-Cal Costs Non-Medi-Cal Units Medi-Cal Costs Gross Cost

62,048

129,953

17,562

554,666

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

County: Las Angeles

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEAL TH PAGE 2 OF 2 Fiscal Year 2002-2043

Function 8.2 3.33% 58.240 242.626 127,316 54,061 129,273 53,068 126,828 125,626 12,785 14,894 53,262 ¥ 3,82%, 81,455 4.15 44 063 44,720 42,024 43,874 43,874 43,874 43,874 10,572 31,194 Function £ 32,439 21,170 7,016 8,243 6,949 8,116 6,969 6,969 8,118 226 228 224 224 224 3,120 3,624 Function ¥ 1.63% 52.728 1.18,500 14,230 14,630 17,683 14,278 14,278 14,278 14,278 6,373 7,810 222 222 224 224 Function 뚲 19,720 65,609 19,986 19,645 19,645 96,353 1,612,411 782,983 2,191,740 773,811 2,163,339 760,039 2,183,339 7522,327 339,303 8,770 29,622 Function 뜻 87.534 288.501 27.2 654 27.2 654 267.870 267.870 810,720 1,373,276 1,813 1,781 223 451,412 38,928 Service 뚲 07/01/02 - 04/30/03 10/01/02 - 04/30/03 07/01/02 - 04/30/03 10/01/02 - 04/30/03 07/01/02 - 04/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/02 10/01/02 - 06/30/02 07/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/03 97/01/02 - 09/30/03 19/01/02 - 06/30/03 97/01/02 - 08/30/02 10/01/02 - 08/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/02 07/01/02 - 06/30/02 10/01/02 - 06/30/03 Enfranced SDIMC (Refugees) Costs
Enfranced SDIMC (Refugees) SMA Upper Limits 67/01/02 - 06/30/03
Enfranced SDIMC (Refugees) Published Charges 67/01/02 - 06/30/03
Enfranced SDIMC (Refugees) Negotiased Rates 97/01/02 - 06/30/03 07/01/02 - 09/30/02 10/0 //02 - 06/30/03 10/01/02 - 09/30/02 07/01/02 - 09/30/02 Legal Entity, Help Group Child & Family Center. egal Entity Number: 00198 Mode; 15 - Outpallent (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Umits Medicare/Medi-Cal Crossover Negotlated Rates 21 Enhanced SDAMC Costs
222 Enhanced SDAMC SMA Upper Limits
223 Enhanced SDAMC Published Charges
224 Enhanced SDAMC Negotished Rates
224 Enhanced SDAMC Negotished Rates
225 Enhanced SDAMC (Refugees) SMA Upper
27 Enhanced SDAMC (Refugees) SAM Upper
27 Enhanced SDAMC (Refugees) SAM Upper
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20 E Healthy Families Published Charges Medicare/Medi-Cal Crossover Costs Healthy Families SMA Upper Limits Medicare/Medi-Cal Crossover Units Healthy Families Negotiated Rates Enhanced SD/MC (Children) Units Enhanced SD/MC (Refugees) Healthy Families (SED) Units 15 Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cai Negotlated Rates Healthy Families Costs Allocation Percentage County Code: 19 Non-Medi-Cal Units SMA per Unit Published Charge p Negotiated Rate / C Medi-Cal Coets Medi-Cal Units

Non-Medi-Cal Costs

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

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (15/03)

County Code: 19		Y.						14
Least Entity Hitsides		I		-	¥		Carolina	Cardina
nal Entity Number, 00321		Sarvice	Service	Service	CANCE	Continue	Cumpling	Function
Mode: 15 - Outpatient (Program 1)		Function	Function	1	LOCAL TO A	1000	61	62
		4	76	S SON		42 70%	0.75%	15.925
Allocation Percentage		N CO Y	060 063	ł		1 000 808	0 585	203.018
Total Units		100.816	3/18/0/3	1	2 587	1 641 687	28,903	612,195
Gross Cost		103.1655	944,000	Н				
Cost per Lini		1.63	1,83	1,63	183	2	3.02	3,02
SMA per Link		2.28	2.28	2.28	2.78	2.28	473	774
Published Charne per link		2.50	2.50	2.50	2.50	2.60	4.00	4.00
Negotiated Rate / Cost per Unit		213	2.13	2.13	2.13	2.13	3.96	3.95
77	Company of the state of	8 075	730.11	110.71	-	190 298	980	50,077
Medi-Cal Units	100 102 - 04/30/02	54.115	453.488	132,570	440	808,087	2,535	152,661
	07/01/02 - 08/30/02							
Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
	07/01/02 - 09/30/02							
104 Enhanced SDAMC (Children) Units	10/01/02 - 06/30/03							
Enhanced SDAAC (Refumes) Units	07/01/02 - 06/30/03							
	07/01/02 - 09/30/02		4,872	458				
Healthy Families (SED) Units	45054 005 - OR/10/07		27.450	4,303			-	
11A Man Bladi On Chate	Tanking - change	37.726	18,818	4,493	1,783	11,225	6,100	28
NOT-WEGING OTHIS			100 001	20 448		PLAY OUR	2 865	151.00
Modifical Costs	07/01/02 - 08/30/02	14.394	367 756	246 567	716	1		460,34
13A medical cons	10/01/02 - 08/30/03	90,000	131,303	45 CT		1	4,019	211,82
Mand Cal Cald Hoper I Imite	07/01/02 - 09/30/02	20.402	4 040 0001	200 300	1,000	L		645.78
14A	10/01/02 - 06/30/03	123,384	1,000 TAB	26 645		475.740		200,308
15 Madi Cal Published Charbes	U/01/02 - UM 30/02	10C 201	700 544		1,100	1		610,644
	TOVOTACE CONSTRUCT	1	164 670	L		1		197,80
Medi-Cal Negotiated Rafes	Annual Annual	1	965,883	282,374	100	1,721,226		603,011
Beconocongoooo	POLICE CONTROL			1		A CONTRACTOR CONTRACTO		
Modinary Mod Coleman Coale	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
18 Medicare/Medi-Cal Crossover SMA Upper Limits								
19 Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 04/30/03							
	07/01/02 - 09/30/02	1000000						
Medicare/Medi-Cal Crossover Negotiated Kates 20A	10/01/02 - 06/30/03		The second second	00000000000	- Honoropous	201000000000000000000000000000000000000	000000000000	200000000000000000000000000000000000000
idenado por proportio de la compressión de la co	107/01/02 - 09/30/02							
Enhanced SD/MC Costs	10/01/02 - 06/30/03	4						
	07/01/02 - 09/30/02							
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03		- C					
	07/01/02 - 09/30/02							
A Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	:				-		
Patrace COAL Macadadad Rates	07/01/02 - 09/30/02							
A STATE OF THE INCIDENCE OF THE PARTY OF THE	10/01/02 - 06/30/03	Contractor Contract		The state of the s	THE REAL PROPERTY.		100000000000000000000000000000000000000	The same of the same of
Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) SMA Upper Limits	-							
Enhanced SOMIC (Refugees) Published Charges	-							
Enhanced SDMC (Rehignes) Negotiated Rates	07/01/02 - 06/30/03		20190000000		The second second	000000000000000000000000000000000000000	0.0000000000000000000000000000000000000	THE PERSON
	07/01/02 - 09/30/02		7,597	1				
29A Healthy Families Costs	10/01/02 - 06/30/03		44,630	1				
Healthy Families SMA Upper Limits	107/01/02 - 08/30/02 40/04/07 - 08/30/02		62.588					
30A	COLORAD - CALADIO		11,680					
Healthy Families Published Charges	10/01/02 - 06/30/03		68,625	10,758				
-	07/01/02 - 09/30/02		9,951					
Healthy Families Negottated Kates	10/01/02 - 06/30/03			Sa				STATE OF THE PARTY
	The second name of the second	21000	27.447	7.306	2 867	18 253	18,394	

17.568

486,960

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

DETAIL COST REPORT

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

წ დ 2,886 6,587 10,210 7,120 3,131 7,120 18,802 12,782 1.59 1 969 4,478 꽃 7,396 11,462 36,317 7,993 24,629 24,629 34,106 206,871 320,839 89,521 221,603 69,521 64,319 140,631 1.59 16,189 11,005 2,157 2,280 2,596 2,030 2,030 2,030 466 ¥ 246,000 51,162 F 2 3 100,055 13,201 147,183 321,936 177,087 387,398 159,067 347,875 8,300 19,419 7,581 23,366 6,810 6,810 20,990 20,990 19,560 4.874 11,941 Function 뚲 1,589,363 649,667 2,305,483 636,486 1,717,935 638,486 1,717,635 73.864 228.802 23.866 197 196.197 49.928 2,850,759 100.00% 590,708 Mode Total 07/01/02 - 04/20/02 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 07/01/02 - 04/30/02 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 97/61/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/02 10/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 970102 08/30/02 19/01/02 08/30/03 10/01/02 08/30/03 10/01/02 08/30/03 10/01/02 08/30/03 10/01/02 08/30/03 10/01/02 08/30/03 Enhanced SD/MC (Refugees) Costs (07/01/02 - 04/30/03 | Enhanced SD/MC (Refugees) SMA Upper Limits (07/01/02 - 04/30/03 | Enhanced SD/MC (Refugees) Published Charges (07/01/02 - 04/30/03 | Enhanced SD/MC (Refugees) Negoticited Rates (07/01/02 - 06/30/03 | Intercommunity Child Guidance Center Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotlated Rates Legal Entity Number: 00196 Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negottated Rates Healthy Families Published Charges Medicare/Medi-Cal Crossover Costs Healthy Families SMA Upper Limits Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Non-Medi-Cal Costs Published Charge per Unit Negotisted Rate / Cost per Unit County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Entity | Medi-Cal Costs Medi-Cal Units Cost per Unit SMA per Unit Total Units Gross Cost 31 31A 32 32A 33

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1888A (65/03)

DETAIL COST REPORT

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

County Cooe. 13								
Legal Entity, Intercommunity Child Guidance C	Senter	x		7	×	7	×	2
Legal Entity Number, 00195		Service	Service	Service	Service	Service	Function	Function
Mode: 15 - Outpatient (Program 1)		FUNCTION	Lancacon	41	42	1	52	2
Allegaritat Decompose		0.00%	1 00%	3.86%	44.18%		2.92%	0.18%
Treatment accompany		440	10 004	78 514	856 144		56,510	3,415
Cross Cost		456	28 278	112,583	1 259 406	39,340	83,127	5,024
	and possession of the							7.4.4
Cost per Unit		.47	147	1.47	1.47	1000	0.00	2 28
SMA per Unit		977	87.7	4 60	4 80	92 >	1 80	3
Published Charge per Unit		82	1.58	9	8 2	35	1.50	3 33
Negotializa nata / Cost per crim	The Party of the P			A STATE OF THE STA			40.000	200
Medi-Cal Units	07/01/02 - 09/30/02	-	7,805	11,563	160,742	1,190	24,300	2 225
	10/01/02 - 06/30/03	310	136.7	18,314	100'/64	A S	O. P. C. C.	200
Medicare/Medi-Cal Crossover Units	DEVOTOS - DESCRIPTION							
	ו היינות ב- משמשים							
Enhanced SD/MC (Children) Units	4000102 - ON 30004							
10A Changed CD ALC (Defended) Tinks	07/04/02 - OR:20/03							
	2070C/90 - 09/30/02		480		18,392		485	
Healthy Families (SED) Units	10/01/02 - 08/30/03		1,479		56,685		1,495	
Non-Medi Cal Units	100000		2,759	45,867	122,964	13 694	8,996	88
		1	44 404	4.8 GOK	PAR ARS	1 751	38 126	1,611
Medi-Cal Costs	97/01/02 - US/30/12	450	100	28 444	731 678	17 445	30.856	3,288
13A	10/01/02 - 06/30/03	400	10,000	20,011	764 AB?	2713	55 992	2.487
Medi-Cal SMA Upper Limits	07/01/02 - UN/30/02	-	17,780	44 000	1 113 063	27 000	47.826	5.086
	10/01/02 - 08/30/U3	100	670'01	0000	SKK KAD	5 R07	39 047	1.741
Medi-Cal Published Charges	07/01/02 - 09/30/02	1000	12,470	20 70g	720.804	18 856	33,352	3,554
5A	TUNDING - DEVOUND	200	20.00	4.8 7480	26.K KBO	1 807	39.047	1.74
Medi-Cal Negotiated Rates	07/01/02 - US/30/02	-	14,410	20 700	700.804	18.856	33,352	3,554
TO CONTRACT OF THE PARTY OF THE	TUROTANZ - US/30/03	000000000000000000000000000000000000000	2					
Medicars Medical Crossover Costs	07/01/02 - 06/30/02		-					
	10/03/02 - USCSUNGS							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
	CTITATION CONTINUED							
Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
Manage Man Concessor Negotiated Rates	07/01/02 - 09/30/02							
medical dimension of the second secon	10/01/02 - 06/30/03		10		appropriate the second	00000000000	0000000000	Reservation
	20/00/02 - 09/30/02							
21A Enhanced SD/MC Costs	10/01/02 - 06/30/03							
Enhanced SDAAC SMA Upper Limits	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
Enhanced SDAMC Published Charges	07/01/02 - 08/30/02							
	10/01/02 - 06/30/03							
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
	10/01/02 - 08/06/03	CONTRACTOR OF THE PARTY OF THE	TOTAL PROPERTY.	and the second second		The state of the state of	10000000000000	desperations and
Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) Negotiated Rates		Section of the least	1		COMMON TOWN	1000000000	000000000000	0000000000
	07/01/02 - 09/36/02		706		27,065		713	
29A Healthy Families Costs	10/01/02 - 08/30/03		2,176		83,365		2,190	
4	07/01/02 - 09/30/02		1,094		41.834		1,100	
30A Healthy Families SMA Upper Limits	10/01/02 - 06/30/03		3,372		129,242		2,409	
	07/01/02 - 09/30/02		763		29,243	-	111	
31A Healthy Families Published Charges	10/01/02 - 06/30/03		2,352		80,129		271	
Linearthy Families Necotlated Rates	07/01/02 - 09/30/02	-	763		90 120		2377	
32A	TOUTUS DESCUE		700					
			-					7.00

5,347

16.289

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

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Service Function Function Function 370 370 370 2,875 6,703 6,703 2,43 2,52 2,52 2,62 1,158 1,158 147 2,700 3,514 3,949 5,139 2,818 2,918 2,918 3,798 Service Function ž 281 3,617 3,617 3,617 2,890 3,04 2,890 3.38 8 15 1,710 뚲 7 202 474 9 864 30 401 7 862 24 262 24 262 24 262 3,38 5.209 53.367 191.380 72.189 256.880 57.683 206.859 206.859 10.20% 92.995 290,802 17,068 Function 뚶 Service Function 3.38 1,71% 4,887 7,912 7,912 24,065 10,702 32,578 8,551 8,551 7,702 28,033 뜻
 26
 Enhanced SOMC (Rehyper) Costs
 Costs
 07/01/02 - 06/30/03

 26
 Enhanced SOMC (Rehypers) SMA Upper Limits 07/01/02 - 06/30/03
 07/01/02 - 06/30/03

 27
 Enhanced SDMC (Rehypers) Published Changes 07/01/02 - 06/30/03
 07/01/02 - 06/30/03

 28
 Enhanced SDMC (Rehypers) Negotiated Rates 07/01/02 - 06/30/03
 07/01/02 - 06/30/02

 29
 Healthy Families SMA Upper Limits 100/01/02 - 06/30/03
 100/01/02 - 06/30/02

 30
 Healthy Families Published Charges 100/01/02 - 06/30/03
 100/01/02 - 06/30/02
 07/01/02 - 08-30/02 10/01/02 - 08-30/02 07/01/02 - 08-30/02 10/01/02 - 08-30/02 10/01/02 - 08-30/02 10/01/02 - 08-30/02 97701/02 - 08/30/02 10/01/02 - 08/30/03 17/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 17/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 Legal Eritky, Intercommunity Child Guidance Center Legal Eritky Number, 20195 Mode: 15 - Outpainert (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotlated Rates Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Published Charge per Unit Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates 25 Enhanced SOMIC Re27 Enhanced SDIMIC Re28 Enhanced SDIMIC Re28 Enhanced SOMIC Re28 Healthy Families Costs
30A Healthy Families SMA31A Healthy Families Public
31A Healthy Families Negol Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit

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

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16 940 18 345 145 213 16 340 145 213 7,430 뚲 2.28 2.20 2.20 2.20 4.836 830 0.36% 6.578 18.503 3,787 3,089 11,252 2,861 10,857 10,857 10,857 Ĕ 4,806 7,724 94,536 6,259 76,603 8,039 73,916 73,916 2.08% 38.051 107,066 2,745 2.28 뚲 40,712 818,536 40,274 563,270 36,861 38,861 38,861 539,988 40,818 17,864 14,506 228 £ 18.656 42,124 312,183 34,082 22,836 24,007 244,007 244,007 19.261 7,616 Service Function Ĕ R 1,242 710 971 588 Function 03 뚲 314,245 4610,618 284,867 3,735,861 245,702 3,604,963 245,702 3,604,963 231,520 100.00% 5,156,384 Mode Total 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 08/04/03 10/07/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 08/30/03 Medicare/Medi-Cat Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotated Rates Legal Enthr. LAUSD 17th St.Mental Health
Legal Enthr Number. 10315
Mode: 15 - Outpatient (Program 1) 27 Enhanced SUMC (Refusers) Negotians Enhanced SUMC (Refusers) Negotians 28 Healthy Families Costs 30 Healthy Families SMA Upper Limits 31.4 Healthy Families Negotialed Charges 32.4 Healthy Families Negotialed Rates 32.4 Non-Medi-Cal Costs Enhanced SD/MC SMA Upper Limits

23 Enhanced SD/MC Published Charges

24 Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Costs Enhanced SD/MC (Refugees) Units Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Children) Units County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Enhanced SD/MC Costs Nor-Medi-Cal Units Allocation Perce Medi-Cal Costs Medi-Cal Units Cost per Uni Total Units Gross Cost

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

DETAIL COST REPORT

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

8,463 ¥ 18 454 454 138 £ 2,333 446 4 002 45,861 3,236 36,924 3,129 35,702 3,129 35,702 5.23 4.23 4.09 4.09 8,729 765 뚲 1,248 491 1,207 491 1,207 8 0.04% 438 5.23 4.09 4.09 828 2 2 뚲 2,704 2,310 56,203 1,872 1,806 43,162 1,806 2.25 2.20 2.20 2.20 2.20 821 19,619 43,162 98 ¥ 33,512 25,217 887,644 20,433 557,207 19,716 637,856 19,716 8,962 888 뜻 119,437 157.206 2.383.440 127.384 1,831.331 122.916 1,863.565 1,863.565 1,863.565 42 42 51.59% **845,394** 2.660,063 2.28 2.20 2.20 42,448 Service 97/01/02 - 08/30/02 10/07/02 - 08/30/02 10/07/02 - 08/30/02 10/07/02 - 08/30/02 10/07/02 - 08/30/02 10/07/02 - 08/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/101/02 - 06/30/03 Enhanced SOMC (Religies) Costs (1701/02 - 08/30/03 Enhanced SDMC (Religies) SMA Upper Limits (1701/02 - 08/30/03 Enhanced SDMC (Religies) Published Charges (1701/02 - 08/30/03 Enhanced SDMC (Religies) Negotiated Rains (1701/02 - 08/30/03 10/01/02 - 08/30/02 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negottated Rates County: Los Angeles
County Code: 19
Legal Enthy: LAUSO 97th St.Mercal Health
Legal Enthy Number: 00315
Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negottated Rates Medicare/Medi-Cal Crossover Costs Healthy Families Published Charges Healthy Families SMA Upper Limits Healthy Families Negotlated Rates Enhanced SD/MC (Refugees) Units Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Children) Units SMM, per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cat SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SDIMC (Refug Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Total Units Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986A (0503)

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2,179 34,541 2,585 43,064 48,543 48,546 43,867 203,402 43,867 203,402 1,637 3,077 2,394 67,958 225,889 1,31 24,024 90,177 27,536 102,861 24,489 81,921 24,489 1,234,491 4,086,276 1,086,120 3,597,428 1,086,120 1,103,682 5,811,587 100.001 Mode Total | 12 | Morti-Cal Costs | 100102 - 062000 | 134 | Medi-Cal SMA Upper Limits | 100102 - 062000 | 144 | Medi-Cal Published Charges | 100102 - 062000 | 164 | Medi-Cal Published Charges | 100102 - 062000 | 165 | Medi-Cal Published Charges | 100102 - 062000 | 166 | Medi-Cal Published Charges | 100102 - 062000 | 167 | Medicare/Medi-Cal Crossover Costs | 100102 - 062000 | 168 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 169 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 160 | Medicare/Medi-Cal Crossover Published Charges | 100102 - 062000 | 100102 | 100102 - 062000 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 100102 | 10010 100102 - 06/3002 100102 - 06/3003 100102 - 06/3003 100102 - 06/3003 100102 - 06/3003 07/0102 - 06/3003 07/0102 - 06/3003 97/01/02 - 06/30/03 107/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/00/02 10/01/02 - 06/00/03 07/01/02 - 06/00/02 10/01/02 - 09/00/02 19/01/02 - 09/00/02 19/01/02 - 09/00/03 Legal Entity: Los Angeles Child Guidance Cinic Legal Entity Number: 00198 Medie: 15 - Outpallent (Program 1) Healthy Families Published Charges Healthy Families SMA Upper Limits Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Gross Cost
Gross Cost
Cost per Unit
SMA per Unit
Published Charge per Unit
Negotialed Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Femilies (SED) Units Healthy Families Costs Non-Medi-Cal Units Allocation Percen Total Units Medi-Cal Units

674,565

30,209

202

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75,103 72,921 186,642 65,885 167,729 65,885 167,729 2,031,456 695,006 2,791,692 627,946 2,070,745 627,946 2,070,745 Function 42 58.65% 34,567 1,005,216 8,315 2.06 3,408,693 ¥ 507% 145,814 294,678 2.02 2.28 2.06 2.06 27.554 100,072 ¥ 247 120 274 Z £ 0.37% 21.280 2,014 2,886 14,334 3,256 16,172 2,942 2,942 1,426 202 ¥ 202 238 202 206 206 发 20.503 20.503 2 02 2 02 2 06 2 06 2 06 5.350 6,568 1,980 13,286 12,188 14,970 11,021 11,021 10.812 07/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/02 - 04/20/03 10/01/03 - 04/20/03 10/01/03 - 04/20/03 07/01/02 - 06/30/02 100/102 - 06/30/03 100/102 - 06/30/03 100/102 - 06/30/03 11/01/02 - 06/30/03 17/01/02 - 06/30/03 14/01/02 - 06/30/03 07701/02 - 05/00/02 10/01/02 - 05/00/02 10/01/02 - 05/00/03 10/01/02 - 05/00/02 10/01/02 - 05/00/02 10/01/02 - 05/00/02 10/01/02 - 05/00/02 10/01/02 - 05/00/02 10/01/02 - 05/00/02 10/01/02 - 05/00/02 10/01/02 - 05/00/02 10/01/02 - 05/00/02 07/01/02 - 09/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 Enhanced SCIMC (Relugees) Costs (97/01/02 - 06/30/03 Enhanced SDMC (Relugees) SMA Upper Limits (97/01/02 - 06/30/03 Enhanced SDMC (Relugees) Published Charges (97/01/02 - 09/30/03 Enhanced SCIMC (Relugees) Published Charges (97/01/02 - 09/30/03 Enhanced SCIMC (Relugees) Negotiated Rates Legal Entity, Los Angeles Child Guidance Clinic Legal Entity Number: 00199 Mode: 15 - Outpallent (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits 20 Medicare/Medi-Cal Crossover Negotated Rates 25 Enhanced SDIAC (Rehugees) Costs 26 Enhanced SDIAC (Rehugees) SIAA Uny 27 Enhanced SDIAC (Rehugees) Publisher 28 Enhanced SDIAC (Rehugees) Negotiation 29 Healthy Families Costs 30 Healthy Families SIAA Upper Limits 30 Healthy Families Published Charges 31 Healthy Families Negotiated Charges 32 Healthy Families Negotiated Rates 33 Non-Medi-Cal Costs 21 Enhanced SD/MC Costs
22 Enhanced SD/MC SMA Upper Limits
23 Enhanced SD/MC Published Charges
23 Enhanced SD/MC Published Charges
24 Enhanced SD/MC Negotiated Rates
24 Enhanced SD/MC Negotiated Rates Medicare/Medit-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negottated Rates SMA per Unit Published Charge per Unit Mocation Percentage County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Total Units

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200 3,342 2,888 5,322 5,322 90,620 25,447 150 뚲 18,147 28,076 64,801 33,349 100,729 28,619 28.619 86,441 3.56 7.884 1,310 50 554 501 1,902 1,903 1,969 1,969 11.614 10.328 13.103 116.576 11.639 11,639 2.02 E | Enhanced SDAMC Costs | 1070 Moz - 04/30/02 | 21.4 | 27.0 Moz - 04/30/02 | 22.4 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04/30/02 | 22.4 | 27.0 Moz - 04 07/01/02 - 04/3/4/02 1001/02 - 04/3/4/02 1001/02 - 05/3/03 07/01/02 - 05/3/03 10/101/02 - 06/3/03 10/101/02 - 06/3/03 10/101/02 - 06/3/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 0719/102 - 06/2003 1001/02 - 06/2003 1001/02 - 06/2003 1001/02 - 06/2003 07/01/02 - 06/2003 07/01/02 - 06/2003 07/01/02 - 06/2003 10/01/02 - 06/2003 07/01/02 - 06/30/02 100/1/02 - 06/30/02 100/1/02 - 06/30/02 100/1/02 - 06/30/03 100/1/02 - 06/30/03 07/01/02 - 06/30/03 100/1/02 - 06/30/03 Logal Entity, Los Angeles Orid Guidanca Chric Logal Entity Number: 00199 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates 29 Healthy Families Costs
30 Healthy Families SMA Upper Limits
31 Healthy Families Published Charges Healthy Families Published Charges 32 Non-Medi-Cal Costs Medicare/Medi-Cal Crossover Costs 10B Enhanced SD/MC (Refugees) Units Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Children) Units County: Los Angeles County Code: 19 Healthy Families (SED) Units 15A Medi-Cal Published Charges Gross Cost
Cost per Unit
SMA per Unit
Publishad Charge per Unit
Negotiated Rate / Cost per U Medi-Cai SMA Upper Limits Medi-Cal Negotiated Rates Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

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

DETAIL COST REPORT

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42,448 7,790 1,461 1.24 1.89 1.31 5.851 28,014 734 Function ¥ 314,957 90,340 450,831 129,313 145,385 333,846 37,068 28,977 3.9 254,707 8 26.712 124 21,602 ម្ល 973,947 9,519 30,100 13,625 4,083,629 723,031 2,688,218 2 553 490 2 753 457 8 76,920 3 632 173 1,098,345 24,342 3,445,039 551,932 2,052,075 Function 04 ¥ 172 200 200 20,481 47,292 37,694 37,694 37,694 76,108 50,101 53,021 0.38% 102,006 126,135 18,997 1,066 Service Function 03 뚲 5,637,648 18,970,809 8,396,683 28,367,883 9,147,545 30,737,344 96,861 204,922 100,465 308,610 107,885 329,519 61,169 227,694 92,114 342,622 98,605 1,987,123 843,389 2,956,284 839,020 3,282,411 601,233 5,972,424 2,105,161 567,521 100.00% 34,799,106 Mode Total 97/01/02 - Distractory 10/01/02 - Distractory 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/02 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/701/02 - 08/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 97/01/02 - 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 - 08/30/03 10/01/02 - 08/30/03 Enhanced SDMC (Refugues) Costs (2701/02 - 06/30/03 Enhanced SDMC (Refugues) SMA Upper Unrifis (27/01/02 - 09/30/03 Enhanced SDMC (Refugues) Published Charges (27/01/02 - 09/30/03 Enhanced SDMC (Refugues) Mognitaled Rates 10/01/02 - 06/30/ Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Healthy Families Published Charges Legal Entity Mumber: 00203
Mode: 15 - Outpatient (Pro Enhanced SD/MC Negotiated Rates Healthy Families SMA Upper Limits Medicare/Medi-Cal Crossover Costs Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units 10B Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges MedLCal SIMA Upper Limits Medi-Cal Negotlated Rates Enhanced SD/MC Costs Healthy Families Costs Non-Medi-Cal Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Gross Cos

1,102

2,890

28,731

22,580

1,129

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PAGE 2 OF 6
FISCAI Year 2002-2003 250 157 239 168 1,938 ¥ 12 224 21 206 18 687 32 417 19 508 33 839 12 850 804 1.49 2.28 2.38 1.58 8.196 11,218 374 17,923 1,048 1,893 1,873 1,673 1,171 1,171 4,900 15,207 ¥ DETAIL COST REPORT 329 1,388 921 SA క 92,137 306,175 3,036 9,655 2,214 10,703 91,797 4,531 14,400 5,927 22,013 7,230 07/01/02 - 08/00/02 100/1/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - (58/30/02 10/01/02 - 06/30/02 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 04/30/02 10/01/02 - 04/30/02 07/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/03 97/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 Enhanced SDMC (Rehypers) Costs (17/01/02 - 08/20/03 Enhanced SDMC (Rehypers) SMA Upper Limbs (17/01/02 - 08/20/03 Enhanced SDMC (Rehypers) Published Charges (17/01/02 - 08/20/03 Enhanced SDMC (Rehypers) Negotisted Rates (17/01/02 - 08/20/03 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 06/30/03 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (05/03) Medicare/Medi-Cai Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medit Cal Crossover Negotiated Rates Legal Errity, PACIFIC CLINICS Legal Errity Number: 02003 Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Healthy Families Published Charges Enhanced SD/MC Negotiated Rates Medicare/Medi-Cai Crossover Costs Healthy Families SMA Upper Limits Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County: Los Angeles Healthy Families (SED) Units Medical Published Charges Medi-Cal SMA Upper Umits Medi-Cal Negotlated Rates Enhanced SD/MC Costs Healthy Families Costs Alocation Percentage County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit

Non-Medi-Cal Costs

2,683,786

408,186

2.860

515

17,109

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

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ß 258,810 1,050,660 270,161 1,096,742 179,351 137,570 57,210 210,312 59,719 39,646 5,898,961 113,513 480,816 21,128 25,092 92,242 1,799,485 3,565,687 13,449,608 3,722,077 14,039,503 2,470,658 9,320,343 48,172 48,172 198,367 50,285 207,067 145,742 31,510 728,089 33,382 137,465 37.422 87,003 2,332,410 15,006,739 뜻 256,669 77,497 382,415 80,896 408,827 53,704 271,937 33,960 172,112 477 406 1,418 1,758 1,283 242 242 252 252 754 7,583 1.49 2.38 1.58 730,648 뚲 1,918 5,394 6,389 2 28 2 28 1 28 2 2 28 2 3,529 5,631 2,366 Function ¥ 2.28 2.38 1.49 345 ర 3,342 33,045 125,714 50,518 192,186 52,734 200,815 321 490 7,843 5,130 5,435 1,016 358 1 547 170 3,154 5,034 35,008 4,822 379 2.28 2.38 2.38 1.58 22,157 215 215 3,440 681 240 2,115 133,181 ¥ 0.02% 4.114 8.136 2.28 2.38 1.58 2,750 4,204 71 4,389 1,844 Function ¥ 07/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/02 10/07/01/02 - 09/30/03 07/01/02 - 08/30/02 07/01/02 09:30:02 10/01/02 - 06:30/02 10/01/02 - 06:30/03 10/01/02 - 06:30/03 10/01/02 06:30/03 10/01/02 06:30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/02 07/01/02 - 06/30/02 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/03 - 06/30/03 07/04/02 - 08-30/02 100/102 - 08-30/03 07/04/02 - 08-30/03 100/102 - 08-30/03 100/102 - 08-30/03 100/102 - 08-30/03 100/102 - 08-30/03 Enhanced SD/MC (Refugees) Costs (27/01/02 - 08/39/03 Enhanced SD/MC (Refugees) SMA Upper Limits (27/01/02 - 08/39/03 Enhanced SD/MC (Refugees) Published Charges (27/01/02 - 08/39/03 Enhanced SD/MC (Refugees) Negolished Rales (27/01/02 - 08/39/03 10/01/02 - 08/30/03 10/01/02 - 06/30/03 07/01/02 - 08/30/02 Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover Negotiated Rates Legal Enity Number: 00200 Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Healthy Families Published Charges Lagal Entity. PACIFIC CLINICS Medicare/Medi-Cai Crossover Costs Enhanced SD/MC Negotlated Rates Healthy Families SMA Upper Limits Healthy Families Negotlated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Out per Unit

Non-Med-Cal Costs

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1969A (05/03)

3 წ 879 5317 298,503 4,032 3,640 16,229 27,843 70,405 42,685 107,832 44,32 112,363 26,487 74,587 280 뚲 242,456 242,456 123,484 253,089 128,878 158,017 85,559 106,340 54,151 31,420 07/01/02 - 09/30/03 10/11/02 - 09/30/03 07/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 07/01/02 - 09/30/03 07/01/02 - 09/30/03 07/01/02 - 09/30/03 07/01/02 - 04/30/02 10/01/02 - 04/30/03 07/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 Legal Entity Nurtiber, 00203 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Allocation Percentage
Total Units
Gross Cost
Cost per Unit
Stad per Unit
Published Charge per Unit
Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units

Medi-Cal Units

Medi-Cal Published Charges Medi-Cal SMA Upper Limits

Non-Medi-Cal Units Medi-Cai Costs Medi-Cal Negotlated Rates

	07/01/02 - 09/30/02	46,860			45,676		8,783	
Medicare/Medi-Cal Crossover Costs	ADMINISTROS - CREATINGS				314,967			
	07/01/02 - 09/30/02	71.638			69,627		14,970	
Medicare/Medi-Cal Crossover SMA Upper Limits	TOWN 102 - 08/30/03				481,483			
	07/04/N2 09/30/02	74.780			72,890		15,827	
Medicare/Medi-Cal Crossover Published Charges	FORDERS DECEMBERS				502,611		-	
	OTION DO COLOTTO	49 844			48,389		10,374	
Medicare/Medi-Cal Crossover Negotiated Rates	+-				333,666			200000000000000000000000000000000000000
399609000000000000000000000000000000000	CONTRAINS DATED	- economico	4.453	1,479	6,013			418
Enhanced SD/MC Costs	10/01/02 - 06/30/03		3,302	622	5,429			119
	07/01/02 - 09/30/02		8,808	2,262	9,193			638
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03		5,048	951	8,299			182
5.0000000000000000000000000000000000000	07/01/02 - 09/30/02		7,107	2,361	9,596			999
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03		5,289	992	8,663			180
	07/01/02 - 08/30/02		4,718	1,587	6,371			442
Enhanced SD/MC Negotlated Rates	10/01/02 - 06/30/03		3,498	629	6,751	88	0.0000000000000000000000000000000000000	128
Exhaused COAL (Bahuman) Onth	107/01/02 DE/20/03	-						100
Townson,	107/01/05 - 04/30/03							
Entanced SDMC (Relatives) Published Charges	07/01/02 - 06/30/03							
Enhanced SD/MC (Resugees) Negotiated Rates	07/01/02 - 06/30/03					000000000000000000000000000000000000000	000000000000000000000000000000000000000	200000000
to: acoocasaocasacapasopasopasopasopasopasopasopo	07/84/02 09/30/02		388 1,311	388				
Healthy Families Costs	16/01/02 - 06/30/03		1,264		7,930			
	(07/01/02 - 08/30/02			593	2,004			
Healthy Families SMA Upper Limits	10/01/02 - 06/30/03		1,917		12,123		1	
	07/01/02 - 09/30/02	-		619	2,092		1	
Healthy Families Published Charges	10/01/02 - 06/30/03		2,002		12,654			
	07/01/02 - 09/30/02 ,			411	1,389			-
24 Healthy Families Negotiated Rates	10/01/02 - 06/30/03		1,328		8,401	Contraction of	200000000000000000000000000000000000000	The same of
		12 334	134,313	24,204	445,681	18,666	2,753	3,581

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

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35,374 93,517 131,305 67,429 80,689 22,108 12,287 296,590 108,771 <u>₹</u> 92,568 32,153 32,153 92,568 క 194,839 869,331 256,418 1,262,587 333,138 16,438 63,885 1,544,362 2,336 131 985,005 767,456 112,478 3,004,265 1,468,541 238,484 ž 48,814 155,994 56,777 181,440 35,167 1,033 1,830 198 298 13,223 130 36,878 190 210 137 25,509 188,725 713 3,628 238 238 482 5,060 Function 57 P 71 812 47 18.289 204 10,922 30 Service 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/101/02 - 08/30/02 10/101/02 - 08/30/03 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 10/101/02 - 08/30/02 67/01/02 - 08/30/02 10/01/02 - 08/30/02 07/01/02 - 08/30/02 10/01/02 - 06/30/02 07/01/02 - 04/00/02 10/10/02 - 04/00/02 10/01/02 - 04/00/02 10/01/02 - 04/00/03 10/01/02 - 04/00/03 07/01/02 - 04/00/03 10/01/02 - 04/00/03 Enhanced SOMIC Refugees) Costs
Enhanced SDMC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03
Enhanced SDMC (Refugees) Published Charges 07/01/02 - 06/30/03
Enhanced SDMC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity Number: 00203
Mode: 15 - Outpaiert (Program 1) Enhanced SD/MC Published Charges 224 Enhanced SD/MC Negotiated Rates 24 Enhanced SD/MC (Retuges) Contact Conta Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Enhanced SD/MC Costs Altocation Percentage Total Units Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE T MH 1966A (9503)

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1000 102 1000 Service Function 6 5 5 6 7 6 6 7 6 6 7 6 6 7 6 6 7 6 6 7 6 6 7 6 6 7 6 7 6 6 7 6 7 6 6 7 6	3,450 877 10,65% 10,677 10,68% 11,508 11	Service 78 703% 5,401 3,401 3,41 3,41 3,41 2,75 2,81 6,539 2,601 6,539 2,604 8,51 3,634 3,634 3,634 3,634 3,634 3,634 3,634 3,634 3,631 3,	5,414,453 6,521,400 2,14,453 6,521	Service 77 0.02% 2.113 5.999 2.75 2.75 2.75 2.77 2.173	Service Function 72.480 2.75 2.75 3.41 4.75 5.748 5.748 4.724 16.100 5.748 4.724 4.657 4.724 16.100 5.748 4.657 4.724 16.100 5.748 5.748 4.724 16.700 5.748	Service Function	
Constitution ()	2 5	8 2	2.015 2.013x 3.003x 3.003x 3.003x 3.003x 2.015 2.015 2.010 2	5.00 (12.00) 2.14 (45.00) 2.14	Furction 77 2,173 2,173 5,999 3,41 4,76 2,76 2,75 2,75 2,77 2,77 2,77 2,77 2,77 2,77	77 77 77 77 77 420 75.428 75.428 75.428 8.57 440 8.77 2.91 16.109 8.57 4.667 75.748 8.57 4.667 75.748 8.58 8.58 8.58 8.58 8.58 8.58 8.58 8.	Function
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1666A (05/03)

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

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

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Moder: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/MedI-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limite Healthy Families Published Charges Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Costs Healthy Families SMA Upper Limits 9 Medicare/Medi-Cal Crossover Units 10 Enhanced Crossover Units Healthy Families Negotiated Rates Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Allocation Percentage
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1996A (1958)

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

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¥ 28,870 92,470 26,670 92,470 2,409,213 209,814 1,501,495 4,818,426 ¥ 36,100 37,997 8,583 4 285 18,065 unction 1,470 2,940 ¥ 2.28 2.28 2.28 2.00 2.00 2.00 123,302 54,080 1,800 47,360 123,302 47,400 106,180 430 8 꽃 228 5,785 2.28 11,560 13,190 137 949 14,108 475 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 107/01/02 - 09/30/02 1001/02 - 09/30/02 107/01/02 - 09/30/02 107/01/02 - 09/30/02 107/01/02 - 09/30/02 107/01/02 - 09/30/02 107/01/02 - 09/30/02 978102 - 843003 10/01/02 - 06/30/03 7/01/02 - 09/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 01/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/02 07/01/02 - 08/30/02 10/01/02 - 08/30/02 07/01/02 - 08/30/02 97/01/02 - 06/20/02 100/102 - 06/20/03 100/102 - 06/20/03 100/102 - 06/20/03 11/01/02 - 06/20/03 11/01/02 - 06/20/03 11/01/02 - 06/20/03 G7/01/02 - 09/30/02 10/01/02 - 06/30/03 Enhanced SDIMC (Rehigees) SMA Upper Limits (07701/02 - 08/30/03 Enhanced SDIMC (Rehigees) Published Changes (07/01/02 - 08/30/03 Enhanced SDIMC (Rehigees) Negotiated Rates (07/01/02 - 08/30/03 07/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Published Charges Medicars/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity Number, 00201 Mode: 15 - Outpatient (Program 1) Agai Entity: PENNY LANE CENTERS By Number, 00201 Enhanced SD/MC Published Charges noed SDIMC (Religeers) Costs Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotiated Rates Healthy Families Published Charges Healthy Femilies SMA Upper Limits Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Healthy Families Negotiated Rates Enhanced SD/MC (Children) Units Negotiated Rate / Cost per Unit County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Umils Medi-Cal Negotished Rates Enhanced SD/MC Costs Healthy Families Costs County Code: 19 Non-Medi-Cal Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

608

25,964

1,599

28,041

2.826

Healthy Families Published Charges

Healthy Families Negotlated Rates

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (05to3)

Legal Entity

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360,070 1,097,732 360,988 4.24 259,511 뚲 22.4 82 23 25 88 25 55 23 9 9 446,735 1,080,231 506,703 1,232,490 509,733 1,232,490 447,108 447,108 223.554 뚲 2.28 2.28 2.28 2.28 2.28 2.28 2,196 2,196 1,924 863 800 뚲 70,247 337,654 80,149 385,247 385,247 70,306 439,172 200 2 228 14,032 35,153 뜻 07051402 - 04-30402 10011402 - 04-30402 1001102 - 04-30402 1001102 - 04-30402 1001102 - 04-30403 07/01102 - 04-30403 1001102 - 04-30403 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 (10/01/02 - 06/30/03 07/10/2 - 08/20/02 10/01/02 - 08/20/03 07/10/2 - 08/20/02 10/01/02 - 08/20/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07,01102 - 09/30/02 10/01/02 - 06/30/02 07/01/02 - 09/30/02 10/01/02 - 06/30/03 Enhanced SDMC (Retugues) Costs (77/01/02 - 06/30/03 Enhanced SDMC (Retugues) SMA Upper Limits (77/01/02 - 06/30/03 Enhanced SDMC (Retugues) Published Charges (77/01/02 - 06/30/03 Enhanced SDMC (Refugues) Negotished Rates (77/01/02 - 06/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover SMA Upper Limits 107.0.102 - 09.30/02
Medicare/Medi-Cal Crossover Published Charges 1001.02 - 09.30/03
Medicare/Medi-Cal Crossover Negotiated Rates 10.01.02 - 09.30/02
Medicare/Medi-Cal Crossover Negotiated Rates 10.01.02 - 09.30/03 10/01/02 - 06/30/03 Legal Enter, PENNY LANE CENTERS ffty Number, 00201 Model: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotiated Rates Healthy Families SMA Upper Limits Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units egolisted Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Non-Medi-Cal Units

Medi-Cal Costs

Medi-Cal Units

Cost per Unit SMA per Unit Gross Cost

33 Non-Medi-Cal Costs

28,546

14,458

9,822

11,969

842,348

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

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წ 13,411 2.30 5,624 2,445 \mathfrak{F} 10.910 38.004 25 124 89 819 24 875 88 929 25 093 86 706 212 214 11,121 8 11,024 11,134 F 1.80 3,135 \mathfrak{S} 1.78% 23.515 42,378 4,352 4,275 8,18 2.415 10.530 1,390 2,680 5.450 16,964 4.794 2,480 4,786 4,786 1,926 1,928 1,894 \mathfrak{F} 6 636 428 1 379 1 354 423 235 0.57% 7,636 13,782 1.80 1.80 Function \aleph 304,238 1,073,010 301,237 1,062,430 303,867 1,071,702 24,215 94,322 23,880 83,428 24,185 94,207 100 00% 65,824 2,404,037 85,905 65,272 Mode Total | 21 | Enhanced SD/MC Costs | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/02 | 2000/0 07/01/02 - 04/20/02 10/01/02 - 04/20/03 07/01/02 - 04/20/03 07/01/02 - 04/20/03 10/01/02 - 04/20/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 17/01/02 - 06/30/03 17/01/02 - 06/30/03 97/01/02 - 09/00/02 10/01/02 - 06/10/02 10/01/02 - 06/10/02 10/01/02 - 06/10/02 9 10/01/02 - 06/10/03 10/01/02 - 06/10/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 97/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 19 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity. Saint Johns Health Center Legal Entity Number: 00217 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Costs Healthy Families Published Charges - Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Heatthy Families SMA Upper Limits Enhanced SD/MC (Children) Units Healthy Families Negotiated Rates County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Allocation Percentage Healthy Families Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cai Units Cost per Unit

33 Non-Medi-Cal Conts

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

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Legal Entity, Saint Johns Health Center		Н	-	5	×	5	×	§ Z
Legal Entity Number: 00217 Mode: 15 - Outsitient (Program 1)		Service	Service	Service	Service	Service	Service	Service
The state of the s		31	3	2	41	runction 42	Luction	Function 57
Abocation Percentage		0.11%	0.41%	1.40%	10.97%	38.35%	8.56%	9.12%
Total Ones		1,125	4,265	14,565	114,540	400 X34	68,523	95 174
CALCAST COST	Electronic and Control of the Contro	2,591	9,786	33,771	263,784	921,892	157,785	219,167
Cost per Unit		2.30	2.30	230	230	230	2.30	2 30
SMA per Unit		2.28	2.28	2.28	2.28	2.28	2.28	2.28
Published Charge per Unit		2.30	2.30	2.30	2.30	2,30	2.30	2.30
regulation rate / Cost per Utilit	Contract of the Contract of th	The second second	1				1	1
Medi-Cal Units	07/01/02 - 09/30/02	114	130	1,980	5.067	58,115	8,277	23.919
	1001/02 - 06/30/03	680	1,769	1,284	17,383	194,485	49,295	55,083
Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03					27.400		1,561
Enhanced SOMM (Children) Hole	07/01/02 - 09/30/02							0,10
Chindred Scrinc (Chindren) Units	10/01/02 - 06/30/03							
IOBI Enhanced SD/MC (Refugees) Units	07/01/02 - 00/30/03						1000	
Healthy Families (SED) Units	07/01/02 - 09/30/02							
Man Mod On Lake	10/01/02 - 06/30/03			006		14,730	076	1,485
NORTHWEOL-CAL CITIES	The second secon	71.5	2.38	3511	82,090	104,400	12.011	6.438
Med-Cal Costs	07/01/02 - 09/30/02	283	286	4,514	11,645	133,826	14,455	55,081
	10/01/02 - 06/30/03	1,378	4,120	16,797	40,063	447,862	113,517	126,846
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	280	288	4,469	11,530	132,502	14,312	54,535
	10/01/02 - 06/30/03	1,386	4,079	16,630	39,656	443,426	112,383	125,589
Med-Cal Published Charges	07/01/02 - 08/30/02	262	780	4,508	11.631	133,006	14,437	55,014
	10/01/02 - 06/30/03	1,378	4,116	18,776	40,004	447,316	113,379	128,801
Medi-Cal Negotiated Rates	47/01/02 - 08/30/03						Ī	
phoneseaeaeaeaeaeaeaeaeaeaeaeaeaeaeaeaeaeae		0000000000	0000000000	10000000000	000000000	3000000000	000000000000000000000000000000000000000	0000000000
Medicare/Medi-Cal Crossover Costs	07/01/02 - 09:30/02					11.770		3,595
	CONDENS - DONOLL		Ī			280.00		799,61
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - US/30/02					7,952		45 204
The second control of the second control of	-					44 765		2 500
Medicare/Medi-Cal Crossover Published Charges						54.027		15.428
0.00	07/01/02 - 09/30/02							
CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	10/01/02 - 06/30/03							
Enhanced SD/MC Costs	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	-						
	OTHER COUNTY							
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
Cohone O November of Dates	07/01/02 - 09/30/02							0.00
Cintained Solmo negotiated rates	10/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) SMA Upper Limits	$\overline{}$							
Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) Negotiated Rates						-		
ACCOMMON PROPERTY OF THE PROPE				1		-		
nearmy ramaies Costs	10/01/02 - 06/30/03			4,375		33,820	2,185	3,374
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							4
	10/01/02 - 06/30/03		-	4,332		33,584	2,143	3.340
Healthy Families Published Charges	10/01/02 - 08/30/03		T	4.370		23.879	2.162	3,370
	07/01/02 - 09/30/02							
Healthy Families Negotiated Hates	10/01/02 - 06/30/03							
	The second secon		-					

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

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Service Function 3.45 4 935 1,515 F 95,187 6,332 19,774 6,294 6,324 19,750 5,895 23,055 1,485 4,847 9,006 8,965 8,997 წ 2,044 50,237 11,806 ម 1,367 1,357 1,368 1,985 5.05 15.05 15.05 15.05 2.30 595 6,078 11.694 뚱 988 4,965 2,275 6,036 5,978 2,272 2,272 6,028 238 1,376 3,169 క | 3 | Medi-Cal Coats | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 - 09-30-02 | 1001 02 | Enhanced SD/MC Costs | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/02 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 | 1000 Ltd - 004/30/03 07/0 V/02 - 09/30/02 1/01/102 - 09/30/02 1/01/102 - 06/30/03 1/01/102 - 06/30/03 1/01/102 - 09/00 07/01/102 - 09/00 10/01/102 - 06/30/03 07/01/02 - 06/30/02 15/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 8 Medicare/Medi-Cai Crossover SMA Upper Limits 20 Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity. Saint Johns Health Center. Legal Entity Number: 00217 Mode: 15 - Outpatient (Program 1) 224 Enhanced SD/MC SMA Upper Limits 23 Enhanced SD/MC Published Charges 234 Enhanced SD/MC Published Charges 24A Enhanced SD/MC Negotiated Rates 30 30A Healthy Families SMA Upper Limits 31 Healthy Families Published Charges 31A Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Healthy Families Negotiated Rates 25 Entracted SOAMC (Refugees) Co 26 Entranced SOAMC (Refugees) Si 27 Entranced SOAMC (Refugees) Pt 25 Entranced SOAMC (Refugees) Nt SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit County Code: 19 Healthy Families (SED) Units 21 Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Units Cost per Unit

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

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Enhanced SDM-C (Retugnes) SMA Upper Limits 07/01/02 - 06/00/03
Enhanced SDM-C (Retugnes) Published Charges 07/01/02 - 06/00/03
Enhanced SDM-C (Retugnes) Negotished Charges 07/01/02 - 06/00/03 07/01/02 - 09/30/02 Legal Entity. Sen Fernando Valley CMHC, Inc Legal Entity Number: 00208 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Cost per Unit
SMA per Unit
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Accordation Rate / Cost per Unit Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotiated Rates Medicare/Medi-Cai Crossover Units Healthy Families Published Charges Healthy Families SMA Upper Limits Enhanced SD/MC (Children) Units Enhanced SD/MC (Refugees) Unit Healthy Families Negotiated Rates Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Healthy Families Costs 29 Healthy Families Cosis 30 Healthy Families SMA 31 Healthy Families Public 32 Healthy Families Nego 32 Non-Medi-Cal Costs County Code: 19 Non-Medi-Cai Units Allocation Percer Medi-Cal Costs Medi-Cal Units Gross Cost

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4.378

21 928 5.577 77.921 4.376 4.376

97,01/02 - 09,0002 10,01/02 - 06,0002 10,01/02 - 06,0002 10,01/02 - 06,0002 10,01/02 - 06,0002

Healthy Families Published Charges

Healthy Families Negotiated Rates

Non-Medi-Cal Costs

Healthy Families SMA Upper Units

Healthy Families Costs

10/01/02 - 06/30/03 10/01/02 - 06/30/03

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (65/03)

County: Los Angeles

County Code: 19

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
PAGE 2 OF 4
Fiscal Year 2002-2003

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95,004 92,248 120,985 117,456 117,458 104,618 53,055 š 42 806 54 506 54 506 54 506 785 527 80,978 23,906 124.354 뚲 42 50,64% 3,755,202 6,734,259 1,258,247 3,835,244 1,602,080 5,010,080 1,250,080 1,250,247 3,835,264 12.246.640,183 2444 2,197,658 Function 8 3,621 1,588 Function \mathfrak{F} 88 825 1,051 1,051 1,051 2 6 240 \mathcal{E} 935 1,476 Service Function SA 1001/02 - 09/30/02 1001/02 - 08/30/02 1001/02 - 08/30/02 1001/02 - 08/30/02 1001/02 - 08/30/02 1001/02 - 08/30/03 1001/03 - 08/30/03 1001/02 - 08/30/03 Legal Entity: San Fernando Valley CMHC, Inc ntity Number: 00208 Legal Entity Number: 00208 Mode: 15 - Outpatient (Program 1)

Enhanced SD/MC (Refugees) Units

Healthy Families (SED) Units

Non-Medi-Cal Units

Enhanced SD/MC (Children) Units

Medicare/Medi-Cal Crossover Units

Medi-Cal Units

Gross Cost
Cost per Unit
SMA per Unit
Published Charge per Unit
Negotiatied Rate / Cost per Unit

Allocation Percentage

116,513 341,610 148,353 434,962 434,962

65,067 190,773

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	1000 CA
	Case Busine
	Canada O Assessed
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	4000

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966A (05/03)

DEPARTMENT OF MENTAL HEALTH
PAGE 3 OF 4
FISCAI Year 2002-2003 DETAIL COST REPORT

뚲 297,647 855,789 397,386 1,142,472 4,019 93,940 270,088 150 1.481 635 584,658 184,523 1,184 835 187 840 165 ¥ 263,354 713,394 263,354 47 Service Function 115,506 560,284 312,892 439 ర 1.79 1.79 2.28 2.28 1.97 324 413 413 357 181 <u>₹</u> 982 뚲 | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Character | Char 1001/02 - 08/30/02 1001/02 - 08/30/02 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 1001/02 - 08/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Legal Entity: San Fernando Valley CMHC, Inc Legal Entity Number: 00208 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SDVMC (Refugees) Units Healthy Families Negotiated Rates Enhanced SD/MC (Children) Units Allocation Percantage
Total Units
Gross Cost
Cost per Unit
SAA per Unit
Published Charge per Unit
Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Non-Medi-Cal Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (95/03)

DETAIL COST REPORT

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

Legal Entity: San Fernando Valley CMHC, inc Legal Entity Number: 00208		>	×	×	>	7	*	SP.
Entity Number: 00208		Canada	Canadra	Consider	Carvira	Service	Service	Sarvice
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
		62	74	11	77	111111111111111111111111111111111111111		
Allocation Percentage		0.52%	0.01%	6.15%	0.01%	0.00%	-	
otal Units		20.715	375	304 735	000	CLB'7		
ross Cost		65,635 1	0.50	CD8.1/		(1.62	Section Contraction	200000000000000000000000000000000000000
Cost per Unit		3.17	2.53	2.53	2.53	2.53		
MA per Unit		423	3.41	3.41		3.41		
Published Charge per Unit		4.23	3,41	3.41	3.41	3.41		T. Contraction
Neootisted Rate / Cost per Unit		3.65	2.53	2.53	2.58	2.89		
000000000000000000000000000000000000000	The state of the s	007.04	346	67.843	200	4 008	-	-
Medi-Cal Units	10/01/02 - US/30/02	8 905	200	180 955	8	1,760		
	מאטרישה - משרומיתה	2						
Medicare/Medi-Cal Crossover Units	tomating Dersons	3						
	07/01/02 - 09/30/02							
Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) Units	7701/02 - 06/30/03							
	7/04/02 - D9/10/02							
Healthy Families (SED) Units	10/01/02 - 06/30/03							
Non-Madi-Cal Unite		3.590		86.227	285	30		
THE PROPERTY OF THE PROPERTY O	CONTRACTOR CONTRACTOR	The state of the state of				1000	01101101101101101	essessions and
Modi Cal Coefe	07/01/02 - 09/30/02	32,002	848	145,628		7,396		
	I ONDI 102 - 06/30/03	22 164		436.028	1000	3 406		
Mark Cal SMA Honor Limits	07/04/02 - 09/30/02	42.723	1,279	1 96,400		2000		
	10/01/02 - 08/30/03	29.563		617,007		2 404		
Mort. Cat Published Chames	07/01/02 - 09/30/02	42,723	1,273	190,400	7	COUNTY		
	10/01/02 - 06/30/03	53,363	400	20 210		2 0003		
Mod Col Necotisted Pates	07/01/02 - 09/30/02	36,865	848	143,820	001	2007		
	10/01/02 - 06/30/03	28.522		COLUMN DESC	0.000		osos se se se se se	100000000
	07/01/02 - 09/30/02	88						
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
Maritana Mandi Ont Orner page CMA Inner Imite	07/01/02 - 09/30/02	127						
- 1	10/01/02 - 06/30/03							
Marillone Mardi Col Consequer Dubishari Chambe	07/01/02 - 09/30/02	127						
	10/01/02 - 06/30/03						10	
Markonso Bladi. Cal Crossovar Magaziani Batas	07/01/02 - 09/30/02	110						
7	10/01/02 - 06/30/03		-	CONTRACTOR OF THE PARTY OF THE	200000000000000000000000000000000000000	opposition and a	0000000000	2000000000
	07/01/02 - 09/30/02							
Enhanced SD/MC Costs	10/01/02 - 06/30/03							
	07/01/02 - 09/30/02							
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
	07/01/02 - 09/30/02							
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03					+		
	07/01/02 - 09/30/02				100			
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03				-	100000000000000000000000000000000000000		
	PARTY OF SAME		100 100 000 000	e de la constante de la consta				
ETWENCED SULMO, Nemagons, Cons	WINDING - WASHING							
Shanced SUMC (Rengoen) SMA Upper Little	מייינים ביייים							
Enhanced Stand. Perugess Published Dates	DATOL OF DESCRIPTION							
	- NO IND	000000000		Second second				
Louise Consider Orele	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03				-			
Healthy Families SMA Hoper Limits	07/01/02 - 08/30/02				-			
- indde care commit firmed	10/01/02 - 05/3003							
Healthy Farrilles Published Charges	07/01/02 - 08/30/02	-						
	CONTRACT - CONTRACT							
Meather Families Neorgiated Rates	100000							
Marin J. Commercial Co	10/01/02 - 06/30/03			COLUMN TOWNS	-	Name and Address of the Owner, where	-	The second second

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (0503)

County: Los Angeles

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

Legal Enthy: South Bay Children's Health Certer	2	4			-	u	-	
				-		The same of the sa		9
Legal Entity Number: 00213		Mode Total	Service	Service	Service	Service	Service	Service
Model 12 - Charlester (C. 170) and (C. 170)		-	8	8	1	12	1	z
Allocation Percentage		100.00%	0.26%	0.79%	6.86%			134%
Total Units			676	2073				2,850
		529,510	1,357	4,161		34,969	8,074	7,078
Cost par Uni	Notice and second		201	2.05				2.48
SMA per Unit			177	1.77	2.28		H	228
Published Charge per Unit			2 00	2.00				2.40
Negoblated Rate / Cost per Unit			1.77	1.77				2.10
	Colonia action		-	200	1 600			896
- Medi-Cal Units	0/101/02 - 08/30/02			1 629	A 4 6 4 4			4 860
	CONTROL CONTROL			3	41011			in the second
- Medicare/Medi-Cal Crossover Units	Powerson - Powerson							
	UNU :- 02-100			-		1	1	
Potranced SDAMC (Children) Units	20/00/03 - 09/20/03		75			1,218	1//	-
IOA CENTRAL CENTRAL (COMPANY) CHILD	10/01/02 - 06/30/03		201			2,993	288	
IOB Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11-11 (GDS)	07/01/02 - 09/30/02			15				
Healthy Families (SED) Units	10/01/02 - 06/30/03			45	374			
Non-Medi-Cal Units			400	110		9,869	2015	375
		200		40.0	000			C23.
-Med-Cal Costs	07/01/02 - 09/30/02	25,000		200				1000
13A med out occur	10/01/02 - 06/30/03	216,630		3.286				Carrier I
Maril Cal Chin I backed broke	07/01/02 - 09/30/02	23,011		471				1,425
14A medical own oppose Links	10/01/02 - 06/30/03	200,050		2,697				4,218
	07/01/02 - 09/30/02	24,174		522				1,500
Medi-Cal Published Charges	10/01/02 - 06/30/03	209,423		3,274	27,874			4.440
	07/01/02 - 09/35/02	22,045		471				開
Medi-Cal Negobated Rates	10/01/02 - 06/30/03	191,021		2,697	25,436			4,052
								-
- Medicare Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A	TOWNERS - CONTONIO							
- Medicare/Medi-Cal Crossover SMA Upper Limits	מתחמים - מאימתות							
8A	TUVOLAUZ - US SUNUS							
- Medicare/Medi-Cal Crossover Published Charges	07/01/02 - DB/30/07							
9A	10/01/02 - 06/30/03							
-Marticare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 08/30/02							
- 8	10/01/02 - 06/30/03		The second second	September 5	THE REAL PROPERTY.	The second second		Section and
	07/01/02 - 09/30/02	16.564	151			3,025		
Enhanced SOMC Costs	10/01/02 - 06/30/03	40,775	403			7,433		
	67/01/02 - 08/30/02	15,280	133			2,777		
-Enhanced SD/MC SMA Upper Limits	ACTION OF THE POPULA	37 895	356			6,824	1,060	
CA	TOTAL DO SOUTH	V40 94	450			2 023		
-Enhanced SDAAC Published Charges	20/05/20 - 20/10/2	CLOSE	8 8			7481		
	10/01/02 - 06/30/03	38,409	402			0.000	1	
	07/01/02 - 09/30/02	14,606	2			7,007	1	
- Enhanced Survic Negotaled Kales	10/01/02 - 06/30/03	35,954	356			6,550	1,018	
	INTERNET OFFICERS	The state of the s		-				
Ennanced Survivo (Natigates) Lung								
Citization of the regions of the cutton								
Enhanced StandC (Refugues) Published Charges								
Entranced SU/MC (Rerupters) responsive runta	U/AU I/OZ - LIBY-BURUS	The second second	Control of the last					
	07/01/02 - 09/30/02	336		30	306			
Heatiny Families Costs	10/01/02 - 06/30/03	8,518	3.0	8				
	67/01/02 - 09/30/02			27				
Sha Healthy Families SMA Upper Limits	10/01/02 - 06/30/03			80				
	07/01/02 - 06/30/02			30				
Healthy Families Published Charges	10/01/02 - 06/30/03	6,234		90	988			
30	07/01/02 - 09/30/02	298		27				
224 Healthy Femilies Negotiated Rates	EDIONALD - CTALCACLE	7,511		00	818		-	-
	The state of the s					A STATE OF THE PARTY NAMED IN COLUMN TWO IS NOT		

3,177

12,356

115.621

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
PAGE 2 OF 2
FISCAl Year 2002-2003 1.628 1,573 1,436 28 945 28 806 1,785 28,943 1,630 28,423 1,565 뜻 1,978 10,596 10,646 3 88 8 2,505 12,220 뜻 ¥ £ 15,686 134,135 -16,490 141,194 15,047 5.674 5,177 2.48 2.48 2.48 2.28 2.40 2.28 2.28 2.40 58.831 146,112 128,840 뚲 27,54% 58,700 145,809 20,780 8,655 19,059 20,062 2.48 46.554 뜻 | 10/01/02 - 04/30/02 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 | 10/01/02 - 04/30/03 07/07/02 - 08/20/02 10/07/02 - 06/20/02 10/07/02 - 06/20/02 10/07/02 - 06/20/03 10/07/02 - 06/20/03 10/07/02 - 06/20/03 10/07/02 - 06/20/03 07/01/02 - 06/30/02 100/1/02 - 06/30/03 07/01/02 - 06/30/03 100/1/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 97/61/02 - 09/30/02 10/11/02 - 06/20/03 97/61/02 - 06/20/03 10/11/02 - 06/20/03 10/11/02 - 06/20/03 10/11/02 - 06/20/03 10/11/02 - 06/20/03 Enhanced SCIMC (Retupees) Costs
Enhanced SCIMC (Retupees) SMA Upper Limits 07701102 - 06/20/03
Enhanced SCIMC (Retupees) Rublished Changes 07701102 - 06/20/03
Enhanced SCIMC (Retupees) Negociated Rales 07/01/02 - 06/20/03 Legal Entity. South Bay Children's Health Center Legal Entity Number: 00213 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negottated Rates Healthy Femilies Published Charges Medicare/Medi-Cal Crossover Costs Healthy Families SMA Upper Umits Medicare/Medi-Cal Crossover Units Healthy Families Negotlated Rates Entranced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Published Charge per Unit Regolated Rate / Cost per Unit County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Gross Cost Cost per Unit SMA per Unit

Non-Medi-Cal Costs

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

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Fiscal Year 2002-2003 DETAIL COST REPORT

10.514 ž 6,052 ð 113,260 8,809 136,834 100,026 105,028 307,528 99,625 281,710 14,291 60,015 92,435 3,184 270,657 5,116 8178 N 32% 1,083,148 1,481,581 243,198 243,198 954,451 230,646 905,169 1,543 1,362 2,428 1,282 2,301 428,856 314,089 214,134 1,190 158,902 1.65 吳 214 214 214 1928 1988 176 176 121 1,086 3,584 E S B B 4.656 1 28 뚲 5.619,834 2.512,887 8,105,820 6,365,177 1,873,741 0,056,709 7,696 91,438 8.744 71,386 6.295 67,724 9.3 4.712 127 6,549 105 100 5,080 28,857 72,799 42,336 107,057 32,789 82,710 31,103 100 00% 2,882,345 10,417,728 Mode Total 97,01/02 - 09/30/02 19/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 08/30/02 670.102 - 04/30/02 10/01/02 - 04/30/03 07/01/02 - 04/30/03 10/01/02 - 04/30/03 07/01/02 - 04/30/03 07/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 07/01/02 - 06/20/03 10/01/02 - 06/20/03 10/01/02 - 06/20/03 07/01/02 - 04/30/02 14/01/02 - 04/30/03 07/01/02 - 04/30/03 07/01/02 - 04/30/03 10/1/02 - 04/30/03 10/1/02 - 04/30/03 10/01/02 - 04/30/03 Enhanced SDMC (Rehignes) Costs
Enhanced SDMC (Rehignes) SMA Upper Unifits 0770102 - 06/30/03
Enhanced SDMC (Rehignes) Published Charges 07/01/02 - 06/30/03
Enhanced SDMC (Rehignes) Negotiated Rates 07/01/02 - 06/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cai Crossover Published Charges Medicara/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity, Special Service for Groups Legal Entity Number, 00214 Mode: 15 - Outpatent (Program 1) 22 22A 23A Enhanced SD/MC SMA Upper Limits 23 23 23A Enhanced SD/MC Negotiated Rates Healthy Families Published Charges Medicare/Medi-Cal Crossover Costs Healthy Families SMA Upper Limits Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Healthy Families Negotiated Rates Enhanced SD/MC (Children) Units Gross Cost
Cost per Unit
SMA per Unit
Published Charge per Unit
Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Healthy Families Costs Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

County: Los Angeles

DEPARTMENT OF MENTAL HEALTH
PAGE 2 OF 3
Flocal Year 2002-2003 DETAIL COST REPORT

5,963 3,815 819.580 2.459.288 437 493,705 1.481.499 968,140 673 5.568 27,984 8,242 41,426 6,328 31,796 6,001 30,161 6,214 46,920 4,002 36,013 3,796 34,161 3,622 31,695 1,491,112 19,778 4,305 1.888 2,909 3,304 3,134 3,087 6,428 4,166 4,166 408 뚲 6,962 \mathfrak{F} 7,537 7,629 11,154 11,587 8,661 8,894 8,121 8,436 8 ¥ 2 07/01/02 - 09/30/03 10/01/02 - 09/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 107/01/02 - 06/30/02 1001/02 - 06/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 07/01/02 - 08/30/03 10/01/02 - 08/30/03 10/01/02 - 08/30/03 Enhanced SDAKC (Rehypees) Costs
Enhanced SDAKC (Rehypees) SAM Upper Linits 07/01/02 - 08/30/03
Enhanced SDAKC (Rehypees) Published Charges 07/01/02 - 08/30/03
Enhanced SDAMC (Rehypees) Negotiated Charges 07/01/02 - 08/30/03 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity. Special Service for Groups
-ggal Entity Number: 00214
- Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Units Medicare/Medi-Cal Crossover Costs Enhanced SD/MC (Refugees) Units Enhanced SD/MC Negotiated Rates Enhanced SDAMC (Rehigeer) Costs Enhanced SDAMC (Rehigeer) SMA Enhanced SD/MC (Children) Units Healthy Families Published Charges Healthy Families SMA Upper Limits Healthy Families Negottated Rates Healthy Families (SED) Units Med-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs County Code: 19 Healthy Families Costs Non-Medi-Cal Units Medi-Cal Units Medi-Cal Costs Gross Cost

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (65/03)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
PAGE 3 OF 3
FISCAI YOUR 2002-2003

thy. Special Service for Groups ed: 0214 de: 15 - Outpatient (Program 1) centage centage style per Unit tat / Cost per Unit AC (Children) Units AAC (Children) Units Res (SED) Units Res (SED) Units		Savice	Service	0	R	S		
		OF BARRY		Sandra	Sanina	Sorvino	Sandra	
		Function	Function	Function	Function	Function	Function	Function
centage rage per Unit te / Cost per Unit s I-Cal Crossover Units AAC (Children) Units AAC (SEb) Units les (SED) Units		52	Z	6	62	77		
rige per Unit tie / Cost per Unit s I-Cal Crossover Units //A/C (Children) Units //A/C (Refugees) Units les (SED) Units		0.07%	0.04%	0.07%	274%	0.0		
rige per Unit tte Cost per Unit s I-Cal Crossover Units I-Cal Cros		4 530	2,900	23/0	477 TOP 1	CAA PA		
rige per Unit ste / Cost per Unit s I-Cal Crossover Units AAC (Children) Units AAC (Refugees) Units les (SED) Units	100000000000000000000000000000000000000					***************************************		200000000000000000000000000000000000000
Der Unit Cost per Unit Cost per Unit I Crossover Units (Children) Units (Refugees) Units		120	2	3.09	3.09	204		
per Unit Cost per Unit I Crossover Units (Children) Units (Refugees) Units		2.28	228	4.23	4.23	3.41		
		1.75	1.75	3.51	3.51	2.32		
		1.54	1.66	3.33	3.33	2.20	S. S. S. S. S. S. S. S. S. S. S. S. S. S	The state of the s
	07/01/02 - 09/30/02		47	162	66,590	3,398		
	10/01/02 - 06/30/03		220	48	188,170	13,031		
	07/01/02 - 09/30/02				30			
	10/01/02 - 06/30/03				1,248			
	07/01/02 - 08/30/02				180	245		-
	10/01/02 - 06/30/03				833			
	07/01/02 - 08/30/03		1	1	1000			
	07/01/02 - 08/30/02		3	10	777			
	2 - 06/30/03	V64 F	0010	2008	470 048	Q 5.18		
NOT-MEDI-CALCINS	200000000000000000000000000000000000000	1000	2, 100	2007			CONTRACTOR	Section 1995
	07/01/02 - 09/30/02		72	200	205,656	6,933		
Maui-Car Costs	10/01/02 - 09/30/03		336	148	581,144	26,588		
	2 - 09/30/02		107.	685	281,676	11.587		
Medical SMA Upper Limits	10/01/02 - 06/30/03	.5.	502	203	795,959	44,436		
	2 - 09/30/02		82	506	233,731	7,883	1	
Medical Published Charges	2 - 06/30/03		385	168	660,477	30,232		
	2-09/30/02		78	539	221,745	7,478	100	
Medical Negotiated Rates	10/01/02 - 06/30/03		365	160	626,606	28,888		
on book a seed considered and seed the seed of the see	Constitution in	20000	6.0100000000000000000000000000000000000	dictional and a second	1,00			
Medicare/Medi-Cal Crossover Costs	OCCUPATION OF THE PROPERTY OF				3 664			
7	CUMULTO C				127			
Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/10	10/01/02 - 06/30/03				6,279			
-	CONTRACTOR C				105			
Medicare/Medi-Cal Crossover Published Charges	TOTAL OBJODA				4,380			
T	OTABLACO CAMBINO				100			
Medicare/Medi-Cal Crossover Negotiated Rates 10/01/10	10/01/02 - 08/30/03				4.156			
A DOMESTIC CONTRACTOR OF THE PROPERTY OF THE P	VZ.M.1609 (MG/M) 202	30500505555	3000000000000	The state of the s	2347	909		
Enhanced SD/MC Costs	10/01/02 - 06:30/03				2.688			
	CONDUCTOR CONTRACTOR				3.215	835		
Enhanced SD/MC SMA Upper Umits	TOWN TATO . DISCOURT				3,955			
	ממטביסט בנייי שבט				2 648	299		
Enhanced SD/MC Published Charges	P. DAMADARA				3.282			
But a series	07/01/02 - DB/30/02				2.631	925		
Enhanced SD/MC Negotiated Rates	SOUTH TO - DECEMBER				3,114			
-11	1000		300000000000000000000000000000000000000				**************	
Enhanced SD/MC (Rehignes) Costs 07/01A	72 - 06/30/33							
-	07/01/02 - 08/30/03							
ees) Published Charges	07/01/02 - 06/30/03			-				
Enhanced SD/MC (Rehignes) NegoBated Hates (07/01/A	2 06/30/03	The second second			100000000000000000000000000000000000000	0000000000	20000000000	000000000
	07/01/02 - 09/30/02		82	49				
Healthy Families Costs	10/01/02 - 06/30/03		732	451	*			
Months English Child I look I shake	07/01/02 - 09/30/02		121	89	516			
100000	12 - 06/30/03		1,083	619	4,649			
Healthy Families Published Charges	07,01/02 - 09/30/02		on it	800	420			
	10/01/02 - 06/30/03		150	210	1			
Healthy Families Negotiated Rates	10/10/10/2 - 09/30/02 10/0 - 00/30/03		789	486	3			
						40.00	and parentage	1

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

DEPARTMENT OF MENTAL HEALTH
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Fiscal Year 2002-2003 DETAIL COST REPORT

¥ 2.56 2.78 2.19 2.19 42,010 26,089 26,089 26,089 24,089 24,089 24,089 82,022 15,196 81. 8 530 530 530 530 530 281,286 1,206,708 224,283 1,080,540 1,024,860 1,034,850 1,034,850 300.00% 1.467.975 Mode Total 07/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 Enhanced SDMC (Refugees) Costs (7701/02 - 06/30/03 Enhanced SDMC (Refugees) SMA Upper Limits (7701/02 - 06/30/03 Enhanced SDMC (Refugees) Published Charges (7701/02 - 06/30/03 Enhanced SDMC (Refugees) Negotiated Rates (7701/02 - 06/30/03 Legal Entity, St. Francis Medical Center - Children's Center egal Entity Number: 00784 Mode: 15 - Outpatient (Program 1) 28 Healthy Families Costs
29A Healthy Families SMA Upper Limits
30 Healthy Families Published Charges
31A Healthy Families Negotialed Charges
32 Healthy Families Costs Medicare/Madi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Gross Cost Cost per Unit

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1998A (05/03)

County: Los Angeles

DEPARTMENT OF MENTAL MEALTH
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Legal Entity, St. Francis Medical Center - Children's Cente	idneri's Center	Ξ	_	-	×	7		_
Legal Entity Number, 00784 Mode: 15 - Outpatient (Program 1)		Service Function	Service Function	Service Function	Service	Sarvice	Service	
		41	42	3		61	29	1
Allocation Percentage		1,00%	80.22%	1.86%	%80'0	0.10%	1,98%	. 1
Gross Cost		15,982	1,177,556	27,337		1,502	29,081	
Personal actions are presented by the present of the Control of th	Philippopological control of the con	2.66	2.55	2.66		4 06	4 06	1
SMA per Unit		2.28	2.28	2.28		4.23	4.23	
Published Charge per Unit		219	2.19	2.19	2.18	3.46	3.48	
Negotiated Kate / Cost per Unit	STATE STATE	2.19	2.19			3.46		
Medi-Cal Units	10/01/02 - 08/30/02 10/01/02 - 08/30/03	3,796	78,226	1,818	303	320	1,600	
Medicare/Madi-Cal Crossover Units	10/01/02 - 06/30/02							
Enhanced SD/MC (Children) Units	07/01/02 - 06/30/02							
IOB Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	10/01/02 - 06/30/03							
Non-Medi-Cal Units	The second secon		The second second		CONTRACTOR OF THE PARTY OF THE	Constitution of the last	Contraction Contract	
Medi-Cal Costs	07/01/02 - 09/30/02	6,288	199,802	4,844 77,884	115	1,296	6,859	
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	5,613	178,363	4,145	\$00	212	7,149	
	10/01/02 - 06/30/03	5,653	474 949	2000	8	1,354	5 881	
Medi-Cal Published Charges	10/01/02 - 06/30/03	8,311	838,341	19,458	198	1,114	19,063	П
Medi-Cal Negotlated Rates	10/01/02 - 09/30/02 10/01/02 - 08/30/03	8,311	171,313	19,458	8 2	1,114	19,063	
	07/01/02 - 09/30/02	000000000000000000000000000000000000000	0.5000000000000000000000000000000000000					
17A medicare medition of design	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							П
Medicare/Medi-Cal Crossover Published Charges								
Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
Enhanced SD/MC Costs	07/01/02 - 08/30/02							
	10/01/02 - 06/30/03							
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
23 Enhanced SD/MC Published Charges	10/01/02 - 08/30/03 10/01/02 - 06/30/03							
Enhanced SD/MC Negottated Rates	10/01/02 - 06/30/03							
26 Enhanced SD/MC (Refugees) Costs								
Enhanced SD/MC (Refugees) SMA Upper Limits								1
Enhanced SDMC (Refugees) Published Charges Enhanced SDMC (Refugees) Negotiated Rains	07/01/02 - 06/30/03							
	07/01/02 - 09/30/02	000000000000000000000000000000000000000		Perfect Statement				
29A Healthy Families Costs	10/01/02 - 06/30/03							
Healthy Families SMA Upper Umits	07/01/02 - 09/30/02							
	07/01/02 - 08/30/02							
31A Hearty Fathares Published Charges	10/01/02 - 06/30/03							
	10/01/02 - 06/30/03							
					STREET, STREET		William Street Street Street	1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

County: Los Angeles

DEPARTMENT OF MENTAL HEALTH
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County Code: 19	: 19	A CONTRACTOR OF THE PARTY OF TH		¥	¥	NR.	œ.	N.	¥
Legal Enth	Agal Entity, Star View		A	8	2	٥	ш	ı.	9
egal Entity Numbe Mode	Legal Entity Number, 00543 Mode: 15 - Outpatient (Program 1)		Mode Total	Service	Service Function	Service	Service	Service	Service
				10	12	41	42	23	54
Allocation Percentage	ntage		100.00%	4.97%	0.00%	0.28%	68.06%	9.10%	0.02%
Corse Cost				279,138	6.6.70	16,467	3,711,476	616,432	696
GIOSS COS	**************************************	SOCIO DE COMPOSITORIO DE COMPO	101,100	000,400	B 824	36,000	1,300,637	102/700	1,1400
Cost per Unit				1.99	1.90	1.90	1.89	1.80	1.90
SMA per Unit				2.28	2.28	2.28	2.28	2.28	2.28
Neodistad Rate / Cost per Unit	Je per Unit			2 25	200	238	225	3.58	225
DO DO DO DO DO DO DO DO DO DO DO DO DO D		Chicago and Company		1.00			20.1		1,000
Medi-Cal Units		07/01/02 - 08/30/02		73,990	778	1,275	978,470	137,050	
		10/01/02 - 06/30/03		189,151	1,980	3,280	2,501,402	350,361	
Medicare/Medi-	Medicare/Medi-Cal Crossover Units	07/01/02 - 08/30/02		1					
		TOUTING - UNIQUE				-			
Enhanced SDAM	Enhanced SD/MC (Children) Units	07/01/02 - 08/30/02		1					1
	- 10 - 6 - 10 - 10 - 10 - 10 - 10 - 10 -	1001/02 - 06/30/03		-			-		
US ERIBINOS SO/M	EMIRICAG SOMO (Reingees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	(SED) Units	CONTRACT ORCORDS							
Non-Medi-Cal Units	niks	ומה ועד - מפימתים		15.007	2081	11 692	231 804	10000	949
11	descriptions and an artist of the second						H		
3 Medi-Cal Coets		07/01/02 - 09/30/02	2,967,056	147,240	1,542	2,637		272,729	
-	2000000	10/01/02 - 06/30/03		375,410		0.487		807 Z16	
Med-Cal SMA Upper Limits		Office of the sound		100,097	1.70/	70877		312.8/10	
7		1001/02 - Upracing	2,440,876	401,404	0.744	0 000	2 201 658	100	
Medi-Cal Published Charges		1001402 - 0620003	L	425 500	4.665	7.836		788.312	
		07/04/07 - 00/10/07	5 067 066	147 240	CASI	2 637	1	277.750	
Medi-Cal Negotlated Rates	ated Rates	10/01/02 - 06/30/03	7.559 547	376.410	3.940	8.487	8 977,790	697,218	
Of Constitution of the								The second	STREET, STREET
	Medicare/Medi-Cal Crossover Costs	07/01/02 - 08/30/02		1					
4		TOTAL COMMON							1
8A Medicare/Medi-	Medicare/Medi-Cai Crossover SMA Upper Limits	10/01/02 - 06/30/03							
	A Principal Control of the Control o	07/01/02 - 09/30/02							
19A Medicare/Medi-	medicare/medi-cal crossover rubished criatiges	10/01/02 - 06/30/03							
20 Medicare/Medl-	Medicare/MedLCal Crossover Negotiated Rates	07/01/02 - 08/30/02 10/01/02 - 08/30/02							
W CONTRACTOR CONTRACTO	Secure de la constant	TOTAL THE SOUND	and a constant and a second	CHICAGOSCOSON S		200000000000000000000000000000000000000	Control of the last	2018/00/04/00/05	Section of the sec
Enhanced SD/MC Costs	C Costs	07/01/02 - 08/30/02							
		07/01/02 - 09/30/02							
22A Enhanced SD/N	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
	Enhanced SDMC Published Chames	07/01/02 - 08/30/02							
-		10/91/02 - 06/30/03		Ī					
24 Enhanced SOAM	Enhanced SO/MC Negottated Rates	10/01/02 - 06/30/03							
		AND SHAPE OF THE PERSONS ASSESSMENT	STATE OF THE PARTY			e de la company			The second
Christian South	Entranced SUMM. (Nethagens) Costs	ATTRIBUTE - DESCRIPTION							
Cohomond Child	C (Doductors) Districted Charges	OZINEARO - CARROLINA							
28 Enhanced SD/N	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
11	0.000.0	07/01/02 - 09/30/02			210000000000000000000000000000000000000				
29A Healthy Families Costs	costs	10/01/02 - 06/30/03							
Lianilla, Comilla	30 Manifey Complian Chick House Judge	07/01/02 - 09/30/02							
DA HOUND	amina polifo cano s	10/01/02 - 06/30/03							
31 Healthy Families	Healthy Families Published Charges	10/05/02 - 08/30/02							
		07/01/02 - 09/30/02							
32A Healthy Families	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							-
24 Non-Hart, Cal			854 498	31.834	4.141	23.745	460,892	57,752	1,968
_	Action		The state of the latest designation of the l	The state of the s			The same of the sa		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1995A (05/03)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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County Code: 19		Z.	Œ	¥	8	¥	Y.	
Legal Entity: Star View		*			×		7	z
Legal Entity Number: 00543		Service	Service	Sevice	Service	Service	Sarvice	Service
Mode: 15 - Outpassen (Program 1)		- Colon	Hunchon	Locato	Turnan	2	100	TURBOUT
Altasollas Dassandas	-	1 Trac.	2000	2 KD4	O KON	7760%	26500	-
Total liefe		140 D78	000	84.578	20.015	KAK ROK	4 115	
Cone Cost		975 DAR	3 132	289 807	68 510	827 214	6.008	
								THE PERSON NAMED IN
Cost per Unit		8	3.48	40	83	8	9	
SMA per Link		2.28	12	4.23	341		111	
Published Charge per Unit		572	428	4.25	3 20	225	225	
Negotiated Rate / Cost per Unit.	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the O	8	3.46	3.48	3,18	1.46	146	The second second
	07/01/02 - 09/30/02	135,350	72	22,136	5,905	151,264	583	
8A Medi-Cal Units	10/01/02 - 06/30/03	346,039	183	56,590	14,074	386,699	1,491	
- Madicara/Madi-Cal Crossover Urda	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03							
- Enhanced SD/MC (Children) Unite	07/01/02 - 08/30/02				The state of the s			
10A	10/01/02 - 06/30/03							
IOB Enhanced SD/MC (Refugees) Units	07/01/52 - 06/30/03							
Lington Comittee (CCD) (1980	07/01/02 - 09/30/02							
11A moduly rallimos (SED) oleca	10/01/02 - 06/30/03		24.0	4 8850	4 994	28.823	9000	
Non-wed-Cal Units	STREET, STREET	970		-				
	07/01/02 - 09/30/02	269,364	251	77,033	17,506	220,845	921	
3A medical costs	10/01/02 - 06/30/03	666,618	637	196,933	44,755	564,581	2,177	
Mari Cal Chat I lance Imper	07/01/02 - 09/30/02	308,619	306	93,635	18,772	767,757	1,032	
	10/01/02 - 06/30/03	788,969	774	239,378	47,992	684,457	2,639	
Mark Carl Date State of Charges	07/01/02 - 09/30/02	304,658	306	94,078	19,268	340.344	1,312	
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

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

DETAIL COST REPORT

MH 1966A (05/03)

County: Los Angeles County Code: 19

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

DETAIL COST REPORT

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

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
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Fiscal Year 2002-2003

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1964A (05/03)

County: Los Angeles N Code: 19

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Non-Medi-Cal Costs

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

DETAIL COST REPORT

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

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 19684 (95/03)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
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Flocal Year 2002-2005

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07/01/02 - 06/20/02					
100102-063002	-			STORY OF THE STORY	
110/01/02 - 090/0003					
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	4 1 12				

32,621

68,065

12,517

12,429

1,815,483

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1989A (05K3)

County Code: 19

DETAIL COST REPORT

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E Service Function 180,630 67,956 268,556 80,901 319,715 77,702 124,099 50 150 45,780 7,438 15,008 30,528 17,885 36,343 17,158 16,149 22,883 20,533 100.00% 8,183,559 1,743,639 Mode Total 4,195 12,586 3,548 3,202 3,103 9,805 | 13 | Medi-Cal Costs | 17/01/02 - 06/30/02 | 14.4 | Medi-Cal SMA Upper Limits | 17/01/02 - 06/30/03 | 14.4 | Medi-Cal SMA Upper Limits | 17/01/02 - 06/30/03 | 15.4 | Medi-Cal Published Charges | 17/01/02 - 06/30/02 | 15.4 | Medi-Cal Negotiated Rates | 17/01/02 - 06/30/02 | 17/01/02 - 06/30/03 | 17/01/02 - 06/30/03 | 17/01/02 - 06/30/03 | 17/01/02 - 06/30/03 | 17/01/02 - 06/30/03 | 18.4 | Medicare/Medi-Cal Crossover Costs | 17/01/02 - 06/30/02 - 06/30/03 | 18.4 | Medicare/Medi-Cal Crossover Published Charges | 17/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 06/30/03 | 19/01/02 - 0 1070102 - 05/20/05 1001/02 - 05/20/05 1001/02 - 05/20/05 1001/02 - 05/20/05 1001/02 - 05/20/05 10/01/02 - 05/20/05 10/01/02 - 05/20/05 10/01/02 - 05/20/05 07/01/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/03 07/01/02 - 08/30/03 1401/02 - 08/30/03 07/01/02 - 08/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/02 07/01/02 - 09/30/02 Enhanced SD/MC (Refugues) Costs
Enhanced SD/MC (Refugues) Costs
Enhanced SD/MC (Refugues) SMA Upper Limits (97/01/02 - 06/20/03
Enhanced SD/MC (Refugues) Published Charges (97/01/02 - 06/20/03
Enhanced SD/MC (Refugues) Negotiated Rates (97/01/02 - 06/05/03 Legal Entity Mumber: 00 191
Mooit: 15 - Ostpatent (Program 1) Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC (Children) Units Enhanced SD/MC Negotiated Rates Healthy Families Published Charges Healthy Families SMA Upper Limits Healthy Families Negotiated Rates Healthy Families (SED) Units Alfocation Percentage Total Units Enhanced SD/MC Costs Healthy Families Costs Non-Medi-Cal Units Medi-Cal Units

Non-Medi-Cal Costs

5,060

2,886

5,028

28,093

25,924

22,836

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

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DEPARTMENT OF MENTAL HEALTH
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13,163 15,212 53,596 20,164 71,045 17,383 0.16% 7,499 12,896 1,327 Function 5 228 1,481 1,883 1,683 1,13 1,13 1,13 1,13 E 9,031 2 27 701 38 719 54 827 31 674 47 283 41 281 16,333 t 1.72 2.28 1.97 1 82 12,305 30,587 16,311 14,070 13,020 34,974 32,365 7,154 15,072 E 52,146 148,787 69,123 197,227 50,624 170,125 52,146 52,146 148,787 273% 223,772 223,772 2,25 2,25 1,97 30,317 Service Function ಕ | Enhanced SDANC (Refugees) Costs | 07/01/02 - 06/30/03 | 26 | Enhanced SDANC (Refugees) SMA Upper Limits | 07/01/02 - 06/30/03 | 28 | Enhanced SDANC (Refugees) Published Charges | 07/01/02 - 06/30/03 | 28 | Enhanced SDANC (Refugees) Negritated Charges | 07/01/02 - 06/30/03 | 29 | Healthy Families Costs | 10/01/02 - 06/30/03 | 10/01/02 - 06/30/03 | 31 | Healthy Families SMA Upper Limits | 10/01/02 - 06/30/03 | 31 | Healthy Families Published Charges | 10/01/02 - 06/30/03 | 31 | Healthy Families Dublished Charges | 10/01/02 - 06/30/03 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 - 06/30/02 | 10/01/02 07/01/02 - 09-30/02 10/01/02 - 06-30/03 07/01/02 - 06-30/03 10/01/02 - 06-30/03 10/01/02 - 06-30/03 07/01/02 - 06-30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/02 07/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity. The Guidance Center Legal Entity Number: 00191 Mode: 15 - Outpatient (Program 1) 23A Enhanced SD/MC Published Charges 222 Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotiated Rates 30A Healthy Families SMA Upper Limits Medicare/Medi-Cal Crossover Units 10B Enhanced SD/MC (Refugees) Units Healthy Families Negotated Rates Enhanced SD/MC (Children) Units County: Los Angeles County Code: 19 15A Medi-Cal Published Charges 16 Medi-Cal Negotiated Rates Healthy Families (SED) Units Medi-Cal SMA Upper Limits Published Charge per Unit Negotlated Rate / Cost per Enhanced SD/MC Costs 29 Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Gross Cost Cost per Unit SMA per Unit Medi-Cal Units

33 Non-Medi-Cal Costs

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

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22,480 E 42 8.49% 403,789 894,492 174,058 435,605 230,728 577,289 199,020 497,963 174,058 1.72 84,930 49,377 Function 9 28,271 402,649 77,883 1,590,280 52,404 619,846 102,974 2,107,978 86,203 584,77 88,203 548,14 88,533 548,14 77,883 1,882,683 1,548 4,844 2,052 6,156 1,770 5,310 692,369 5 2 00% 96,419 165,843 22 BB4 45,164 48,627 Function Б 32,474 78,137 43,048 103,578 37,131 89,343 34,362 82,679 2 27% 106 072 165,686 18,650 43,764 1.82 45,428 75.278 1,416 1,97 1,97 1,82 15 15 15 15 1,380 1,380 1,842 1,589 1,589 1,471 3,285 2,010 7,162 7,480 22,736 6,481 19,812 5,650 17,162 Function | 13 | Medi-Cal Costs | 1001/02 - 08/30/02 | 14 | Medi-Cal SMA Upper Limits | 1001/02 - 08/30/02 | 15 | 16 | Medi-Cal Published Charges | 1001/02 - 08/30/02 | 16 | Medi-Cal Published Charges | 1001/02 - 08/30/02 | 17 | Medicare/Medi-Cal Crossover Costs | 1001/02 - 08/30/02 | 17 | Medicare/Medi-Cal Crossover Published Charges | 1001/02 - 08/30/02 | 18 | Medicare/Medi-Cal Crossover Published Charges | 1001/02 - 08/30/02 | 18 | Medicare/Medi-Cal Crossover Published Charges | 1001/02 - 08/30/02 | 19 | Medicare/Medi-Cal Crossover Published Charges | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/02 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001/02 - 08/30/03 | 1001 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 06/30/03 10/01/02 - 06/30/03 0701/02 - 08/30/02 10/01/02 - 08/30/03 07/01/02 - 08/30/03 1/001/02 - 08/30/03 07/01/02 - 08/30/02 10/01/02 - 08/30/02 10/01/02 - 06/30/03 Legal Entity. The Guidance Center Legal Entity Number: 04191 Mode: 15 - Outpatient (Program 1) 31A Healthy Families Published Charges Medicare/Medi-Cal Crossover Units 30 Healthy Families SMA Upper Limits Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Healthy Families Negotiated Rates County: Los Angeles County Code: 19 Healthy Families (SED) Units 29A Healthy Families Costs Allocation Percentage Non-Medi-Cal Costs Non-Medi-Cal Units Medi-Cat Units Cost per Unit

2.584

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

County: Los Angeles

DETAIL COST REPORT

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15.247 45.725 22,123 06,348 17,433 52,283 14,436 10.671 31,106 13,148 22 6 15 40 310 29 977 25 458 22 478 23 829 2,788 323 8 0 0.35% 16,564 29,006 4,684 8.067 10.680 11.220 11.220 9.678 8.658 4 92 12,456 'n 12,056 20,737 5 1.97 30,077 1.82 40,894 70,339 Function Service E 97/01/02 - 06/30/03 1001/02 - 06/3003 1001/02 - 06/3003 1001/02 - 06/3002 1001/02 - 06/3002 1001/02 - 06/3003 1001/02 - 06/3003 1001/02 - 06/3003 Enhanced SDMC (Refugees) Costs

7701/02 - 06:0003

Enhanced SDMC (Refugees) SMA Upper Limits 67/01/02 - 06:0003

Enhanced SDMC (Refugees) Published Charges 67/01/02 - 06:0003

Enhanced SDMC (Refugees) Published Charges 67/01/02 - 06:0003 07/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 07/01/02 - 04/30/03 19/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity. The Guidance Center Legal Entity Number: 00191 Mode: 15 - Outpatent (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC Negotiated Rates Healthy Families SMA Upper Limits Healthy Families Published Charges Enhanced SD/MC (Children) Units Healthy Families Negotiated Rates SMA per Unit Published Charge per Unit Negotlated Rate / Cost per Unit Healthy Families (SED) Units Medi-Cal Published Charges Non-Medi-Cal Costs Medi-Cal SMA Upper Limits Medi-Cai Negotiated Rates Enhanced SD/MC Costs Allocation Percentage
Total Units
Gress Cost
Cost per Unit Healthy Families Costs County Code: 19 Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

1,110

2,746

16,179

210.257

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

DETAIL COST REPORT

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Fiscal Year 2002-2003 24,881 85,088 36,103 94,443 28,450 74,423 24,881 85,088 8.535 6,556 184,069 11,151 487,643 16,169 707,573 18,170 557,578 5,556 168,707 2,386 1,056 3,173 2,500 690 250 750 72,124 67.865 | 24A | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B | 24B 07/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/02 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 10/01/02 - 04/30/03 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-02 1001/02 - 04-30-03 1001/02 - 04-30-03 07/01/02 - 06:30/02 10/01/02 - 06:30/02 10/01/02 - 06:30/02 10/01/02 - 06:30/02 10/01/02 - 06:30/02 07/01/02 - 06:30/02 07/01/02 - 06:30/02 10/01/02 - 06:30/03 19 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negottated Rates Legal Entity. The Guidance Center Legal Entity Number. 00191 Mode: 15 - Outpalvert (Program 1) 21 Enhanced SD/MC Costs
22 Enhanced SD/MC SMA Upper Limits
22 Enhanced SD/MC Published Charges
23 Enhanced SD/MC Published Charges
24 Enhanced SD/MC Negotiated Rates 8 Medicare/Medi-Cal Units
9 Medicare/Medi-Cal Crossover Units
10 Enhanced SD/MC (Children) Units Medicare/Medi-Cal Crossover Costs 324 Healthy Families Negotiated Rates 32 Non-Medi-Cal Costs 10B Enhanced SD/MC (Refugees) Units County: Los Angeles County Code: 19 11 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Non-Medi-Cal Units 13A Medi-Cal Costs

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

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Fiscal Year 2002-2003

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 19664 (05/03)

DETAIL COST REPORT

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

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

DETAIL COST REPORT

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

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1,299,856

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968A (05/03)

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DETAIL COST REPORT

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

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33 Non-Medi-Cal Costs

16,525

41,386

109,943

38,783

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1068A (05/03)

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

DETAIL COST REPORT

County Code: 19

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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 0	MU 1066 Cost Papart Forms

CLAIM FOR PAYMENT		For	State Controller Use	only Program
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n Number	7		Reimbursemen	t Claim Dats
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eles		(23) HDS	-1, (U4)(B)(1)(I)	
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	1 1 2	(27) HDS	-1, (04)(F)(1)(f)	
	(10) Combined	(28) HDS	-1, (04)(G)(1)(f)	2,839,4
(05) Amended	(11) Amended	(29) HDS	-1, (08)	
(06)/	(12) 2003/2004	(30) HDS	-1. (07)	235,4
(07)	(13) 1,572,427	(31) HDS	-1, (09)	
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Mandated Cost Manual State Controller's Office MANDATED COSTS Program FORM HANDICAPPED AND DISABLED STUDENTS II HDS-1 **CLAIM SUMMARY** Type of Fiscal (01) Claimant: Х Claim Year Reimbursement **COUNTY OF LOS ANGELES /** 2003/2004 Estimated DEPARTMENT OF MENTAL HEALTH Claim Statistics (Please see Attachment 6). (03) Number of student referrals during the fiscal year of claim. 2,279 **Object Accounts Direct Coats** (f) (d) (e) (04) Reimbursable Activities (a) (b) (c) Materials and Contracted Fixed Total Salaries **Benefits** Services Assets Supplies A. Interagency Agreements B. Referral and Mental Health Assessments C. Transfers and Interim Placements D. Membership Participation of Expanded IEP Team Case Management Duties for Pupils 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 [10% or ICRP from 2 CFR, Chapter II, formerly OMB A-87] (06) Indirect Cost Rate 8.2909% [Line (06) x line (05)(a)] or [Line (06) x (line (05)(a) + line (05)(b))] (07) Total Indirect Costs 235,416 (08) Total Direct and Indirect Costs [Line (05)(f) + line (07)] 3,074,881 Cost Reduction (09) Less: Offsetting Savings (10) Less: Other Reimbursements (Please see Attachment 5).

[Line (08) - {line (09) + line (10)}]

1,502,454

1,572,427

(11) Total Claimed Amount

State Controller's Office Mandated Cost Manual MANDATED COSTS Program **FORM** HANDICAPPED AND DISABLED STUDENTS II 263 HDS-2 **ACTIVITY COST DETAIL** (01) Claimant: **COUNTY OF LOS ANGELES** (02) Fiscal Year 2003/2004 DEPARTMENT OF MENTAL HEALTH (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. Interagency Agreements Case Management Duties for Pupils Referral and Mental Health Assessments Payment Authorization to Care Providers Transfers and Interim Placements Psychotherapy or Other Treatment Services Member Participation of Extended IEP Team **Object Accounts** (04) Description of Expenses (b) (c) (d) (e) (g) (h) Materials Hours Employee Names, Job Worked Salaries Benefits Contracted Fixed Hourty and Classifications, Functions Performed, Rate or ٥ſ Supplies Services Assets and Description of Expenses Quantity **Unit Cost** Please see Attachment 4 for FY 2003-2004 2,839,465 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. (05) Total Χ Subtotal Page: 1 of 1 2,839,465

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		Entity			40.000		Gross
Туре	Entity Name	Number	Mode	SFC	AB 3632 UNITS	Applicable Rate	AB 363 Cost
CR	LACDMH	00019	45		4		
CR	LACDMH	00019	15	61	34,224	\$ 3.97	\$ 135,8
NR	Aspen Health Services	00519	15	62	7,588	3.97	30,1
NR	Associated League of Mexican-America	00313	15 15	61	1,823	3.32	6,0
NR	Cedars-Sinai Medical Center	00178	15	61	774	3.56	2,7
NR	Child & Family Center	00210	15	61	2,722	4.07	11,0
NR	Child & Family Guidance Center	00207		61	30,786	3.60	110,8
NR	ChildNet Youth & Family Services	00783	15 15	61	173,168	3.92	678,8
NR	Childrens Hospital of Los Angeles	00179	15	61	907	3.89	3.5
NR	Childrens Hospital of Los Angeles	00179		61	7,181	4.23	30,3
CR	Children's Institute International	00591	15	62	1,564	4.23	6,8
NR	Community Counseling Service	00180	15	61	1,750	4.17	7,2
NR	Community Family Guidance Center	00180	15	61	2,950	2.21	6,5
NR	Devereux Foundation	00161	15	61	11,710	1.87	21.8
CR	Didi Hirsch Psychiatric Service	00472	15	61	69	3.54	2
CR	Didl Hirsch Psychiatric Service	00183	15	61	10,568	3.60	38,0
NR	Dubnoff Center	00183	15	62	22,607	3.60	81,4
CR	El Centro De Amistad, Inc.	00184	15	61	12,055	4.23	50,9
NR	Enki Health & Research	00188	15	61	435	4.37	1,8
NR I	Enki Health & Research	00188	15	61	26,144	3.09	80,7
NR	Five Acres Boys' & Girls' Aid Society of	00166	15	62	19,851	3.09	61,3
NR I	Foothill Family Service	00724	15	61	2,238	2.76	6,1
NR (Gateways Hospital	00124	15	61	9,313	4.17	38,8
NR	Hamburger Home, Inc.	00190	15	61	1,308	3.00	3,9
NR I	lathaway Children & Family Services	00174	15	61	724	3.45	2,4
NR F	telp Group Child & Family Center	00192	15	61	21,266	3.40	72,3
NR F	fillsides	00196	15	61	50,924	4.22	214,8
NR I	nstitute For Redesign of Learning (The	00321	15	61	9,120	3.17	28,9
NR I	ntercommunity Child Guidance Center	00171	15	61	8,115	3.52	28,5
NR L	AUSD 97th St. Mental Health	00195	15	61	6,341	3.38	21,4
NR L	os Angeles Child Guidance Clinic	00313	15	61	1,290	4.09	5,2
CR F	acific Clinics		15	61	37,372	3.63	135,66
	asadena Childrens Training	00203 00204	15	61	72,898	2.92	213,09
NR P	enny Lane Centers	00204	15	61	47,046	3.79	178,30
CR S	aint Johns Health center	00201	15	61	3,906	4.05	15,81
CR S	an Fernando Valley CMHC Inc.	00217	15	61	8,513	4.37	37,20
CR S	an Gabriel Children's Center		15	61	1,570	3.63	5,69
NR S	outh Bay Children's Health Center	00320	15	61	5,250	4.18	21,96
	pecial Service Fro Groups	00213	15	61	10,252	3.88	39,77
NR S	Francis Medical Center	00214	15	61	1,886	3.33	6,28
VR S	tarview Adolescent Center	00784	15	61	185	4.16	77
NR S	tirling Academy, Inc.	00543	15	61	421	3.48	1,46
	ne Guidance Center	00216	15	61	1,635	3.56	5,82
	erdugo Mental Health Center	00191	15	61	23,905	3.01	71,91
	sta Del Mar Child and Family Services	00221	15	61	21,270	3.90	82,96
		00196	15	61	62,741	3.72	233,39
AL MED	CATION MONITORING SERVICES				778,365		2,839,46

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.

From Attachment 5, Column (8); To HDS-2, Line (04), column (9) From Attachment 5, Column (8); To HDS-1, Line (07) From Attachment 5, Column (8); To HDS-1, Line (08)	From Attachment 5, Column (9) From Attachment 5, Column (9) From Attachment 5, Column (10) From Attachment 5, Column (10) From Attachment 5, sum of Columns (11) through (14) From Attachment 5, sum of Columns (15) and (16) From Attachment 5, sum of Columns (15) and (16) From Attachment 5, Column (17); To HDS-1, Line (10)	From Attachment 5, Column (18); To HDS-1, Line (11)
235,465 235,416 3,074,881	\$ (590,215) (48,016) (790,381) (64,611) (7,065) (2,166) \$ (1,502,454)	\$ 1,572,427
	ment State General Fund (EPSDT-SGF)	
AB3632 Program - Medication Monitoring Gross Cost Administration Cost Gross AB 3632 Cost	Cost Reduction - Other Reimbursements Final Early and Periodic Screening, Diagnosis, and Treatment State General Fund (EPSDT-SGF) EPSDT-SGF share of Administration Costs Fran Federal Financial Participation (FFP) FFP share of Administration Costs Third Pearly Revenues & share of Administration Costs Other State and Local Funds and share of Admini Costs Total Cost Reduction - Other Reimbursements	Line 11 SB 90 Claimed Amount
Line 1 Line 2 Line 3	Line 5 Line 5 Line 7 Line 8 Line 9 Line 9	Line 11

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
SB80 - CHAPTER 1128/94 HANDNCAPPED AND DISABLED STUDENTS II
MEDICATION MONITORING SERVICES EXPENDITURES AND REVENUES WORKSHEET
FISCAL YEAR 2003-2004

•						Gross			MEN	NEVERON COLORES S. CONC. REMBOASSEERS	13-1010	L ACIMIDAN	SEMENIS			06 BS
Number		Mode	SFC	AB 3632 UNITS	Applicable Rate	AB 3632 Cost	Final EPSDT-SGE	Final	Patient Fees	Patient Insurance	Medicare	3rd Party/ Other	State	Local Fund CalWORKs	Total Offsets (sum 9 thru 16)	Claimed Amount (8 - 17)
91000	,	ŧ	t	4	79.5	\$ 135.849	\$ 10.839	\$ 21.290	60	40	69	\$ 165	69		\$ 32,294	\$ 103,555
00019	. თ	15	8	7,588	3.97	30,120	7,340			edla.	0004			Ø.	15,920	14,200
00519	o,	5	6	1,823	3.32	6,052	2,278	2,464	(0*	20	· ·				4,742	1,310
00173	<u>ر</u>	5	<u>15</u>	774	356	2,755	1,277	1,469	(e.)			•	•		2,740	40.074
200	0 0	٠ 1	5 4	20,766	70.4	0000	16.743	30,406	7.8				8 8		37 227	73 603
70207	2 5	i t	- E	173 168	00 6	678.819	152 318	196 312	464	1845	o k	3,706	8 1		354,645	324,174
00783	8 8	. 1 5	2 20	206	388	3,528	1 312	1,435	•			•		65.	2,747	781
92100	79	15	61	7,181	423	30,376	8,154	8,874		•	800	٠	•	1,037	18,065	12,311
00179	79	5	8	1,564	4.23	6,616	3,157	3,459	ni)	0"•	5/2	•	•	Ø.	6,616	* 1
90591	9	15	19	1,750	4.17	7290	1,006	1,054	٠	*	2.4	•	*	*	2,060	5,230
00180	8	1 <u>5</u>	61	2,950	2.21	6,520	205	1.664	×	*	æ	*		(B)	3,171	2000
ğ	00181	5	6	11,710	1.87	21,898	1.956	6, 139	٠	•	*	ì		F	6,033	13,900
00472	72	15	1 9	8	85 87	244	51	98	X 0	W).	#?	1	•	• 5)DL	13/
5	00183	5	9	10,568	3.60	38.072	8,515	12,579	1000	P.S.	F: 27	N.	•10		27,094	8/6'9L
ğ	8	ħ.	8	22,607	3.60	81,442	2,230	2,559	(*).)(3017		•	,		100 July 100	26.26
ğ	00184	to d	<u>.</u>	12,055	4 23	20,993	3,000	12,680		• 3	• 3				20,00	1 POC
2 (20185	ភូមុ	5 6	054	200	2020	22 670	20,403		• 0	•		747	,	54 319	26,485
2 '	00168	<u>ი</u> ;	5 6	26,144	50.5 50.5	64.740	6/0'07	50,430	6 3	*)	• 1	•	7		26,03	27 46B
2 9	98100	ច រូ	3 3	19,657	5.U.S.	17.40	10,408	20,000 4 004	•	•		,		814	100 E	2 748
2 5	0000	ŭ ń	õ	2,430	6.70	38 B35	4 807	5 276 A	•:	(C)	PZ/14	٠	oy.•	ŝ.	10,383	28.752
ςς	00124	<u>.</u> 1	5 6	200	2 6	3 924	1.453	1580	d.	639	6599		510		3,033	891
Ç 200	00174	5 70	2 20	724	3.45	2.498	1,175	1,323	5000	570	()		3	3	2,498	*
	00192	5	19	21,266	3.40	72,304	22,028	24,863		•		Ĭ	9		46,891	25,413
	96100	15	61	50,924	4.22	214,899	23,597	42,400	*		(*)	٠	٠	#6.	65,987	148,902
	00321	15	61	9,120	3.17	28,910	13,083	14,364	*	•.	٠	•	*	50	27,447	1,463
	00171	15	61	8,115	3.52	28,565	2,066	8,852	6	R.C	◆ 1):	•	50	6	15,918	12,647
	00195	ź.	61	6,341	3.38	21,433	**	6,554	•6%	63	•	•	•	. I	6,554	14,879
	00315	Ť.	9	1,290	4 09	5.276	2,049	2,250	(*)	•	94 - 3	,	2		BR7'8	78
	00199	īī i	5 6	37,372	365	135,660	52,396	92.73	* 0	• 0	, 56	•	5 9	. /	170,555	83,444
	00203	ŭί	<u>ت</u> و	72,838 42,046	2.92	478,099	95,55	45.55	9	• 0	3	Y 1	, ,		128.303	20.05
	00204	5 1	5 6	3 906	40.5	45.819	28.6	5 156	•	•					8.975	6.844
	00201	ū ń	5 6	5,900 F13	4 4 37	37.203	3,013 A 406	4 919	e •	•	•			100	9,415	27,787
	1 200	o ú	5 6	1000	263	S 694	38	137	0.0	V.()	30	•	150		188	5.506
4 C	00320	5 ft	5 W	5.250	4 18	21.968	952.2	8 394	600	234	(0)	₩.	1/12		16,150	5,818
	00213	5	9	10.252	3.88	39,778		5.013	Đ.	10		(*)	15	*	5,013	34,765
	00214	15	19	1,886	3.33	6,280	262	1,511	196	*		ě	,	*	1,773	4,507
	00784	15	9	185	4.16	770	324	356	*		*	*	9	2	680	8
	00543	5	61	421	3 48	1,465	349	365	10	•	•	•	9 00	100	714	751
	00216	15	5	1,635	3.56	5,821	.00	8	7	*57	61%	s		•	78	5,734
	00191	15	91	23,905	3.01	71.915	11,942	15,665	(0)	(4.5)	•011	•	•		709/72	44.308
	00221	ត្	6	21,270	330	82,965	1.831	16,388	94 2	9 3	•		- 200	•	15,219	447.632
	00196	15	25	62 741	372	233,397		60.441	. 603		. 222	2000	77/	1 037	1 280 138	\$ 1450327
				176,360		94,639,455	C12,080 &	\$130,0614	700	2	200	9	9		201	
	LACDMH	-	13.5837%			22,545	2,469	4,057	*19		13	23	4		6,548	15,997
	NGA		7.9623%			212,871		60,554	9	147	5	82	11	28	100/00	100,100
						235.416		£,673	ę	146	n	23	11	3	110,011	125,100
				778 365		\$3 074 BKt	S 628 231	THE 4 092	\$ 628	\$ 1,992	\$ 252	\$ 4.193	5 1.046	\$ 1,120	\$ 1,502,454	\$ 1,572,427

m:KencaraMSB90/FY2004thdsH FY04 claim

Genciana Macalalad

.om: 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



J. TYLER MCCAULEY AUDITOR-CONTROLLER

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

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

(1)

(2)

See Worksheet 4 for Indirect/Direct Cost details	2000	rectly Operated P	morams.	Life Supr	ort / Specialized S	helter
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS	AND REPORT					
CAP	Likekon Prilivisi	0.0545.09.540	100000	5	•	4 000
XECUTIVE OFFICE	301,286		301,286	4,089	•	4,089
GENERAL ADMINISTRATION OPERATIONS	5,413,479		5,413,479			19 794
ISCAL SERVICES	1,276,178		1,276,178	13,724		13,724 6,758
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,637,278		3,637,278	6,758	31 41 - 1 X 3 * - 2 Y	9,189
ONTRACTS ADMINISTRATION				9,189		55,338
MANAGEMENT INFORMATION SYSTEMS	475,890	•	475,890	55,338		00,000
MH DIRECTLY OPERATED MH PROGRAMS GENERAL		125,678,392	125,678,392	eree - parking		
MH DIRECTLY OPERATED MH. PROG-SPECIAL	OF STREET	12,860,757	12,880,757			
IFE SUPPORT/SUPPLEMENTARY RATES						
)HS	(0.5 m) (0.5 m) •	•	ALGRISHING FROM CRIS			
UBLIC GUARDIAN						
ARVOFFICE OF MANAGED CARE		•				
EE FOR SERVICE	•	AND DESCRIPTION				
TATE HOSPITAL	•		ing in the A • \all	•		
INALLOWED COST		Topics September		•		
ONTRACT PROVIDERS					•	89,098
SUB-TOTAL S&EB	11,104,111	138,539,149	149,643,260	69,098		69,090
ERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS	2,025,140		2,025,140	27,466	STATE OF STA	27,466
CAP	67,007		67,007	909		909
XECUTIVE OFFICE	9,835,605		9,835,605			
SENERAL ADMINISTRATION OPERATIONS	127,625		127,625	1,180	and the second	1,180
ISCAL SERVICES	1,007,348		1,007,348	5,952	\$10.50 U.S.	5,952
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,007,540	1. STE 310 (FEX)		725		725
ONTRACTS ADMINISTRATION	2,154,611		2,154,611	250,546		250,546
MANAGEMENT INFORMATION SYSTEMS	2,104,011	25,401,287	25,401,287	medical sections	(20 Tip / 1) 1 Sec.	
MH DIRECTLY OPERATED MH PROGRAMS-GENERAL		11,964,420	11,964,420	NET ALEXY GEOVE		
OMH DIRECTLY OPERATED MH. PROG-SPECIAL			11.52 PEN 1-81		2,387,439	2,387,439
IFE SUPPORT/SUPPLEMENTARY RATES		GREET ST SHARES	11 (508)	5 (A) (B) (B)		
DHS	Address of the same			the Section of the Control		
PUBLIC GUARDIAN			Will To see			
TARVOFFICE OF MANAGED CARE	001AG = 0510G S					
EE FOR SERVICE				A COLUMN		
STATE HOSPITAL						
INALLOWED COST		**********				
CONTRACT PROVIDERS	2,223,192		2,223,192	33,278		33,278
CARRY FORWARD - CCAP - WORKSHEET 3-A	4,134,236		4,134,236	420,871		420,87
CARRY FORWARD - DMH - WORKSHEET 3-8	21,574,765	37,365,706	58,940,471	740,946	2,387,439	3,128,38
CUB. TOTAL SS & OTHERS	Cales als me					
SUB-TOTAL SS & OTHERS						
				97.488		27.48
OTAL EXPENDITURES	2,025,140		2,025,140	27,486		A RESIDENCE OF THE PERSON NAMED IN COLUMN
TOTAL EXPENDITURES CAP EXECUTIVE OFFICE	368,294		368,294	27,486 4,999		A RESIDENCE OF THE PERSON NAMED IN COLUMN
OTAL EXPENDITURES CAP EXECUTIVE OFFICE	368,294 16,249,085		368,294 15,249,085	4,999		4,99
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SERVICES	368,294		368,294 15,249,085 1,403,803	4,999 14,904		4,99
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SERVICES	368,294 16,249,085		368,294 15,249,085	4,999 14,904 12,710		4,99 14,90 12,71
OTAL EXPENDITURES CAP EXECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS ISCAL SERVICES MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	368,294 16,249,085 1,403,803		388,294 15,249,085 1,403,803 4,644,626	4,999 14,904 12,710 9,914		4,99 14,90 12,71 9,91
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SCAL SERVICES SENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION	368,294 16,249,085 1,403,803		388,294 15,249,085 1,403,803 4,644,628 2,630,501	4,999 14,904 12,710		4,99 14,90 12,71 9,91
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SISCAL SERVICES SENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION MANAGEMENT INFORMATION SYSTEMS	368,294 16,249,085 1,403,803 4,644,626	151,079,678	368,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,678	4,999 14,904 12,710 9,914		4,99 14,90 12,71 9,91
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SISCAL SERVICES SENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION SANAGEMENT INFORMATION SYSTEMS MH DIRECTLY OPERATED MH PROGRAMS	368,294 16,249,085 1,403,803 4,644,626		388,294 15,249,085 1,403,803 4,644,628 2,630,501	4,999 14,904 12,710 9,914		4,99 14,90 12,71 9,91 305,88
OTAL EXPENDITURES CAP XECUTIVE OFFICE ENERAL ADMINISTRATION OPERATIONS ISCAL SERVICES IENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM ONTRACTS ADMINISTRATION IANAGEMENT INFORMATION SYSTEMS MH DIRECTLY OPERATED MH PROGRAMS GENERAL MH DIRECTLY OPERATED MH PROGSPECIAL	368,294 16,249,085 1,403,803 4,644,626	151,079,678	368,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,678	4,999 14,904 12,710 9,914 305,884		4,99 14,90 12,71 9,91 305,88
OTAL EXPENDITURES CAP XECUTIVE OFFICE ENERAL ADMINISTRATION OPERATIONS ISCAL SERVICES IENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION IANAGEMENT INFORMATION SYSTEMS MH DIRECTLY OPERATED MH PROGRAMS-GENERAL IMH DIRECTLY OPERATED MH PROGSPECIAL IFE SUPPORT/SUPPLEMENTARY RATES	368,294 16,249,085 1,403,803 4,644,626	151,079,678	368,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,676 24,825,177	4,999 14,904 12,710 9,914		4,99 14,90 12,71 9,91 305,88
OTAL EXPENDITURES CAP XECUTIVE OFFICE ENERAL ADMINISTRATION OPERATIONS ISCAL SERVICES IENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM ONTRACTS ADMINISTRATION IANAGEMENT INFORMATION SYSTEMS MH DIRECTLY OPERATED MH PROGRAMS-GENERAL MH DIRECTLY OPERATED MH. PROG-SPECIAL IFE SUPPORT/SUPPLEMENTARY RATES HS	368,294 16,249,085 1,403,803 4,644,626	151,079,678	368.294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,678 24,825,177	4,999 14,904 12,710 9,914 305,884		4,99 14,90 12,71 9,91 305,88
OTAL EXPENDITURES CAP XECUTIVE OFFICE EIENERAL ADMINISTRATION OPERATIONS ISCAL SERVICES IENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM ONTRACTS ADMINISTRATION IANAGEMENT INFORMATION SYSTEMS MH DIRECTLY OPERATED MH PROGRAMS-GENERAL MH DIRECTLY OPERATED MH. PROG-SPECIAL IFE SUPPORT/SUPPLEMENTARY RATES HS UBLIC GUARDIAN	368,294 16,249,085 1,403,803 4,644,626	151,079,678	368.294 15,249,085 1,403,803 4,644,628 2,630,501 151,079,678 24,825,177	4,999 14,904 12,710 9,914 305,884	2,387,438	4,99 14,90 12,71 9,91 305,88
OTAL EXPENDITURES CAP XECUTIVE OFFICE EIENERAL ADMINISTRATION OPERATIONS ISCAL SERVICES IENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM ONTRACTS ADMINISTRATION IANAGEMENT INFORMATION SYSTEMS MH DIRECTLY OPERATED MH PROGRAMS-GENERAL MH DIRECTLY OPERATED MH. PROG-SPECIAL IFE SUPPORT/SUPPLEMENTARY RATES HS UBLIC GUARDIAN AR/OFFICE OF MANAGED CARE	368,294 16,249,085 1,403,803 4,644,626 2,630,501	151,079,678	388.294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,676 24,825,177	4,999 14,904 12,710 9,914 305,884		4,99 14,90 12,71 9,91 305,88
OTAL EXPENDITURES CAP XECUTIVE OFFICE ENERAL ADMINISTRATION OPERATIONS ISCAL SERVICES IENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM ONTRACTS ADMINISTRATION IANAGEMENT INFORMATION SYSTEMS MH DIRECTLY OPERATED MH-PROGRAMS-GENERAL MH DIRECTLY OPERATED MH-PROGRAMS-GENERAL MH DIRECTLY OPERATED MH-PROGSPECIAL IFE SUPPORT/SUPPLEMENTARY RATES HIS UBLIC GUARDIAN AR/OFFICE OF MANAGED CARE EE FOR SERVICE	368,294 16,249,085 1,403,803 4,644,626 2,830,501	151,079,678 24,825,177	388,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,676 24,825,177	4,999 14,904 12,710 9,914 305,884	2,387,438	4,99 14,90 12,71 9,91 305,88
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SECAL SERVICES SENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION MANAGEMENT INFORMATION SYSTEMS MINISTRATION 368,294 16,249,085 1,403,803 4,644,626 2,630,501	151,079,678 24,825,177	388,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,678 24,825,177	4,999 14,904 12,710 9,914 305,884	2,387,438	4,99 14,90 12,71 9,91 305,88	
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SECTED HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION ANAGEMENT INFORMATION SYSTEMS MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIND DIRECTLY OPERATED MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIN PROGRAMS-GENERAL MIND DIRECTLY OPERATED MIND DIRECTLY	368,294 16,249,085 1,403,803 4,644,626 2,630,501	151,079,678 24,825,177	388,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,678 24,825,177	4,999 14,904 12,710 9,914 305,884	2,387,438	4,99 14,90 12,71 9,91 305,88 2,367,43
OTAL EXPENDITURES CAP XECUTIVE OFFICE SECRETAL ADMINISTRATION OPERATIONS SECAL SERVICES SENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION MANAGEMENT INFORMATION SYSTEMS MICHORY OPERATED MILPROGRAMS-GENERAL MICHOR	368,294 16,249,085 1,403,803 4,644,626 2,630,501	151,079,678 24,825,177	388,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,678 24,825,177	4,999 14,904 12,710 9,914 305,884	2,387,438	4,99 14,90 12,71 9,91 305,88 2,367,43
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SECAL SERVICES SENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM ONTRACTS ADMINISTRATION MANAGEMENT INFORMATION SYSTEMS MINISTRATION MANAGEMENT INFORMATION SYSTEMS MINISTRATION MINISTRATION MANAGEMENT INFORMATION SYSTEMS MINISTRATION/PROGRAMS-GENERAL MINISTRATION	368,294 16,249,085 1,403,803 4,644,626 2,630,501	151,079,678 24,825,177	388.294 15,249,085 1,403,803 4,644,628 2,630,501 151,079,678 24,825,177	4,999 14,904 12,710 9,914 305,884	2,387,459	4,99 14,90 12,71 9,91 305,88 2,387,43 33,27 420,87
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SISCAL SERVICES MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION MANAGEMENT INFORMATION SYSTEMS MIND DIRECTLY OPERATED MINIPROGRAMS-GENERAL MIND DIRECTLY OPERATED MINIPROGRAMS-GENERAL MIND DIRECTLY OPERATED MINIPROGRAMS-GENERAL MINIPPORT/SUPPLEMENTARY RATES MINISTRATION MINISTRATION MANOFFICE OF MANAGED CARE EE FOR SERVICE MALLOWED COST CONTRACT PROVIDERS MARRY FORWARD - CCAP - WORKSHEET 3-A MARRY FORWARD - DMH - WORKSHEET 3-B	368,294 15,249,085 1,403,803 4,644,626 2,630,501	151,079,678 24,825,177	388.294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,676 24,825,177	4,999 14,904 12,710 9,914 305,884	2,387,438	4,99 14,90 12,71 9,91 305,88 2,387,43 33,27 420,87
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SECAL SERVICES SENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM ONTRACTS ADMINISTRATION MANAGEMENT INFORMATION SYSTEMS MINISTRATION MANAGEMENT INFORMATION SYSTEMS MINISTRATION MINISTRATION MANAGEMENT INFORMATION SYSTEMS MINISTRATION/PROGRAMS-GENERAL MINISTRATION	368,294 16,249,085 1,403,803 4,644,626 2,630,501	151,079,678 24,825,177	388,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,676 24,825,177	4,999 14,904 12,710 9,914 305,884 33,278 420,871	2,387,459	4,99 14,90 12,71 9,91 305,88 2,397,43
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SISCAL SERVICES MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION MANAGEMENT INFORMATION SYSTEMS MIND DIRECTLY OPERATED MINIPROGRAMS-GENERAL MIND DIRECTLY OPERATED MINIPROGRAMS-GENERAL MIND DIRECTLY OPERATED MINIPROGRAMS-GENERAL MINIPPORT/SUPPLEMENTARY RATES MINISTRATION MINISTRATION MANOFFICE OF MANAGED CARE EE FOR SERVICE MALLOWED COST CONTRACT PROVIDERS MARRY FORWARD - CCAP - WORKSHEET 3-A MARRY FORWARD - DMH - WORKSHEET 3-B	368,294 15,249,085 1,403,803 4,644,626 2,630,501	151,079,678 24,825,177	388,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,676 24,825,177 2,223,192 4,134,236 208,583,731	4,999 14,904 12,710 9,914 305,884 33,278 420,871	2,387,459	4,99 14,90 12,71 9,91 305,88 2,367,43 33,27 420,87 3,217,48
OTAL EXPENDITURES CAP XECUTIVE OFFICE SENERAL ADMINISTRATION OPERATIONS SISCAL SERVICES MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION MANAGEMENT INFORMATION SYSTEMS MIND DIRECTLY OPERATED MINIPROGRAMS-GENERAL MIND DIRECTLY OPERATED MINIPROGRAMS-GENERAL MIND DIRECTLY OPERATED MINIPROGRAMS-GENERAL MINIPPORT/SUPPLEMENTARY RATES MINISTRATION MINISTRATION MANOFFICE OF MANAGED CARE EE FOR SERVICE MALLOWED COST CONTRACT PROVIDERS MARRY FORWARD - CCAP - WORKSHEET 3-A MARRY FORWARD - DMH - WORKSHEET 3-B	368,294 15,249,085 1,403,803 4,644,626 2,630,501	151,079,678 24,825,177	388,294 15,249,085 1,403,803 4,644,626 2,630,501 151,079,676 24,825,177	4,999 14,904 12,710 9,914 305,884 33,278 420,871	2,387,439	27,484 4,991 14,90 12,711 9,511 305,88 2,387,43 33,27 420,87 3,217,48

ICRP 03-04 SR SUMMARY

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

(2A) *

(3)

		Supplemental Re	ites		Private Contract i	Providera
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	4.					
EXECUTIVE OFFICE	7,434		7,434	812,24	2	- 812,24
GENERAL ADMINISTRATION OPERATIONS		100			for the pass was a supplemental to the	
FISCAL SERVICES	24,951		24,951	3,514,95	1	- 3,514,95
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM CONTRACTS ADMINISTRATION	12,287		12,287	9,805,79	PERSONAL PROPERTY AND ADDRESS.	9,805,79
MANAGEMENT INFORMATION SYSTEMS	16,706	The state of the s	16,708	3,399,01	The state of the s	- 3,399,01
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	165,918		165,918	1,636,323		1,636,32
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	Charlienes Can			974 (16) 12(15) 1891 G		
LIFE SUPPORT/SUPPLEMENTARY RATES			•			
DHS					·1 - // - - - - - - - - -	SAME PARKET
PUBLIC GUARDIAN		Alt and the second		The state of the s		
TAR/OFFICE OF MANAGED CARE						
FEE FOR SERVICE						
STATE HOSPITAL			en emmendanció			
UNALLOWED COST						
CONTRACT PROVIDERS						
SUB-TOTAL S&EB	227,298		227,298	19,168,327	SNOVENE / III NASA	10 466 22
		8 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10,100,021		19,166,32
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSET:						
CCAP	49,971		49,971	5,459,603		F 460 en
EXECUTIVE OFFICE	1,653		1,653	160,646		5,459,60
GENERAL ADMINISTRATION OPERATIONS	A SELECTIFICATION OF			N VACE OF REAL PROPERTY.		180,64
FISCAL SERVICES	2,145		2,145	344,684		110
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,821	MA CYCLESC!	10,821	2,715,725		2,715,72
CONTRACTS ADMINISTRATION	1,318	and kucienini∈s	1,318	202,755		202,75
MANAGEMENT INFORMATION SYSTEMS	751,200		751,200	7,408,518		7,408,518
OMH DIRECTLY OPERATED MH PROGRAMS-GENERAL						
OMH DIRECTLY OPERATED MH. PROG-SPECIAL						
IFE SUPPORT/SUPPLEMENTARY RATES		4,340,549	4,340,549			
OHS .			elisielsie a			
PUBLIC GUARDIAN						
AR/OFFICE OF MANAGED CARE				real Section 1		
EE FOR SERVICE		17 619 9			EAR CALLE	
TATE HOSPITAL				LUSIA O		
NALLOWED COST			William Committee	N. 7.8 Majeliel		S. Suspr. Mad.
ONTRACT PROVIDERS					474,224,462	474,224,462
ARRY FORWARD - CCAP - WORKSHEET 3-A	60,601		60,501	5,392,570		5,392,570
ARRY 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
		1023222120				Popular in Toxal
OTAL EXPENDITURES						
CAP RECUTIVE OFFICE	49,971		49,971	5,459,603		5,459,603
ENERAL ADMINISTRATION OPERATIONS	9,088		9,088	992,888		992,888
SCAL SERVICES	44.004					
ENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	27,096	L BUREINE WA	27,096	3,859,842		3,859,842
ONTRACTS ADMINISTRATION	23,108		23,108	12,521,515		12,521,515
NAGEMENT INFORMATION SYSTEMS	18,024		18,024	3,601,769		3,601,769
H DIRECTLY OPERATED MH. PROGRAMS-GENERAL	917,118		917,118	9,044,841	100000000000000000000000000000000000000	9,044,841
IH DIRECTLY OPERATED MH. PROG-SPECIAL		- 8 1- 10 S			ate seems	
E SUPPORT/SUPPLEMENTARY RATES		4 340 540	4 740 740		SL 1 25 (*)	Programme Service
S		4,340,549	4,340,549			
BLIC GUARDIAN			No. of the last			77.72
VOFFICE OF MANAGED CARE	7 77 - 1 - 1 - 1					
FOR SERVICE		···-				CYRLL TO HA
ATE HOSPITAL					·)	
ALLOWED COST	30 T 10 T 10	TW IS II	7.01.FV			
NTRACT PROVIDERS	. J. 1	The state of		***************************************	3.3	
RRY FORWARD - CCAP - WORKSHEET 3-A	60,501	The Littleway	60.001		474,224,462	474,224,462
RRY FORWARD - DMH - WORKSHEET 3-B	765,176	1 2 12	60,501	5,392,570	1,378- 1	5,392,570
OTAL EXPENDITURES	1,870,083	4 340 540	765,176	4,718,518	474.000	4,718,518
	The state of the s	4,340,549	6,210,632	45,591,546	474,224,462	519,816,008
	*Percentage is not				Will Publicate	
The Table 1	Supplemental Rates	program in 2003-	04.		DMH OH	7.3255%
Light and the state of the stat	LUBAS, 1675 LAST	4.5- 1000	Salati	2737.0	CCAP	2.2884%
IINISTRATION OVERHEAD RATE						

INDIRECT COST RATE BY PROGRAM

(4)

(5)

See Worksheet 4 for Indirect/Direct Cost details		DHS		N. C.	Public Guardian	
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS		7		- 2		
CCAP						14,646
EXECUTIVE OFFICE	37,957		37,957	14,646		
GENERAL ADMINISTRATION OPERATIONS				232,885		232,865
FISCAL SERVICES	184,258		164,256	49,158		40,156
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	376,520	·	376,520	298,683		298,583
CONTRACTS ADMINISTRATION	38,327		38,327			
MANAGEMENT INFORMATION SYSTEMS	62,622	***************************************	62,622	7,043		7,043
OMH DIRECTLY OPERATED MILPROGRAMS-GENERAL			•			
MH DIRECTLY OPERATED MH. PROG-SPECIAL						
IFE SUPPORT/SUPPLEMENTARY RATES	•					
OHS .		10,070	10,070			
PUBLIC GUARDIAN	T.	•		•	5,159,350	5,159,350
AR/OFFICE OF MANAGED CARE	•					
EE FOR SERVICE			•		-	
TATE HOSPITAL		•	•			
NALLOWED COST		•				
CONTRACT PROVIDERS			•			
SUB-TOTAL SAEB	679,682	10,070	689,752	600,392	5,159,350	5,759.74
ERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS	ATT 485		266 190	98,446	10-1	28,446
CAP	255,130		256,130	3,257		3.25
XECUTIVE OFFICE	8,442		8,442	-		423,08
ENERAL ADMINISTRATION OPERATIONS			48.447	423,065		4,22
ISCAL SERVICES	16,117		16,117	28,495		26,49
IENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	124,434		124,434	20,400		20,00
ONTRACTS ADMINISTRATION	1,032		1,032			31,68
ANAGEMENT INFORMATION SYSTEMS	263,623		283,523	31,689		
MH DIRECTLY OPERATED MH PROGRAMS-GENERAL						
MH DIRECTLY OPERATED MH. PROG-SPECIAL						
PE SUPPORT/SUPPLEMENTARY RATES						
HS		88,633,051	88,633,051		3,391,749	3,391,74
UBLIC GUARDIAN	·					9,001,74
ARIOFFICE OF MANAGED CARE						
EE FOR SERVICE		-		<u>-</u>		
TATE HOSPITAL						
NALLOWED COST		•				
ONTRACT PROVIDERS				440.000	20 🐔	113.03
ARRY FORWARD - CCAP - WORKSHEET 3-A	308, 199		306,199	113,038		93,62
ARRY FORWARD - DMH - WORKSHEET 3-8	78,272		78,272	93,627 794,064	3,391,749	4,185,81
SUB-TOTAL SS & OTHERS	1,075,148	66,633,051	89,708,200	794,004	3,391,749	4,160,41
OTAL SIPENDITURES						(Barrelland
AP	255,130	•	256,130	98,446		98,44
RECUTIVE OFFICE	46,398	•	48,398	17,904		17,90
ENERAL ADMINISTRATION OPERATIONS	•			655,950		885,95
SCAL SERVICES	160,373	one have the	180,373	53,361		53,38
ENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	500,955	L	500,955	323,178	*	323,17
ONTRACTS ADMINISTRATION	39,359	•	39,359			
NAGEMENT INFORMATION SYSTEMS	346,145		348,145	38,932	-	38,93
ANAGEMENT INFORMATION THE PROGRAMS-GENERAL					•	
MH DIRECTLY OPERATED MH. PROG-SPECIAL				n-i-remained in		
MH DIRECTLY OPERATED MILL PRODUCT COME	-	•				Carrie Date
FE SUPPORT/SUPPLEMENTARY RATES		68,643,122	88,643,122			
4S				- 100	8,551,099	8,551,09
JBLIC GUARDIAN						
PUOFFICE OF MANAGED CARE						
E FOR SERVICE			*	-		
ATE HOSPITAL				•		
IALLOWED COST		N 👼	3	10	=:	
INTRACT PROVIDERS		*	908 100	113,038	-	113,03
	306,199		308,199	93,627	2	93,62
RRY FORWARD - CCAP - WORKSHEET 3-A	78,272		78,272	1,394,456	8,551,099	9,945,55
FRY FORWARD - DMH - WORKSHEET 3-B		00 040 400				ALC: LINE HOLD
FRY FORWARD - DMH - WORKSHEET 3-B	1,754,830	68,643,122	90,397,952	1,304,	4,47,047	
RRY FORWARD - CCAP - WORKSHEET 3-A RRY FORWARD - DMH - WORKSHEET 3-B TOTAL EXPENDITURES				1,004,450		40 00.00
FRY FORWARD - DMH - WORKSHEET 3-B		88,643,122 DMH OH	1.3442%	1,004,	DMH OH	13.6342
FRY FORWARD - DMH - WORKSHEET 3-B				1,394,456 /		13.8342 2.4732 16.3073

INDIRECT COST RATE BY PROGRAM
See Worksheel 4 for Indirect/Direct Cost details

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(7)

See Worksheet 4 for Indirect/Direct Cost details	740	Office of Managem	d Care	Pee for Service			
	Indirect	Office of Manage Direct	Total	. Indirect	Direct	Total	
SALARIES AND EMPLOYEE BENEFITS					S 9		
CCAP		*		62,003		62,003	
EXECUTIVE OFFICE	8,760		8,760 185,290	62,003		42,000	
GENERAL ADMINISTRATION OPERATIONS	185,290		29,401	217,021		217,021	
FISCAL SERVICES	29,401	<u>:</u>	18,974	615,057		615,057	
MENTAL HEALTH BUREAU ADMINISTRATION PROGRAM	18,974		10,074	139,327		139,327	
CONTRACTS ADMINISTRATION	·····			222,380		222,380	
MANAGEMENT INFORMATION SYSTEMS			-			-	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL						•	
OMH DIRECTLY OPERATED MH. PROG-SPECIAL						-	
JFE SUPPORT/SUPPLEMENTARY RATES						7.	
DHS PUBLIC GUARDIAN							
PARIOFFICE OF MANAGED CARE		4,477,972	4,477,972				
EE FOR SERVICE							
STATE HOSPITAL				· · · · · · · · ·			
NALLOWED COST	·		(4				
CONTRACT PROVIDERS			* 1		.0		
SUB-TOTAL S&EB	242,426	4,477,972	4,720,398	1,255,788	7	1,255,768	
en an and a partie of the property and a factor of							
SERVICES A SUPPLIES / OTHER CHARGES/FIXED ASSETS	58,884		58,584	416,763	5 .	416,763	
EXECUTIVE OFFICE	1,948	•	1,948	13,790		13,790	
SENERAL ADMINISTRATION OPERATIONS	330,649		338,649		•		
ISCAL SERVICES	2,527	•	2,627	1,284,279		1,284,279	
MENTAL HEALTH BUREAU ADMINISTRATION PROGRAM	13,177	•	13,177	203,267		203,267	
ONTRACTS ADMINISTRATION				10,995		10,995	
MANAGEMENT INFORMATION SYSTEMS		•		1,006,834		1,006,834	
MH DIRECTLY OPERATED MH PROGRAMS-GENERAL		•					
MH DIRECTLY OPERATED MH. PROG-SPECIAL	•		•		· · · · · · · · · · · · · · · · · · ·		
IFE SUPPORT/SUPPLEMENTARY RATES							
XIS	_						
UBLIC GUARDIAN		•	•				
ARVOFFICE OF MANAGED CARE		638,708	636,708				
EE FOR SERVICE	•0				87,277,448	87,277,448	
STATE HOSPITAL					1.1.		
NALLOWED COST	·						
ONTRACT PROVIDERS	•					704 100	
ARRY FORWARD - CCAP - WORKSHEET 3-A	84,794		64,794	551,166		(5,476,534)	
ARRY FORWARD - DMH - WORKSHEET 3-B	184,699	424 704	184,899	(5,476,534)	67,277,446	85,288,006	
SUB-TOTAL SS & OTHERS	662,679	636,708	1,299,387	(1,000,400)	01,611,440	00,500,000	
OTAL EXPENDITIBLES							
CAP	58,684		58,884	416,763		416,763	
XECUTIVE OFFICE	10,709		10,709	75,793		75,793	
ENERAL ADMINISTRATION OPERATIONS	521,939		521,939				
SCAL SERVICES	31,929		31,929	1,501,300		1,501,300	
ENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	32,151		32,151	818,324		818,324	
ONTRACTS ADMINISTRATION	<u> </u>		·	150,322		150,322	
ANAGEMENT INFORMATION SYSTEMS				1,229,214		1,229,214	
MH DIRECTLY OPERATED MH PROGRAMS-GENERAL		•					
MH DIRECTLY OPERATED MH. PROG-SPECIAL		•				:	
FE SUPPORT/SUPPLEMENTARY RATES	····						
45							
JBLIC GUARDIAN	<i>-</i>	W 444 000	6 114 690		:		
R/OFFICE OF MANAGED CARE		5,114,680	5,114,680		87,277,448	87,277,446	
			:		01,211,440	01,211,440	
E FOR SERVICE							
E FOR SERVICE TATE HOSPITAL							
E FOR SERVICE TATE HOSPITAL VALLOWED COST							
EE FOR SERVICE FATE HOSPITAL VALLOWED COST ONTRACT PROVIDERS	•			551 18B	•	551.168	
E FOR SERVICE TATE HOSPITAL VALLOWED COST INTRACT PROVIDERS VARY FORWARD - CCAP - WORKSHEET 3-A	64,794		64,794	551,166 (5.478.534)		551,168 (5,476,534)	
EE FOR SERVICE TATE HOSPITAL VALLOWED COST ONTRACT PROVIDERS VARY FORWARD - CCAP - WORKSHEET 3-A VARY FORWARD - DAMH - WORKSHEET 3-B	64,794 184,699		64,794 184,699	(5,476,534)	67,277,446	(5,476,534)	
EE FOR SERVICE TATE HOSPITAL NALLOWED COST DITTRACT PROVIDERS ARRY FORWARD - CCAP - WORKSHEET 3-A	64,794		64,794		87,277,446		
EE FOR SERVICE TATE HOSPITAL NALLOWED COST ONTRACT PROVIDERS ARRY FORWARD - CCAP - WORKSHEET 3-A ARRY FORWARD - DMH - WORKSHEET 3-B	64,794 184,699		64,794 184,699	(5,476,534)	87,277,446 DMH OH	(5,476,534)	
EE FOR SERVICE TATE HOSPITAL VALLOWED COST ONTRACT PROVIDERS VARY FORWARD - CCAP - WORKSHEET 3-A VARY FORWARD - DAMH - WORKSHEET 3-B	64,794 184,699	5,114,680	64,794 184,699 6,019,785	(5,476,534)		(5,476,534) 86,543,796	



INDIRECT COST RATE BY PROGRAM

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(8)

INDIRECT COST RATE BY PROGRAM		(0)	n 12				
See Worksheet 4 for Indirect/Direct Cost details		Unallowable Cost			State Hospitals	4	
	Indirect	Direct	Total	Indirect	Direct	Total	
SALARIES AND EMPLOYEE BENEFITS	- 24	9	30	2 135 10			
CCAP EXECUTIVE OFFICE	103,744		103,744	22,980		22,980	
GENERAL ADMINISTRATION OPERATIONS				10.00			
FISCAL SERVICES	348,188		348,188	77,124		77,124	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	171,456		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		39,001	39,001		•		
UNALLOWED COST CONTRACT PROVIDERS				•			
SUB-TOTAL SAEB	623,384	39,001	662,385	391,798		391,798	
	w - 01						
SERVICES & SUPPLIES / OTHER CHARGES/FOLED ASSETS	19						
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	
OMH DIRECTLY OPERATED MH PROGRAMS-GENERAL						:	
OMH DIRECTLY OPERATED MIL PROG-SPECIAL					:		
LIFE SUPPORT/SUPPLEMENTARY RATES							
OHS							
PUBLIC GUARDIAN ARROFFICE OF MANAGED CARE							
FEE FOR SERVICE	1 /						
STATE HOSPITAL)*)	•	53,868,311	53,666,311	
INALLOWED COST		60,531,372	60,531,372				
CONTRACT PROVIDERS		•	- 5		-	•	
CARRY FORWARD - CCAP - WORKSHEET 3-A	832,629		832,629	230,320		230,320	
CARRY FORWARD - DMH - WORKSHEET 3-8	(11,542)		(11,542)	114,432	53,666,311	54,593,470	
SUB-TOTAL SS & OTHERS	1,722,424	60,531,372	62,253,797	927,159	93,000,311	54,593,470	
TOTAL EXPENDITURES							
CCAP	697,328	4.5	697,326	154,461		154,481	
XECUTIVE OFFICE	126,817		128,817	28,090		28,090	
SENERAL ADMINISTRATION OPERATIONS			•) • (•	
ISCAL SERVICES	378,117		378,117	83,754		83,754	
IENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	322,460	•	322,460	290,376		290,376	
ONTRACTS ADMINISTRATION		*//					
IANAGEMENT INFORMATION SYSTEMS				417,523		417,523	
MH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	- · · .5	annece e clien			S #5 F		
MH DIRECTLY OPERATED MH. PROG-SPECIAL					i ar iziwa izibili w	1000 1000	
FE SUPPORT/SUPPLEMENTARY RATES							
HS					•		
UBLIC GUARDIAN							
AR/OFFICE OF MANAGED CARE				•			
EE FOR SERVICE TATÉ HOSPITAL			• 1	•	53,666,311	53,666,311	
VALLOWED COST	5 77	60,570,373	60,570,373				
ONTRACT PROVIDERS	23 *		• 4		2		
ARRY FORWARD - CCAR - WORKSHEET 3-A	832,629	1.0	832,629	230,320		230,320	
ARRY FORWARD - DMH - WORKSHEET 3-B	(11,542)	= (a)c	(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	1,3469%		DMH OH	1.7407%	
= 4		CCAP	2.5259%		CCAP	0.7170%	
4		And the same of the same		2 240 04	#8.004 644 -	of a street,	



ADMINISTRATION OVERHEAD RATE

2.457.7%

1,318,967 / 53,668,311 =

2,345,809 / 60,570,373 = 3,8729%

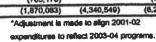
INDIRECT COST RATE BY PROGRAM

(10)

(11)

(12)

See Worksheet 4 for Indirect/Direct Cost details	(10)		Adjustment for			
	Total	Su	plemental Rates (2A)	Adjusted	
39	Before Adjustment	Indirect	Direct	Total	Total	
SALARIES AND EMPLOYEE BENEFITS						
CCAP	1,375,141	(7,434)		(7,434)	1,367,707	
EXECUTIVE OFFICE GENERAL ADMINISTRATION OPERATIONS	5,831,634	(1,744)			5,631.63	
FISCAL SERVICES	5,714,955	(24,951)		(24,951)	5,690,00	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	15,156,961	(12,287)		(12,287)	15,144,675	
CONTRACTS ADMINISTRATION	3,602,562	(16,706)	4.7	(16,708)	3,585,857	
MANAGEMENT INFORMATION SYSTEMS	2,701,049	(165,918)	•	(165,918)	2,535,13	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	125,678,392		•	•	125,678,38	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	12,880,757		•	•	12,860,75	
LIFE SUPPORT/SUPPLEMENTARY RATES						
DHS	10,070		<u>:</u> _	•	10,07	
PUBLIC GUARDIAN	5,159,350				5,159,35	
TAR/OFFICE OF MANAGED CARE	4,477,972			•	4,477,97	
FEE FOR SERVICE	· · · · · · · · · · · · · · · · · · ·					
STATE HOSPITAL					39,00	
UNALLOWED COST	39,001	.		•	39,00	
CONTRACT PROVIDERS	182,607,845	(227,296)		(227,296)	182,380,541	
SUB-TOTAL S&EB	102,007,043	(227,290)		(existency)		
The second secon						
RESVICES & SUPPLIES / OTHER CHARGES/FOXED ASSETS	0.049.049	(49,971)		(49,971)	9,193,24	
CCAP	9,243,213 \	(1,653)		(1,853)	304,18	
EXECUTIVE OFFICE	10,595,340	1,,,,,,,			10,595,34	
GENERAL ADMINISTRATION OPERATIONS	1,819,544	(2,145)	•	(2,145)	1,817,39	
FISCAL SERVICES MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,332,442	(10,821)		(10,821)	4,321,62	
CONTRACTS ADMINISTRATION	216,828	(1,318)	•	(1,318)	215,60	
MANAGEMENT INFORMATION SYSTEMS	12,229,106	(751,200)		(751,200)	11,477,90	
OMH DIRECTLY OPERATED MILPROGRAMS-GENERAL	25,401,287			An equipment *	25,401.26	
OMH DIRECTLY OPERATED MIL PROG-SPECIAL	11,964,420		<u>-</u>	<u>-</u>	11,964,42	
IFE SUPPORT/SUPPLEMENTARY RATES	6,727,987		(4,340,549)	(4,340,549)	2,387,43	
DHS	88,633,051				88,633,05	
PUBLIC GUARDIAN	3,391,749			:	3,391,74	
TAR/OFFICE OF MANAGED CARE	636,708				67,277.44	
FEE FOR SERVICE	87,277,446 53,686,311				53,666,31	
STATE HOSPITAL	80,531,372			-	60,531,37	
NALLOWED COST	474,224,462				474,224,46	
CONTRACT PROVIDERS CARRY FORWARD - CCAP - WORKSHEET 3-A	9,809,689	(60,501)	4	(80,501)	9,749,18	
ARRY FORWARD - DMH - WORKSHEET 3-8	5,021,765	(765, 176)	it.	(765,176)	4,256,57	
SUB-TOTAL SS & OTHERS	866,028,548	(1,642,787)	(4,340,549)	(5,983,335)	860,045,21	
			•	•		
TOTAL EXPENDITURES				300		
CGAP	9,243,213	(49,971)		(49,971)	9,193,24	
EXECUTIVE OFFICE	1,680,979	(9,088)		(9,068)	1,671,89	
ENERAL ADMINISTRATION OPERATIONS	16,426,974				16,426,97	
ISCAL SERVICES	7,534,499	(27,098)		(27,098)	7,507,40	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	19,469,403	(23,108)		(23,108)	19,466,29	
ONTRACTS ADMINISTRATION	3,819,388	(18,024)		(18,024)	3,801,38	
MANAGEMENT INFORMATION SYSTEMS	14,930,158	(917,118)		(917,118)	151,079,67	
MH DIRECTLY OPERATED MILPROGRAMS-GENERAL	151,079,678				24,625,17	
MH DIRECTLY OPERATED MH. PROG-SPECIAL	24,825,177	*	(4,340,549)	(4,340,549)	2,387,43	
IFE SUPPORT/SUPPLEMENTARY RATES	6,727,987	:	(4,340,348)	(4,340,049)	88,643,12	
HS	88,643,122 8,551,099				8,651,09	
UBLIC GUARDIAN	5,114,680				5,114,68	
ARVOFFICE OF MANAGED CARE	87,277,446	•			87,277,44	
EE FOR SERVICE	53,666,311	*	-		53,066,31	
TATE HOSPITAL	60,570,373	•		•	90,670,37	
NALLOWED COST ONTRACT PROVIDERS	474,224,462	v (20		→ ?;	474,224,48	
ARRY FORWARD - CCAP - WORKSHEET 3-A	9,809,889	(60,501)	3	(60,501)	9,749,18	
ARRY FORWARD - DMH - WORKSHEET 3-B	5,021,755	(765, 176)		(765,176)	4,256,57	
TOTAL EXPENDITURES	1,048,638,392	(1,870,083)	(4,340,549)	(8,210,632)	1,042,425,76	



(See worksheet 1 for details)

ADMINISTRATION OVERHEAD PATE

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

		Medication Monitoring Services	Indirect Cost Rate (a)	<u>Total</u>	Indirect Cost	
DMH directly operated Private contract provider	\$	165,969	13.5837%	\$	22,545	
Total	\$	2,673,496 2,839,465	7.9623%	3	212,871 235,416	- To HDS-1, Line (07).
Average Indirect Cost R	ate =				8.2909%	- To HDS-1, Line (06).

⁽a) Indirect Cost Rate is based on the Cost Report Actual Rates for FY 2003-2004.

(1)

(2)

		Directly Operated	70.29.6777.4		upport/Supplemen	
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP			·			
EXECUTIVE OFFICE	360,264		360,284	5,512		5,51
GENERAL ADMINISTRATION OPERATIONS	5,963,614		5,983,814			
FISCAL SERVICES	1,705,897		1,705,897	18,038		18,03
MENTAL HEALTH BUREAU ADMINISTRATIC	N/ 3,589,622	1111	3,589,622	6,204		8,20
CONTRACTS ADMINISTRATION)(=)	13,681		13,66
MANAGEMENT INFORMATION SYSTEMS	703,351		703,351	45,231		45,23
DMH DIRECTLY OPERATED MH.PROGRAM		156,199,470	158,199,470			
DMH DIRECTLY OPERATED MH. PROG-SPE	ECIAL	8,456,724	8,456,724	3 7		
LIFE SUPPORT/SUPPLEMENTARY RATES						
DHS						
PUBLIC GUARDIAN	Bos.		• 1			
TAR/OFFICE OF MANAGED CARE	18			v.		
EE FOR SERVICE	(
STATE HOSPITAL				-		
SD/MC UNREIMBURSABLE COSTS	27:			A		
N-STATE MH CONTRACT PROVIDERS						
THER CONTRACT PROVIDERS	<u> </u>					
SUB-TOTAL SAEB	40.040.740	404 055 104	470 000 040			24.44
SUB-TOTAL SAES	12,342,749	184,656,194	176,996,943	90,645		90,64
DUA E OLIDA LOTTISTA DILLA TOLLA	State Control of the					
SRVC & SUPP / OTHER CHAR /FIX ASSETS	tint valigables			CS1347		
CAP	2,190,021		2,190,021	33,509		33,50
XECUTIVE OFFICE	44,258		44,258	677		67
ENERAL ADMINISTRATION OPERATIONS	8,257,720		8,257,720	•	=15	
ISCAL SERVICES	111,232		111,232	1,164		1,18
MENTAL HEALTH BUREAU ADMINISTRATION	WI 372,578		372,578	3,793		3,79
CONTRACTS ADMINISTRATION				479		47
MANAGEMENT INFORMATION SYSTEMS	3,532,183		3,532,183	152,576		152,570
MH DIRECTLY OPERATED MH.PROGRAMS	-GENERAL	28,228,542	28,228,542			102,01
MH DIRECTLY OPERATED MH, PROG-SPE	CIAL	4,783,641	4,783,641			
FE SUPPORT/SUPPLEMENTARY RATES		4/100/041	4,700,041		2 021 148	2004 44
HS	}				3,024,446	3,024,44
UBLIC GUARDIAN					-	
AR/OFFICE OF MANAGED CARE						
EE FOR SERVICE		•				
The Control of the Co						
TATE HOSPITAL		•	•	10		
D/MC UNREMBURSABLE COSTS						
N-STATE MH CONTRACT PROVIDERS						
THER CONTRACT PROVIDERS			•		•	
SUB-TOTAL SS & OTHERS	14,507,991	33,012,163	47,529,174	192,198	3,024,446	3,216,644
*			7.0			
OTAL EXPENDITURES						
CAP	2,190,021		2,190,021	33,509		33,509
KECUTIVE OFFICE	404,522		404,522	6,189		6,189
ENERAL ADMINISTRATION OPERATIONS	14,241,334	4	14,241,334			8,104
SCAL SERVICES	1,817,128		1,817,128	19,202		10.20
ENTAL HEALTH BUREAU ADMINISTRATION			3,962,201	11,997	 	19,202
ONTRACTS ADMINISTRATION			S,OUE, EUI			11,997
ANAGEMENT INFORMATION SYSTEMS	4,235,534		4 225 524	14,140		14,140
MH DIRECTLY OPERATED MH.PROGRAMS		194 409 040	4,235,534	197,807		197,807
		184,428,012	184,428,012		-	
MH DIRECTLY OPERATED MH. PROG-SPEC		13,240,365	13,240,365			
E SUPPORT/SUPPLEMENTARY RATES					3,024,446	3,024,448
4S	<u>.</u>				•	
BLIC GUARDIAN						
R/OFFICE OF MANAGED CARE			•			
E FOR SERVICE		7/82	#1			
ATE HOSPITAL						
VMC UNREIMBURSABLE COSTS		D/ ● A			:•:	
STATE MH CONTRACT PROVIDERS						
HER CONTRACT PROVIDERS						
TOTAL EXPENDITURES	26,850,740	197,668,377	224,519,117	282,844	3,024,446	3,307,290
		1	2010111		0,027,440	0,401,230
		ma 41.1 mas				
		DMH OH	12.4758%		DMH OH	8.2440%
		CCAP	1.1079%		CCAP	1.10799
MIN. OVERHEAD RATE FOR 2003/2004	26,850,740 /	197,068,377 =	13.5637%	282,844 /	3,024,446 =	9.3519%

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2001-2004 YEAR-END COST REPORT

FY 2001-2004 YEAR-END COST REPORT INDIRECT COST RATE BY PROGRAM		(3e)		S .	(3b)	4		(4)	
Worksheet 4 for Indirect/Direct Cost details			Ţ.			- 10		55	
	in-Str	to MH Contract Pr	oviders		t of State, & Other (-	12.1	DHS	Water
	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYER BENEFITS									
CCAP	905,237		905,237	16,177		16,177	39,650		39,650
EXECUTIVE OFFICE GENERAL ADMINISTRATION OPERATIONS	900,231		000,207			- 7.5			
FISCAL SERVICES	4,286,409		4,295,409	72,596		72,596	187,748		187,748
SENTAL HEALTH BUREAU ADMINISTRATIONA	9,019,649		9,019,649	161,181		161,181	369,408	S. Pro-training	369,408
CONTRACTS ADMINISTRATION	4,397,122		4,397,122	56,815		56,815	40,995		40,995
MANAGEMENT INFORMATION SYSTEMS	2,526,231		2,528,231	•		•	78,171		78,171
THE DIRECTLY OPERATED MILPROGRAMS-G			•	3					
MH DIRECTLY OPERATED MH. PROG-SPECIA	1		• 1					<u>:</u>	
LIFE SUPPORT/SUPPLEMENTARY RATES									
DHS						- 3			-
PUBLIC GUARDIAN			1.0						-
TARJOFFICE OF MANAGED CARE				T		. ? .			•
FEE FOR SERVICE						• 3			
STATE HOSPITAL SD/MC UNREMBURSABLE COSTS			101			• 10		•	y 910.
M-STATE MH CONTRACT PROVIDERS						- 6			
OTHER CONTRACT PROVIDERS						• /			
SUB-TOTAL SAEB	21,134,647		21,134,647	306,769		306,769	715,972		715,972
17.						74			
SRVC & SUPP / OTHER CHAR /FIX ASSETS						61) careavener		
CCAP	5,502,868		5,502,668	98,336		98,336	241,030		241,030
EXECUTIVE OFFICE	111,206		111,206	1,987		1,987	4,871		4,871
GENERAL ADMINISTRATION OPERATIONS									12,242
FISCAL SERVICES	279,492		279,492	4,949		4,949	12,242 40,424		40,424
MENTAL HEALTH BUREAU ADMINISTRATION/	936,178		939,178	16,730	10-11-01	16,730	654		654
CONTRACTS ADMINISTRATION	147,404		147,404	1,672		1.0(2	391,314		391,314
IANAGEMENT INFORMATION SYSTEMS	11,435,381		11,435,381			• 11.		*	
DIRECTLY OPERATED MH PROGRAMS-G								•	
SUPPORT/SUPPLEMENTARY RATES			•		/A-1-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-	- 6		•	
THIS THIS IS NOT THE PARTY OF T					(4)			87,020,284	87,020,284
PUBLIC GUARDIAN									
TAR/OFFICE OF MANAGED CARE	-					- 3		•	
FEE FOR SERVICE									
STATE HOSPITAL									
SDANC UNREMBURSABLE COSTS									
IN-STATE MH CONTRACT PROVIDERS		498,681,573	496,681,573		9 975 704	8,875,704			
OTHER CONTRACT PROVIDERS	18.412.530	100 0111 573	515,094,103	123,674	8,875,7 04 8,875,704	8,999,377	690,535	87,020,284	87,710,819
SUB-TOTAL SS & OTHERS	18,412,530	496,681,573	313,004,103	744,074	0,010,101	/:-			
				e e		- 4	2		
TOTAL EXPENDITURES	5,502,868		5,502,868	98,336		98,336	241,030		241,030
CCAP	1,016,443		1,016,443	18,164		18,184	44,521	•	44,521
GENERAL ADMINISTRATION OPERATIONS	1,010,110				•	•		•	
FISCAL SERVICES	4,565,901		4,565,901	77,544	•	77,544	199,990		199,990
MENTAL HEALTH BUREAU ADMINISTRATIONA	9,955,826		9,955,628	177,911		177,911	409,832		409,832
CONTRACTS ADMINISTRATION	4,544,528		4,544,526	58,488	•	58,488	41,649	•	41,649
MANAGEMENT INFORMATION SYSTEMS	13,961,612		13,961,612) V	•		469,485		469,485
OMH DIRECTLY OPERATED MH.PROGRAMS-G				•			- -		
MH DIRECTLY OPERATED MH. PROG-SPECI								•	
SUPPORT/SUPPLEMENTARY RATES					****			87,020,284	87,020,284
∉Ms 1					:			67,020,204	01,020,20
*UBLIC GUARDIAN				:	:		-		
AR/OFFICE OF MANAGED CARE		<u>:</u>				•			
FEE FOR SERVICE		·					•		
STATE HOSPITAL SD/MC UNREIMBURSABLE COSTS	:				•		*		
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573			4.1			
OTHER CONTRACT PROVIDERS		400,000,00		(i=:	8,875,704	8,875,704			
TOTAL EXPENDITURES	39.547,177	496,681,573	536,228,751	430,443	8,675,704	9,306,146	1,406,508	87,020,284	88,426,792
0.5									
		DMH OH	6.8544%	×	DMH OH	3.7417%		DMH OH	1.33939
		CCAP	1.1079%	-	CCAP	1.1079%		CCAP	0.27709
ADMIN, OVERHEAD RATE FOR 2003/2004	39.547.177	496,681,573 =	7.9623%	430,443 /	8,875,704 =	4.8497%	1,406,500	87,020.284	1,61637
ADMIN. OVERHEAD RATE FOR 2002/2003			6.3049%			6.3049%	1,090,720 /	81,464,004 =	1.3389

~ 2 Worksheet 4 for Indirect/Direct Cost details

(5)

(6)

(7)

100 m		Public Guardian		TAR/	Office of Managed	Care		Fee for Service	
t.	Indirect	Direct	Total	indirect	Direct	Total	Indirect	Direct	Total
ALARIES AND EMPLOYEE BENEFITS			JE:			3			
CAP	_	*	- 7			- S	-		
EXECUTIVE OFFICE	15,570		15,570	10,484		10,484	59,640		59,54
BENERAL ADMINISTRATION OPERATIONS	239,345		239,345	199,454		199,454			
ISCAL SERVICES	50,950		60,950	34,306		34,306	209,917		209,91
ENTAL HEALTH BUREAU ADMINISTRATION	331,768		331,768	21,064		21,054	555,646		555,64
CONTRACTS ADMINISTRATION				2.51			147,805	77	147,80
MANAGEMENT INFORMATION SYSTEMS	6,193		6,193			• 11	333,362		333,36
OMH DIRECTLY OPERATED MH.PROGRAMS-C	3		•						
OMH DIRECTLY OPERATED MH, PROG-SPECI	1					• 17		-	
IFE SUPPORT/SUPPLEMENTARY RATES			(a) 1			• 1		•	
DHS	-					- 41			
PUBLIC GUARDIAN		5,502,949	5,502,949	-X		V = V-		•	
ARIOFFICE OF MANAGED CARE			•		5,520,842	5,520,842			
EE FOR SERVICE			+ 87			25.77			
TATE HOSPITAL			e je			- 38			
DAMC UNREMBURSABLE COSTS			• ;		•	• 3.			
N-STATE MH CONTRACT PROVIDERS			16			- 2			7,000
THER CONTRACT PROVIDERS		-		WHITE CANAL		• 10			
SUB-TOTAL S&EB	643,826	5,502,949	6,146,775	265,308	5,520,842	5,786,150	1,306,370		1,306,37
	- 100000	- San Maria	213,170,27		1000000	TALL STREET	40.444.4		.,
IDUC A SLIDE / OTHER CHAP MY ASSETS			1						
ARVC & SUPP / OTHER CHAR /FIX ASSETS	04 650		04.050	02 720		69 790	969 540		362,54
CAP	94,650		94,660	63,730		63,730	362,546		
EXECUTIVE OFFICE	1,913	·	1,913	1,288		1,288	7,327		7,32
GENERAL ADMINISTRATION OPERATIONS	330,309		330,309	275,257		275,257			4 0 4 4 0 7
ISCAL SERVICES	3,289		3,289	2,215		2,215	1,044,079		1,044,07
MENTAL HEALTH BUREAU ADMINISTRATIONA	14,670		14,670	7,328		7,328	60,804		60,80
CONTRACTS ADMINISTRATION				-			5,181		5,18
MANAGEMENT INFORMATION SYSTEMS	20,889		20,889	-		• .	1,316,490		1,316,49
MH DIRECTLY OPERATED MH PROGRAMS-G									
I DIRECTLY OPERATED MH. PROG-SPECIA		-				-		•	
SUPPORT/SUPPLEMENTARY RATES			•						
OHS .			•			•			
PUBLIC GUARDIAN		3,040,004	3,040,004			• :		•	
ARVOFFICE OF MANAGED CARE					231,345	231,345			
EE FOR SERVICE			-			•		84,538,984	84,538,98
STATE HOSPITAL					<u>:</u>				
SOMC UNREMBURSABLE COSTS									
N STATE MH CONTRACT PROVIDERS						200			
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	67,335,41
						12		14	
OTAL EXPENDITURES							A CONTRACTOR OF THE CONTRACTOR		
CAP	94,650		94,650	63,730		63,730	362,546	-	362,54
XECUTIVE OFFICE	17,483		17,483	11,772	¥	11,772	68,966	•	66,96
ENERAL ADMINISTRATION OPERATIONS	569,653		569,653	474,711		474,711			
ISCAL SERVICES	54,239		54,239	38,521		38,521	1,253,996		1,263,99
IENTAL HEALTH BUREAU ADMINISTRATIONA	346,438	-	346,438	28,392		28,392	616,450		616,45
CONTRACTS ADMINISTRATION			-				152,986		152,98
MANAGEMENT INFORMATION SYSTEMS	27,082		27,082		•		1,649,852	•	1,649,85
MH DIRECTLY OPERATED MH.PROGRAMS-C	•	•				7.5	•		
MH DIRECTLY OPERATED MH. PROG-SPECI	-	150		3€8					
IFE SUPPORT/SUPPLEMENTARY RATES			-						
DHS		•				0.00			
		8,542,952	8,542,952		*	(*)			
LIBLIC GUARDIAN	*	0,042,002			5,752,186	5,752,186			
			-						84,538,98
ARJOFFICE OF MANAGED CARE		6,042,802						84,538,984	- 115.501.50
ARJOFFICE OF MANAGED CARE EE FOR SERVICE		•			•			84,538,984	
ARIOFFICE OF MANAGED CARE EE FOR SERVICE STATE HOSPITAL		•					:	84,538,984	
PEC FOR SERVICE STATE HOSPITAL SOMIC UNREIMBURSABLE COSTS						•			
APLOFFICE OF MANAGED CARE EE FOR SERVICE STATE HOSPITAL SOMC UNREIMBURSABLE COSTS N-STATE MH CONTRACT PROVIDERS			÷			•	:		
APUOFFICE OF MANAGED CARE EE FOR SERVICE ITATE HOSPITAL DOMC UNREIMBURSABLE COSTS N-STATE MH CONTRACT PROVIDERS OTHER CONTRACT PROVIDERS				•			- :	:	
APLOFFICE OF MANAGED CARE EE FOR SERVICE STATE HOSPITAL SOMC UNREIMBURSABLE COSTS N-STATE MH CONTRACT PROVIDERS			÷			•	:		
AROFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL SOMIC UNREIMBURSABLE COSTS IN-STATE MH CONTRACT PROVIDERS OTHER CONTRACT PROVIDERS		8,542,952	9,852,498	•	5,752,188	6,367,312	- :	84,538,984	88,641,78
AROFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL SOMIC UNREIMBURSABLE COSTS IN-STATE MH CONTRACT PROVIDERS OTHER CONTRACT PROVIDERS		8,542,952	9,652,498	•	5,752,188	6,367,312	- :	84,538,984 DMH OH	88,641,78 4.4243
PUBLIC GUARDIAN TARPOFFICE OF MANAGED CARE TEE FOR SERVICE STATE HOSPITAL SOUMC UNREMBURSABLE COSTS N-STATE MH CONTRACT PROVIDERS DITHER CONTRACT PROVIDERS TOTAL EXPENDITURES	- - - 1,109,545	8,542,952 DMH OH	9,652,498 11.8799% 1.1079%	615,126	5,752,188 DMH OH CCAP	6,367,312 9.5858% 1.1079%	4,102,798	94,538,984 DMH OH CCAP	88,641,78 4.4243 0.4289
TARIOFFICE OF MANAGED CARE FEE FOR SERVICE STATE HOSPITAL SD/MC UNREIMBURSABLE COSTS N-STATE MH CONTRACT PROVIDERS OTHER CONTRACT PROVIDERS		8,542,952	9,652,498	•	5,752,188	6,367,312	4,102,798	84,538,984 DMH OH	88,641,78 4.4243

See Worksheet 4 for Indirect/Direct Cost details

(8)

(9)

	SD/MC	UNREIMBURSABL	E 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	558 fil 558.c	64,389
MENTAL HEALTH BUREAU ADMINISTRATIC			131,448	173,074		173,074
CONTRACTS ADMINISTRATION MANAGEMENT INFORMATION SYSTEMS	100		**************************************			i neritari
DMH DIRECTLY OPERATED MH.PROGRAM				65,101		85,101
DMH DIRECTLY OPERATED MH. PROG-SPE	The state of the s					
LIFE SUPPORT/SUPPLEMENTARY RATES	THE PERSON NAMED IN	AND SECURITY				
DHS						
PUBLIC GUARDIAN	Relation (Control			rea Califerius	310 F 9 F 100 F 5 V	
TAR/OFFICE OF MANAGED CARE						
FEE FOR SERVICE	ar lade stowe					
STATE HOSPITAL	DESCRIPTION OF	00522000				
SD/MC UNREIMBURSABLE COSTS		336,215	336,215			
IN-STATE MH CONTRACT PROVIDERS	W					
OTHER CONTRACT PROVIDERS						
SUB-TOTAL S&EB	508,791	336,215	845,006	322,242	(#85)(\Y) \ (# € -	322,242
			A STUDEN		達 尼斯(1985)	
SRVC & SUPP / OTHER CHAR /FIX ASSETS		O The second				
CCAP HE HE WAS A STATE OF THE WA	536,907	ZECANIIS ENDAL	536,907	119,615		119,615
EXECUTIVE OFFICE	10,850		10,850	2,417	Was I Have	2,417
GENERAL ADMINISTRATION OPERATIONS	AVET UP 1					
FISCAL SERVICES	18,657		18,657	4,157		4,157
MENTAL HEALTH BUREAU ADMINISTRATIO			60,776	19,848	. 10,550 23,523	19,848
CONTRACTS ADMINISTRATION			• • • • • • • • • • • • • • • • • • • •			
MANAGEMENT INFORMATION SYSTEMS	•		•	219,605		219,605
DMH DIRECTLY OPERATED MH. PROGRAMS DMH DIRECTLY OPERATED MH. PROG-SPE			9781			
LIFE SUPPORT/SUPPLEMENTARY RATES		•	1000 EST 00 PER			
DHS		•				
PUBLIC GUARDIAN	114					•
TAR/OFFICE OF MANAGED CARE	BALLSON TO	AC DE CONTRACTO		CANADA DISA		
FEE FOR SERVICE			2000	W. T. Park		
STATE HOSPITAL	arcon e a financia			TO BEING SON	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS		48,124,310	48,124,310			40,100,200
IN-STATE MH CONTRACT PROVIDERS	Carl Artis		ATTACK TO HAVE HAVE		EN ES 17 5 5 5 5 10	
OTHER CONTRACT PROVIDERS	and the characteristic	Trainstance in	高加强 伯勒 國			(#6% 0132-73)
SUB-TOTAL SS & OTHERS	627,191	48,124,310	48,751,501	365,641	43,185,230	43,550,871
		W. Aire Sales		and from the		
TOTAL EXPENDITURES	E PERSONAL PROPERTY.					
CCAP	536,907	e e vez projekt.	536,907	119,615		119,615
EXECUTIVE OFFICE	99,173	Time Division	99,173	22,094	Tanker very	22,094
GENERAL ADMINISTRATION OPERATIONS	•					
FISCAL SERVICES	307,677	- 10 PES (1649) N	307,677	68,548	-	68,546
MENTAL HEALTH BUREAU ADMINISTRATION			192,224	192,922		192,922
CONTRACTS ADMINISTRATION					Sa Wilsass	C. PIPARIA
MANAGEMENT INFORMATION SYSTEMS	E) - MI (MK-		and Hardey	284,706		284,706
DMH DIRECTLY OPERATED MH. PROGRAMS	Marie Committee of the	• 10				2717
DMH DIRECTLY OPERATED MH. PROG-SPEC LIFE SUPPORT/SUPPLEMENTARY RATES	184 195		35, A. Oliga • Oli.			
DHS	the same of the sa		UX WITH S	C. 11-28/M/1204		
PUBLIC GUARDIAN						
TAR/OFFICE OF MANAGED CARE	28 HEDGE	201 2010	(Carlotte 178)	TANKEL ECT		JW/C
EE FOR SERVICE		- J.C. 19 <u>1</u> 01	2 10 0 10 10 10 10			
STATE HOSPITAL	A STATE OF THE STA		**************************************	100 100	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS		48,480,526	48,460,526		10,100,200	40,100,200
N-STATE MH CONTRACT PROVIDERS	VIEW REPORT	Carl Storage Lands	1 1 3 1 1 1 1 1			1912/194
	Harby W			19 Miles.	THE BUILDING	
THER CONTRACT PROVIDERS	1,135,982	48,460,526	49,596,507	687,883	43,185,230	43,873,113
OTHER CONTRACT PROVIDERS TOTAL EXPENDITURES	1,100,002			The second second second second	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	
	1,100,002	7111				
TOTAL EXPENDITURES	1,100,002	рмн он	1,2362%		рмн он	1,3159%
OTHER CONTRACT PROVIDERS TOTAL EXPENDITURES	1,130,002					1.3159%
TOTAL EXPENDITURES	1,135,982 /	DMH OH CCAP 48,460,526 =	1,2362% 1,1079% 2,3441%	687,883 <i>I</i>	CCAP	1.3159% 0.2770% 1.5929%

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
PY 2003-2004 YEAR-END COST REPORT
INDRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

(10)

See Worksheet 4 for indirect/Direct Cost detail			Grand Total	16
		Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS	197			
CCAP	1			
EXECUTIVE OFFICE	1	1,520,534		1,520,534
GENERAL ADMINISTRATION OPERATIONS	12	6,422,413	•	6,422,413
FISCAL SERVICES	jos.	6,919,271		6,919,271
MENTAL HEALTH BUREAU ADMINISTRATIO	NAT	14,361,065	•	14,361,065
CONTRACTS ADMINISTRATION	137	4,656,398		4,656,396
MANAGEMENT INFORMATION SYSTEMS	199	3,757,639		3,757,639
DMH DIRECTLY OPERATED MH PROGRAM	S-G		156,199,470	156,199,470
DMH DIRECTLY OPERATED MH. PROG-SPI	CIF		8,456,724	8,456,724
LIFE SUPPORT/SUPPLEMENTARY RATES	13			
DHS	10.			
PUBLIC GUARDIAN	1		5,502,949	5,502,949
TARIOFFICE OF MANAGED CARE			5.820,842	5,520,842
FEE FOR SERVICE				
STATE HOSPITAL	317	•		
SOMIC UNREMBURSABLE COSTS	-		336,215	336,215
N-STATE MH CONTRACT PROVIDERS	137		000,2.10	200,410
OTHER CONTRACT PROVIDERS	-			
SUB-TOTAL SAEB		37,637,319	176,016,200	213,653,519
	11	0.100110110	275,070,200	210,000,010
SRVC A SUPP / OTHER CHAR /FIX ASSETS				
CCAP	æ"	9,243,213	•	B,243,213
EXECUTIVE OFFICE	-	186,794		195,794
GENERAL ADMINISTRATION OPERATIONS		8,863,286		8,863,280
FISCAL SERVICES	-	1,481,475		1,481,476
MENTAL HEALTH BUREAU ADMINISTRATIO	MI	1,533,128		1,533,128
CONTRACTS ADMINISTRATION		155,391		155,391
MANAGEMENT INFORMATION SYSTEMS	-	17,068,438		17,068,438
OMH DIRECTLY OPERATED MH.PROGRAMS	0.0		26,228,542	28,228,542
OMH DIRECTLY OPERATED MH. PROG-SPE	-	· · · ·	4,783,641	4,783,641
IFE SUPPORT/SUPPLEMENTARY RATES			The state of the s	
OHS	-	- -	3,024,448	3,024,446 67,020,264
PUBLIC GUARDIAN	-		87.020,284	
The state of the s	-		3,040,004	3,040,004
TAR/OFFICE OF MANAGED CARE			231,345	231,345
EE FOR SERVICE	-		84,538,984	84,538,984
STATE HOSPITAL	-		43,185,230	43,185,230
DIMC UNREIMBURSABLE COSTS	-		48,124,310	48,124,310
N-STATE MH CONTRACT PROVIDERS		·	496,681,573	496,881,573
OTHER CONTRACT PROVIDERS			8,875,704	8,875,704
SUB-TOTAL SS & OTHERS	_	38,531,724	807,734,062	846,265,787
OTAL EXPENDITURES				
CAP	-	9,243,213		9,243,213
XECUTIVE OFFICE		1,707,328		1,707,328
ENERAL ADMINISTRATION OPERATIONS		15,265,698		15,285,698
ISCAL SERVICES	1	8,400,745	***************************************	8,400,745
MENTAL HEALTH BUREAU ADMINISTRATION	Wi	15,894,193		15,894,193
CONTRACTS ADMINISTRATION	-	4,811,789		4,811,789
MANAGEMENT INFORMATION SYSTEMS		20,826,077		20,826,077
MH DIRECTLY OPERATED MH.PROGRAMS	-6	20,020,077	184,428,012	184,428,012
MH DIRECTLY OPERATED MH. PROG-SPE	-		13,240,385	13,240,365
The state of the s	1		3,024,448	3,024,446
FE SUPPORT/SUPPLEMENTARY DATES			87,020,284	The state of the s
		11.00		87,020,284
HS		•		8 842 052
HS UBLIC GUARDIAN			8,542,952	8,542,952 8,753,400
IFE SUPPORT/SUPPLEMENTARY RATES HS UBLIC GUARDIAN ARVOFFICE OF MANAGED CARE HE FOR SEPTIMPE			8,542,952 5,752,186	5,752,186
HS UBLIC GUARDIAN ARVOFFICE OF MANAGED CARE EE FOR SERVICE	7	<u>:</u>	8,542,952 5,752,186 84,538,984	5,752,186 84,538,964
HIS UBLIC GUARDIAN ARVOFFICE OF MANAGED CARE EE FOR SERVICE TATE HOSPITAL			8,542,952 5,752,186 84,638,984 43,185,230	5,752,186 84,538,984 43,185,230
UBLIC GUARDIAN ARVOFFICE OF MANAGED CARE EE FOR SERVICE TATE HOSPITAL DIMC UNREIMBURSABLE COSTS		·	8,542,952 5,752,186 84,638,984 43,185,230 48,480,528	5,752,186 84,538,984 43,185,230 48,460,526
HS UBLIC GUARDIAN ARVOFFICE OF MANAGED CARE		·	8,542,952 5,752,186 84,638,984 43,185,230	5,752,186 84,538,984 43,185,230

ADMIN. OVERHEAD RATE FOR 2003/2004 ADMIN. OVERHEAD RATE FOR 2002/2003

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (980-4)

County: Los Angeles County Code: 19

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 4

Legal Clinky, Coulty of Los Alyeres					-	-	4	
Land Endity Mumber 00040			Service	Sarvina	Sarvice	Saves	Service	Sardra
Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Furction	Function	Function	Function	Function
A Niconiton Demonstrate		400 00%	Si chi	2000	00	and o	10	12
Total lake		2000	S 000 000 0	4 A0 4 A0 4	20.00	300	2000000	1
Control Control		162 826 897	3,000,412	12,001,334	20 667	474	1014 200	THE SEC
	THE RESERVE THE PROPERTY OF THE PARTY OF THE							
- 4			1.61	181	1.61	1.61	2.08	2.06
5 SMA per Unit			1.83	1.83	1.83	183	2.38	2.36
		200000000000000000000000000000000000000	1.46	1.46	1.46	1.48	187	1.87
7 Negotiated Rate / Cost per Unit								
ends decreased and assessment assessment assessment assessment assessment assets assessment assets assessment assets assets assets assets assets assets assets assets as assets assets as assets as a second assets as assets as a second assets as assets as a second assets as a second assets as	ATTENDED AND AND ADDRESS OF							
Med-Cal Units	07/01/03 - 09/30/03		350,857	2,056,581		33	237,964	7,589
SA.	1001/03 - 06/30/04		069,313	4,856,713		180	534,747	15,240
Medicare/Medi-Cat Crossover Units	מויינות - מויינות מיינות						22,624	
	TUNTANS - DECEMBE			10,424			55,161	
10 Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		135	75				
	10/01/03 - 06/30/04		3,162	4,589			1,891	
10B) Enhanced SD/MC (Refugees) Units	07/01/03 - 08/30/04			334	-			
11 Locality Commiss (PCD) Links	07/01/03 - 09/30/03		3,480	15,117			9,014	815
11A moduly ratified (SEL) Office	10/01/03 - 06/30/04		13,688	25, 103			15,816	96
2 (Non-Medi-Cal Units			1,830,797	5,000,398	45,115		717.040	34.772
•	Intra-mo no-mone	A 8 4 W. S. S.	AND ONE	4 4 4 4 4 4		The state of the s		
13A Medi-Cai Costs	TOWNER - DRIVING	43 A77 tag	1 740 728	7 845 870		717	1 442 724 P	10,000
	ATEN INT. ADMINIST	40 ATE BER	000 64B	4 767 200		107	26.5.50	27.00
Medi-Cal SMA Upper Limits	AND DO DO DO DO DO DO DO DO DO DO DO DO DO	10 COL 00 0	4 060 949	D. 867 786	-	147	-	25,71
	ATMINISTRATION	46 206 726	1,900,042	0.007,700.0	-	200	1,0509,030	800
Medi-Cal Published Charges	40.01401 06.00.014	000 000 00	. 504 407	2,000,340		1000	4 007 977	14,20
No.	1000 CO - 000000	30,347,008	1,501,197	(Man an I		877	1,037,377	26,439
16 Med-Cal Neootiated Rates	02/01/03 - 09/30/03							1
16A	10/01/03 - 06/30/04			-				
The state of the s	Introduction in inchine	2 014 98D					46.603	
Medicare/Medi-Cal Crossover Costs	AUTO- DEPOND	4 785 584		155 075			113 826	
	07/01/09 - 09/30/03	2 270 080					53,393	
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	5.396.893		178.456			130,180	
0	Т	1.821 004					42.307	
Medicare/Medicare/Medi-Cal Crossover Published Charges	-	1108 304		140 77B			403 464	
Ve	CATALINA ACIDONA						101/001	
Medicare/Medi-Cal Crossover Negotiated Rates	SUPPLIES - DAYOUR							1
AUA CONTRACTOR CONTRAC	Mary May - dol again			The second second	The same of the same of	The state of the s	The second second	Section 200
Capacitati Conta	07/01/03 - 09/30/03	461	217	121				
21A CIEZANOU SURINC CUSIN	10/01/03 - 08/30/04	62,823	6,085	7,380			3,885	
2 L. L. L. CORE OF STREET	07/01/03 - 09/30/03	909	247	137				
22A EINBINGED SLYAM, SAMA Upper Littats	10/01/03 - 08/30/04	71,193	5,786	8,398			4,483-	
23 Element Space Published States	07/01/03 - 09/30/03	419	197	1101				
	10/01/03 - 08/30/04	56,905	4.817	6,700			3,536	
7	07/01/03 - 09/30/03							
24A Emericad Sulmic Negotiated Kates	10/01/03 - 06/30/04						-	
24 Fritzinged SD-MrC (Ratherings) Conte	INTRAMA - DAVIDAR	1 250		K97				
Se Enhanced SDARC (Retubers) SWA Uncer Limits		3,081	1	611				
7 Enhanced SDMC (Refucees) Published Charges	07/01/03 - 06/30/04	2 946		488				
8 Enhanced SDMC (Refugres) Negotisted Rates								
2.00			2000	44.04.0		100000000000000000000000000000000000000	d see see see	00000000
29A Healthy Families Costs	10/04/03 - 06/00/04	147 XID	29 0 td	215 07			16.30g	1,0/8
02	MANAGE - MANAGE	186 569	6.388	27 884			21.273	823
Healthy Families SMA Upper Limits	Adina popular	950 638	00000	45 020			27.77	20
-	PUNCTION - UCASUANA		250,03	00,000			2000	1 654
Healthy Families Published Charges	Andring Compound	287 775	10 044	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ī		20.676	80
	07/01/03 - 09/30/03							
	10/01/03 - 06/30/04	100						
THE CHARGE SECTION OF SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SEC			A STANSON WAS ASSESSED.	THE RESERVE AND ADDRESS OF		N. EDITORIO CONTROLO SERVICIO		Total Control

FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

Court Cour		County. Los Angeles	90	5	5	క	8	S	8	8
Colorative Charges Service Ser		Ounty Code: 19		H		7	¥	7	Z	2
Fig. Chaptered (Program 1)	i i	Legal Entity: County of Los Angeles		Service	Service	Service	Service	Service	Service	Service
1,000 1,00	ū	Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function 42	FUNCTION!
1985 1985				18	1	33		7,56.0	31.67%	0.18
1985 1985	S	ation Percentage		0000	000	F 450	1	289.468	23,622,204	116,24
Mailaber Charles Cha	등	l Units		2,409	763	10 708	1.269.365	586,275	48,659,385	239,45
March Pulls March Pulls	20	is Cost	Control of the last of the las	The second second					90 6	0.0
1,000 1,00	Ę	per Unit		206	2.06	2.08				66
1,000 1,000 2,00	13	Lost Unit		2.36	2.35	2.38				4
Particle Cast per Line Cast per Line Cast per	la la	lehad Charne per Unit		1.87	1.87	1.87		1,8/	1,0/	0.1
March Valle (SD) Units	3									
And-Lea Urith Trip (100 - 100-100) 30 1,700 20,000 1,000 20,000 1,000 20,000 1,000 <th< td=""><td>D)</td><td>OIL CONTRACTOR</td><td>THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAME</td><td></td><td></td><td>100000000</td><td>1</td><td></td><td>1</td><td></td></th<>	D)	OIL CONTRACTOR	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAME			100000000	1		1	
And-Cal Utaba Trick (Table - Construction) 300 1,200 0,210.00 0,21			57/01/03 - 09/30/03	2.0	8	0/10/	1		1	
Accordance Continuo Continu	ğ		10/01/03 - 06/30/04		39	1,260	1		P	
And-Care Costs (SED) Units (1007/102 - 1002/	1		STATION - PARTICING		100		2,060		3/4,065	
Statement SDNAC (Children) Units 10701733 - 0850003 175 1715 1	ş		FUNDAMS DECIDION				12,045		830,705	
The first continue			SOUNDE AND AND THE						60	
Figure 20 Charlet 20 Char	i i		CONCINC - CONCINC						15,056	
Control (Control (C			10/01/03 - 00/10/01						570	
Color Colo	E		02/20103 - 08/20/04				175			
Manual Registration Control Contro	1 :		07/01/03 - 09/30/03				2824			
Note Continue Co	환		10/01/03 - 06/30/04			0000	1	1	+	116.2
Medical Costs Control	2			3,469		2,000	1		44	
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The same of the sa	į									

33 Non-Mad-Cal Costs

DEPARTMENT OF MENTAL HEALTH PAGE 3 OF 4 DETAIL COST REPORT

ALLOCATION OF GOSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986 (08/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

FISCAL YEAR 2003 - 2004

1,481,991 789,981 1,631,553 629,023 88,454 23,622,784 22,328 3,64,004 25,087 10,474,077 24,581 4,553,040 27,587 11,531,115 20,081 3,558,145 22,545 9,420,155 47,395 2,638,699 6,001,594 F 22,284 5,625 ម 56 0.24% 176,962 394,503 364,503 176,952 E 81.968 Function 56 0.04% 30,083 Service б 34,584 2 2 838 16,789 4,365 13,256 5,001 15,167 2,119 F 10,929 14,088 6,680 6.194,351 483 9.539 4.631 3,007,112 340,850 099,478 390,507 309,427 634,984 431 88 1,485,743 3,508,363 209 1,510,401 3,060,482 2.36 165,469 339,569 £ 247 1048 2.004 909 წ 10/01/03 - 06/30/04 07/01/03 - 06/30/03 10/01/03 - 06/30/03 10/01/03 - 06/30/03 10/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 06/20/04 07/01/03 - 06/20/04 10/01/03 - 06/20/03 10/01/03 - 06/20/03 10/01/03 - 06/20/04 07/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 06/30/03 10/01/03 - 06/30/04 10/01/03 - 09/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 07/01/03 - 09/30/03 10/01/03 - 08/30/04 DOVDICAD - DOVDOVO 10/01/03 - 06/30/04 Medicary/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity Rumber: County of Los Angeles
Legal Entity Number: 00019
Mode: 15 - Outpatent (Program 1) Healthy Families SMA Upper Limits

Healthy Families Published Charges

Healthy Families Negotialed Rates 22 Enhanced SDAMC SMA Upper Limits Medicare/Medi-Cal Crossover Costs - Medicare/Medi-Cal Crossover Units Enhanced SD/MC (ReAgess) Units Enhanced SD/MC (Children) Units County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Med-Cat SMA Upper Limits Medi-Cal Negotiated Rates Cost Set Published Charge per Unit 21 Enhanced SD/MC Costs 29 Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit Total Units Gross Cost



21,458 13,926,234

187,158

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH
PAGE 4 OF 4

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

County: Los Angeles

AB Service Function AA Service Function 6,701 6,787,843 21,458 21,736,021 10,938 1,765,229 5,441,542 1,940,411 5,981,561 1,567,609 4,894,004 3,20 122,793 2,502 4,218 153,268 393,208 168,478 432,231 137,845 363,644 38,502 12,142 31,501 551,253 8,012 8,807 7,208 13,501 # 55° წ 6,701 \aleph Function 65 0.12% 47,150 187,155 47,150 წ 07/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 06/20/03 10/01/03 - 06/20/04 07/01/03 - 06/20/04 07/01/03 - 06/20/04 07/01/03 - 06/20/04 07/01/03 - 06/20/04 07/01/03 - 06/20/04 97701/03 - 08/30/03 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/03 10/01/03 - 08/30/04 10/01/03 - 08/30/04 07/01/03 - 08/30/03 10/01/03 - 08/30/04 Entained SDMC (Refugees) Costs
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DEPARTMENT OF MENTAL HEALTH

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (96.04)

DETAIL COST REPORT

HSCAL YEAR 2003 - 2004

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Legal Entity Number: 00519		Mode Total	Function	Function	Function	Function	Function	-
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Allocation Percentage		100,00%	0.85%	100 Fas	10.361	2 664	447	+
Total Units		1 940 989	42 055	282 001	14 808	4.899	840	•
Gross Cost	OPPRISOR OF THE PARTY OF THE PA				07.7	00	4 88	-
Cost per Unit			1.43	2	0.6	00.1	90'0	-
SMA per Unit			183	183	000	2,30	2.30	
Published Charge per Unit			1.83	1.63	1.03	05.3	4.30	-
Negotiated Rate / Cost per Unit			1.43	1.43	1.43	1.88	-88	_
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	D7/01/03 - D9/30/03	418,163	5,483	85 342		422	218	- 1"
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	07/01/03 - 09/30/03	416,163	5,483	85,342			812	[
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FISCAL YEAR 2003 - 2004

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986 (06/04)

DETAIL COST REPORT

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Enhanced SD/MC (Rehypess) Published Charges Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity, Aspen Health Services. Entranced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotlated Rates 30 Healthy Families SMA Upper Limits Healthy Families Published Charges - Medicare/Medi-Cal Crossover Units 10B Enhanced SD/MC (Refugees) Units 31A Healthy Families Negotiated Rates 10A Enhanced SD/MC (Children) Units County: Los Angeles Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage County Code: 19 Non-Medi-Cal Units Enhanced SD/MC Negotiated Rate / Medi-Cal Costs Medi-Cal Units



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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DEPARTMENT OF MENTAL HEALTH
PAGE 3 OF 3 FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (06/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (96/04)

DETAIL COST REPORT

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Title	Total Units	Carl Carlo Carlo		2,107	- 1	75,291		373	16,500
Clinic C	Gross Cost		3,362,351	3,115	- 1	145,157		719	31,81
Tuber Tube	Cost per line	The state of the s		148		1.93	1.93	1.93	1.83
Trink	SMA per Unit			1.83	1.83	2.36	2.38	2.36	2.36
14.8 14.9	Published Charge per Unit			1.48	1,48	1.83	1.83	1.83	1.83
Chicker Chic	ost per			1.48	1.48	1 93	1.93	1.83	5
TOTATION TOTATION	economica manda de la companya del companya del companya de la com	07/01/03 - 09/30/03		849	82.407	15,285	15		2.88
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Total		07/01/03 - 08/20/03							Î
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goliated Rates (97/01/03 - 98/30/04	Hearthy retinates recovered was gon	10/01/03 - 06/30/04						T	-
gouerpo rates	The section of the se	07/01/03 - 09/30/03						-	
	HERRITY PARTILLES NEGOTARISO YZROS	Address of the same							

DEPARTMENT OF MENTAL HEALTH
PAGE 2 OF 2

FISCAL YEAR 2003 - 2004

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (96/04)

DETAIL COST REPORT CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

County Code: 19		NA NA	¥	ZZ.	XX			2
Legal Enthy: ASSOCIATED LEAGUE OF MEXICAN-AMERICANS	CICAN-AMERICANS.	Ŧ		Conston	Sarvina	Service	Service	Service
Legal Entity Number: 00173		Service	Function	Function	Function	Function.	国	Function
Mode: 15 - Outpanera (Program 1)		42	52	58	81	62	77	
Allocation Percentage		47.23%	5.66%	13.98%	0.08%	1 84%	1	
Total Units		823,637	99,708	243,883	774	74,113	1	
١		1,587,922	190 299	470,192	2,752	- 96,799		TOTO DE LA COLORIGIO
and section of the se	CONTRACTOR OF THE PROPERTY.	1.93	1.83	1.93	3,56	3.56	3.03	
Cost per Chir		2.38	2.38	2.36	4.37	4.37	3.52	
SMA per Unit		1 03	1 83	1.83	3.55	3.56	3.03	
Published Charge per um		300	4 03	4 03	2 5.5	250	303	
Negotiated Rate / Cost per Unit		787	2	28.	8	200		
	107/01/03 - 09/30/03	128,542	10,752	93,631	143	12,515	175	
Medi-Cal Units	10/01/03 - 06/30/04	443,233	39,675	148,891	- 631	46,666	92	
	07/04/03 - 09/30/03							
Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
Enhanced SD/MC (Children) Units	10/01/03 - 08/30/04							
COD Enhanced SDMC (Behinase) Inite	07/01/03 - 06/30/04			•		4		
	07/01/03 - 09/30/03							
Healthy Families (SED) Units	10/01/03 - 06/30/04							
Mon Madi Cal Unite		251.852	48,279	1,361		14,932	5,099	
Control of the Contro	STATES OF THE ST			100.648	808	AA SOR	630	
Mark Cal Coete	07/01/03 - 08/30/03	247,821		247.053		1		
13A Wounder Cooks	10/01/03 - 06/30/04	826,528	1	000,100				
	07/01/03 - 09/30/03	303,359		866 077	070	180/80		
Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	1,048,030	93,633	351,383			926	
	07/01/03 - 69/30/0d	248,088		180,708		1		
Med-Cal Published Charges	10/01/03 - 06/30/04	855,440		287,380	2			
	E0/06/09 - 60/10/20	248,088	20,751	180,708		44,553		
Medi-Cal Negotiated Rates	10/01/03 - 06/30/04	855.440	76,573	287,360	2,248	166,131	279	
35/35/36/36/36/36/36/36/36/36/36/36/36/36/36/	OCCUPATION OF THE PARTY OF THE	The second second		00000000000	10000000000000000000000000000000000000			
And the Mark Col Creeks	07/01/03 - 08/30/03							
	10/01/03 - 06/30/04							
18 Jahrelman And Consessor Shith I force I Ingles	07/01/03 - 08/30/03							
	10/01/3 - 06/30/04							
19 Partie Bank Co. Consessor Pathebad Chambs	07/01/03 - 09/3/403							
	\neg							
Party Indiana Party Indiana Manufacture	07/01/03 - 08/30/03							
20A Medical Bringue-Lan Grossoria, regomente i	10/01/03 - 06/20/04		100000000000000000000000000000000000000	00000000000	000000000	one energial of the	00000000000	
-	107/01/03 - 09/30/03					-		
Enhanced SD/MC Coets	10/01/03 - 06/30/04			4				
	07/01/03 - 09/30/03							
Enhanced SDAMC SMA Upper Limits	10/01/03 - 06/30/04					-	-	
	07/01/03 - 09/30/03							
Enhanced SDAMC Published Charges	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04					The second second	A CONTRACTOR OF THE PARTY OF	Contract Contract
	ATMINITE DISTORDA							
Enfanced Survey, (Retugness, 1984), thouse I stalls	OTIOINS - CHANGE							
Columbad SOMA (Rehopes) Published Chirons	07/01/03 - 06/30/04							
Enhanced SDAAC (Returnes) Necotated Rates	07/01/03 - 06/30/04					-		
010000000000000000000000000000000000000		NO CAMPONDO CONTRACTOR	X0000000000000000000000000000000000000			0.0000000000000000000000000000000000000		
The state of the s	07/01/03 - 09/30/03					-	-	
DOA THERETY THE CASE	10,01/03 - 06/30/04							
	NTMAMP DOMINA							
30 Heathy Families State Unner I Infly	DIVIDIO - DOUGO							
30A Insering I military Copyria Copyria	10/01/03 - 06/30/04							
31 Hooshy Enmilles Dublished Charmes	07/01/03 - 09/30/03							
Indentify I dilitated I common of the grant	10/01/03 - 08/30/04							
32 Leathy Comites Nanolislad Raise	07/01/03 - 09/30/03							
A moduly cammon regorders	10:01/03 - 06:30/04		-	200000000000000000000000000000000000000	The state of the s	The second second		
Contract of the Contract of th	COUNTY AND ADDRESS OF THE PERSONS ASSESSED.					1 A A A A A	150 434	

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County: Los Angeles	a		9	9	9	Q	2	
	County Code: 19			Z C	¥ (2	1	4	
	Legal Entity. Cedars-Sinai Medical Center			Carriera	Service	Sarvice	Service	Service	Service
9	Legal Entry Number: 00178 Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
Ц				8	8	10	12	35	41
-1	Allocation Percentage		100.00	0.07%	2,00%	24 C7R I	0.01%	4 800	13 683
7 6			1.618.924	1,164	757,00	129,133	8,278	21,669	61,625
,[].	Secretarion of the secretarion o	909090909090909090		2.53	2 53	1.82	4 67	4.52	4.52
e u	Cost pel utili	-		183	183	2.38	238	236	2,36
0 00	Published Charoe per Linit			3.02	3.02	2.24	2.24	2.24	2.24
1	Negotiated Rate / Cost per Unit			171	17.1	2.19	2.19	2.19	2.19
		concerno consorto		C.	903.6	0763	100 Per	Ove	00,7
0 8	- Medi-Cal Units	40/01/03 - 09/30/03		200	3 801	2,345	400	300	7027
5 0	1	07/01/03 - 09/30/03			000	740'01	361	7,000	7,491
Ag.	- Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04	ĺ	1					
9	- Enhanced SDAM (Children) Inke	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
108	3 Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04				ı			
=	Healthy Families (SED) Units	07/01/03 - 09/30/03							
=	Non-Medi-Cal Units	10/01/03 - 06/30/04		300	3.145	6,688	908	2420	11 266
		solo and second described			0,00	201700000000000000000000000000000000000		0.00	CEL COLOR
2	- Medi-Cal Costs	07/01/03 - 09/30/03		3	218.0	24,100	0077	0000	40.070
134	A	10/01/03 - 06/30/04	_	9	13,728	42 634	4,109	200	283
14	- Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	170.44	S	7 4.043	30,021	2 188	4 909	5421
44		10/01/03 - 06/30/04	-	100	7.870	11 080	2014	672	269
מַנְי	Medi-Cal Published Charges	10/01/03 - 08/30/03	1	6	11 751	37.054	2.076	4.659	5,145
ď	-	07/01/03 - 09/30/03	87.894	51	4.319	11,712		857	263
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04			6,654	38,227	2,030	4,555	5,030
	30,500,000,000,000,000,000,000,000,000,0	900000000000000000000000000000000000000		0.00000000000	000000000000000000000000000000000000000				
17A	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							I
0		07/01/03 - 09/30/03							
19A	Medicare/Medi-Cal Crossover Published Crarges	10/01/03 - 06/30/04							I
200	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
. 5	000000000000000000000000000000000000000	07/01/03 - 09/30/03							
12	A Enhanced SD/MC Costs	10/01/03 - 06/30/04				9			
8	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						,	
3 8		07/01/03 - 08/30/03							
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04							
22	Enhanced SD/MC Neoclated Rates	07/01/03 - 09/30/03							
24	A	10/01/03 - 06/30/04	A CONTRACTOR OF THE CONTRACTOR	The state of the s	CONTRACTOR OF THE PARTY OF THE	Secretary Secretary	***************************************	***************************************	STATES AND ADDRESS OF THE PARTY
25	Enhanced SD/MC (Refugnes) Costs	07/01/03 - 06/30/04							
8	Enhanced SD/MC (Retugees) SNA Upper Umits	07/01/03 - 06/30/04							
27	atogees) Published	07					-		
8	Enhanced SD/MC (Rehipees) Negotialed Kares		SOUTH THE PROPERTY OF THE PARTY	000000000000	000000000000000000000000000000000000000	TOTO STORE S	00000000000	000000000000	10000000000
8 8	Healthy Families Costs	07/01/03 - 09/30/03							
Į,		70102103 - 00130104							
ଛ	Health Families SMA Umer I imits	07/01/03 - 09/30/03	•						
30A	come oddo raco coming i force	10/91/03 - 06/30/04							
5	Healthy Families Published Charges	10/04/03 - 06/30/04							
33		07/01/03 - 06/30/03							
33	32A Healthy Families Negotiated Rates	10/01/03 - 06/30/04						The second second	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Annual or other Designation of the Publishment of t	Continues of the latest designation of the l	-			4 666		E CO 007 2



ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (06/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF WENTAL HEALTH

FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (96/04) CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

Legal Entity. Cedars-Sinsi Medical Center Legal Entity. Mumber: 00178 Mode: 15 - Outpatient (Program 1) Mode: 16 - Outpatient (Program 1) Mode				_		_	IN IN	=
		Sarvice	Service	Service	Service	Service	Service	Service
		Furction	Function	Function	Function	Function	Function	Function
sentage rige per Unit Ne / Cost per Unit		42	52	25	61	62		
renege Trage per Unit Ne / Cost per Unit		48.64%	12.97%	0,71%	1.41%	20.46%		
rge per Unit tie / Cost per Unit		174,264	46,464	2,557	2,722	38,451		
rge per Unit le / Cost per Unit		787,433	209,953	11,554	22,858	331,233	The second second	STATE STATE OF
rge per Unit Ne / Cost per Unit		63.7	C3 F	4 52	8.40	8.40		
arge per Unit ale / Cost per Unit		30.0	35.0	2 36	4.37	4.37		
r Unit		200	966	2.24	4.07	4.07		
100000000000000000000000000000000000000		070	0 0	2 40	407	4.07		
		61.7	2.13	7 10	200000000000000000000000000000000000000		*************	
	07/01/03 - 09/30/03	24,540	3,834			2,175		
	10/01/03 - 06/30/04	93,520	28,252	634	747	27,351		1000
	07/01/03 - 09/30/03							
Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04							
And Enhanced SDAMP (Refundes) Units	07/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
- Healthy Families (SED) Units	10/01/03 - 06/30/04							
Non Modi Cal Holte		56,204	14,378	1,923	1,075			100000000000000000000000000000000000000
A CONTRACTOR OF THE PROPERTY O	National Control of the Control of t			ASSESSED FOR STATE	1000000	18 265		
	07/01/03 - 09/30/03	110,887	476,11	300 0	8773	ľ		
Medi-Cal Costs	10/01/03 - 06/30/04	422,582	127,660	2,800		1		
	07/01/03 - 09/30/03	57,914	8,048		2 36.4	1		
Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	220,707		1,490		8 852		
	07/01/03 - 09/30/03	54,970	8,588			1		
Medi-Cal Published Charges	10/01/03 - 06/30/04	209,485		1,420	0,040	1		
	07/01/03 - 09/30/03	53,743				1		
Medi-Cal Negotrated Kates	10/01/03 - 06/30/04	204,809	61.572	300	2000	1	c exception of	1
abjustantantan	FUNDE DOPONIA							
Medicare/Medi-Caf Crossover Costs	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 08/30/04							
+-	VO1603 - 09/30/03			1				1
Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04						-	
	V01/03 - 09/30/03							
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							olitera oper
п			00000000000	00000000000000		_		
	07/01/03 - 08/30/03							
Enhanced SD/MC Costs	1/01/03 - 06/30/04			1				
	7/01/03 - 09/30/03							
Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04							-
	ENGRAPH - PRIZONES			1				-
Enhanced SDAMC Published Charges	AUTOFING DEFINITION							
	COLOGICO COLOGICA							
solved hoteltocold Out of Land	07/01/03 - US/3/0/05							
1000	001/03 - 06/30/04		The state of the s	September 2	200000000000000000000000000000000000000		20 20 20 20 20 20 20 20 20 20 20 20 20 2	
Total Contract Contract	7/111/113 - 06/30/04							
Ennanced SU/MV (Nelugides)	AMAMA - DAMADA							-
Enhanced SLYMC (Natingers) Statement Of Stat	7M1/03 - 06/30/04							
Enhanced SU/MC (Raingees)	200E/90 - 00/30/04	-						-
	100000000000000000000000000000000000000	0.0000000000000000000000000000000000000	0000000000	0.0000000000000000000000000000000000000				
Donalise Code	1000 - 08/30/02			-	-			
	10/01/03 - 06/30/04	1			-			
	D7/04/03 - 09/30/03							-
30 Healthy Families SMA Upper Limits	CHIDATOR - DISCONDI		000					
	INTERNATION DECIDIOS							
Healthy Families Published Charges	Over163 - DN/30/04							-
-	Chicking countries	-						
32 Healthy Families Negotiated Rates	ACADAMO - CACACADA							1
The second second	Digitor Policy	The second second			26 285	ALT 748		

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 9 DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL. MH 1966 (96/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

County: Los Angeles County Code: 19			N.	N.	X.	X.	2	N.
Legal Entity: Child & Family Center		٧	œ	o	۵	ш		9
Legal Entity Number: 00210			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Mode Total	Function	4	Function	Function	10 10	12
		7900 000	1 20%	1	0.0076	0.17%	5.50%	2:8%
Alceicht Feilentage			42 SAD	ı	3.075	5,600	146,771	650,059
2 Total Onts		5,816,571	72,459	210,596	5,115	9,465	308,857	122,176
	2000000000000		198	1.66	1.66	1.86	2.10	2.10
Total per unit			1,83	1.83	1.83	1.83	2.38	2.36
D Diblished Chama par I Init			0.1	1,70	1.70	1.70	2.15	2.15
7 Neoctated Rate / Cost per Unit			1.88	1.66	98-	1,66	2.10	2.10
445646461616666666666666666666666666666	STATE OF THE PERSON OF THE PER			1	000	000	90 748	700 9
8 Medi Cal Units	10/01/03 - 08/30/04 10/01/03 - 06/30/04		12,815	68,518	1,865	1,085	94,810	11,445
	07/01/03 - 09/30/03						, v	
9A Medicara/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
10 Entered SOMA (Chadeen) Inke	07/01/03 - 08/30/03							
CIRCUIT COMO COMO COMO	10/01/03 - 06/30/04							
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04		100	1 100	-		4 322	330
Healthy Families (SED) Units	07/01/03 - 09/30/03		310	1,400	35		43 500	5 185
11A Non-MadiCal Jolle	TOVOLOG - SO/LOVOL		25,380	34.527	805	4.305	10,321	38,225
I MATMINION CINC				20000	ope	907	40.014	A ARG
13 Medi-Cal Costs	07/01/03 - 09/30/03	815,957	3,000	442 070	0000	+ 805	100 513	24 084
13A	10/01/03 - 06/30/04	2,676,218	2324	276,611	214	679	55.974	6.806
14 Medi-Cal SMA Upper Limits	10/001/03 - 08/30/03	2.040.404	22 085	125 384	3.586	1.986	223,752	27,010
-	10/01/03 - 08/30/03	773.037	3,086	22,850	221	510	60,994	6,201
Medi-Cal Published Charges	10/01/03 - 06/30/04	2.738.574	21,446	116,477	3,341	1,845	203,842	24,607
	07/01/03 - 09/30/03	754.955	- 3.013	22.410	216	498	49,808	8,056
16A Medi-Cal Negotiated Rates	10/01/03 - 06/30/04	2,	20,941	113,737	3,262	1,801	199,101	24,035
2000 0000000000000000000000000000000000	CONTRACTOR CONTRACTOR							
17A Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
94	$\overline{}$							
19A Medicara/Medi-Cal Croseovar Published Charges	-							
20 Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04 10/01/03 - 06/30/04							
00000000000000000000	07/01/03 - 09/30/03	noceoespeciocoo	осососос	25000000000000	,	0.000.000.000		
21A Enhanced SD/MC Costs	10/01/03 - 06/30/04							
22 Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
	07/01/03 - 09/30/03							
23A Enhanced SD/MC Published Charges	10/01/03 - 06/30/04							
24 Enhanced SD/MC Negottated Rates	07/01/03 - 08/30/03							
ZAR.	MONTH AND - CHARACTER	Section of the section of	onnonnandonna	and the second second		and a second	and the second second second	nestern territoria
Joper Lents	07/01/03 - 06/30/04							
Manced SDMC (Refugees) Published Charges Manced SDMC (Refugees) Necessary Rates	07/01/03 - 06/30/04 07/01/03 - 06/30/04							
u occupantament de consensate a supra de consensate de con	INZINTING DOCTORIC	82 190	518	2.437	0.000	0000000000000	9.097	673
Healthy Families Costs	Anintina - netanina	349 610	5.722	14,297	125		28,617	10,911
3	חלימיותם בייות שליים	92.520	287	2.681	q	22	10,202	735
Healthy Families SMA Upper Limits	10/01/03 - 05/30/04	393,720	6,295	15,729	137		32,094	12,237
31	07/01/03 - 09/30/03	83,992	527	2,491			9.284	686
31A nearly rainings runsing Circles	10/01/03 - 06/30/04	357,291	5,848	14,512	128		28.238	11,148
Healthy Families Negodated Rates	100701/03 - DR/30/04	348 888	5.710	14,268	125		28,568	10,869
ANTER TREBUSED SERVICES CONTROL SERVICES CONTROL SERVICES CONTROL	AND ADDRESS OF THE PARTY OF THE	The second secon			THE REAL PROPERTY.			

DEPARTMENT OF MENTAL HEALTH
PAGE 2 OF 5

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL. MH 1968 (04/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

Service Function ¥ 2.10 ž 2.38 3,304 2,573 2,020 7,092 2,288 7,963 2,064 7,246 2,016 5.06 3.705 5.16 5.16 5.04 3.297 18,335 2.10 98 ¥ 347 Service Function ¥ ¥ 2 10 2 10 2 15 2 15 210 1.789 1,925 2,159 1,826 1,785 1,822 1,256 1,082 1,144 968 180 945 98 532 5 ¥ 2.10 2.10 2 222222 ž | 17 | Medicare/Medi-Cal Crossover Costs | 07/01/03 - 09/30/03 |
18	Medicare/Medi-Cal Crossover Published Charges	100/10/3 - 09/30/03
19	Medicare/Medi-Cal Crossover Published Charges	100/10/3 - 09/30/03
20	Medicare/Medi-Cal Crossover Negotiated Rates	100/10/3 - 09/30/03
21	Enhanced SD/MC Costs	100/10/3 - 09/30/03
22	Enhanced SD/MC Costs	100/10/3 - 09/30/03
23	Enhanced SD/MC Published Charges	100/10/3 - 09/30/03
24	Enhanced SD/MC Retubes	100/10/3 - 09/30/03
25	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/03
26	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/03
27	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/03
27	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/03
27	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/03
27	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
27	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
28	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
29	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
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20	Enhanced SD/MC (Retubes States	100/10/3 - 09/30/04
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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DEPARTMENT OF MENTAL HEALTH PAGE 3 OF 5 FISCAL YEAR 2003 - 2004 Service 뜢 Function 22.56% 1,298 4,650 15,134 17,759 80,966 143,529 2.10 똣 £ DET AM COST REPORT 2,10 3.500 2.456 2.10 뜻 2.15 2.15 2.15 197,812 22,800 2 240,320 뜻 20.24% 540.213 1.136,784 2.15 2.15 2.10 4.285 27,491 348,867 37,422 뚶 97/61/03 - 06/30/03 10/01/03 - 06/30/04 97/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (DAIGS) Legal Entity, Child & Family Center Legal Entity Number, 00210 Moder, 15 - Outpatient (Program 1) Medicara/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Negotlated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Allocation Percentage Total Units

53,867 7,843 49,074

5,186 6,472 5,74 7,719 5,278 7,539 5,158

385,682 1,215,126 432,404 1,362,751 393,927 1,241,490

78,749 281,345 88,316 293,036 80,457 78,586

07/01/03 - 08/30/03 10/01/03 - 08/30/04 07/01/03 - 08/30/04 07/01/03 - 08/30/04 10/01/03 - 08/30/04

Medi-Cal Published Charges Medi-Cal SMA Upper Limits

Non-Medi-Cal Units Medi-Cal Costs

Medi-Cal Units

Medi-Cal Negotiated Rates

10/01/03 - 06/30/04 07/01/03 - 09/30/03

30,251

852

47,933

122,359 10,206 3,063 11,446 2,685 2,830 3,011 2,743 2,825 197,169 46,020 179,624 47,880 47,079 175,447 175,809 53,808 10,065 84,879 9,170 5,857 8,857 57,851 | 17 | Medicare/Medi-Cal Crossover Costs | 17701/03 - 09/30/03 | 17701/03 - 09/30/03 | 185 | Medicare/Medi-Cal Crossover SMA Upper Limits | 1001/03 - 09/30/03 | 1001/03 - 09/30/03 | 1001/03 - 09/30/03 | 1001/03 - 09/30/03 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/04 | 1001/03 - 09/30/ 07/01/03 - 08/30/03 10/01/03 - 08/30/04 07/01/03 - 08/30/04 10/01/03 - 06/30/04 07/01/03 - 08/30/03 10/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Healthy Families Published Charges Healthy Families SMA Upper Limits Healthy Families Negotiated Rates Healthy Families Costs

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (0604)

DEPARTMENT OF MENTAL HEALTH
PAGE 4 OF 3 DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County Code: 19		The second second	NA NA	NK	NK.	MM	VAIN	Yes.	
Legal Entity: Child & Family Center			>	×	×	> 0	2	*	SA.
Moder 15 - Outratient (Program 1)	stam 1)		Function	Function	Function	Function	Function	Function	Function
Roy of water and the same	7		57	56	0.0	91	622		7
1 Allocation Percentage				11,90%	0.08%	1.86%	2.81%	0.01%	
2 Total Units				317,514	830	30,786	45,236		
3 Gross Cost				668,158	3,350	111,058	162,186	325	
Cost per this	-	-		2.10	3.61	3.61	361		***************************************
S SWA per Une			236	2.36	4.37	4.37	4.37	4.37	
15 (Published Change per Unit			2.15	2.15	3.70	3.70	3.70		3.18
7 Negotiated Rate / Cost per Unit			2.10	210	3.60	3.60	360		344
The second second second		13				in a second			
Medi Cal Units	07/01/03	1.09/30/03		60,385		2.078	7,360		
40	SULPICITION OF THE PARTY SHAPE	0000000		MO'402		0.1.0	21,631		
Medicare/Medi-Cal Crossover Units	20/10/01	07/01/03 - DR-30/03							
	07/01/03	107/01/03 - 09/30/03							
10A Enhanced SO/MC (Children) Units	10/01/03	- 06/30/04							
108 (Enhanced SD/MC (Refugees) Units	107/01/03	- 06/30/04							-
	07/01/03	07/01/03 - 09/30/03				355	OUG		
114 Healthy Families (SED) Units	1001403	- DAVIDNO				1 045	A 23K	8	
12 Non-Medi-Cai Units	Poli noi I	50000		2 226	000	18.240	11.010		
The second secon	TOTAL STREET,							The same of the sa	STATE STATE OF
13 Madi-Cal Coete	07/01/03	07/01/03 - 09/30/03		127,071		7,489	28,551		
13A mout on mous	10/01/03	10/01/03 - 06/30/04		536,385		29,473	78,033		
14 14	07/01/03	07/01/03 - 08/30/03		142,509		9,672	32,163		
14A Medical SMA Upper Umis	10/01/03	10/01/03 - 06/30/04		601,550		35,703	94.527		
4	NZM1/03	07/01/03 - 00/10/03		129.828		7,681	27,232		
Medi-Cal Published Charges	tulut ma	ANDHINE DEPONDE		548.022		30.239	80,035		
CO. 49	N2Mem	NAME OF TAXABLE		478 MAG		7.474	28 498		
Medi-Cal Negotlated Rates	SOUTH STATE OF THE	TOTAL OF SOUND		K9K 933		20412	71877		
NOCOCIODADO DO COCOCIODADO DO COCOCIODAD DO COC					TOTAL STREET				10000
17 Madinane/Medil-Cal Contentor Costs	07/01/03	07/01/03 - 09/30/03							
	10/01/03	3 - 06/30/04							
18 Medicare/Medi-Cal Crossover SMA Up	SMA Upper Limits	07/01/03 - 08/30/03							
	1	0407004							
Medicare/Medi-Cal Crossover Published Charges	-	DANGTAGE - CHROCADA							
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SOCIO DE CONTRACTOR DE CONTRAC	TOVO	- 0000000	STATISTICS OF THE PARTY OF THE			National Section 1		0000000000	
21 Enhanced SDAMC Coels	07/01/03	07/01/03 - 09/30/03							
21A	10/01/03	- 06/30/04							
22 Enhanced SD/AC SMA Upper Limits	07/01/03	07/01/03 - 09/30/03							
ZZA	110/11/03	1001/03 - 100/30/04				I			
Enhanced SD/MC Published Charges	0.000	04/07/03 - UNISUUS	-						
23A	IONITO	5,555,55				-			
24 Enhanced SD/MC Negotiated Rates	40/01/03	42/01/03 - DW30403							
The state of the s	25		Strate Strategy	The second	STATE STATES IN	THE REAL PROPERTY.	1	The state of the s	Section 2
25 Enhanced SD/MC (Refugees) Costs	07/01/03	07/01/03 - 06/30/04							
26 EMBINES SUPPL (Netupees) SAM US	per Limits 07/01/03	-06/30/04							1
9a Februaria SCARC (Refusees) Macrelate	terd Rather Children	ATTENDED - CALIFORNIA	-						
			The second second				Secure of the second	TOTAL STREET,	
Healthy Families Costs	07/01/03	07/01/03 - 09/30/03				1,287	3,247	-	
29A	10/01/03	10/01/03 - 06/30/04				0507	35,636	S	
30 Hasthy Esmiles CMA Honer I brite	07/01/03	07/01/03 - 09/30/03				1,551			
30A 100mg 1 mmcc chart caped mmc	10/01/03	10/01/03 - 06/30/04				8,500		200	
Healthy Families Published Charges	07/01/03	07/01/03 - 09/30/03				1,314	3,330	areas.	1
33	CONTRACTOR	100 100 - 00:0004 0746-80 00:00004				100	1		1
Healthy Families Negodiated Rates	10,01,03	10/01/03 - US-30/04				7,002		ACK	
usa ou page a page a page a page a page a page a page a page a page a page a page a page a page a page a page a	The state of the s		CONTRACTOR DESCRIPTION OF THE PERSON OF THE	The second second			H		-
				A TREA	2 2KK 1	THE BUTT I			

36.631

Non-Med-Car Costs

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (04/04)

County: Los Angeles County Code: 19

DETAIL COST REPORT

FISCAL, YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH PAGE 5 OF 5

Service Function Service Function AG Service Function Service Function ₹ 22,289 3.12 1,460 11.754 4,550 5,139 31,538 4,614 28,582 4,541 4,541 83 æ 108 198 AE Service Function 3.52 Service Function 3.52 3 18 Service Function | Enhanced SDAMC Published Charges | 0770 1703 - 09/30/03 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 1703 - 09/30/04 | 1001 170 10/01/03 - 04/30/03 10/01/03 - 04/30/03 10/01/03 - 04/30/03 10/01/03 - 04/30/03 10/1/03 - 04/30/04 07/01/03 - 06/30/03 10/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/03 (05/01/03 - 06/30/04 07/01/03 - 06/30/03 (07/01/03 - 06/30/03 (07/01/03 - 06/30/03 07/01/03 - 08/30/04 07/01/03 - 08/30/03 10/01/03 - 08/30/04 07/01/03 - 09/30/03 10/01/03 - 08/30/04 10/01/03 - 06/30/04 Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity, Child & Family Center Legal Entity Number: 00210 Moder: 15 - Outpatient (Program 1) Enhanced SDAMC Published Charges Medicare/Medi-Cal Crossover Costs Enhanced SDAMC SMA Upper Limits Medicare/Medi-Cal Crossover Units Enhanced SOAMC (Refugees) Units Enhanced SDAAC Negotlated Rates Healthy Families Published Charges Healthy Families SMA Upper Limits Enhanced SD/MC (Children) Units Healthy Families Negotiated Rates Negotiated Rate / Cost per Unit Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotisted Rates Published Charge per Unit Enhanced SD/MC Costs Healthy Families Costs Abocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Sost per Unit SMA per Uni



ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (06/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH
PAGE 4 OF 8

Legal Entity Number: 00207						-		
SI ETHIRY MUTIDES. LOZOS		Service	Service	Service	Service	Sevice	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	_ 1	Function	Function	Function	Function	FUNCTION
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Allocation Percentage		2 98%	1	11.00 m	802.000	488 780 I	1 25.4	6
Total Units		245,567	02,200	100 000	320 027	746 788	16.084	9
Gross Cost		270 676		1,000,1				000
		2.08		2.03	2.03	2.08	2.08	2.2
Cost per Cin		2.36		2.36	2.36	2.36	2.36	2.3
Distillated Charge per Holt		1.93	1.83	1.83	1.93	1.83	1.93	33.
Mondidad Galo (Cost por 10th		1 93		1.93	1.93	1.93	1.93	1.83
Negotiareu Kare / Was per um	SCHOOL STATE OF STATE	STREET, STREET	A CONTRACTOR OF				7 400	
	07/01/03 - 09/30/03	58,844		192,690	13,356	27 004	201.1	
Medi-Cal Units	10/01/03 - 06/30/04	174,417		960,964	80,470	100,877	con'o	
	07/01/03 - 08/30/03	•						
Medicara/Medical Crossover Units	10/01/03 - 06/30/04							
	07/01/03 - 09/30/03				The state of the s			
Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04							
100 Enhanced SOMIC (Behinges) Linite	A00003 - 06/3004							
Ciliano Como Como Como Como	רואטריסה ביווייטיבי				887	4,629		
TI Healthy Families (SED) Units	20000000000000000000000000000000000000			11 797	1.734	19.643		
	10/01/03 - 10/10/01	367 69	22 7HS	83 743	13 241	13.678	88	.,
Non-Medi-Cal Units	A CONTRACTOR OF THE PARTY OF TH	27. 71	200					
	הדוווחבים בחוזחות	122 110		390,958	27,096		2.294	
Madi-Cal Costs	CONCESS CONTON	070 700		1 3/1 063	122 679	209,977	12,607	
13A micur cer coom	10/01/03 - 06/30/04	301,940		25.5 7.50	21 450		2,603	
The second secon	07/01/03 - 09/30/03	138.8.4		047		ľ		
Medical SMA Upper Limits	10/01/03 - 06/30/04	411,524		1,509,670	142,109			
	07/01/03 - 09/30/03	113,569		371,892		200,000		
Medi-Cal Published Charges	10/01/03 - 06/30/04	. 336 625		1,275,681				
15A	FOLDED OCTOBER	441 500		371.892		53,353	2,129	
ated Mesotisted Dates	01/01/03 - 03/30/03			4 276 663	L	194 886	11.702	
16A	10/01/03 - 06/30/04	3.50 b25	Contract Con	200				
\$6666666666666666666666666666666666666	PONCHOO CONTON							
Medicare/Medi-Cal Crossover Costs	ANION DEPONDE							
17A	מונים מייים מייים				×			
Medicare/Medi-Cal Crossover SMA Upper Limits	מיוטיים - מפוטים							
84	TURNING CONTRACT				*			1
Medicare/Medi-Cal Crossover Published Charges	0/10/103 - 03-50/10							
19A	TUNUTALS - CULTURAL							
Medicare MedicCal Crossover Negotiated Rates	0//01/03 - 55/20/03							
- 15	10/01/03	COURSE SECTION	CONTRACTOR OF	1000000000000		000000000000000000000000000000000000000	255555555555	0.0000000000000000000000000000000000000
	07/01/03 - 09/30/03							
Enhanced SDAMC Costs	10/01/03 - 06/30/04							
Z1A	CONTRACTOR CONTRACTOR							
Enhanced SDAM, SMA Unner Limits	07/01/03 - 03/30/03							
	10/01/03 - 06/30/04							
Tartesta Charles	07/01/03 - 09/30/03							
23A Entranced Science Published Crishyes	10/01/03 - 06/30/04							
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-Enhanced SD/MC Negotiated Rates	40/04/103 - 06/20/04				Section and Property and Proper			
Z4A		The second second	A SUPPLEMENTAL S				4-	
Enhanced SD/MC (Relupees) Costs	07/01/03 - 06/30/04							
Enhanced SDMC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
Environd SDMC (Relucess) Published Charges	07/01/03 - 06/30/04		The state of the s					
Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					000000000000000000000000000000000000000	Contractor Contractor	3000000
	COLOCION WILLIAM				1,800	9,626		
29 Leadthy Camiliae Costs	Official - Ostorios			900 00		41.263	-	
DOA HORNING HINES WASH	10/01/03 - 06/30/04			00,000		1		
	DEPORTED DOPONE			***	2,093	10,924		
Healthy Families SWA Upper Limits	U/UIVE SUPPORTE			27 841				
30A Healing I ammed Chery Opposition	10/01/03 - 06/30/04			100		1	-	
The state of the s	07/01/03 - 09/30/03			100 小田田		İ	1	
Healthy Families Published Charges	10/01/03 - 06/30/04			22,786	1	L		
	[67/01/03 - 06/30/03							
				The second				
Healthy Families Negovated Nates	10/01/03 - 06/30/D4			22,768		36.297	A CONTRACTOR OF THE PARTY OF TH	

33.484

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DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (06/04)

County: Los Angeles

DETAIL COST REPORT

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39,563

DEPARTMENT OF WENTAL HEALTH
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DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS. MODE TOTAL MH 1966 (06/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

FISCAL, YEAR 2003 - 2004

Function č 231 8 Function ž 22 838. 3,549 3,385 26,800 45 100 28 4 8 4 8 ¥ 6,994 8,135 8,853 96,558 429,090 78,155 350,909 350,909 6,653 36,499 181,818 368,900 8 ¥ 2,981 3,389 28,251 108,855 32,115 123,744 28,263 101,198 26,263 1,436 119,355 236 13,608 1.93 뚲 18,095 66,827 20,544 75,983 16,801 62,138 2.38 83 \mathfrak{S} 12,142 81,629 9,930 50,400 50,400 604,872 165,516 686,715 135,359 135,359 135,359 10.695 54,284 5,145 26,114 19,042 145,790 70,134 2.36 Function 뚲 07/01/03 - 06/30/03 10/01/03 - 06/30/03 10/01/03 - 06/30/03 10/01/03 - 06/30/04 07/01/03 - 06/30/03 10/01/03 - 06/30/04 07/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/03 07/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/04 07/01/03 - 08/30/04 07/01/03 - 08/30/04 07/01/03 - 08/30/04 07/01/03 - 09/30/03 :0/101/03 - 06/30/04 07/01/03 - 06/30/03 10/11/03 - 06/30/03 07/01/03 - 08/30/03 10/01/03 - 08/30/04 07/01/03 - 08/30/04 07/01/03 - 08/30/04 07/01/03 - 08/30/04 10/01/03 - 08/30/04 Enhanced SDAN (Refugers) Dotton Charge 770 (03 - 05) CONDER Charge 770 (03 - 05) CONDER Charges 770 (03 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 09/30/03 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Published Charges Legal Entity. Child & Famity Guidance Center Legal Entity Number: 00207 Mode: 15 - Outpatient (Program 1) Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotlated Rates Enhanced SD/IMC Published Charges Enhanced SD/MC SMA Upper Limits Medicare/Medi-Cal Crossover Coets Enhanced SD/MC Negotiated Rates Healthy Families Published Charges Heatthy Families SMA Upper Limits 32 Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Entranced SD/MC (Children) Units Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Published Charge per Unit Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Total Units Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (06/04)

County: Los Angeles

DEPARTMENT OF MENTAL HEALTH DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

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ole	Dublished Charge and Inch		238	2.36	2.36	2.36	2.36	2.36	
oli	Lubished Criedly per Unit		1.83	1,93	1 93	8	1.93	1.93	
	Negotiated Rate / Cost per Unit		183	1.93	1.93	1.83	28	1 93	
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EI:	TOD CHARACTER SUMMY (Retugees) Units	67/01/03 - 06/30/04							
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-13	A	10/01/03 - 06/30/04	216	1,916			855	27.014	150 135
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-		10/01/03 - US/30/04	12,133	520,023		12,435	92,512	1,301,086	40
-	15A Medi-Cal Published Charges	40/04/00 00/00/04	2,121	9250	12	757	22,344	152,275	837,075
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2	18 Medicara/Medical Conscious SMA Honor I Julia	07/01/03 - 09/30/03							
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5 5	19 Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
2 2		10/01/03 - 05/30/04		×					
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12		10/01/03 - 06/30/04							ı
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8 8	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
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3 8	Healthy Families Costs	07/01/03 - 09/30/03			0.000			-	87,278
*		10/01/03 - 06/30/04	447	3,965		1	1,735	58,148	330
8	Healthy Families SMA Upper Limbs	07/01/03 - 09/30/03			it.			3.153	99 257
3 8		10/01/03 - 06/30/04	510	4,522			2,018	63,753	375
31	Healthy Families Published Charges	07/01/03 - 09/30/03	1			1		2,578	81,172
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		No. of the Control of					Truck Co.	32, 137	307,731

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DEPARTMENT OF MENTAL HEALTH PAGE 5 OF 8

FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

წ 25,630 88,527 22,991 290,681 290,697 290,697 957,358 260,762 858,774 3.92 ž 2,579 334,269 3,321 345,894 4 28% 173,168 731,310 15,676 Service 뿚 1,313 1,313 1,484 1,381 149,101 80, TOB 156,746 248,458 3.92 Service 쑫 29,996 388 24,530 24,530 408 201 뚶 10,619 10,619 11,422 12,985 7,986 126,596 9,078 143,913 7,425 117,691 7,425 262,446 262,446 5,502 3.847 Œ 304,322 91,443 353,976 74,782 289,481 8,158 5,158 8,578 13,624 38,747 2 45% 206,588 419,157 2.36 1 93 ¥ | Medicare/Medi-Cal Crossover Costs | 107101/03 - 09/30/03 | 107101/03 - 09/30/03 | 107101/03 - 09/30/03 | 107101/03 - 09/30/03 | 107101/03 - 09/30/03 | 107101/03 - 09/30/03 | 107101/03 - 09/30/03 | 107101/03 - 09/30/04 | 19A | Medicare/Medi-Cal Crossover Published Charges | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 - 09/30/04 | 10/01/03 -07/01/03 - 08/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 06/30/03 10/01/03 - 06/30/04 07/01/03 - 06/30/03 10/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 08/30/03 10/01/03 - 08/30/04 07/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/03 07701/03 - 06/30/03 10/01/03 - 06/30/04 07/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 09/30/03 07/01/03 - 09/30/03 Legal Entity: Child & Family Guidance Center Legal Entity Number: 00207 Mode: 15 - Outpatent (Program 1) 30 Healthy Families SMA Upper Limits
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31 Healthy Families Negotiated Rates
32A Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Published Charge per Unit Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit Total Units Gross Cost 108



ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (06/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 8 OF 8

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

Service Service Service Function File		County Code: 19		NR.	7.7	P. P.	AM	2	AO	٩
Column		Legal Entity. Child & Family Guidance Center		2	1	Sarring	Service	Service	Service	Service
Control Cont	35	Entity Number: 90207		Cupolice	Especial	Function	Function	Function	Function	Function
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1972 1972	₹	location Percentage		6 F. 10 R	\$ 531	27 434	l			83
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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (04/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (06/04) CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH
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15 1 E8	Legal Clary, Calcived Todal & Pattery Services		Y	80	υ	0	ш	u.	Ŋ
- 2	Legal Entity Number: 00783 Mode: 15 - Outpatient (Program 1)		Mode Total	Service Function	Service	Service Function	Service	Service Function	Service
-2	D			53	8	- 10	12	17	41
,,	Allocation Percentage		100,00%	0.203	10.47%	8.40%	0.15%	× 100	0.92
2	Gross Cost		6.179.773	15.244	647.035	519,025	9,162	645	58.860
	Cost ner Int			1 84	1 6.4	2.41	2 1	211	2 44
100	SMA per Unit			283	1.83	2.38	236	100	2.3
9	Published Charge per Unit			1.83	587	2.36	2.36	2.38	2.36
1	Negotiated Rate / Cost per Unit			1.63	1.63	2.09	2.09	2.00	2 09
		07/01/03 - 09/30/03		4,007	104.823	52.122	1,135	THE PERSON NAMED IN	5,207
		10/01/03 - 06/30/04		4,989	280.617	192,629	3,029		18,033
6 8	Medicare/Medi-Cal Crossover Units	1001/03 - 09/30/04							
10		107/01/m3 - 04/10/70							
10A	10A Enhanced SO/MC (Children) Units	10/01/03 - 06/30/04							
108	10B Enhanced SD/MC (Refugees) Units	07/61/03 - 06/30/04							
=	Haathy Families (SEC) Infle	07/01/03 - 09/30/03							ta.
11A	remarky remines	10/01/03 - 06/30/04							
12	Non-Wedi-Cai Units			347	3,275	1,389	181	308	3,725
53	Mark Out County	07/01/03 - 09/30/03	1,310,205	6.552	166 491	109,907	2,393		10.980
13A	13A Medit Costs	10/01/03 - 06/30/04	4,828,311	8,125	475,189	406,189	6,387		38,02
14	14 Maril Cal SMA Unner Umite	07/01/03 - 09/30/03	1,486,376	7,333	186,336	123,008	2,679		12,289
14A		10/01/03 - 08/30/04		8,083	631,829	454,604	7,148		42.55
15	d Charges	07/01/03 - 09/30/03		7,333	186,336	173,008	2,679		12,289
4		STATEMENT OF COLOURS	1 300 ADO	B,OM	185 971	108,036	2372		10 883
18	bated Rates	10/01/03 - 06/30/04		8,099	473,706	402,595	6,331		37,689
П	de company de la la la la la la la la la la la la la	Octobra Silbert Constitution	200000000000000000000000000000000000000			Name and Park	CONTRACTOR OF THE	0.00000	5550055
17 174	Medicare/Medi-Cal Crossover Costs	10/201/03 - 09/30/03							
184	18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 08/30/03							
19		07/01/03 - 08/30/03							
18A		10/01/03 - 06/30/04							
20 A	al Crossover Negotlated Rates	10/01/03 - 06/30/04							
21	ď.	07/01/03 - 09/30/03						0.0101010101010101010101010101010101010	000000000
21A		10/01/03 - 06/30/04							
22 5	22 Enhanced SDAMC SMA Upper Limits	07/01/03 - 06/30/03		Ī					
lg		07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
54		07/01/03 - 09/30/03							
24.5	CONTRACTOR OF	10/01/03 - 06/30/04	CONTRACTOR DESCRIPTION OF THE PERSON OF THE	Contractor Contractor	The second second	The second second	STATES OF THE PARTY OF THE PART	TOTAL STREET,	TOTAL STREET
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218	d Charman	07/01/03 - 08/30/04						1	
23	ed Rates	07/51/03 - D8/30/54							
10		Carried Action	100000000000000000000000000000000000000	- Secretorous	on inclination of	200000000000000000000000000000000000000	O O DESCRIPTION OF		1
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2		ותהונים - הסיומים					1	1	
200	30 Healthy Families SMA Upper Limits	07/01/03 - 09/30/03			1				
3 5		10/01/03 - U6/30/04							
31A	Arbitehed Charges	10/01/03 - 06/30/04							23
22	32 Healthy Families Negotlated Rates	07/01/03 - 08/30/03							
5	32A	10/01/03 - 06/30/04			100000000000000000000000000000000000000	100000000000000000000000000000000000000	The second second	-	

DEPARTMENT OF MENTAL HEALTH
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FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

Service Function 155,172 462,386 173,668 517,500 173,668 617,500 154,592 460,658 156,809 619,303 3.89 39,741 Function Service £ 뜢 1,322 1,181 2.09 Service Function ¥ 33,426 37,411 37,411 81,107 33,131 15,852 2 09 25,893 ¥ 2882 뚲 824,584 3,373,430 922,871 922,871 3,775,628 817,288 3,343,582 391,047 1,998,418 ¥ 07/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/03 10/01/03 - 09/30/03 10/01/03 - 09/30/03 10/01/03 - 09/30/04 07/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 07/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/04 10/01/03 - 08/30/04 07/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 08/30/03 10/01/03 - 06/30/04 07/01/03 - 06/30/03 10/01/03 - 06/30/04 07/01/03 - 06/30/03 07/01/03 - 09/30/03 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 07/01/03 - 08/30/04 07/01/03 - 08/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 07/01/03 - 09/30/03 10/01/03 - 06/30/04 warced SDAMC (Retagnes) Costs
marced SDAMC (Retagnes) SAM Upper Limits
stanced SDAMC (Retagnes) Published Charges Legal Erith, Chidhel Youth & Family Services Erithy Number, 00783 Mode; 15 - Outputert (Program 1) Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover Negotiated Rates Healthy Families Costs

29A
Healthy Families SMA Upper Limits
31A
Healthy Families Published Charges
32
Healthy Families Negotiated Rates
32
Healthy Families Negotiated Rates Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Healthy Families Published Charges Medicare/Medi-Cal Crossover Costs Enhanced SD/MC Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Entranced SD/MC (Children) Units County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rates Published Charge per Unit Enhanced SD/MC Costs Allocation Percentage Total Units Non-Medi-Cal Units thanced SD/MC Medi-Cal Costs Med-Cal Units Cost per Unit



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

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (9804)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH
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Legal Entity, Childrens Hospital of Los Angeles A	Service Function 03 4.463	Service	Service Function	Service	Service	Service
Entity Number: 00179	Service Function 03 4 463 12 202	Function	Function	Function	Function	T. modifies
10000000000000000000000000000000000000	03 0,11% 4,483 12,202	2		-	The Property of	PURCIUM
Incation Percentage Otal Units Add per Unit May per Unit MedicareMedic Cal Crossover Units Inchings - 66/3004 Inchings - 66/300	4.463	5	10	12	25	33
Andicare Medicare Med	12,202	8,00%	5.48%	%50.0	%00.0	0.10%
Frost Coeff And Care Unit And per Unit And per Unit And Care Coast And Care Unit And Care Care Care And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Unit And Care Care And Care Unit And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Unit And Care Care And Care Medicare Medicare Care And Care Unit And Care Care And Care Medicare Medicare Care And Care 12,202	315,727	167,707	10,714	40	2,830	
Total per Unit War per Unit		859,393	588,021	37,568	140	10.273
Andicare/Medical Costs over Units Andicare/Medic	272	272	3.51	3.51	3,51	3.51
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Action	1.77	17.1	2.28	2.28	2.28	228
Action Continues Continu	100	ED 470	ave ore	9 592	10	509
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Medi-Cal Costs Medi-Cal Costs Medi-Cal Costs Medi-Cal Published Charges Medi-Care/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover Medidished Charges Medicare/Medi-Cal Crossover Medicare/Medi-Cal Crossover Medicare/Medi-Cal Crossover Medicare/Medi-Cal Crossover Medicare/Medi-Cal Crossover Medicare/Medi-Cal Crossover Medicare/Medi-Cal Crossover Medicare/Medi-Cal Crossover Medicare/Medi-Cal Crossover Medi-Car Crossover Medi-Car Crossover Medi-Car Crossover Medi-Car Crossover Medi-Cal Crossover Medi-Car	184	78.553	29,939	489	2	128
Wedt-Cal Costs 10/01/03 - 09/30/04 2. Medt-Cal SMA Upper Limits 10/01/03 - 09/30/04 5. Medt-Cal Published Charges 10/01/03 - 09/30/04 1. Medt-Cal Published Charges 10/01/03 - 09/30/04 1. Medt-Cal Published Charges 10/01/03 - 09/30/04 1. Medt-Cal Negotiated Rates 10/01/03 - 09/30/04 1. Medt-care/Medt-Cal Crossover Costs 10/01/03 - 09/30/04 1. Medtcare/Medt-Cal Crossover Published Charges 10/01/03 - 06/30/04 1. Enhanced SDAAC Costs 10/01/03 - 06/30/04 1. Enhanced SDAAC Published Charges 1. </td <td>The second second</td> <td></td> <td>Total Control of</td> <td>-</td> <td>90</td> <td></td>	The second second		Total Control of	-	90	
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Medi-Cal Published Charges 1001/03 - 06/30/04 3 1001/03 - 06/30	1,943	106,841	80,117			
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Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Costs Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover Published Charges Enhanced SDAMC Costs Enhanced SDAMC SAMA Upper Limits Enhanced SDAMC Negotiased Rates Enhanced SDAMC Negotiased Rates Enhanced SDAMC Negotiased Rates Monthly Families SMA Upper Limits Orongo Genored Enhanced SDAMC Residues Published Charges Individe Costs Orongo Genored Enhanced SDAMC Negotiased Rates Individe Costs Orongo Genored Enhanced SDAMC Residues Published Charges Individe Costs Orongo Genored Enhanced SDAMC Residues Published Charges Individe Costs Orongo Genored Enhanced SDAMC Residues Published Charges Individe Costs Orongo Genored Individe Costs Orongo Genored Individe Costs Orongo Genored Individe Costs Orongo Genored Individe Costs Individe Costs Orongo Genored Individe Costs Individed Costs In	5,492	297,780	225,239	16,506	623	4,810
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32A 187,073	The second second			TOTAL		

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (08/04)

1047 228 Service Ę 20 20 28282 572 Function ¥ 961.9 4,031 4,031 4,031 12,095 18,801 4,172 5,305 5,205 52,873 159,352 235,753 Furction 뚲 31,813 31,813 95,439 46,923 146,768 32,929 13,963 41,850 443,284 60.76% 366,415 1,005,924 ¥ 1,949 61,461 179,649 41,368 120,919 39,966 116,620 1 868 3 134 17,529 2.38 2.28 ¥ 1,455 3.818 86,770 86,770 86,770 3,267 102,680 258,767 2.28 29.285 1,089 145,196 Function Service 曼 (2001/03 - 04/20/04 (27/04/03 - 04/20/03 (27/04/03 - 04/20/03 (27/04/03 - 04/20/03 (27/04/03 - 04/20/04 (27/04/03 - 04/20/04 (27/04/03 - 04/20/04 0770103 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 07/01/03 - 08/30/04 10/01/03 - 08/30/04 (07/01/03 - 08/30/03 10/01/03 - 08/30/03 97/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 09/30/04 10/01/03 - 09/30/03 10/01/03 - 09/30/03 10/01/03 - 09/30/03 10/01/03 - 09/30/04 10/01/03 - 09/30/04 07/01/03 - 09/30/04 07/01/03 - 09/30/04 07/01/03 - 06/30/03 10/04/03 - 06/30/04 07/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 06/30/04 Enhanced SDAMC (Refugnes) Costs (67/01/03 - 06/30/04 Enhanced SDAMC (Refugnes) SMAM Upper Limbs (67/01/03 - 06/30/04 Enhanced SDAMC (Refugnes) Published Changes (67/01/03 - 06/30/04 Enhanced SDAMC (Refugnes) Negotiated Changes (67/01/03 - 06/30/04 Enhanced SDAMC (Refugnes) Negotiated Rates 1001/03 - 09/30/04 10/01/03 - 06/30/04 07/01/03 - 09/30/03 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Published Charges Legal Entity, Chithrens Hospital of Los Angeles. Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Entity Number 1017s Outpatient (Program 1) Enhanced SD/MC Published Charges 22 Enhanced SDAMC SMA Upper Limits Healthy Families Published Charges Enhanced SD/MC Negodated Rabs Healthy Families SMA Upper Limits Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Coets Medicare/Medi-Cal Crossover Units 10B Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Negotiated Rate / Cost per Unit County: Los Angeles County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotlated Rates Published Charge per Unit Enhanced SD/MC Costs Healthy Families Costs 30. Healthy Families SMA | 30.4 | 31.1 | Healthy Families Public | 32.4 | Healthy Families Negot | 32.4 | Non-Medi-Cal Costs | 33 | Non-Medi-Cal Costs | 33 | Non-Medi-Cal Costs | 33 | Non-Medi-Cal Costs | 34.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | 35.5 | Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units

850

283,991

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 3

FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986 (06/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

11,037 10,799 წ 2,815 4,652 4,434 0.21% 6.858 15,429 1.871 183 წ 12,173 15,817 15,817 15,817 52,840 15,078 2.36 96.925 297,156 218.054 428,503 964,012 2,25 წ 7,580 388 450 211 785 Function E 3.754 4,164 1,963 1,963 4,368 2,387 130,181 \mathfrak{S} 536 830 871 562 0.03% 1.83 487 გ 757.17 68,385 204,192 214,201 71,737 214,201 5,145,278 1,813,532 6,397,498 729.074 1,613,832 100,00% 5,307,498 430,919 Mode Total 97/01/13 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 10/01/03 - 04-30/03 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/20/04 07/01/03 - 09/20/03 10/01/03 - 09/20/03 10/01/03 - 09/20/04 10/01/03 - 08/20/04 07/01/03 - 08/20/04 07/01/03 - 08/20/03 10/01/03 - 08/20/03 07/91/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 06/30/03 10/01/03 - 06/30/04 Enhanced SOMIC (Rehygees) Costs
Enhanced SOMIC (Rehygees) Fublished Charges 07/01/03 - 06/30/04
Enhanced SOMIC (Rehygees) Published Charges 07/01/03 - 04/30/04
Enhanced SOMIC (Rehygees) Negotiated Rates 07/01/03 - 04/30/04 07/01/03 - 09/30/04 10/01/03 - 09/30/04 07/01/03 - 09/30/04 10/01/03 - 09/30/03 10/01/03 - 09/30/03 10/01/03 - 09/30/03 10/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 57/05/03 - 50/10/70 10/01/03 - 08/30/04 Medicars/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotiated Rates Legal Enthy Number, 00091

Legal Enthy Number, 00091

Moder, 15 - Outpatient (Program 1) | Healthy Families SMA Upper Limits | 30A | Healthy Families Published Charges | 31A | Healthy Families Negodialed Rates | 32A | Healthy Families Negodialed Rates | 33A | Nochhed Cel Celsts Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Lmilia Enhanced SD/MC Negotlated Rates Healthy Femilies Published Charges Medicare/Medi-Cal Crossover Costs - Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units 10A Enhanced SD/MC (Children) Units Cost per Unit County Code: 19 Healthy Families (SED) Units Medi-Cal Published Charges Medi-Cal SWA Upper Limits Medi-Cal Negotiated Rates Published Charge per Unit Negotiated Rate / Cost per Enhanced SD/MC Coets Healthy Families Costs Allocation Percentage Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units Cost per Unit SMA per Unit Total Units Gross Cost

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1988 (96/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County Code: 19		క	F	5	3	5	5	2
	Legal Entity. Children's institute international		I	-	Conde	Carriera	Service	Service	Service
豆	Legal Entity Number, 00691		Service	Service Franchise	Franction	Function	Function	Function	Function
П	Mode: 15 - Outpatient (Program 1)		Tunical)	7	37	41	42	47	52
E			%,00 Q	7.17	\$00.0	0.48%	59.37%	3, 18%	5.00%
C)	OCCUPANT TO THE PROPERTY OF TH		45	236,820	09	15,995	1,961,048	104,419	102,400
= (10tal Units		101	632,779	135	35,964	4,411,808	224 913	37,780
21:	GIOSS COMPANY OF THE PROPERTY	Company of the Compan	4 7.4	200	2.25	2.25	2.25	2.25	2.25
O	ost per Unit		200	238	2.36	2.36	2.35	2.36	2.36
O	SMA per UM		2.36	2.38	2.36	2.36	2.36	2.36	236
- 1	United Standard Com								
100	Negotiated Kate / COSt per Unit	Octobro Contraction				4000	И	207	26.36
1	MediCal Units	07/01/03 - 09/30/03		120.248		2,059	1475 751	47 184	132.857
_		1001433 - 063004		10,00			1		
-	Medicare/Medi-Cal Crossover Units	DANCE OF CONTRACTOR							
_		TWO TAN - UNSUEDS					-24		
9	Enhanced SD/MC (Children) Units	STORY - DECEMBER							
		CZWAJON - CACROMA				1		All	
	2000	התישום המישודה	37				20,645	611	83
Ė	Healthy Families (SED) Units	10/01//03 - 05/30/04					53,391	2,714	3 334
	Non-Medi-Cal Units			467	909	11,991	33,533	45,403	728
-14	Service of the servic	200		470 807		4 630	940.896	19.116	63.59
_=	Modifical Coels	07/01/03 - 08/30/03		210,324		4.275	1		298,891
13		10/01/03 - 06/30/04		107-107		010	840,580		
		07/01/03 - 09/30/03		283,788		1000 t	4	444 378	
_	Medi-Cal-SIMA Upper Limits	10/01/03 - 06/30/04		274 005		4,030	3,307,152		
		07/01/03 - 09/30/03	5.1	283.788		4,000	4	141 27R	313.543
	Medi-Cai Published Charges	10/01/03 - 05/30/04		274,005		4,090	1	111,370	01000
		E0/0E/60 - E0/10/20			-				
S	Medi-Cal Negottated Kates	10/01/03 - 08/30/04		The same of the sa	201000000000000000000000000000000000000	100000000000000000000000000000000000000			00000000
-		MANAGE DAY ON TO THE							
	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
₹,	1	07/01/03 - 09/30/03							
0 0	Medicare/Medi-Cal Crossover SMA Upper Umits	10/01/03 - 06/30/04							
	-	07/01/03 - 09/30/03							
90	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04						1	
+		07/01/03 - 09/30/03							
20A	Medicare/Medi-Cal Crosecive (vegouring name	10/01/03 - 06/30/04		000000000000000000000000000000000000000	SOCOOCOCO	10000000000	2000000000000	00000000000	00000000
#	00000000	07/01/03 - 08/30/03							
214	Enhanced SD/MC Coets	10/01/03 - 08/30/04	1						
		07/01/03 - 09/30/03							
22A	Enhanced SU/MC SMA Upper Limits	10/01/03 - 06/30/04							
-	Control of the state of the sta	07/01/03 - 09/30/03			-				
950	Entanced SU/MC Published Criedges	10/01/03 - 06/30/04							
		07/01/03 - 09/30/03							
970	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04)		-	The second second	A CONTRACTOR DESCRIPTION OF THE PARTY OF THE	The second second
		ONDING DECEMBE							
\neg	Emerced Charles Manhouses State Linear Limits	07/01/03 - 06/30/04							
e	Enhanced SOMC (Returnes) Published Charges	07/01/03 - 06/30/04							
-	Enhanced SDAMC (Refucees) Negotiated Rates	07/01/03 - 06/30/04				,			1
13		GIOGO PEROPOSO PEROPOSOS	10000000	Post section	-		48,445	1,375	187
83	Hooffly Esmiliae Chate	07/01/03 - 06/30/03	101				120 115	L	7
29A	roaming remisses evens	10/01/03 - 08/30/04					CCT 84		
90	T	07/01/03 - 09/30/03	106				77,00		7 868
14	Heartry Fammes SMA Upper LIMIS	10/01/03 - 06/30/04					100,000	1	
		07/01/03 - 09/30/03	901				45,722	1446	1
314	Healthy Families Published Charges	10/01/03 - 06/30/04					128,003	1	
		07/01/03 - 08/30/03							
140	Healthy Families Negotlated Rates	10/01/03 - 06/30/04					The second second	Company of the last	STATE OF THE PARTY
44		The second secon		1361	136	28.976	75,440	102,144	1,638
1	Minute Libertus 2011 278078			-	-	The same of the sa			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (09/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

Service Function 3,312 7357 1,158 8,347 1,158 8.347 98 101 წ 13,747 8,992 8,992 318,040 127,768 318,040 6,665 3,037 3,300 121,795 303,178 72,778 f 4.457 2,833 020 880 Service Function \mathfrak{F} 400 8.544 420 8,963 10.205 3,798 916 2.25 5,069 11,048 ೪ 1,370 543 4 158 50 Function f 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 10/01/03 - 08/30/04 07/01/03 - 05/20/03 1040 1/03 - 05/20/04 07/01/03 - 05/20/04 10/01/03 - 05/20/04 07/01/03 - 05/20/04 10/01/03 - 05/20/04 07/01/03 - 06/30/03 10/01/03 - 06/30/03 10/01/03 - 06/30/04 10/01/03 - 06/30/04 10/01/03 - 06/30/04 07/01/03 - 06/30/04 07/01/03 - 06/30/03 10/01/03 - 06/30/03 10/01/03 - 06/30/04 07/01/03 - 08/30/03 10/01/03 - 08/30/04 07/01/03 - 08/30/04 07/01/03 - 08/30/03 10/01/03 - 08/30/04 07/01/03 - 08/30/04 chanced SDAMC (Rehignes) Costs (7701/03 - Re130/04 instruced SDAMC (Rehignes) SAA Upper Limits (7701/03 - 86/30/04 instruced SDAMC (Rehignes) Published Charges (7701/03 - 96/30/04 instruced SDAMC (Rehignes) Negotiated Rates (7701/03 - 98/30/04 Medicare/Medi-Cal Crossover Published Charges Medicare/Medi-Cal Crossover SMA Upper Limits Medicare/Medi-Cal Crossover Negotlated Rates Legal Entity, Chalcher's Institute International Legal Entity Number: 00661 Mode: 15 - Outpatient (Program 1) Enhanced SD/MC Published Charges Enhanced SD/MC SMA Upper Limits Enhanced SD/MC Negotiated Rates Healthy Families Published Charges Medicare/Medi-Cal Crossover Coets Healthy Families SMA Upper Limits Healthy Families Negotiated Rates Medicare/Medi-Cal Crossover Units Enhanced SD/MC (Refugees) Units Enhanced SD/MC (Children) Units Negotiated Rate / Cost per Unit Healthy Families (SED) Units County: Los Angeles County Code: 19 Medi-Cal Published Charges Medi-Cal SMA Upper Limits Medi-Cal Negotiated Rales Cost per Unit SMA per Unit Published Charge per Unit Enhanced SD/MC Costs Healthy Families Costs Allocation Percentage Total Units Non-Medi-Cal Units Medi-Cal Costs Medi-Cal Units **Gross Cost**

33 Non-Med-Cal Costs

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1968 (06/04) CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 3

FISCAL YEAR 2003 - 2004

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					Sarvice	Service	Sarvice	Service	Service	Service
Machine Mach	S S	Ž.		Mode Total	Function	Function	Function	Function	2	Function
Machine Graphy Mach		MOON!			03	8	98	10		0.034
Control Units	Allc	ocation Percentage		100.00%	0.62%	12.20%	44 000	267 44R		30.090
Control Colition	P	al Units		4 074 285	100,007	846 743	18,033	393,498	L	45,991
Comparison Com	Ö	oss Cost	Section Sectio	4,874,003						1.81
Negligible Ref. Cost per UNI	18	st per Unit			121	1.21	1771	96.6		2.36
Additional Challed Faller Cost port (Markers Marked Faller) Cost port (Market Marked Faller) Cost port (Market Marked Faller) Cost port (Market Marked Faller) Cost port (Market Marked Faller) Cost	35	A per Unit			1.03	1,000	4.24	1 65		1.65
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Microbal SDNAC (Californi) Units	N	gotiated Rate / Cost per Unit	7			1.31	1.31	1,00	100000	S. C. C. C. C. C. C. C. C. C. C. C. C. C.
Mode Carlo Links Ching Carlo Consolver Units Ching Car	1		NAME OF TAXABLE		6.286	104,475	3,785	49,773		4,939
Michael Stank Claster Units	*		10,01,03 - 06,30,04		19,060	344,973	8,295	186,651		23,013
Moderare Mande California 1997/1013	1		07/01/03 - 09/30/03			1,684		30		
Enhanced SDMC (Chicken) Unibs 107/1010 0-000/0014	ž	•	10/01/03 - 06/30/04			16,327		1,493		
Funkmood SOMC (Rathypes) Units Growton G	_		07/01/03 - 06/30/03					101		
Healthy Families (SED) Links 1070 103 - 100 200 04 181			10/01/03 - 06/30/04							
Medical SMA Upper Links			07/01/03 - 06/50/04				1	1000		
Non-Medical Units 1970 1			07/01/03 - 09/30/03			1,181	8 2	7,347		22
Medical Costs	Ť		10/04/03 - 06/30/04		202	5,274	R	2,200		101
Medical Costs Control Costs Costs<	7				X.	75,755	2,513	13,034		
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Addicare Negotiated Rates	-		ATTOMAKE - DESTORES	ļ					1	
Action		ed-Cal Negotiated Rates	10/01/03 - 06/30/04	3,497,489						
Addicare/Medi-Cal Crossover Cests Officing - opening 1,2,552 2,252 71 Addicare/Medi-Cal Crossover SMA Upper Lambs 10,01102 - opening 11,551 1,2,552 2,256 55,232 Addicare/Medi-Cal Crossover Published Cherges 770 (170 - opening) 12,552 2,256 2,453 Addicare/Medi-Cal Crossover Pegotished Rades 1,001 (100 - opening) 1,2,51 2,206 2,453 Addicare/Medi-Cal Crossover Pegotished Rades 1,001 (100 - opening) 1,001 (100 - opening) 2,206 2,453 Addicare/Medi-Cal Crossover Pegotished Rades 1,001 (100 - opening) 1,001 (100 - opening) 1,001 (100 - opening) 1,001 (100 - opening) Addicare/Medi-Cal Crossover Pegotished Rades 1,001 (100 - opening) 1,001 (100 - opening) 1,001 (100 - opening) 2,001 (100 - opening) Addicare/Medi-Cal Crossover Pegotished Rades 1,001 (100 - opening) 1,001 (100 - opening) 1,001 (100 - opening) 1,001 (100 - opening) Addicare/Medi-Cal Crossover Pegotished Cherges 1,001 (100 - opening) 1,001 (100 - opening) 1,001 (100 - opening) 1,001 (100 - opening) Addicare/Cal Crossover Limits 1,001 (100 - opening) 1,001 (100 - open		000000000000000000000000000000000000000				2.044		46		
Addicare/Medicar	- 3		107/01/03 - Ultrachia			12,532		2,282		
Acidicare/MacUser Charles SAME AND Consistent Charles SAME AND CONSISTENT AND CONTROL OF A	A		TOTAL CONTOUR			3,082		7		
Addicare/Medi-Cal Crossover Published Charges Offorting - Decisions 12,531 2,206 2,483 Addicare/Medi-Cal Crossover Published Charges Option Control 68,656 1,3526 2,483 Enhanced SD/AMC Costs Option Costs Option Control Option Control Option Control Enhanced SD/AMC SMA Upper Limits Option Control Option Control Option Control Enhanced SD/AMC SMA Upper Limits Option Control Option Control Option Control Enhanced SD/AMC SMA Upper Limits Option Control Option Control Option Control Enhanced SD/AMC Religions of Control Option Control Option Control Option Control Enhanced SD/AMC Religions of Control Option Control Option Control Option Control Enhanced SD/AMC Religions of Control Option Control Option Control Option Control Annowed SD/AMC Religions of Control Option Control Option Control Option Control Annowed SD/AMC Religions of Market Option Control Option Control Option Control Option Control Healthy Families Costs Option Control Option Control		-	ADDITOS - DAZIONA			18,898		3,527		
Acquired Medicare Medicar	V	-	07/01/03 - 09/30/03			2,206		S		
Included SDNAC Costs OT/OH/103 - 06/20004 12,551 2,550 2,463 Enhanced SDNAC Costs (1/OH/103 - 06/20004) 10,550 2,463 - Enhanced SDNAC Costs (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) Enhanced SDNAC Published Criseryes (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) Enhanced SDNAC Rehigues J Charles (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) Enhanced SDNAC (Rehigues) SAAA Upper Limits (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) Enhanced SDNAC (Rehigues) SAAA Upper Limits (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) (1/OH/103 - 06/20004) Healthy Families Costs (1/OH/103 - 06/20004) Healthy Families Published Charges (1/OH/103 - 06/20004) (1/OH/103 - 06/200	7	edicare/Medi-Cal Crossover Published Charges	10/01/03 - 08/30/04			13,528		2,463		
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DEPARTMENT OF MENTAL HEALTH
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DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (66/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

FISCAL YEAR 2003 - 2004

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Non-Medi-Cal Costs

DEPARTMENT OF MENTAL HEALTH
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DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986 (04/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

FISCAL YEAR 2003 - 2004

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33 Non-Medit-Cal Costs

DEPARTMENT OF MENTAL HEALTH
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FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (06/04)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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Healthy Families Negotiated Rates

33 Non-Maril-Cal Costs

DEPARTMENT OF MENTAL HEALTH
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FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (06/04)

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